Minutes of the Meeting of the Council of Governors
22 May 2019, 14:00-17:00, Hyde Park Room 1st Floor, Lanesborough Wing

Name	Title	Initials
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
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
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Rest of England (Lead Governor)	KH
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Derek McKee	Public Governor, Wandsworth	DMK
Richard Mycroft	Public Governor, SW Lambeth	RM
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	Spa
Simon Price	Public Governor, Wandsworth	SP
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
Clive Studd	Public Governor, Merton	CS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance		
Avey Bhatia	Chief Nurse (Item 2.1 and 2.2)	CN
Elizabeth Palmer	Director of Quality Governance	DQG
Liz Aram	Co-Chair PPEG and Patient Partner	PP
James Friend	Director of Delivery, Efficiency and Transformation (item 2.3)	DDET
Martin Haynes	Improvement Methodology Director (item 2.3)	IMD
Stephen Jones	Director of Corporate Affairs	DCA
Sarah Wilton	Non-Executive Director	SW
Stephen Collier	Non-Executive Director	SC
Sir Norman Williams	Non-Executive Director	SNW
Tim Wright	Non-Executive Director	TW
Apologies		
Damian Quinn	Public Governor, Rest of England	DQ
Rebecca Lanning	Appointed Governor, Merton Council	RL
Marlene Johnson	Staff Governor, Nursing & Midwifery Designate	MJ
Val Collington	Appointed Governor, Kingston University	VC
Doulla Manolas	Public Governor, Wandsworth	DM
Ann Beasley	Non-Executive Director	AB
Jenny Higham	Non-Executive Director	JHM
Secretariat		
Tamara Croud	Interim Assistant Trust Secretary	IATS

1.1 Welcome and Apologies
The Chairman opened the meeting and noted the apologies as set out above.
1.2 Declarations of Interest
There were no new declarations of interests.

1.3 Minutes of the meeting held on 26 March 2019

The minutes of the meeting held on 26 March 2019 were reviewed by the Council and were agreed as an accurate record.

1.4 Action Log and Matters Arising

The Council reviewed the Action Log and agreed to close the following actions given that two were on the agenda and the third had been completed:

- COG.15.05.18/32: Presentation on GIRFT programme and Model Hospital for a future meeting.
- COG.26.03.18/01: PPEG presentation at next meeting.
- COG.26.03.19/02: Quality Indicators CN/DCA to email Governors with choices of indicators and deadline for response.

2.1 Patient Partnership Engagement Group Update

The Council of Governors welcomed Avey Bhatia, Chief Nurse (CN) and Liz Aram, Patient Partner (PP) and Co-Chair of the Patient Partnership and Engagement Group (PPEG).

The CN provided an overview of the process adopted to establish the PPEG and the recruitment of 15 diverse patient partners including Healthwatch representative, patients, governors and staff. Some key achievements delivered to date included the co-design and Board sign-off of the patient and engagement strategy 2018-19, and the establishment of new groups for learning disability, dermatology and urology patients' panels. There were also lots of examples of co-production, for example with the development of the information around 'Get Fit for Surgery' and 'New Beginnings' in the maternity service, and spearheading initiatives such as the introduction of open visiting and the visitors' charter. The Trust had also held its first Patient Experience Day on 24 April 2019 which trended on twitter. The Internal Auditors had also conducted a review into the suitability of the governance framework to manage patient experience and, whilst recognising the process was in its infancy, had given it a reasonable assurance rating and the Trust was progressing the actions and recommendations from the audit.

The PP reported that it was good that the Trust has patient partners that are very engaged and enthusiastic but noted that they had been frustrated by the length of time it had taken to complete this work. The PPEG was also delighted that the Trust had appointed a 0.5 WTE member of staff to support the work of PPEG and explore other opportunities to engage with patients. Patient Partners are also very keen to get involved in transformation projects and it would be useful to understand the cohort of projects in the next phase of transformation projects so that PPEG could get involved and play a role. In addition, the PPEG was keen to link with other stakeholders across the Trust to ensure that there was a joined-up approach to engaging with patients and helping them to drive the agenda. To support this, there needed to be better communication resources. The relationship between Governors and the PPEG also needed to be clarified. The focus was now on delivering the current Patient and Engagement Strategy and preparing for the new three- year strategy.

