

Minutes of the Meeting of the Council of Governors (In Public)
8 December 2022, 18:20 – 20:00
H2.5 Principal Boardroom, St George's Hospital and via MS Teams

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AAs
Padraig Belton*	Public Governor, Rest of England	PBe
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Kathy Curtis*	Appointed Governor, Kingston University	KC
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
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Patrick Burns*	Public Governor, Merton	PBu
Stephen Worrall	Appointed Governor, Wandsworth	SW
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
In Attendance:		
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Stephen Collier	Non-Executive Director	SC
Peter Kane*	Non-Executive Director	PK
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Secretariat		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
Apologies:		
Mia Bayles	Public Governor, Rest of England	MB
Jenni Doman	Staff Governor, Non-clinical	JD
Julian Ma	St George's University of London	JM
Ataul Qadir Tahir	Public Governor, Wandsworth (up to 16.00)	AQT
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ

* *Joined the meeting via MS Teams*

1.0	OPENING ADMINISTRATION	Action
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting, both those attending in person and those joining remotely via videoconference. It was noted that this was the first occasion on which a Council of Governors meeting had been held as a hybrid meeting. As had been noted at the previous meeting, the infrastructure to support hybrid meetings of this scale did not exist at present at the Trust and the meeting</p>	

	<p>was, therefore, being held in the University. However, there were some issues with connectivity and the Chairman apologised for this.</p> <p>The Council of Governors noted the apologies as set out above.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interest.</p>	
1.3	<p>Minutes of the Public meeting held on 22 September 2022</p> <p>The minutes of the meeting held on 22 September 2022 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council of Governors reviewed the action log, agreed to close those actions proposed for closure, and noted the following updates:</p> <ul style="list-style-type: none"> • COG.050722.3 – Prevention of Future Deaths Notice (Cardiac Surgery): The Group Chief Corporate Affairs Officer (GCCAO) reminded the Council that in May 2022 the Senior Coroner for Inner West London had issued a Prevention of Future Deaths (PFD) Notice following an inquest into a death that had been reviewed by the Independent Mortality Review for Cardiac Surgery Services at St George's. The Trust had responded to the PFD on 1 August 2022 (as had NHS England) and had made representations to the Coroner seeking publication of the Trust's response as it considered this to be strongly in the public interest. It was for the Coroner to determine whether and when to publish the response. The GCCAO reported that the response had been published on the Chief Coroner's website on 7 December 2022 and copies of the PFD and the responses from the Trust and NHS England had been shared the same day with the Council of Governors. The Council agreed to close the action. • COG.050722.1 – Integrated Care System Update: The Council noted that a paper providing an update on the South West London (SWL) Integrated Care System (ICS) was on the agenda for the meeting, and agreed that on this basis the action could be closed. 	
2.0	STRATEGY & PERFORMANCE	
2.1	<p>Group Chief Executive Officer's Report</p> <p>As the Group Chief Executive Officer was unable to attend the meeting, the Group Deputy Chief Executive Officer (GDCEO) presented the report on her behalf and provided the following updates:</p> <ul style="list-style-type: none"> • Ministerial visits: On 3 November, the Health Secretary, Steve Barclay MP, visited the Trust for his Covid and Flu vaccinations. He met the Group Chief Executive who talked to him about the key priorities of the Trust and the wider hospital group. Later the same month, the Health Minister, Lord Markham, visited the Emergency Department (ED) and Urgent Treatment Centre, the visit focusing on digital innovation in the acute pathway from ED to discharge. • Performance: The Trust, like most acute providers, continued to encounter challenges with 12-hour trolley waits and ambulance handovers. The Trust was continuing to focus on patient flow and discharge while maintaining patient safety. In relation to the Trust's safety and quality indicators, there had 	

