

Minutes of the Meeting of the Council of Governors (In Public) July 14 2021, 14:30 – 17:00, 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	AAs
Mia Bayles	Public Governor, Rest of England	MB
Patrick Burns	Public Governor, Merton	PBu
Jenni Doman	Staff Governor, non-clinical	JD
Sandhya Drew	Public Governor, Rest of England	SD
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal	Public Governor, Wandsworth	SK
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	ТО
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance		
Ann Beasley	Non-Executive Director	AB-NED
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Parveen Kumar	Non-Executive Director	PK-NED
Tim Wright	Non-Executive Director	TW-NED
Andrew Grimshaw	Chief Financial Officer/Deputy Chief Executive (item 2.1 and 3.1)	CFO/DCEO
Anne Brierley	Chief Operating Officer (item 3.2)	C00
Robert Bleasdale	Acting Chief Nurse (item 3.4)	ACN
Paul Da Gama	Chief People Officer (item 2.3)	CPO
Ralph Michell	Head of Strategy (item 4.1 and 4.2)	HoS
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance & Board Secretary	HCG-BS
Presenters		
Andrew Asbury	Director of Estates & Facilities (item 2.1)	DEF
Paul Cuttle	Grant Thornton, External Audit Partner (item 3.5)	EAM
Secretariat		
Trupti Bolke	Interim Corporate Governance Officer	ICGO
Apologies		
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Padraig Belton	Public Governor, Rest of England	PBe
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
John Hallmark	Public Governor, Wandsworth	JH
Basheer Khan	Public Governor, Wandsworth	BK
Linda Kirby	Appointed Governor, Merton Council	LK
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Jenny Higham	Non-Executive Director	JH-NED
Pui-Ling Li	Associate Non-Executive Director	ANED



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1.0	OPENING ADMINISTRATION	
1.1	Welcome and Apologies	
	The Chairman welcomed everyone to the meeting and noted the apologies as set out above.	
	The Council of Governors agreed to take agenda items 3.1.2 (the Green Plan) and 3.1.1 (the estates strategy) as the first substantive items of business as Professor Dame Parveen Kumar, the NED lead for sustainability, needed to leave the meeting early due to a prior commitment.	
1.2	Declarations of Interest	
	There were no new declarations of interests reported.	
1.3	Minutes of the meeting held on 21 April 2021	
	The minutes of the meeting held on 21 April 2021 were approved as a true and accurate record.	
1.4	Action Log and Matters Arising	
	There were no pending actions on the action log, with all existing actions having been closed at the previous meeting.	
1.4.1	Governor Training and Development	
	The Council of Governors noted and ratified its approval on email circulation of a paper setting out the training and development provided by the Trust to Governors during 2020/21 and the Trust's self-certification of its compliance with the Governor training aspects of its NHS provider licence in 2020/21.	
3.0	ANNUAL PLANNING, STRATEGY & SYSTEM WORKING	
3.1	Estates Strategy and Green Plan	
3.1.2	Green Plan	
	The Council of Governors received the Trust's draft 'Green Plan', formally known as the sustainable development plan, ahead of review by the Trust Board on 29 July 2021. Professor Dame Parveen Kumar, the NED lead for sustainability, introduced the Plan to the Council supported by the Director of Estates and Facilities (DEF) and suggested that, given the scale and significance of the challenge of climate change, the Plan would be one of the most important documents presented to the Council and the Board. Dame Parveen explained that the NHS was the first healthcare system in the world to commit to becoming carbon neutral by 2040 and the Trust had developed its Green Plan to deliver this at Trust level. Nationally, the NHS contributed to over 6% of the country's carbon emissions and over 5% of its air pollution, with transport making up a significant element of this. Dame Parveen commented that she was a strong advocate for environmental sustainability and was eager for the Trust to make progress in implementing the Plan as quickly as possible. The Trust was starting from a difficult position, particularly in light of its well documented estates issues, but there was a real commitment and passion within the Trust to make substantial gains. This would be aided by the fact that the Trust's Plan had been developed in parallel with the new	



