

Minutes of the Meeting of the Council of Governors
19 February 2020, 15:00 – 18:00, Hyde Park Room, 1st Floor, Lanesborough Wing

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AA
Mia Bayles	Public Governor, Rest of England	MB
Nick de Bellaigue	Public Governor, Wandsworth	NDB
Val Collington	Appointed Governor, Kingston University	VC
Jenni Doman	Staff Governor, Non-Clinical	JM
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Rebecca Lanning	Appointed Governor, Merton Council	RL
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Richard Mycroft	Public Governor, SW Lambeth (Lead Governor)	RM
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
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
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance:		
Ann Beasley	Non-Executive Director	AB-NED
Alison Benincasa	Director of Quality Governance and Compliance (items 2.2/2.3)	DQGC
Stephen Collier	Non-Executive Director	SC-NED
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Pui-Ling Li	Associate Non-Executive Director	ANED
Ralph Michell	Head of Strategy (item 2.1)	HOS
Emily Perry	Divisional Director of Operations, Children's, Women's, Diagnostics and Therapies (item 2.1)	DDO-CWDT
Elizabeth White	Chief Information Officer (item 2.1)	CIO
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
Observers:		
Olivia Herlihy	Divisional Governance Manager (MedCard)	DGM-MedCard
Apologies:		
Anneke de Boer	Public Governor, Merton	ADB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Elizabeth Bishop	Non-Executive Director	EB-NED
Frances Gibson	Appointed Governor, St George's University	FG
Basheer Khan	Public Governor, Wandsworth	BK
Parveen Kumar	Non-Executive Director	PK-NED
Doulla Manolas	Public Governor, Wandsworth	DM
Tim Wright	Non-Executive Director	TW-NED

		Action
1.0	OPENING ADMINISTRATION	
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting and noted the apologies as set out above. She also welcomed the newly elected Governors, who had commenced their terms of office on 1 February 2020 following the elections the previous month. The Chairman expressed her thanks to former Governors, Khaled Simmons and Simon Price, for their commitment to the Council and the Trust as a whole during their service as Governors, having been unsuccessful in the recent elections. It was reported that Simon had recently been appointed as one of the new Culture Champions at the Trust.</p> <p>It was noted that Dave Woodruff, a member of staff who was also a 'Pets as Therapy' volunteer, would be bring his spaniel Rosie to meet the Governors at the close of the meeting and discuss the work of the Pets as Therapy initiative, a number of Governors having previously expressed an interest in this.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interests reported.</p>	
1.3	<p>Minutes of the meeting held on</p> <p>The minutes of the meeting held on 17 December 2019 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council reviewed the action log and agreed that action COG.17.12.19/01 (Council of Governors Effectiveness Review) could be closed as a paper setting out proposed actions and next steps following the Review was on the agenda at item 3.3.</p> <p>The one other item on the log – workforce issues including sickness absence – was not due until the Council of Governors meeting on 5 May 2020.</p>	
1.5	<p>Key Issues</p> <p><u>Jacqueline Totterdell, Chief Executive Officer</u> The Chairman reported that Jacqueline Totterdell, Chief Executive Officer, had been very unwell since mid-December 2019 and had been hospitalised for a number of weeks over the Christmas period. Her condition was improving but she remained very unwell and was currently on sick leave from the Trust. Andrew Grimshaw, Deputy Chief Executive and Chief Finance Officer, had taken on the role of Acting Chief Executive until Jacqueline was fully recovered and able to return to work.</p> <p><u>Executive Director Changes</u> The Chairman also provided an update on other changes in the executive team:</p> <ul style="list-style-type: none"> • While Andrew Grimshaw was Acting Chief Executive Officer, his deputy, Tom Shearer, would be Acting Chief Finance Officer. • Ellis Pullinger was leaving the Trust at the end of February 2020 to take up a role at another London Trust and Avey Bhatia, Chief Nurse, had agreed to take on the role of Chief Operating Officer (COO) until a permanent successor to Ellis has been appointed. • Following Avey's move to the role of Chief Operating Officer, Robert Bleasdale, Deputy Chief Nurse, had taken on the role of Acting Chief Nurse until a replacement COO was appointed. • Harbhajan Brar, Chief People Officer, would be leaving the Trust in April 2020 to join Imperial College London. 	

