

**Minutes of the Meeting of the Council of Governors (In Public)
8 December 2021, via Microsoft Teams**

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AA
Mia Bayles	Public Governor, Rest of England	MB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Patrick Burns	Public Governor, Merton	PBU
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenni Doman	Staff Governor, Non-Clinical	JD
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
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
In Attendance:		
Ann Beasley	Non-Executive Director	AB
Rob Bleasdale	Chief Nurse (item 2.1)	CN
Anne Brierley	Chief Operating Officer (item 2.1)	COO
Stephen Collier	Non-Executive Director	SC
Paul Da Gama	Chief People Officer (item 2.2)	CPO
Andrew Grimshaw	Chief Finance Officer and Deputy CEO	CFO
Peter Kane	Non-Executive Director	PKa
Parveen Kumar	Non-Executive Director	PK
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Layo Ossai	Corporate Governance and Engagement Administrator	CGEA
Geoff Stokes	Head of Corporate Governance	HCG
Jacqueline Totterdell	Group Chief Executive Officer (item 1.5)	CEO
Timothy Wright	Non-Executive Director	TW
Apologies:		
Padraig Belton	Public Governor, Rest of England	PB
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Jenny Higham	Non-Executive Director	JH
Pui-Ling Li	Non-Executive Director	PLL
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Alex Quayle	Staff Governor, Allied Health Professionals	AQ

		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.</p> <p>The Chairman noted that item 5.1 (Questions to Non-Executive Directors) would be taken after the CEO Report as Parveen Kumar needed to leave the meeting at 3 pm.</p> <p><i>The minutes cover the agenda items in the order they were taken.</i></p>	
1.2	<p>Declarations of Interest</p> <p>The Chairman declared her interest as Chairman-in-Common at the Trust and Epsom and St Helier University Hospitals NHS Trust (ESTH). The CEO declared her interest as the Group Chief Executive Officer across the Trust and ESTH.</p>	
1.3	<p>Minutes of the meeting held on 16 September 2021</p> <p>The minutes of the meeting held on 16 September 2021 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>There were no open items on the action log.</p>	
1.5	<p>Chief Executive Officer's Report</p> <p>The Council received a comprehensive report from the CEO and the following points were noted in discussion:</p> <ul style="list-style-type: none"> • The Trust had been very busy over the course of last month and these pressures had been particularly acute in the Emergency Department (ED). The Trust had seen an increase of between 20 and 30% in referrals for breast screening. The number of 52-week waiters had significantly reduced, and this was testimony to a lot of hard work by staff, and a consequence of the surgical treatment hub at Queen Mary's Hospital. • The Trust Board had agreed a Covid-19, Flu and Winter Plan and was already implementing this. The Trust had not seen significant number of patients with flu, although the paediatric department had been very busy with a large number of children presenting with Respiratory Syncytial Virus (RSV). • The "Thank you George's" initiative to thank staff for their work during the Covid-19 pandemic had recently been held, and a £40 voucher for each member of staff had been well received and had boosted the morale of staff. • The 'Portrait to a Life of Dedication' exhibition which featured the pictures of 132 staff as part of the "Thank you George's" initiative had recently been unveiled. The exhibition had been funded by the St George's Hospital Charity and the photographs had been taken by a member of Trust staff. <p>SM requested to know more about the virtual frailty ward and the transfer of care hub. The CEO provided an overview of their work and noted that the virtual frailty</p>	