Sarah Wilton noted that it would be useful for the Board to review the progress against the Patient and Engagement Strategy and work of PPEG in the next 3-6 months and reported that the communications element of PPEG's work could be supported by the new Head of Patient Experience. Sir Norman Williams advised that the PPEG formally reported to the Quality and Safety Committee. RM noted that the Governors' Membership and Engagement Committee had a 'PPEG update' as a standing item given the strong overlap in the work of the two groups and the PP would be invited to provide updates. SM noted that it was very difficult for patients to find out about patient engagement activities and opportunities on the Trust's website. There was a wealth of volunteers eager to get involved. Involving patients could be very impactful and it was important to publicise these effectively. KS noted that discussions about patient engagement

had been going on since February 2018 and there was no assurance that the Trust was doing enough. Commenting on the progress of PPEG, he noted that there had not been a single intervention involving a patient partner that was not already planned prior to the establishment of PPEG and therefore questioned the real impact it had had to date. The Chief Nurse reported that it had been a challenge to get the programme working but agreed that there should have been more pace around this project in the earlier stages. The appointment of the Head of Patient Experience would drive forward and support the PPEG work programme and drive the strategy. The Chairman advised that NEDs had also been concerned about the time it had taken to get the programme of work running effectively and it was now important to focus on how the Trust moved forward. The Quality and Safety Committee would continue to closely scrutinise the programme of work and take a lead in tracking patient involvement in the transformation programme. Sir Norman Williams reported that he continued to champion the involvement of patients in Serious Incident investigations and endorsed the suggestion that the whole Board had oversight of this programme. Work would be done with the CN to programme discussions at the Quality and Safety Committee. KS asked how Governors would be involved in the PPEG. DR flagged that the current PPEG terms of reference required the attendance of three Governors. However, it could be challenging for one Governor to attend routinely given other priorities and diary constraints therefore it may be more feasible to widen the scope for the type of Governor who could attend. The Chairman noted that Governors should be involved and the terms of reference of PPEG should, if necessary, be updated to enable a broader range of Governors to attend, perhaps on rotation. The Council of Governors thanked the CN and the PP for the report on PPEG.

Action: The CN would facilitate regular reporting of PPEG to the Quality and Safety Committee and Sir Norman Williams would provide routine updates on progress to the Council of Governors.

2.2 Process for selecting quality indicator for external audit

The DQG provided an overview of the process for identifying and choosing the quality indicator for testing as part of the annual Quality Account (report). Part of the process involved the Trust auditors carrying out a test on three indicators, two of which were mandated by NHS Improvement (NHSI) and the third chosen by the Council of Governors. It was normal for NHSI to provide a list of suggested indicators from which the Council is asked to choose. However, this year NHSI had strongly suggested that Foundation Trust Governors select the Summary Hospital-level Mortality Indicator (SHMI). The external auditors had carried out a limited assurance review which meant that they had looked at subset of the SHMI data to ascertain the validity of the Trust's reporting. The results of this review would be presented to the Council in July 2019 along with the report on the review of the Quality Report.

A number of Governors raised concerns about the process; in particular the NHSI's strong recommendation that the Council choose SHMI noting that the selection of the local indicator was within the remit of the Council. Such a strong steer from NHSI was seen as being at risk of infringing on the autonomy of the Council of Governors. The Chairman commented that should the Governors feel strongly about the matter, they could ask her to write to NHSI expressing their concerns.

Action: The Trust 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 received the report.

2.3 Getting it Right First Time (GIRFT) & Model Hospital

The DDET reported that GIRFT was a national programme which allowed the Trust to undertake

some very specific procedural benchmarking across around 20 different specialties. The Trust used to look for financial opportunities for efficiency but there were more opportunities for the Trust in relation to improving quality and driving efficiency through limiting variations. The Trust was increasingly starting to share practice internally and externally with other trusts and using common knowledge and learning to drive change and efficiencies in areas such as workforce, procurement and length of stay. There was also a national drive to use the data to improve the quality of data. The Trust had a London GIRFT leader who was supporting and guiding the Trust's improvement work and provides additional access to national data. The Trust had many programmes of work going on but these were not well publicised and in the clinical audit in December 2018 there were 65 posters describing the improvement work going on in the Trust. As part of this programme, the Trust submitted a huge amount of data to the national benchmarking tool and had undertaken 17 deep dives which aligned with its priorities, for example referral to treatment. The Trust monitored its progress using dashboards and the Quality Improvement Academy was driving the programme of work to improve quality and efficiency. The Model Hospital programme was similar to GIRFT and the Trust had moved from being in the bottom quarter in relation to cost per weighted activity unit for emergency medicine productivity to the top quartile, with more opportunities identified by clinical teams. The Trust had now approved two full time members of staff to drive this work and the Board was receiving quarterly reports.