		Action
	<ul style="list-style-type: none"> The Chief Operating Officer and Chief People Officer would be advertised in due course. <p><u>Quality Special Measures</u> The Chairman reported that the Trust was still awaiting formal notification from NHS England and NHS Improvement that it had been taken out of Quality Special Measures following the recommendation by the Care Quality Commission in December 2019. This was expected to be announced shortly. Confirmation of the Trust's exit from Quality Special Measures would be a significant milestone for the organisation, having been rated Inadequate and placed in special measures in November 2016. The improvements were testament to hard work of staff across the organisation. The Trust remained in financial special measures and exiting this by becoming a financially sustainable organisation was key.</p> <p><u>Coronavirus</u> The Chairman reported that the situation with Coronavirus was rapidly evolving. It was clear that the Coronavirus was expected to have a significant impact on the NHS. The Trust was working with NHS England and NHS Improvement, Public Health England and system partners across South West London to provide a coordinated response to patients infected with Coronavirus. The Trust had identified and established a dedicated location away from the Emergency Department to swab patients which meet the criteria. The Board's Quality and Safety Committee would receive an update at its meeting the following week. It was agreed that Governors would be sent a briefing on the Coronavirus by email in the coming days.</p>	CCAO
2.0	TRUST UPDATES	
2.1	<p>Strategy Development</p> <p>The Council of Governors received updates on the developing 2020-24 Digital and Outpatients strategies.</p> <p><u>Digital Strategy</u></p> <p>The Council welcomed Elizabeth White, Chief Information Officer (CIO), to the meeting. The CIO outlined the key elements of the developing Digital Strategy 2020-24. The strategy was in draft form and was due to be considered by the Trust Board at its meeting in February 2020, subject to taking on the views of the Council. The CIO reported the following key points:</p> <ul style="list-style-type: none"> In developing the strategy the Trust had sought the views of more than 500 staff and patients. The developing strategy was suitably flexible to accommodate unplanned changes in future requirements and demands of business. The strategy would also respond to the national long term plan for 'digitally enabled care'. Reflecting this, the key priorities incorporated into the plan included empowering people, supporting health and care professionals, improving population health and improving clinical efficiency and safety. The new strategy would rely on information communication technology (ICT) infrastructure and actions which: <ul style="list-style-type: none"> Improved efficiency; Improved quality of care (via interoperable clinical systems); Supported estates improvement, made the Trust a better place to work, enabled new models of care (e.g. virtual consultations); Enabled closer collaboration with the wider NHS (e.g. through appropriate 	

		Action
	<p>sharing of patient information); and</p> <ul style="list-style-type: none"> – Supported research (e.g. by enabling researchers to access appropriate data). <ul style="list-style-type: none"> • The vision for 2024 was to ensure staff and patients had access to the digital technology and information they needed, when and where they needed it. It incorporated three strategic priorities: <ul style="list-style-type: none"> – Robust Infrastructure: upgrading IT infrastructure and technology systems and strengthening cyber security; – New Models of Care for our patients: using technology to interact differently with patients sparing them the need to travel to hospital where possible; and – New ways of working for our staff: moving away from paper-based systems, enabling staff to work remotely, using technology to support staff to work more effectively and efficiently. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • The Trust, like other NHS organisations, had a limited capital budget to support investment in ICT. The Trust would therefore focus on the key priorities ('<i>must do</i>' projects) and if and when additional capital funding becomes available, other ICT projects ('<i>like to do</i>') would be considered based on their merits and alignment with the Trust's clinical strategy. Key '<i>must do</i>' projects included a new IT infrastructure, Windows 10 rollout and a major upgrade to iClip. • The Trust's IT network was a high risk area for the Trust and as such this is regularly considered at the management forums and the Finance and Investment Committee. • The Trust was adopting a delivery model which increased internal talent and capacity and moving away from the heavily outsourced staffing approach. <p>The Council noted the key elements in developing the Digital Strategy 2020-24 which would be considered by the Board in February 2020 subject to prior review by the Finance and Investment Committee.</p> <p><u>Outpatient Strategy</u></p> <p>The Council welcomed Ralph Michell, Head of Strategy (HoS), and Emilie Perry, Divisional Director of Operations, Children, Women, Diagnostics and Therapies (DDO-CWDT), to the meeting. The HOS outlined the key elements in the developing Outpatient Strategy. The strategy was in draft form and was due to be considered by the Trust Board at its meeting in February 2020, subject to taking on the views of the Council. The HoS reported the following key points:</p> <ul style="list-style-type: none"> • In July 2019, the Board agreed the vision for outpatients services: '<i>Outpatient services that fit around our patients' lives, using the latest technology.</i>' • Key drivers which were reflected in the Trust's outpatients strategy included: <ul style="list-style-type: none"> – The NHS Long-Term Plan published in early 2019 set out a commitment that digitally-enabled primary and outpatient care would be mainstreamed across the NHS. – Hospital outpatient appointments had nearly doubled over the past decade from 54 million to 94 million at a cost of £8 billion a year. – The traditional model of outpatients was outdated and unsustainable. – Across the NHS, outpatient services would be fundamentally redesigned so that over the next five years patients would be able to avoid up to a third of face-to-face outpatient visits, removing the need for around 30 million outpatient visits a year across England. – Reforms to the payment system would move away from activity-based payments 	