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	<p>ward was an extension of the model that allows social services, GPs and consultants to care for older patients at home.</p> <p>A number of Governors asked about the Covid-19 vaccination programme and uptake by staff. The CEO said 89% of staff were fully vaccinated although the administration of boosters had been slower. The Trust remained focused on ensuring as many staff as possible had received the vaccine, or booster, and addressing concerns from staff who were yet to have a first dose. The statutory requirement staff vaccinations as a condition of deployment (VCOD) from 1 April 2022 was a key area of focus at present. While there was no national guidance available yet as to how VCOD would be introduced in practice, the challenge in ensuring remaining staff were vaccinated would be challenging. Staff who were yet to have their first vaccination had until 3 February 2022 to have the first dose if they were to be able to continue working at the Trust beyond 31 March 2022.</p> <p>KS questioned the effectiveness of the four-hour operating standard as a meaningful indicator of quality compared with the 12-hour ED target. The CEO explained that the future of the four-hour standard was being actively reviewed by NHS England and NHS Improvement (NHSE/I) at present. The purpose of the standard was to ensure that patients received timely care and treatment, which was better for their health, and focused to maintain focus on flow. There had been a significant rise in the number of attendances at ED following the first wave of the pandemic, and these pressures had been consistently high since August. The Trust had implemented its full capacity protocol on a number of occasions and this would remain a challenge throughout the winter months.</p> <p>KS further asked what resources were being made available and what plans were being put in place to cope with the pressures coming this winter. The CEO explained that the Trust had a robust and flexible Winter Plan in place which had been agreed by the Board. The Trust had invested in improvements to the ED and had reviewed ED processes to ensure these were as effective as possible. The challenge was principally one of increased demand. The Trust had invited the national Emergency Care Improvement Support Team (ECIST) to review the Trust's ED performance and the Trust had received very positive feedback on its current processes.</p> <p>NA requested to know whether steps could be taken to reduce the number of patients waiting for more than 52 weeks. The CEO explained that this had been a key focus and the Trust had succeeded in reducing significantly the number of patients waiting longer than 52 weeks over recent months. The surgical treatment hub at Queen Mary's Hospital had been a great help in ensuring elective work continued. Nevertheless, across the NHS the impact of the pandemic on elective work remained profound and the Trust remained focused on taking action to ensure patients received the care and treatment they needed.</p> <p>RM asked about how the new Group model between the Trust and ESTH would work in practice and how the structure would develop. The CEO explained that there were a number of examples of group models between hospitals across the NHS. The two trusts had explored the various group models currently in operation and had decided on the planned form after careful consideration of the options. In any group model, it was important to ensure that there was a balance between integration at group level to realise the benefits to patients of closer collaboration and ensuring that individual sites had appropriate autonomy. Regarding the costs of the new group structure, the two Boards had been clear from the outset that the new single group executive structure would cost no more than the structures currently in place at both trusts.</p>	

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	The Council noted the report.	
5.0	ACCOUNTABILITY	
5.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman asked Governors whether they had questions for the non-executive directors, noting that the assurance reports from Committees to the Board had been circulated to the Council for information alongside the papers for the meeting.</p> <p>RM asked Parveen Kumar, in her capacity as Chair of the Quality and Safety Committee, for an update on the winter plan and the measures put in place to mitigate pressures, support flow through the Trust and ensure the safety of patients through the winter. PKu responded by saying the Trust had developed a winter plan which had been considered and approved by the Board. The Quality and Safety Committee and the Board had carefully scrutinised the plan and had received assurance that the plan was robust and could be appropriately flexed to deal with changing conditions. A significant uncertainty was the new Omicron variant and it was not clear at this point whether this would cause an increase in the number of very seriously ill patients, or increases in hospitalisations and pressure on intensive care beds. The Trust continued to ensure effective infection prevention and control measures were in place to protect patient safety and enable elective work to continue. The Trust had also undertaken work, which had been reviewed by the Committee, to learn from the pandemic to date.</p> <p>KC asked Stephen Collier, Chair of the Workforce and Education Committee, whether he considered that Continuing Professional Development (CPD) opportunities particularly for nursing and allied health professionals (AHP) would be provided. SC in response said he was satisfied that there was adequate focus on CPD. He acknowledged that some elements of accreditation and CPD had been suspended because of the pandemic, but the Trust had resumed a large proportion of training and development programmes. MJ added that support for nursing staff was already being provided.</p> <p>SM asked Stephen Collier what systems were in place to support remote working. In response, SC highlighted two elements to be considered, namely the benefit or otherwise for the employee and the efficiency of the employee. The Trust had in place a policy on remote working, and a number of staff, particularly in the corporate functions, undertook some degree of remote working. There were no specific Trust-wide metrics that allowed the Trust to have visibility on the productivity and efficiency of employees. MJ added that individual circumstances of the team and role of the employee should be considered to ensure fairness with remote working for staff.</p> <p>On the issue of diversity and inclusion, KS asked about the actions being taken by the Trust to ensure that recruitment was undertaken in an objective and unbiased way and to promote inclusivity within the Trust. SC acknowledged the challenges the Trust, and the wider NHS had experienced in relation to diversity and inclusion, but emphasised the focus the Board and the Workforce and Education Committee was bringing to bear on these issues. The Committee had closely considered the Trust's actions to ensure all interview panels at Band 8a and above had recruitment inclusion specialists involved as a means of ensuring objective decision-making in recruitment processes. The Trust had supported the development of new staff networks: BAME, LGBTQ+, Women's, and Disability. The Culture Diversity and Inclusion Programme Board, chaired by the Chief</p>	