	<p>been a downward trend in serious incidents (SIs) and the Trust was meeting the majority of targets for infection control.</p> <ul style="list-style-type: none"> • <u>Preparations for winter:</u> The Board had approved the Winter Plan at its meeting in November 2022. The Emergency Department was under significant strain with record numbers attending ED, and this was expected to continue through December and January. Wards were also under pressure with challenges around discharge. The Trust had recently implemented a new approach to improving flow, called the Bristol model, to support wards to discharge patients earlier in the day and improve flow from ED to Wards. The early indications were that this was helping. Staff flu and covid vaccination rates remained low and the Trust was seeking to increase take-up. • <u>Equality and inclusion:</u> The Trust continued to focus on improving the organisational culture and on equality, diversity and inclusion. The Board had recently reviewed and endorsed the Trust's action plans developed in response to the latest Workforce Race Equality Standard and Workforce Disability Equality Standard data. <p>The Chairman invited questions and comments from Governors, and the following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • AAK and NA expressed concern regarding the decline in performance in relation to the Trust's constitutional standards relating to cancer. The GDCEO explained that although cancer performance had declined and we were working hard to improve performance, the Trust was performing favourably compared to other London trusts. There had been challenges in breast performance with a gradual improvement recently. • KS queried whether the Referral-to-Treatment Time (RTT) performance suggested the backlog was being cleared, noting that the overall size of the waiting list appeared to be growing. The GDCEO confirmed there had been an increase in GP referrals and Consultant-to-Consultant referrals. Performance on the 52-week wait had exceeded the trajectory for the year. The highest volume of activity was 85% of patients on the outpatient pathway. An outpatient transformation programme had been developed and an operationally led re-design programme for business as usual. • In response to a question about the ED operational standard it was confirmed that the constitutional standard of admitting, transferring or discharging patients within four hours in ED was still set at 95%, and the Trust was required to report on this. However, Trusts across the country were struggling to meet this in the context of demand on ED, and the Trust's position for the year-to-date was 75%. Nonetheless, the Trust was one of the better performing Trusts across London for ED performance. <p>The Council noted the GCEO report.</p>	
<p>2.2</p>	<p>South West London (SWL) Integrated Care System Update</p> <p>The GDCEO introduced the report and highlighted the following points:</p> <ul style="list-style-type: none"> • <u>Specialist Commissioning Devolution:</u> The devolution of specialised commissioning from national to local system level had been deferred to April 2024. NHS England and Integrated Care Systems were putting in place joint commissioning arrangements for 2023/24 and it was likely that the arrangements in South London would be more expansive and act as something of a national pilot. 	

	<ul style="list-style-type: none"> • <u>SWL ICS Integrated Care Strategy</u>: The Trust had been engaging with the development of the new SWL ICS strategy and, likewise, was engaging the ICS in the Trust's Strategy development, to ensure alignment of ambitions and priorities. • <u>The SWL Acute Provider Collaborative (SWL APC)</u>: The Trust continued to play a leading role in the APC, supporting programmes of work in elective recovery, pharmacy, workforce, procurement, pathology and SWL Elective Orthopaedic Centre. The APC was developing an elective care strategy. • <u>Place-Based update</u>: In response to the Fuller Stocktake Report of 2022, 'places' were considering next steps in implementing the recommendations. <p>The Chairman invited comments and questions from Governors and the following points were raised and noted:</p> <ul style="list-style-type: none"> - The Council recognised the benefits of devolving specialised commissioning including opportunities to work across systems to improve patient pathways and consider alternative ways of providing care. However, there were also risks associated with this, and the Trust would need to manage, for instance, misalignment of commissioning plans across multiple ICSs, or financial risks associated with a set of services which were often high-cost and low-volume, as well as historic experience of growing demand. - In response to a question about the ICS strategy, it was noted that the ICS intended to publish its strategy by April 2023. The ICS strategy was expected to set the strategic direction for health and care services across the whole geographic area of the ICS, including how commissioners in the NHS and local authorities could deliver more joined-up, preventative and person-centred care for their local population. The Trust was working collaboratively with the ICS to influence the development of the strategy and to engage with the new SWL ICS Integrated Care Partnership Fund. <p>The Council noted the SWL Integrated Care System Update.</p>	
<p>2.3</p>	<p>Financial Performance Update</p> <p>The Group Chief Finance Officer (GCFO) provided an update on the Trust's financial position and highlighted the following points:</p> <ul style="list-style-type: none"> • <u>Financial position at month 7</u>: The Trust was reporting a deficit of £32.6m at the end of October which was £13.8m adverse to plan. Cost Improvement Plan (CIP) was reported as £5.9m adverse to plan year-to-date in month 7. Capital expenditure was £2.6m favourable to plan. In the year-to-date, a total of £24.1m of capital expenditure had been incurred. At the end of month 7, the Trust's cash balance was £56.6m. • <u>Year end forecast</u>: The year end forecast had improved from £35m deficit to £32m deficit. Further work continued and the Trust hoped to improve this position further. • <u>Planning for 2023/24</u>: The financial situation for 2023/24 looked extremely challenging. The Trust would need to address the deficit from the current year, the further loss of Covid funding, national efficiency requirements, and continued high inflation. NHS England was expected to publish its planning guidance for 2023/24 before shortly Christmas, and this was expected to provide greater clarity. There was an expectation that all NHS organisations would need to develop plans to return to financial balance. The Finance Committee had started to review a high level view for 2023/24 and the intention was to develop a draft plan for 2023/24 by the end of February 2023. 	