HH noted that, beyond GIRFT, there were other ways to improve quality and there was an overlap with the cost improvement programme (CIP). The IMD reported that there were other quality improvement programmes underway outside GIRFT. CS queried where discharge featured in the quality improvement programme and the cause of underutilisation of theatres. The DDET reported that the Trust was focusing its work around the high performing wards and making sure patients were in the best environment for assessment, continued care with the target of having equal to or less than 80% bed occupancy in the acute medical unit by mid-day to ensure there was an effective flow of patients. Under-utilisation of theatres related to booking and not availability of beds. JD noted that it would be useful for the Trust to produce some sort of pictorial which depicted the transformation programmes currently underway across the Trust and the interdependencies of quality, financial and efficiency so that the Council could better support communication and championing these programmes of work. JH asked how up-to-date the benchmarking data was and the usefulness if it was not real time. The IMD advised that there was variability with some data being two years old. However, there were key themes which were still worth exploring with some data being refreshed. Sir Norman Williams advised that specialities which had undergone the GIRFT programme would be publicised nationally and this would be useful. KS queried the availability of an assurance mechanism to ensure that pre-implementation of standardisation the Trust did not stifle innovation. The IMD advised that the principles of standardisation were to rationalise and drive efficiencies which in and of itself required innovative approaches. Sir Norman Williams flagged that there had been good examples where standardisation had led to innovation and improved patient outcomes and it was important to drive out variation so that patients were provided with the best care. He flagged, however, the importance of conducting standardisation in the proper way within a strong governance framework.

Action: The Chairman agreed that the Chief Medical Officer would be asked to present a report at a future meeting of the Council on the assurance and governance mechanisms to ensure standardisation through the GIRFT and Model Hospital does not diminish innovation.

The Council received the report.

2.4 Nomination & Remuneration Committee Report

KH took over chairing the meeting and the Chairman stepped out for the discussion on the matters pertaining to her appraisal and reappointment.

Chairman Appraisal and Reappointment
RM reported that the Nomination and Remuneration Committee had been very supportive of the Chairman and the other Non-Executive Directors and welcomed the positive appraisals. The Committee had no hesitation in recommending that the Council reappoint the Chairman for a further term based on not only her excellent chairmanship to date but also to retain the stability she had brought to the Trust since her appointment as Chairman in April 2017. The Council noted the outcome of the 2018/19 appraisal for the Chairman and approved the reappointment of Gillian Norton as Trust Chairman for a further term of office starting 1 April 2020.

Stephen Collier and Ann Beasley Appraisal and Reappointment
Stephen Collier stepped out of the meeting for the discussion on the matters relating to his reappointment. The Council noted the outcome of the 2018/19 appraisal for Stephen Collier and Ann Beasley and, on the basis of the recommendations and considerations set out in the paper, approved their reappointments for further terms of office starting 13 October 2019. Each appointment would be for a term of three years.

Non-Executive Appraisals and Objectives for 2019/20
The Council noted the appraisals and objectives for 2019/20 for all Non-Executive Directors. It noted that engagement with the process had been good, and that there had been far richer feedback than the previous year which had been helpful.

Appointment of a new Non-Executive Director and Associate Non-Executive Director
The Council received and approved the person specification, process and timetable for the appointment of both a new Non-Executive Director to replace Sarah Wilton and a new Associate Non-Executive Director. The Council also agreed to give delegated authority to the Governors' Nomination and Remuneration Committee to manage the appointment process, with a recommendation on suitable candidates being presented to the Council at its meeting in October 2019.