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The DEF added that the draft estates strategy dovetailed very closed with the draft Green Plan. It was clear that the Trust was highly driven by carbon and reducing this was central to the Plan if the Trust were to comply with the national net zero target by 2040 and achieve the target of an 80% reduction in carbon emissions by 2028-32. A key focus would be the Energy Centre, and the ambition was to become an all-electric Trust rather than burning gas. In terms of the Plan itself, the DEF added that the structure and format of the Plan was, to some degree, prescribed by the NHS centrally. Over the next two years, detailed work would be undertaken to define the work necessary to put the Plan into action. The Roadmap, which was included in the Plan, set out the steps on the road to achieving the net zero commitment at the Trust. Some of the early measures to put in place in 2021 included updating the Trust's travel plans, instructing a sustainable transport lead, and sourcing energy from green providers. Despite the scale of the work that lay ahead, simply having the Plan was an important step in the right direction.	
The following key points were noted in discussion:	
• KS thanked the Trust for sharing with Governors the detailed papers which sat behind the presentation. KS asked non-executive directors how they had considered the green plan to be ready for Board approval given that it lacked specific targets and timescales and depended on the development of further plans. KS commented that the Plan envisaged the production of further supporting plans and strategies. There were no specific commitments in relation to reducing water consumption, air pollution and estates related waste, or to increase solar power generation or developing on-site recycling.	
• HH agreed with KS and suggested that the Plan was a 'rather woolly document', and suggested the timeline for delivery was too long. HH also commented that the new estates strategy envisaged a range of new buildings which would improve energy efficiency and carbon output, but queried how likely it was that the buildings would receive planning permission. In particular, she questioned whether there was any money available to support the demolition of old buildings and the construction of the new estate.	
• It was recognised that the Trust had been late in focusing on sustainable development, but it was also important to recognise the point from which the Trust started and the necessary focus of the Trust on dealing with pressing quality and financial challenges in recent years. Having made substantial progress in addressing these, it was now able to focus on sustainability.	
• In the coming months, the Trust would be focusing on operationalising the Plan as quickly as possible, and detailed discussions would be held with teams and departments aimed at understanding and addressing issues such as the waste they generated and the energy consumed.	
• There continued to be very real and immediate estates challenges which the Trust needed to manage. In an ideal world, the Trust would replace a number of its current buildings, and this would help significantly with improving its carbon footprint. But there also needed to be some realism about the current estate and the financial constraints within which the Trust operated.	
 In relation to funding, there was a commitment from the Government that 40 new hospitals would be financed and the Trust was engaging with NHS London about this, as the Trust considered it had a strong case for the award of such funding. There were no guarantees that funding would be forthcoming and firm commitments could not be given, but engagement to date had been positive. Approval had already been given 	



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	for the joint renal unit, and this demonstrated the level of commitment that existed beyond the Trust in improving the estate.	
	• It was essential that the Trust agreed a clear estates strategy if it were to be able to successfully bid for funding.	
	• The Trust had heard and accepted the challenge of Governors. Over the coming months, Governors should be able to see the implementation of the Plan taking shape, and it was important that Governors continued to bear with the Trust as it began this phase of the work.	
	The Council of Governors noted and provided feedback on the Green Plan.	
1.4.2	Estates Strategy	
	The Council of Governors received the Estates Strategy and Tim Wright, the NED lead for estates, introduced the report. Tim Wright reminded the Governors about the journey the Trust had been on with its estate. Three years ago, the Trust Board lacked assurance about the estate, and over the past 18 months significant progress had been made. That was not to say the issues had been resolved, but the Board had a clear understanding of where the issues were and the plans for addressing them. The estates team had developed the plan in the context of the significant challenges imposed by the Covid-19 pandemic and the need to make changes to the estate in response. The Board was very conscious that money spent on remediating the current estate needed to be carefully allocated and balanced against long term improvements. The strategy was an integral part of the wider South West London strategy for delivering clinical services to the local population.	
	The following points were noted in discussion:	
	• The plan was a big step forward for the Trust which had developed the strategy through close engagement with the Trust's staff and stakeholders and modelling of the development of clinical services.	
	• The plan had been developed in such a way that it was not an all or nothing proposition. Instead, it had been produced to ensure it was scaled and phased in a way that would deliver benefits along the way.	
	• In terms of the footprint of the Trust in future, the strategy envisaged a tighter footprint, and a higher build, which would ensure opportunities existed for commercial engagement and development.	
	• In response to a question from KS about whether any modelling of commercial opportunities on the estate had been undertaken, the DEF clarified that he had spoken to a number of developers about opportunities to utilise private capital on the site, as well as develop student accommodation and key worker accommodation.	
	The Chairman thanked the DEF and paid tribute to the improvements to the estate already delivered by estates team and to the work involved in developing such a comprehensive strategy.	
	The Council of Governors noted and endorsed the estate strategy.	
2.0	QUALITY, SAFETY & PEOPLE, PERFORMANCE	