		Action
	<p>and to ensure a majority of funding was population-based.</p> <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • Each outpatient speciality service would adopt changes from a 'menu' of options as appropriate to redesign their service to benefit patients and improve efficiencies. The menu was based on projects already undertaken at the Trust and on guidance published by NHS England and NHS Improvement. • The Trust was working with partners in primary care on projects such as making changes in referral practice and in referral pathways. • The rollout of iClip would be a key enabler to outpatient services. This would need to be underpinned by a significant culture change across the organisation and different ways of working. <p>The Council noted the key elements in developing the Outpatient Strategy 2020-24 which would be considered by the Board in February 2020 subject to prior review by the Finance and Investment Committee.</p>	
2.2	<p>Quality Priorities Update and Quality Accounts Planning</p> <p>The Council welcomed Alison Benincasa, Director of Quality Governance and Compliance (DQGC), to the meeting. The DQGC provided an update on the progress against the quality priorities for 2019-20, outlined the quality priorities for 2020-21 and outlined the process and proposals for the Council to agree local indicators which were subject to external scrutiny as part of developing the Trust's quality report. The DQGC reported the following:</p> <ul style="list-style-type: none"> • As part of the process for developing the quality report each year the Council of Governors selected a local indicator which was scrutinised by the Trust's external auditors, Grant Thornton. • The external auditors would scrutinise the data from the selected local indicator and provide a limited assurance opinion on the quality of the data set for the selected local indicator and the indicators mandated by NHS England and NHS Improvement for acute trusts. • The Trust was required to select the following mandated indicators for data testing: <ul style="list-style-type: none"> – Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period. • The following areas were auditable and available for the Governors to choose as the local indicator for testing: <ul style="list-style-type: none"> – Mortality – Patient reported outcome measures (PROMs) scores – Readmission within 28 days of discharge – Patient experience – Staff recommendation to friends and family – Venous thromboembolism (VTE) – Infection control – Patient safety incidents – Provide a responsive high quality complaints service – Maximum waiting time of 62 days from urgent referral to first treatment for all 	

