

Minutes of the Meeting of the Council of Governors (In Public)

10 March 2022, 14:00 – 17:00

Etc Venues, County Hall, Waterloo, London

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AA
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
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
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance:		
Alison Benincasa	Director of Quality Governance and Compliance (item 3.1)	DQGC
Stephen Collier	Non-Executive Director (Senior Independent Director)	SC
Paul Da Gama	Group Chief People Officer (item 3.2)	GCPO
Jenny Higham	Non-Executive Director	JH
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Parveen Kumar	Non-Executive Director	PKu
Pui-Ling Li	Non-Executive Director	PLL
Layo Ossai	Corporate Governance Administrator (Minutes)	CGA
Tom Shearer	Deputy Chief Finance Officer (item 3.3)	DCFO
Kate Slemeck	Managing Director	MD
Geoff Stokes	Head of Corporate Governance	HCG
Jacqueline Totterdell	Group Chief Executive Officer (until item 1.5)	GCEO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Apologies:		
Nasir Akhtar	Public Governor, Merton	NA
Mia Bayles	Public Governor, Rest of England	MB
Ann Beasley	Non-Executive Director	AB
Padraig Belton	Public Governor, Rest of England	PB
Patrick Burns	Public Governor, Merton	PBu
Jenni Doman	Staff Governor, Non-Clinical	JD
Peter Kane	Non-Executive Director	PKa
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Timothy Wright	Non-Executive Director	TW

		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>	
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). Likewise, the GCEO declared her interest as the Group Chief Executive Officer across the St George's, Epsom and St Helier University Hospitals and Health Group. The interests resulting from roles across the Group were also noted in relation to the GCCAO, GCNO and GCPO.</p>	
1.3	<p>Minutes of the meeting held on 16 September 2021</p> <p>The minutes of the meeting held on 8 December 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 Inc the Integrated Care Report</p> <p>The Council received a comprehensive report from the GCEO, and the following points were noted in discussion:</p> <ul style="list-style-type: none"> • NHS England and NHS Improvement (NHSE/I) had published a plan in February 2022 setting out four priority areas to tackle the Covid backlog. • For elective care, the Trust continued to see a reduction in waiting times. Currently, 923 patients had been waiting over 52 weeks since referral, which compared with 959 patients in November 2021. • The Trust continued to flip wards into dedicated Covid-19 wards in response to increases in Covid admissions. • St George's Hospital Charity had organised a special event in February to say thank you to the many donors, fundraisers and volunteers that supported the Charity. • St George's ICU Nurse Anthea Allen had recently published a book entitled 'Life, Death and Biscuits', an account of working at the Trust through the pandemic. • St George's major trauma teams had featured in a ground-breaking documentary series which had aired over four consecutive nights on Channel 4. • The new group executive structure had commenced on 1 February 2022 and a number of appointments to site leadership roles had been made. • The Trust was providing support to Ukrainian staff and sending medical aid to Ukraine as part of a wider effort coordinated by NHSE/I. <p>The Council discussed the evolving Covid-19 guidelines and the removal of social-distancing and other restrictions. The GCEO advised that people continued to take precautions and highlighted that the Trust would continue to follow the guidance in ensuring the hospital is run safely for both patients and staff. This would include requiring those on site to wear face masks.</p>	