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2.1	Chief Executive Officer's Report	
	The Council of Governors received a comprehensive report from the Deputy Chief Executive and the following points were noted in discussion:	
	• There had been a rise in number of Covid cases in London in recent weeks and a particularly sharp increase in cases among 15-39 year olds. Wandsworth had recorded the third highest number of cases across the capital. However, to date there had not been a significant rise in the rate of Covid-related hospital admissions across London. Total Covid-19 hospital admissions remained low, as had the number of mechanically ventilated patients. The London-wide position was reflected at the Trust, where the number of Covid-19 positive patients remained low and relatively flat at present. As at 7 July 2021, there was 1 Covid-19 positive patient in ITU and 8 Covid-19 positive patients in general and acute beds at the Trust. This compared with the wave two peak in January 2021 of 354 Covid-19 positive patients on the wards and over 90 Covid-19 positive patients in ITU.	
	• Although the number of Covid admissions remained low, the Trust remained under significant operational pressure given the need to address the elective backlog and unmet health need from earlier in the pandemic. It was likely that these intense operational pressures would continue into the winter and the Trust was in the process of developing a surge plan.	
	• As at 5 July 2021, over 5.3 million people in London had received the first dose of a Covid-19 vaccination and over 3.6 million had received two doses. In London, this meant that 77.6% of the total population had received a first dose and 52% has received a second dose. Vaccine uptake in London was currently less that elsewhere in England. 85% of Trust staff had received their first dose and 72.5% received their second dose. Black / black British staff were the staff group with the lowest vaccination rates.	
	• The new surgery treatment centre at Queen Mary's Hospital had opened on 14 June 2021. The centre had four dedicated operating theatres for day surgery and a recovery area. It would provide surgical teams from St George's and other hospitals in south west London protected theatre time to ensure patients waiting for routine procedures received the treatment they needed. Procedures carried out at the site included plastic surgery for skin cancer, urological procedures, gynaecology, vascular and general surgery.	
	• The Trust continued to focus on the 'Big 5' priorities emerging from the staff survey, as part of its work to strengthen the culture of the Trust. In May, the first theme had been health and wellbeing month and this had been followed in June by 'let's talk,' which was about helping staff to speak up about concerns. July was flexible working month, while the focus in August would be career progression and, in September, creating a better workplace.	
	• A number of Governors asked what the Trust was doing to improve vaccine take-up among staff, including the extent to which the Trust had considered mandating vaccines for frontline clinicians and what actions were being taken to focus on staff groups where take-up was low. The Deputy Chief Executive explained that this was a major area of focus for the Trust. A significant amount of work had been undertaken to boost take-up and this continued to rise. The Trust was undertaking a targeted approach to staff groups where take-up was lower, and this was focused on addressing their concerns about the vaccine. There were no plans for mandating the vaccine, though the Trust was aware that this was something the Government had introduced for staff in care homes.	