		Action
	<p>cancers</p> <p>It was also noted that this had been the second year that the choice for the quality indicator for local testing was presented at Council for decision with little background which had caused confusion at the meeting.</p> <p>The Council narrowed the choice to the following two indicators and agreed that in the interests of time at the meeting Governors would be asked to indicate their preference by email, following which the Council's decision would be relayed to the External Auditors:</p> <ul style="list-style-type: none"> • Readmission within 28 days of discharge: percentage of patients readmitted within 28 days by age 0 to 14 and 15 or over; or • Infection control: rate per 1,000,000 bed days of reported C. difficile cases for patients aged 2 and over. <p><i>The Council chose Readmission within 28 days of discharge as their indicator to be audited.</i></p>	<p>All Gov.,</p>
2.3	<p>Care Quality Commission Inspection Report – Action Plan</p> <p>The DQGC presented the Care Quality Commission (CQC) inspection report and the Trust's action plan. The following key points were reported:</p> <ul style="list-style-type: none"> • Five of the eight core services had been assessed as part of the inspection in July 2019 (Urgent and Emergency Care, Medical Care, Surgery, Children and Young People and Outpatients) and the assessment of Trust leadership (well-led) had been conducted in September 2019. • Surgery had been rated as <i>good</i> overall and services for Children and Young people had been rated as <i>outstanding</i>, which was an important improvement. • Despite the clear improvements documented in its inspection report, the CQC confirmed the overall rating for the Trust remained '<i>requires improvement</i>' but it nonetheless recommended to NHS England and NHS Improvement (NHSE&I) that the Trust be removed from Quality Special Measures. At the time of the Council meeting, NHSE&I were yet to decide formally on the recommendation from the CQC. <p>The Trust had received two requirement notices ('<i>must do</i>' actions), which was a significant improvement on its previous inspection report, and the detailed improvement action plan to address these had been submitted to the CQC on 16 January 2020. The two Trust-wide '<i>must do</i>' actions were:</p> <ul style="list-style-type: none"> – Make sure all patient records are stored securely, completed accurately and kept confidential; and – Make sure consent is correctly recorded in patient's notes in line with best practice. <ul style="list-style-type: none"> • There were 44 '<i>should do</i>' recommendations spread across six service areas and the Trust was developing local actions plans. <p>The Council received the CQC Inspection Report 2019, noted the action plan for addressing the '<i>must do</i>' recommendations and noted that the improvement plan for the '<i>should do</i>' recommendations was under development.</p>	

		Action
3.0	MEMBERSHIP & ENGAGEMENT	
3.1	<p>Membership Engagement Committee Report</p> <p>Richard Mycroft, Lead Governor and Chair of the Membership Engagement Committee, presented the report from the Committee meeting held on 28 January 2020.</p> <p>Much of the discussion had focused on the planning for the forthcoming Question Time constituency engagement events. A briefing session for Governors participating in the events had been arranged for Thursday, 5 March 2020 and was open to all Governors. The Trust Communications team were producing a presentation to support the events, which would set out at a high level an overview of the Trust's quality, performance, financial and strategic position. The presentation would be tailored to each event to build in a relevant local focus. A Governor from the relevant constituency would open and host the meeting, introduce the executive director lead and manage the question time session which followed the presentation. Governors would be provided with a Frequently Asked Questions (FAQ's) document which would cover a broad spectrum of topics that could be raised by members of the public so that Governors had guidance as to how best to respond to questions and which issues they should pass on to the executive lead. Significant work had been undertaken to promote the events and Governors were encouraged to continue to promote them through their local networks and distribute the posters in their local areas.</p> <p>.</p> <p>The Council noted the update and agreed that Governors would continue to promote the Constituency Question Time events in their local areas.</p>	All Gov.
3.2	<p>Governor Election Report</p> <p>The CCAO provided an update on the recent Council of Governors elections which ended 30 January 2020.</p> <ul style="list-style-type: none"> • The following seats were part of the January 2020 election: <ul style="list-style-type: none"> – Three in Wandsworth (three year term) – Two in Merton (three year term) – One in Merton (one year term) – Two in the Rest of England (three year term) – One Non-Clinical staff governor (three year term) <p>For the first time in two years all nine seats were contested and there was good engagement in the non-clinical staff elections. The election process had started in November 2019 and closed on 30 January 2020. Civica Election Services (formerly Electoral Reform Services) had been appointed as the independent Returning Officer.</p> <ul style="list-style-type: none"> • The elections had gone well and the new awareness sessions for prospective governors had been well received. It was planned to continue with these, and build on them for the 2021 Governor elections so that the Trust used these both as a means of promoting awareness of the elections and as a vehicle for engagement with members. In order to provide more opportunity for newly elected Governors to receive and participate in induction events prior to commencing their terms of office, it was proposed that the election schedule be brought forward from January 2021 to November 2020. This would mean nominations opening in September 2020 and voting closing by the end of November 2020. This would allow two months for new Governors to be inducted and potentially shadow an experienced Governor before starting their three year term in the 1 February 2021. <p>The Council noted the update on the January 2020 elections and the learning that</p>	