	The Council noted the report.	
2.0	ACCOUNTABILITY	
2.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman invited questions to Non-Executive Directors (NEDs), noting that Governors had previously requested this item be taken earlier on the agenda.</p> <p>SM asked whether NEDs had resumed visits to the hospital. The Chairman explained that she had continued to visit staff across the Trust during the pandemic and that NEDs were undertaking visits to the site. The Chairman and Parveen Kumar had recently undertaken a joint visit, which had included the maternity department. The intention was that a structured programme of visits by NEDs to different parts of the Trust would resume ahead of Board meetings in 2022/23. Visits were an important part of ensuring NEDs were able to triangulate information received at Board and through Committees.</p> <p>KS questioned how the Board monitored and measured the delivery of the anticipated benefits of the Trust's strategy and plans. The Chairman explained that Board Committees took on responsibility for monitoring strategy implementation within their remit, and had well established arrangements in place for reviewing strategy implementation on a quarterly basis. The Board likewise reviewed strategy implementation overall biannually. Monitoring of performance was undertaken principally via the Integrated Quality and Performance Report which was considered by the Finance, Quality and People Committees as well as by the Board. Parveen Kumar added that, for some plans, such as the sustainability plan, which had been approved by the Board in July 2021, the Trust continued to work through the precise metrics to be measured.</p> <p>In response to a question from a Governor regarding still births in the Trust, Parveen Kumar highlighted that the Quality Committee had requested additional information on outcomes data in maternity relating to ethnicity of the mother. It was clear that in relation to still births ethnic minorities were disproportionately affected, and the Trust was undertaking further work to understand the factors contributing to this.</p> <p>SD enquired about the Trust's NHS Staff Survey results and asked how staff could be engaged better considering the relatively low numbers of engagement with the survey. In response, Stephen Collier noted that the results for the NHS Staff Survey conducted in October and November 2021 were not yet publicly available, though the Workforce and Education Committee had reviewed the results. Although the response to the survey had been disappointing this year, with engagement levels having fallen both at the Trust and elsewhere, Stephen Collier emphasised that it should be remembered that staff completed this survey in critical, high-pressured times. It was also disappointing that across a range of survey questions a number of areas had deteriorated despite the huge effort that had been invested, particularly in the culture change programme.</p> <p>Stephen Collier also highlighted the following issues to Governors:</p> <ul style="list-style-type: none"> • The recent employment tribunal involving a member of staff who had been dismissed for exhibiting predatory behaviour towards other employees had concluded. SC commended the Trust for its management of the case. • Staff support services had played a critical role in managing the effects of unexpected death pre- and post-Covid-19. It had helped to de-stigmatise the act of asking for help and staff were encouraged to take advantage of the support services provided. 	

3.0	QUALITY, SAFETY & PEOPLE. PERFORMANCE	
3.1	<p>Quality Priorities</p> <p>The DQGC introduced the item which set out the quality priorities to be included in the quality account for 2022/23 and the progress made with 2021/22 quality priorities. The following points were highlighted:</p> <ul style="list-style-type: none"> • The format of the report showing progress on the 12 priorities mirrored that used in the Trust's Quality Account. • There had been some variable performance, including the integrated training with mental health which was not delivered due to capacity issues in the team. • Although there had been a reduction in nosocomial infection, Covid-19 remained a challenge. • The summary hospital level mortality indicator (SHMI) was below expected levels, and the hospital should be proud of this. • For 2022/23 efforts have been made to align the quality priorities with those of Epsom and St Helier University Hospitals NHS Trust. <p>In response to a question from JH, the DQGC acknowledged that although the priority relating to mental capacity had not been achieved in 2021/22 it had not been carried forward as one of the proposed priorities for 2022/23. It was, however, a key part of the Trust's quality strategy and would be taken forward with the support of a new steering group. JH queried this and asked why if this had been a priority area in 2021/22 which had not been achieved it should be left off the priorities for 2022/23. The DQGC emphasised that its exclusion from the list of quality priorities for the year ahead did not mean a downgrading of its importance and emphasised that its delivery would be overseen in a different way over the coming year. There was a brief discussion about the relationship between the quality priorities and the quality strategy and the need to ensure there was clarity in how the different elements of each were taken forward.</p> <p>The issue of the equality of outcomes was raised and the GCEO responded saying that this was now being led by the GCMO working with system colleagues to agree a single approach for tracking outcome measures for patients from different backgrounds. Within the group, the GCMO was the Executive lead for population health.</p> <p>The Council of Governors noted the report.</p>	
3.2	<p>Workforce and Culture Update</p> <p>The Council received the update from the GCPO, and the following points were highlighted:</p> <ul style="list-style-type: none"> • Regarding the workforce metrics, there had been an increase in sickness and other absence in December 2021 due to the impact of the Omicron wave of Covid-19. • There were currently 900 unvaccinated staff at the Trust, though the Trust's investigations suggested a large number of these members of staff had been vaccinated elsewhere. The report on staff vaccination had shown an increase in vaccination rates, but the Government had now signalled its plans to repeal the requirement for Vaccination as a Condition of Deployment. • The Trust values were being integrated into organisational processes including induction, appraisal, and recruitment. 	