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	<p>Executive, also continued to take action to promote an inclusive culture within the Trust.</p> <p>HH requested to know what steps were being taken to deal with the issue of staff shortages in the NHS. SC acknowledged that this was a challenging and contentious issue. A number of health care stakeholders, such as NHS Providers, had been lobbying Government to publish a workforce strategy for the NHS. To date this had not emerged. The abolition of Health Education England and the transfer of its workforce functions into NHSEI was expected to help the alignment of system and workforce planning. However, the key was additional funding and this, so far, had not been forthcoming. A number of Governors suggested that the Board should directly lobby the Department of Health and Social Care on this. The Chairman noted that the Trust was working through the ICS on these issues, and nationally stakeholder groups including NHS Providers were actively involved in making these representations to Ministers on behalf of provider organisations.</p> <p>Regarding inadequate staffing and the relative risks it poses to flow in the Trust, KS asked whether or not these risks were appropriately reflected in the Board Assurance Framework. The Chairman acknowledged that staffing pressures was a key risk, and this was one of the ten strategic risks set out in the BAF. The scoring of Strategic Risk 9 reflected appropriately the level of risk currently faced, and the Workforce and Education Committee and the Trust Board regularly reviewed the BAF to ensure that risks were appropriately captured, controls and gaps in control monitored, and emerging risks identified. One of these related to the emerging risks around VCOD. Ultimately, the mitigations for the underlying risks related to workforce were not all within the gift of the Trust and this was why the Trust was working collectively with partners across the South West London Integrated Care system.</p> <p>KS requested an update on the progress made in implementing the Trust's green plan. PK, PKa and JD noted that the Board had approved the green plan, alongside the estates strategy, in July 2021 and work on implementing the plan had started, and there were several projects on-going within the Trust. Key elements of the plan were dependent on the availability of capital funding and, as the Council were aware, there was significant uncertainty around this. KS asked what actions the Finance and Investment Committee specifically had taken in relation to monitoring the implementation of the green plan and Ann Beasley, Chair of the Committee, commented that the Committee would be considering this.</p>	
2.0	CARE	
2.1	<p>Covid-19 Update and Winter Planning</p> <p>The Council received the Covid-19 update and winter planning report from the CN and the following points were highlighted:</p> <ul style="list-style-type: none"> • Data around admissions and vaccination status had shown that there was a correlation between vaccination status and both admission and acuity. While the Trust was caring for patients with Covid who had received the vaccine, it was clear that vaccinated patients were far less likely to suffer serious Covid infection and far less likely to require intensive care. • Covid-19 wards had been reopened and the Trust had seen an increase in the number of Covid related hospital admissions, but the numbers of Covid patients, overall, remained relatively low. • The legislation to mandate vaccinations was expected to have potentially significant consequences on staff and operations within the Trust. The 	