		Action
	<p>would be used to further improve the election process for the 2021 Governor Elections.</p> <p>It was agreed that a report would be brought to the next meeting on the 5 May 2020 with an agreed timetable for election for later this year.</p>	CCAO
4.0 GOVERNANCE		
4.1	<p>Nominations & Remuneration Committee Report</p> <p>The CCAO presented the Nominations and Remuneration Committee report from the meeting held on 11 February 2020. The Committee had considered three new pieces of guidance issued by NHS England and NHS Improvement (NHSE/I) in relation to:</p> <ul style="list-style-type: none"> • The remuneration of NHS provider Chairs and Non-Executive Directors (NEDs) • The appraisal process for NHS provider Chairs • The competency framework for NHS Chairs <p>The Committee noted the above guidance and considered the implications for the Council's approach to the appointment and re-appointment of non-executive Board members and for the upcoming appraisal of the Chairman, the outcomes of which were due to be considered, along with those of the non-executive directors, at the Committee's next meeting on 28 April 2020.</p> <p>The Committee noted that, at present, all substantive non-executive directors at the Trust received remuneration of £14,000 per year and that this was a uniform rate across all of the NEDs. There was no system of supplementary remuneration based on additional responsibilities such as the chairing of Committees or fulfilling the role of Senior Independent Director. The Committee recognised that the changes would not impact on the remuneration of the NEDs in their current terms of office, but that the Trust was expected to implement the new levels in the course of any appointment or reappointment. For current NEDs, this would involve a £1,000 reduction in current basis remuneration, albeit up to three could receive supplementary remuneration of up to £2,000 for additional responsibilities.</p> <p>While the Committee recognised that the sums involved were relatively minor, it was concerned that implementing such a structure would create inequality in remuneration among the NED membership of the Board and ran counter to the culture of equality of endeavour the Chairman valued. The Committee agreed that the Trust should explore with NHSE&I the extent to which it would be possible to retain uniformity in remuneration across the substantive NED cohort on the Board. It recognised that deviations from the new structure were permitted on a comply or explain basis, and it agreed to consider the matter further at its next meeting.</p> <p>In relation to the Chairman's remuneration, the Committee had recognised that the current remuneration of the Chairman was already at the median point for a Trust of this size and that no changes were necessary at this time. It noted that this retained some flexibility to increase the level at the point at which the Trust exited special measures.</p> <p>The Council noted the update from the Committee and also noted:</p> <ul style="list-style-type: none"> • The new requirements relating to process for conducting appraisals of NHS provider Chairs and the new competency framework; • The requirements relating to the remuneration of Trust Chairs and Non-Executive Directors and the fact that the Committee will consider this again at its next meeting following further engagement with NHS England and NHS Improvement; and • Approved the amended policy for the appraisal of the Chairman and Non-Executive Directors set out at Appendix 4. 	

		Action
<p>4.2</p>	<p>Proposed Revision to Trust Constitution relating to the Trust Board</p> <p>The Chairman outlined the proposed temporary changes to the Trust's Constitution, and to the Standing Orders, in relation to the membership of the Trust Board and associated voting rights. Following the departure of Ellis Pullinger, the Chief Operating Officer (COO), Avey Bhatia, Chief Nurse had agreed to cover the COO role and Robert Bleasdale, Deputy Chief Nurse, would step into her role as Chief Nurse on an acting-up basis. However, unlike the role of Chief Nurse, the Chief Operating Officer role was not a voting member of the Trust Board. It was noted that Avey Bhatia would not wish to give up a voting role which was agreed as reasonable. The Council was asked to endorse the adoption of the interim arrangements to cover that role until a substantive replacement was appointed. The Board had previously considered and approved the proposed changes to the Constitution. It was noted that these changes would have effect for no longer than nine months and that the changes would need to be presented at the Annual Members' Meeting.</p> <p>The Council agreed the temporary changes to the Constitution.</p> <p>It was also noted that a comprehensive review of the Trust's Constitution would be undertaken during 2020/21. The outputs of this, and any consequential proposals for amendment, would be considered by the Board and the Council of Governors and the changes would be subject to approval by the Council and the Trust's members at an Annual Members' Meeting.</p>	
<p>4.3</p>	<p>Effectiveness Review Action Plan and Proposed Forward Plan</p> <p>The CCAO presented the report which set out proposed plans which address the feedback provided in the Council's 2019/20 effectiveness review.</p> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> • The Trust would utilise the services of NHS Providers to deliver some aspects of Governor training and development, including a Development Day during the year. • To increase the profile of Governors a different governor would be featured in the Trust stakeholder magazine 'the Brief'. • Governor visits' to different parts of the Trust would be arranged on the same day as informal Governor sessions/workshops, and it was agreed that such visits provided an important means of Governors developing their understanding of the Trust. • The Lead Governor would present a summary of Governor activity at every Council of Governor meeting. • As well as organised site visits Governors were invited to take part in the Ward Accreditation scheme as well as annual PLACE inspections. <p>The Council considered the proposed forward plan and programme of activities to enable the Council to be more effective and in line with action plan outlined in the effectiveness review.</p>	
<p>5.0</p>	<p>ACCOUNTABILITY</p>	