	<ul style="list-style-type: none"> • Staff were encouraged to rest and take breaks to support their health and wellbeing. • The “Thank You” programme, intended to thank staff for their work throughout the pandemic, had been well received by staff. <p>There were discussions on staff turnover and the processes in place to provide support and encourage low staff turnover. It was suggested that exit interviews be conducted more systematically to ensure the Trust understood how things could be improved. There were further discussions on flexibility of working hours for nursing staff to mitigate the risk of burn out and the importance of training programmes for managers to support them to manage their teams effectively. It was also added that staff who were unvaccinated had been treated with kindness when the Trust’s preparations for mandatory vaccination was underway.</p> <p>The Council noted the report.</p>	
<p>3.3</p>	<p>Annual planning and budget setting</p> <p>The Council received the update from the DCFO, and the following points were highlighted:</p> <ul style="list-style-type: none"> • The Trust was forecasted to breakeven at year end, which would be £5m favourable to the plan submitted in November 2021. • The Trust had been able to successfully obtain funding to support delivery of elective activity. • There would be a reduction in total funding for the next financial year and a “convergence” adjustment seeking to return the Trust’s funding position closer to pre-pandemic levels. • The financial position for the Trust, and providers across the health service, was expected to be very challenged in 2022/23. Planning was underway but there remained considerable uncertainty about the year ahead. <p>JH asked whether the Trust had in place cost improvement plans (CIPs) as it had prior to the pandemic. In response, the DCFO explained that CIPs had not been in place for the last two years during the pandemic. It was expected that new CIPs would be introduced for 2022/23.</p> <p>AAk requested to know whether there were any anticipated increases in energy costs, given the global situation regarding oil and gas prices. The DCFO answered by saying the Trust would face an increase in energy costs. There was no additional funding from the centre to offset this, and increased energy costs would create an unmitigated financial risk.</p> <p>The Council noted the report.</p>	
<p>4.0</p>	<p>MEMBERSHIP, INVOLVEMENT & ENGAGEMENT</p>	
<p>4.1</p>	<p>Membership Engagement Committee Report</p> <p>The Council received the update from the GCCAO, and the following points were highlighted:</p> <ul style="list-style-type: none"> • A new membership engagement strategy was being to be developed as the current strategy was due to expire at the end of 2022. • The Committee had agreed that members of the Trust, and the wider public, should be involved in the development of the new strategy through membership surveys and focus groups. 	

	<ul style="list-style-type: none"> Existing community and other stakeholder networks and groups should be utilised to support practical interactions with members and Governors were encouraged to share details of local community groups in their areas. A programme of member talks that will be of interest to members and the public as currently being developed. With Covid-19 restrictions being lifted, more intensive and, increasingly, face-to-face engagement with members was possible. <p>The Council noted the report.</p>	
5.0	CLOSING ADMINISTRATION	
5.1	<p>Any other business</p> <p>The Chairman thanked Sarah McDermott, appointed Governor for Wandsworth Council, for her contributions to the Trust's Council of Governors. Sarah McDermott would stand down as a local councillor at the forthcoming local elections in May 2022. Sarah McDermott thanked everyone for their support during her time on the Council of Governors.</p>	
5.2	<p>Reflections on meeting</p> <p>The Chairman commented it was lovely to have an in-person meeting. She noted that layout and temperature of the meeting room had not been ideal but it was pleasing to have been able to resume face-to-face meetings.</p>	

Date of next Meeting
30 May 2022