2.5 Membership Engagement Committee Report

The Chair of the Membership Engagement Committee (MEC), RM, presented the summary report from the Committee meeting held on 14 May 2019. The Committee had started the process of delivering the new Membership Strategy which had been approved by the Council in March 2019. It focused on the year one implementation plan and 5 July 2019 had been identified as the date on which to officially launch the membership strategy. Work was underway to develop the materials to support the launch. Plans discussed at the meeting included showcasing the strategy and progress against the implementation plan. The Committee had also discussed how to develop the concept of tiered membership and do things in a different and innovate way. It had discussed the emerging plans for improving Governors' engagement at Borough level with the recognition that detailed work would be required to give effect to this. The Committee agreed to consider in July plans for an autumn programme of events in the three geographical constituencies of the Trust. SM flagged that it may be worth linking with local Authorities and Councillors to drive local stakeholder engagement with Governors. The DCA noted that the plans to improve Governor engagement do include linking with local constituency network and the intention was to seek to link in to established networks. DR noted that given the geographical spread of the Trust it would be useful to locate meetings in different boroughs which may result in more people attending Governor events. KS noted that there had previously been some suggestions of getting in contact with GP patient network and SP reported that the Clinical Commissioning Groups had user group representatives who could be linked with the Trust. RM noted that in addition to developing these links and attending outside meetings the Trust must have a programme and material to effectively support engagement opportunities.

The Council of Governors:

- Noted the update on the outcomes of the Committee held on the 14 May 2019; and
- Noted the plans to launch the Membership Strategy 2019-22 on 5 July 2019 supported by a communications plan and engagement materials.

2.6 Council of Governors Training and Development 2018-19 & Annual Self-Assessment of Compliance with Foundation Trust Licence

The DCA reported that as part of the Trust's annual self-certification against its licence, the Trust was required to confirm to NHS Improvement that Governors had received sufficient training during the course of the year to carry out their roles. The report set out the training that had been provided to Governors at the Trust, including details of the briefing sessions with Governors on topical issues and the away day held in January at which both the NHSI London Regional Director and South West London Health and Care Partnership Chair had presented. DR reported that he had noticed that recent NHS Provider events and training were oversubscribed. The DCA reported that NHS Providers had a limited number of places for governors from each Trust and there had been occasions during the year where more governors wanted to attend certain events. The governance team had put in place a process of rotation to ensure, as much as feasible, all governors had the opportunity to attend these events. The Trust had also been approached by NHS Providers to host an event in the autumn. If this went ahead the Trust would request that additional places for Governors from St George's be made available. KS noted that the Council had asked for specific training from NHS Providers and queried the availability of a training budget. He also noted that instead of attending the conference, it may be better to have bespoke training. The Chairman asked that Governors think about what training they required so that the DCA could explore options for addressing this. KH reminded that there were discussions about sharing training with Kingston which may prove cost effective. Richard Mycroft noted it may be useful to do some analysis of training need and also noted that the attendance at conferences provide valuable networking opportunities. The Council received the report and approved the submission of to NHSI confirming training is provided to governors.

Action: The Chairman and the DCA would consider the overall training offer to Governors, including options for joint training with Governors at other Trusts, and would undertake a Governors' training needs assessment.

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

<u>Audit Committee</u>

Sarah Wilton provided an update on the work of the Audit Committee and gave an overview of its recent meeting. The Committee had challenged robustly the contents of the Internal Audit Plan for 2019/20 and had agreed to carry out a mid-year review to ensure that the plan remained dynamic and effective. In addition, the Committee had asked the Executive team and internal auditors to give thought to how to include additional areas such as how effective the organisation was at learning and triangulating across areas and embedding learning. In relation to Freedom to Speak Up, the Committee had reviewed an internal audit report on this and noted that there are a number of issues which were of concern such as people being able to speak up and when they do speak up the robustness of systems to manage those concerns. The Committee were also concerned about the robustness of the underlying Trust policy and about ensuring that there was clarity of processes for people to speak up and resourcing of the teams that managed this process. The report back to the Committee had been delayed but a full report would come to the next Committee meeting. The Committee had also agreed the procurement process for the internal auditors' contract which was currently held by TIAA and a subset of the Committee and some Executives would form the panel to review the tenders received.