	<ul style="list-style-type: none"> • Financial Sustainability Review: A review of financial sustainability across SWL had recently been commissioned, and the Trust had been a key player in pushing for this. SWL was currently running a procurement exercise to identify a consultancy to take forward this work, with the outcome expected early in the new year. <p>The Chairman invited questions and comments from Governors and the following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • In response to a question about how the Trust would produce efficiencies and whether there were any incentive schemes for staff to identify efficiencies, the GCFO explained that a variety of measures were used for identifying efficiencies, such as control systems, audits, budgets, benchmark activity with peer trusts, and combining services across SWL. There was no incentive scheme for staff in identifying efficiencies, however clinical divisions and departments were fully engaged in the planning process and on quality improvement. • In response to a question about capital expenditure, the GCFO explained that inflationary pressures were being managed as far as possible and the Trust was seeking to build in contingencies. There were concerns about larger capital schemes and there continued to be issues with global supply chains following the pandemic. <p>The Council noted the update.</p>	
<p>3.0</p>	<p>MEMBERSHIP INVOLVEMENT AND ENGAGEMENT</p>	
<p>3.1</p>	<p>Membership Engagement Committee Report</p> <p>The Group Chief Corporate Affairs Officer (GCCAO) presented the report, noting that the Membership and Engagement Committee (MEC) had met on 24 October 2022 and highlighting the following:</p> <ul style="list-style-type: none"> • The Committee had reviewed a draft vision and objectives to inform the development of a new membership strategy. The MEC reached consensus on the objective of building a vibrant membership community and utilising engagement to influence and shape patient care. • The Committee endorsed proposals to undertake a survey of the membership with the objective of developing the strategy based on direct member feedback. • The Committee considered and endorsed proposals to develop a new programme of membership engagement activities. • It also underscored the importance of maintaining the link between MEC and the Patient Partnership and Engagement Group (PPEG). • The Committee reviewed the analysis of the current composition of the Trust's membership. There were 13k public members, 9.5k staff members. The Committee also reviewed a breakdown of the demographics which broadly reflected the community. <p>In discussion, the following points were raised and noted:</p> <ul style="list-style-type: none"> • HH queried whether any work had taken place on different levels of membership. The GCCAO confirmed new tiers of membership had been introduced for new members during 2019. Members who had signed up prior to 2019 were assigned a tier of membership based on their responses to a set of questions submitted on joining the Trust. The pandemic had limited opportunities to utilise the tiers of membership, but it was hoped that this could be used more extensively going forward. 	

	<ul style="list-style-type: none"> JH asked why the Committee had proposed that the objective of the new strategy was not focused on expanding the number of members. The GCCAO explained that the current membership strategy had made its central objective to improve the quality of engagement with members, rather than expanding the membership. This was not to say that new members were not welcome and it was important for the Trust not to see its membership decline. However, the current strategy set out the aim of deepening and expanding the ways in which the Trust engaged with its membership as its first priority. <p>The Council noted the Membership Engagement Committee Report.</p>	
4.0	QUESTIONS TO NON-EXECUTIVE DIRECTORS	
4.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman invited questions to Non-Executive Directors (NEDs):</p> <ul style="list-style-type: none"> Richard Mycroft, Public Governor – South West Lambeth, sought clarification on what the Trust was doing in response to the planned industrial action by the Royal College of Nursing (RCN). Stephen Collier, Non-Executive Director, explained that the response to the industrial action was being managed by the Executive and that the role of the NEDs was to receive assurance on the steps being taken to manage the response, and maintain patient and staff safety. SC noted that regular updates on industrial action were being considered at the People Committee. Sandhya Drew asked what the Trust could do to engage with the unions and avert the industrial action. SC explained that the issue at the heart of the dispute, pay, was a national issue between the Government and the unions. Trade unions were balloting staff and taking industrial action where there was a mandate to do so. The Trust was not a party in the negotiations and had no influence over the outcome of them. However, the Trust was undertaking extensive planning for the industrial action. SC explained that the RCN ballot at the Trust had just exceeded the required threshold for taking industrial action, with 50.05% of members voting for strike action or action short of a strike. While there was industrial action being taken by the RCN in December, the Trust was not one of the sites affected in this first round of strikes, but it was likely to face action in the new year. The Executive had formed a working group to manage the Trust's response to the strike action. The group was looking at service continuity and communications. There would also be discussions with staff side on the implementation of national and locally-agreed derogations. There were clear plans for communications with staff which would be supportive, recognising that staff had a right to strike and ensuring there would be no hostility. 	
5.0	CLOSING ADMINISTRATION	
5.1	<p>Any other business</p> <p>No items of any other business were raised.</p>	
5.2	<p>Reflections on meeting</p> <p>There were no reflections on the meeting.</p>	

Meeting ended: 20.00

Date of next Meeting
February 2023