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	 In relation to Covid-19 testing by Trust staff, Governors queried whether staff were in fact completing the required twice-weekly lateral flow tests, and asked what measures were being taken to ensure this was happening in order to protect the safety of staff and patients. The Chairman explained that staff working in high risk areas of the Trust, such as ITU, undertook regular PCR tests, Lateral flow tests were indeed a requirement and the Chairman had been assured that this was taking place. However, given the views expressed by Governors, and anecdotal evidence that compliance and communication about the requirements were lacking, the Chairman undertook to follow this up with the Executive. Further, it was agreed that the planned Governor Seminar on the theme of infection prevention and control would be broadened to include Covid-19 testing and the vaccination programme. The Chief Nurse and Director of Infection Prevention and Control would attend and it may be necessary to adjust the date of the seminar to accommodate this. 	CCAO
2.2	Integrated Quality & Performance Report (Outcomes, Performance and Productivity)	
	The Council of Governors received the Integrated Quality & Performance Report and noted the following key points in discussion:	
	• Anne Beasley, Non-Executive Chair of the Board's Finance and Investment Committee, commented that emergency care has performed well for a consistent period of time, and previous concerns expressed by the Board about the operation of the emergency department had been addressed.	
	• ED performance had dipped slightly with 93% of patients in ED seen within four hours against the target of 95%. This was due principally to the significant volume of patients coming through the ED particularly patients with acute illness, increasing numbers of children with respiratory problems, and a small number of children coming in with mental health problems.	
	• Elective recovery had been progressing very well and significant progress in addressing the backlog had been made. The 52-week waiting time was better than trajectory. There had also been a reduction in the 6 week waiting for diagnostics.	
	 Inpatient and Outpatient activity levels had fluctuated between 90% and 110% since April 2021 but both areas had seen a decline throughout June. 	
	• With respect to cancer, there had been greater challenge especially in 2-week waits for breast screening.	
	• It was widely anticipated that a cost improvement programme would be required in second half of the year.	
	The Council of Governors noted the report.	
2.3	Culture Programme	
	The Council of Governors received an update on Culture Programme and noted the following key points in discussion:	
	• Stephen Collier, NED Chair of the Board Workforce and Education Committee, updated the Council that there had been material movement in the culture programme. A delivery plan had been agreed, engagement with staff remained high and the culture	



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	champions have been contributing their ideas. The need now was to ensure there was appropriate funding to support the culture programme to ensure the expected benefits could be delivered, and a paper on this was expected to be agreed by the Executive in the coming weeks.	
	• A Culture, Equity and Inclusion (CEI) Programme Board had been established at Executive level which was intended to coordinate delivery of the culture and diversity work, and this group was now operating. The Workforce and Education Committee would be receiving regular reports on its progress.	
	• The Trust had focused on health and well-being of its staff as a key priority during the pandemic, and had delivered a wide programme of activity to support staff. This had been well received and it would remain a focus throughout the year.	
	• In response to a question regarding staff appraisals, the CPO clarified that the Trust aimed to achieve a target of 90% for delivery of appraisals. Currently, the figure stood at 76% of compliance, and this was a major area of focus. The trust recognised the importance of appraisals and was determined to increase both the number and quality of appraisals.	
	• The Big 5 has been implemented in response to the findings of the 2020 NHS Staff Survey, and a more regular pulse survey was planned for the summer. This would help the organisation track themes and issues in a real time way.	
	The Council of Governors noted the report.	
2.4	Final Quality Account & Report 2020/21	
	The Council received the final Quality Report and Account for 2020/21. In its discussions, the Council of Governors noted the following points:	
	• The final report had been reviewed and approved by the Quality and Safety Committee and the Board, and this would be laid before Parliament along with the Annual Report and Accounts and would be published ahead of the Annual Members' Meeting.	
	• In accordance with the NHS England and Improvement (NHSEI) guidelines all NHS Foundation Trusts were required to present quality accounts. Due to the pandemic, an external audit of the quality account was not required, and likewise the requirement for the Council of Governors to select a metric for review by the external auditors continued to be suspended.	
	• On review of the Trust's performance against 34 national mandated audits, the Trust was above average in 15 audits, average for 17, and below the national average in two audits.	
	• Out of the national core set of nine quality indicators, the Trust had improved its performance against seven. There was no change in the performance against one indicator, and the Trust's performance had deteriorated against the final indicator.	
	• The Quality and Safety Committee would be reviewing the Trust's learning from Covid-19 later in the year.	
	The Council of Governors noted the final quality account and report 2020/21.	