AdB reported that she had attended the April Audit Committee meeting and had been pleasantly surprised by the breath of information considered and the discussions held at the Committee; the level of review and challenge was assuring. In the Council's pre-meeting they had agreed to

ask the Committee to consider legal expenses. The Chairman noted that through the Quality and Safety Committee a review was programmed to take place and Sir Norman Williams reported that the report to the Quality Committee would be around learning from litigation and learning from claims. JD asked whether the Committee looked at the users' perspective of the internal audit process to which Sarah Wilton advised that the Committee conducted annual effectiveness reviews of internal audit function which included feedback from users and internal auditors undertook a survey of users following each review. KS queried the role of the Committee in reviewing progress in achieving the required culture change within the organisation. Sarah Wilton reported that wider cultural concerns lay with the Workforce and Education Committee and the Audit Committee was focusing on indicative performance metrics around control and systems. The Chairman noted that the Board would receive the report on staff engagement in June. The NEDs had been conscious of striking the right balance between challenging and supporting the Executive team. The Executive were driving this agenda but the NEDs had expressed concern about the need for greater pace. HH advised that it was good to note that the Committee and the Board were giving due consideration of FTSU but queried the degree to which this resource was publicised to staff. It was noted that this would be picked up by the Committee when it considered the report and updated policy at its next meeting. Sir Norman Williams also reported that he was the appointed NED for FTSU and had also asked for clarity on the process and policies.

Workforce & Education Committee

Stephen Collier reported that the Workforce and Education Committee was now focusing more on assurance and seeking to robustly hold Executives to account. Despite the need for cultural change it was important to recognise the good progress being made in some areas with a reduction in vacancy rates, increased compliance with mandatory and statutory training and improved sickness metrics. This good performance was not, however, reflected in staff experience and although there were some glimmers of hope, the staff survey feedback reflected that progress had plateaued in the past year and the Committee was concerned by the fact that some of the issues reported 12 to 24 months previously were reflected in the most recent survey. This signified the need to change approach and rethink how the organisation, as a whole, tackled culture. The Committee had identified a number of areas of concern when looking at the key issues that needed to be addressed in order to change the culture. These included low level of staff engagement in some areas, challenges with the effectiveness of some middle management, and staff experience of bullying and harassment. These were fixable but significant issues and there now needed to be a rigorous change programme. The Trust also had to be minded of the pressures in the organisation and with the added element of resource constraints this would take significant time and constant focus to effect the step change required. There was a workforce plan for the year and the Committee was now starting to initiate the workforce strategy which drew on the NHS-wide people plan.

JH queried whether or not the fact that the Trust was in special measures was a factor in staff behaviour. Stephen Collier noted that coming out of special measures would not in itself change views or culture in the long-term. KS noted that unless a plan was in place and people mobilised to make changes the culture would not change. The Chairman noted that whilst cultural change could be hard, the Trust had strong values which could be better utilised to effect the required cultural changes. The Trust needed to articulate the behaviours that were acceptable and then hold people to account. The organisation had been so broken previously and it was now in recovery. However, the sheer size of the organisation and key emerging issues, such as estates, could consume Executive directors' time and deflect from the focus on the cultural change programme. The NEDs recognised the need for greater pace in making the cultural changes required. KH noted that the key was getting the basics right, for example paying staff on time and correctly. It was important to support staff that were in the most pressured parts of the organisation and ensure that resources were directed in those areas which could help staff feel valued. This needed to be thought through and changes and decisions needed to be managed better. The Chairman reported that the Chief Inspector of Hospitals had reflected that

the quality improvement work in wards, particularly the ward accreditation programme, was effective and impressive and it was agreed to invest in this work to ensure that there is a consistent approach across the Trust. Stephen Collier noted that most of the pay issues related to bank staff and there was now a new central system which was supporting a reduction of issues with payroll. Sir Norman Williams asked to what extent, outside the national workforce framework challenges, could the Trust solve its local staffing issues. Stephen Collier noted that the Trust did perform very well on retention and was speeding up time to hire when benchmarked against local NHS organisations. The Trust needed to focus on delivering its workforce strategy and addressing those intractable issues internally. It was noted in response to a query from FG that the Trust was able to benchmark staff satisfaction against other organisations and the Chairman flagged that, comparatively, the Trust had high response rates to the national staff survey which could be an indicator that staff were engaged and wanted to work with the Trust to address these issues.