		Action
5.1	<p>Overview from Non-Executive Directors</p> <p>The Chairman reported that the following Board Committee met since the last Council of Governor meeting on 17 December 2019 and the reports had been circulated to the Council:</p> <ul style="list-style-type: none"> • Finance & Investment Committee (12 December 2019 and 23 January 2020) • Quality and Safety Committee (12 December 2019 and 23 January 2020) • Audit Committee (30 January 2020) • Workforce and Engagement Committee (5 December 2020) <p><u>Finance</u></p> <p>The Trust Chairman reported that the Trust was in a different place on quality and that had been reflected in the recent CQC report and the recommendation that the Trust be taken out of quality special measures. The Trust's finances were £12m off target for year-end but the Emergency Department performance had improved. The NHS was moving toward system working with proposals to introduce a system budget at SWL ICS level.</p> <p>It was agreed that the Trust would seek to invite a system partner/chair to speak to the Governors at a future seminar session.</p> <p>In response to NdB's query about what would be different for next year's budget planning, AB-NED responded that each year the trust was getting better at planning. However, the learning from the current year was that forecasting needed to be started earlier in the financial year (September or October) and reporting of deviation from plan needed to be flagged and remedial action taken at an early stage. A seminar on the Annual Plan for 2020-21 would be organised for the Council next month.</p> <p>It was agreed that the new SWL ICS chair be invited to talk to the Council. In addition a seminar session, on annual planning would be arranged for the Council in March 2020.</p> <p><u>Workforce</u></p> <p>SC-NED provided the Council with some highlights from the NHS Staff Survey results which had been discussed at the Workforce and Education Committee on 18 February 2020. The key highlights were:</p> <ul style="list-style-type: none"> • The staff survey questionnaires had been sent to 8,518 eligible members of staff with 4,923 staff returning the survey. This was a 59.5% response rate which was higher than the previous years of 54%. The median response rate for acute trusts was 47.5%. • Although steady progress had been made, the Trust was still below average on staff survey question responses. • Staff had said they would be happy with the standard of care if a friend/relative needed treatment by St George's. Staff had also said they would recommend St George's as a place to work, and this score had increased from 57% in the 2018 survey to 61% in 2019 survey. • At the same time, key challenges remained, particularly in relation to bullying and harassment, diversity and inclusion, and staff feeling able to raise concerns. <p>In response to queries raised by the Council the following key points were noted:</p> <ul style="list-style-type: none"> • Where the incidence of violence against staff had improved but there was more 	<p>CCAO</p> <p>CCAO</p>

		Action
	<p>work to do in this area.</p> <ul style="list-style-type: none"> Although the Trust had achieved a higher response rate for the survey it was disappointing that it was below average in a number of responses. <p>The Council noted the progress that had been made with the Staff Survey results and the improvement work that was ongoing.</p>	
6.0 CLOSING ADMINISTRATION		
6.1	<p>Any Other Business</p> <p>It was noted that a formal response on the independent Cardiac Surgery Review would be going to the Trust Board meeting on the 26 March 2020 and that a briefing session would be arranged for the Council beforehand but would probably be at short notice.</p>	
6.2	<p>Reflections on meeting</p> <p>NA reflected that the meeting had been a very good and he was keen as new Governors to receive more background information on some of the key issues facing the Trust. He suggested that more time should be provided for Governors to read all the reports before the meeting. The Chairman explained that the aim was to circulate papers a full week prior to each Council of Governors meeting and it was important this was delivered.</p> <p>DR stated that there had been some thoughtful contributions by new Governors which he felt augured well for future meetings.</p>	
	<p>Date of next Meeting: 5 May 2020, 15:00-18:00 [meeting was cancelled as a result of COVID-19 pandemic and social distancing rules implemented in response]</p>	