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2.5	External Auditors Report	
	The Council received the external auditors report and noted the following key highlights:	
	• The external auditor presented an unqualified audit opinion on the Trust's financial statements.	
	• From this year, a new requirement had been introduced for auditors to undertake a Value for Money report and this was due for submission by September 22 2021.	
	• Loans form the Department of Health and Social Care had, over the past year, been converted into public dividend capital and this was reflected in the accounts.	
	The Council of Governors received and noted the report.	
3.0	STRATEGY & SYSTEM WORKING	
3.1	Clinical and Supporting Strategies	
	The Council of Governors received a paper on the implementation of the Trust's clinical and supporting strategies, and noted the following updates:	
	• Though the five-year clinical strategy had been impacted by the Covid-19 pandemic, the Trust had continued to make progress in many areas including in relation to the new Cardiac Catheter Labs and the installation of the new MRI capacity. In some areas, the pandemic had slowed delivery of the strategy, but in others – particularly the IT strategy – progress had been far greater than anyone could have imagined. The Trust had made great strides in moving to virtual appointments.	
	• The Trust continued to work closely with Epsom and St Helier University Hospitals NHS Trust to take forward the establishment of a joint renal unit and this remained on track.	
	The Council noted the update.	
3.2	Integrated Care System Update	
	The Council of Governors received an update on the South West London Integrated Care System (ICS). A summary of the collaborative programme across South West London, Merton and Wandsworth was discussed and it was noted that the establishment of the new surgical treatment centre at Queen Mary's Hospital was an important facility both for the Trust and the wider system. The Trust remained very actively engaged across the ICS and was seen as an active partner in the system.	
	National changes to strengthen ICSs was also discussed. The Government had published its draft Bill to reform the NHS, including putting ICSs on a statutory footing. Acute Provider Collaborative remained integral to this vision. While significant detail was now available about the plans for ICSs, there remained a high level of uncertainty about the final form, powers and scope of specialised commissioning ICSs would enjoy.	
	The Council noted the report.	
4.0	MEMBERSHIP, INVOLVEMENT & ENGAGEMENT	



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	The Council received the report of the Membership Engagement Committee and noted the following key points which were presented by the Lead Governor:	
	• The Governor Constituency event for Wandsworth and the Rest of England was scheduled to be held virtually on 23 August 2021.	
	• The Committee had discussed the development of a hard copy Trust publication and work was progressing in relation to this.	
	The Council discussed and noted the report.	
4.2	Membership Engagement Strategy 2021/22	
	The Council received the membership engagement strategy year 3 implementation progress updated, and noted the report.	
4.3	Annual Members Meeting 2021 Plan	
	The Council received the plans for the Annual Members' Meeting which was scheduled to take place on 16 September 2021. The meeting would be held virtually in light of the ongoing Covid-19 pandemic, the requirement to retain social distancing and mask wearing in hospital settings and the need to limit the number of visitors on site.	
	The Council considered and endorsed the annual members meeting plan for 2021.	
5.0	COUNCIL OF GOVENORS GOVERNANCE	
5.1	Appointment of new Senior Independent Director	
	The Council endorsed the Chairman's proposal to appoint Stephen Collier as the Senior Independent Director (SID) on the Board, replacing Ann Beasley. This followed her appointment to the Board of Epsom and St Helier University Hospitals NHS Trust from 1 June 2021.	
5.2	Council of Governors meetings and site visits in 2021/22	
	The Council of governors received and endorsed the proposals for commencing site visits for Governors, which involved a series of four half day visits by small groups of Governors to the St George's Hospital site.	
	The Council of Governors reviewed and noted the site visit and meeting plans.	
6.0	CLOSING ADMINISTRATION	
6.1	Any other business	
	There were no items of any other business.	
6.2	Reflections on meeting	
	A number of Governors commented that the meeting had been productive and a wide range of issues discussed. The Chairman noted that it was important that all members and attendees demonstrated the Trust's values and were respectful towards each other, and she queried whether this had been the case at certain times in the meeting. The Chairman thanked everyone for their contributions.	



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Date of next Meeting 16 September 2021, 14:00-17:00