Estates & Information & Communications Technology (ICT)

Tim Wright provided an update on information and communications technology (ICT) and Estates and reported that solid progress had been made on ICT over the past six months or so. With the appointment of a new Chief Information Officer (CIO) there was greater visibility of the key risks and there had been some key improvements. Work continued on the infrastructure with many of the single points of failure addressed in the network following receipt of funding. All PCs and laptops had much better anti-virus and malware protection and the processes for managing these had been strengthened. There were enhanced Wi-Fi services across all sites and work was focussed on getting robustness in back-up systems and infrastructure. The Trust however needed to be mindful that in completing routine work to address single points of failure it did not adversely impact on the longer term ICT strategy. Cerner was now in place across the inpatient service at Tooting and staff had been positive about the implementation and this system. Progress was being made on enhancing the use of Cerner which was driven by staff. The work to implement Cerner at Queen Mary Hospital was also progressing but there had been some issues with migrating the data related to the cloud infrastructure which was being worked through, resulting in the deadline moving from July to September. The Trust had identified more funding and was exploring how to digitalise key streams of operations around patients to enable better, safer care such as introducing e-prescribing in the emergency department and moving to Office 365. The ICT strategy was being developed.

SP reported that whilst the transition to Cerner had gone well there was a query about the speed at which this has been utilised and the cultural change that was needed in the organisation to enable and demonstrate real change. Staff felt frustrated at not being able to do what they wanted to do with the system which had the effect of impacting on staff morale. ICT was the infrastructure that supported staff to carry out their roles and it was important that it worked effectively. CS expressed similar views based on his daughter's experience as a junior doctor in the Trust. Tim Wright advised that Cerner was a complex system and therefore whilst it was important to get the pace right this needed to be balanced against giving users the right support. It was equally important not to implement too many different systems at once which could have an adverse impact on staff. KS noted that ICT was so important to practitioners and the public and it was striking there was not a separate Board sub-Committee focused on this. In addition, he stated that the Council need more visibility on ICT progress, implementation and assurance that things are being done strategically and at pace. Tim Wright noted that there was a legacy of lack of investment and the Trust was working on making these changes to ensure there were integrated systems. The Chairman noted that the NEDs recognised the nature and scale of the ICT challenge and that these issues were considered by the Finance and Investment Committee, which was responsible for reviewing ICT risks. The Chairman suggested that the CIO be invited to give a presentation on ICT at the next Council meeting. She also noted that the Trust had moved on from what was a wholly fragile ICT but recognised the concerns expressed by Governors.

Action: CIO to be invited to attend the July Council meeting to present a report on ICT.

Tim Wright advised that the Board had agreed to give greater focus to estates issues by establishing a Part B element of the Finance and Investment Committee focused exclusively on estates. The group would focus on scrutinising priority issues around estates including water supply, ventilation, and fire and ensuring there were robust governance processes to underpin the work required. Responsibility for Estates had been changed and the CFO was now the Executive lead for estates. The Chairman noted that there needed to be a proper discussion about estates at future meeting.

3.1 Any Other Business

HH noted receipt of the DCA's email earlier in the week regarding the joint statement issued by the Trust regarding the conclusion of the High Court litigation involving one of the cardiac surgeons. She reflected that it would be helpful for the Council to understand how the organisation had learned from the experience and taken the steps necessary to ensure it did not happened again. The Chairman agreed that a session would be organised to provide a further confidential briefing with the Council of Governors on cardiac surgery and the CEO would be invited to inform the discussions.

The Chairman noted that this was the KH's last meeting as Lead Governor and that she would leave the Trust next year following the end of her term. On behalf of the Council and the Trust, the Chairman thanked KH for her efforts, care and attention in her role as lead governor noting that the Trust would be a poorer place without her. The Chairman also presented KH with a Trust Values Award. In turn, KH thanked the Trust and Council of Governors for the award and gifts. She commented that she had enjoyed the role enormously, particularly seeing the progress the Trust had made in its recovery. She believed that together Governors had contributed to this, strengthening the functioning of the Council to ensure it played a full and effective role in the Trust's governance.

The DCA noted that expressions of interest in succeeding KH as Lead Governor had been received from DR, SS and RM, who would now need to submit statements setting out why they should be elected as Lead Governor. The statement should be no more than 500 words. These would be circulated to Governors and a ballot would take place ahead of the next meeting of the Council of Governors.

3.2 Reflections on Meeting

Given time constraints, no reflections were offered.

3.3 Close

The meeting closed at 18:00

Date of next Meeting: 17 July 2019, 15:00 – 18:00