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	<p>Trust was working through the implications and getting legal advice on the steps to follow.</p> <ul style="list-style-type: none"> The Trust was working with partners to ensure quicker discharge for patients and provide home care for frailty patients, as the Council had heard earlier in the meeting. <p>The Council of Governors noted the report.</p>	
<p>2.2</p>	<p>Learning from Covid-19: Team St George's</p> <p>The Council received the Learning from Covid-19 which focused on learning in relation to staffing and workforce issues. The report had been prepared on the basis of feedback from staff surveys, focus groups, and leadership meetings. The key themes in the report were around learning and development, communication, remote working, and estates. In terms of remote working, the Trust recognised the benefit of this and were committed to making improvements. Communications with staff were seen as a positive overall, and there had been good feedback during the pandemic, but there were also areas to improve. The Senior Leaders forums were regarded as a useful tool for engaging with a wide range of staff at Band 8a and above. A number of instances of bullying and harassment had been recorded and the Trust was taking action to address this, but it remained a key challenge.</p> <p>There were discussions on what translated into working or not working well in this report and the action plans that came out of it. The CPO noted that the report had sought to define what has been done to learn the lessons of the pandemic, what had worked well and what needed to be further improved. There were further discussions on the effectiveness of virtual outpatients' appointments. It was noted that more could be done in this area and the ICS was actively looking at this.</p> <p>The Council noted the report.</p>	
<p>3.0</p>	<p>COLLABORATION</p>	
<p>3.1</p>	<p>Finance and Financial Planning Update</p> <p>The Council received the update, and the following were highlighted:</p> <ul style="list-style-type: none"> The plan for the second half of the year had been approved by the Board at the November Trust Board meeting. The second half of the year would be challenging. In the first month of H2, the Trust remained on plan with a healthy cash position. The Trust was looking to take actions in the second half of the year that feed into planning for 2022/23. <p>JH asked whether the Trust was currently undertaking any cost improvement programs. The CFO explained that CIPs had been paused during the first phases of the pandemic but the need for achieving CIP savings was clear . There was a modest amount of CIPs in the current year but far more extensive CIPs were expected in 2022/23.</p> <p>RM asked for updates on the hospital improvement programme application that had been put forward by the Trust. The CFO confirmed the application had been submitted and the Trust expected that feedback would be received no earlier than February 2022 and, in all likelihood, potentially much later than this. The Trust</p>	

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	<p>had made the best possible case to secure the funding, but there were no guarantees and a number of hospitals across the country had strong cases for investment.</p> <p>The Council noted the report.</p>	
4.0	MEMBERSHIP ENGAGEMENT	
4.1	<p>Membership Engagement Committee Report</p> <p>The Council received the report of the Membership Engagement Committee and noted the following key points which were presented by the CCAO:</p> <ul style="list-style-type: none"> • The membership of the Committee had been refreshed, following an expressions of interest process. • The Council of Governors approved the constitution of the Nominations and Remuneration Committee via email circulation. However, only eight governors had to date confirmed their approval of the constitution of the Membership Engagement Committee. • The first meeting after the refresh had focused on taking stock of the programmes and the refresh of the Membership Strategy which was due to expire in 2022. • The Committee had considered how best to approach the refresh of the strategy and emphasised the importance of engaging members in the its development. • The Committee reflected on the annual members meeting held in September, noting that the presentations had been very good and the technology a success, but disappointment at the very low turnout of members. • The members of the Committee will submit any expression of interest for chairing the Committee. <p>The Council approved the membership of the Membership Engagement Committee and noted the update from the Committee.</p>	
6.0	CLOSING ADMINISTRATION	
6.1	<p>Any other business</p> <p>The Chairman apologised for the cancellation of the in-person meeting that was scheduled to be held in County Hall, Waterloo.</p>	
6.2	<p>Reflections on meeting</p> <p>SM welcomed the opportunity to ask questions to the NEDs earlier in the meeting and felt that this had produced a better discussion and created more time for questions and answers. There was agreement from the Chairman and the Council.</p> <p>The Chairman thanked everyone for their contributions and closed the meeting.</p>	

Date of next Meeting
10 March 2022, 14:00-17:00