

Minutes of the Meeting of the Council of Governors (In Public)
16 February 2021, 14:00 – 16:00, 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	AA
Mia Bayles	Public Governor, Rest of England	MB
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Jenni Doman	Staff Governor, Non-Clinical	JM
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
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Nasir Javed Khan	Public Governor, Merton	NJK
Rebecca Lanning	Appointed Governor, Merton Council	RL
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
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
Alison Benincasa	Director of Quality Governance & Compliance (item 4.1 only)	DQGC
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Jenny Higham	Non-Executive Director	JH-NED
Parveen Kumar	Non-Executive Director	PK-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Tim Wright	Non-Executive Director	TW-NED
Jacqueline Totterdell	Chief Executive Officer	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive (item 5.1 only)	CFO/DCEO
Robert Bleasdale	Acting Chief Nurse/Director of Infection Control (item 4.1 only)	ACN
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance/Board Secretary	HO CG-BS
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
Apologies:		
Frances Gibson	Appointed Governor, St George's University	FG
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ

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1.0	OPENING ADMINISTRATION	
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting and welcomed in particular new Governors who were joining for their first meeting. It was noted that the Trust was awaiting confirmation of the appointment of new Governors for Kingston University and Merton Council. The Council noted the apologies as set out above.</p> <p>The Chairman reminded the Council that Governors have an obligation under the Trust's Constitution to attend every meeting unless they have a valid reason. The Code of Conduct provided that if a Governor failed to attend two consecutive Council meetings this may jeopardise their continuation on the Council.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interests reported.</p>	
1.3	<p>Minutes of the meeting held on 10 December 2020</p> <p>The minutes of both the public and private meetings held on 10 December 2020 were approved as true and accurate records.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council received the action log and agreed that two actions could be closed:</p> <ul style="list-style-type: none"> • COG.10.09.20/01 Emergency Floor Proposal was included in the Chief Executive Officer's report at item 2.1 on the agenda and would be part of the Governor seminar on 16 March 2021. • COG.10.12.20/01 Culture Programme Update was on the agenda at item 3.1. <p>The Council agreed that the following two actions could be closed and delegated to the Membership Engagement Committee:</p> <ul style="list-style-type: none"> • COG.10.12.20/02 Membership Engagement Report. Since the last meeting of the Council and further calls for this information no other Governors have provided information on their local stakeholder groups. • COG.10.12.20/03 Membership Engagement Report. Since the last meeting of the Council no Governors have volunteered to record video messages. <p>The Chairman noted that Richard Mycroft (RM) asked that at the end of the meeting the actions could be summarised as there is a long time between meetings.</p>	
2.0	KEY ISSUES	
2.1	<p>Chief Executive Officer's Report</p> <p>The Council of Governors received the report from Jacqueline Totterdell, Chief Executive Officer (CEO), who highlighted the following key points:</p> <ul style="list-style-type: none"> • It was reported that the Covid-19 situation continued to evolve rapidly and as at 16 February 2021, the Trust had 58 Covid-19 patients in the Intensive Care Unit (ICU). The Trust had discharged the 2000th person who had recovered from Covid-19 the previous week. The number of wards with Covid-19 patients had reduced from ten 	

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	<p>at the January peak to three wards currently. The Trust was still in 'super surge' with 120 ICU beds open and 109 occupied whereas prior to Covid the Trust had 66 beds in ICU.</p> <ul style="list-style-type: none"> • All Trust staff had been offered the Covid-19 vaccination and over 8,000 had been vaccinated to date. However, there had been a challenge with vaccination take-up among some staff groups, with Black, Asian, Minority Ethnic (BAME) staff more reluctant to have the Covid-19 vaccine and in particular black staff. The Trust had held open information sessions with staff and question and answer sessions and had also produced a leaflet to address staff concerns and ensure that they were well informed to make a decision. • It was noted that nosocomial infection had been a big challenge for all Trusts and was monitored across South West London (SWL). A retrospective review of nosocomial infection of inpatients at the Trust had been undertaken and between 1 October 2020 and 8 January 2021, there had been 118 patients noted with hospital acquired Covid-19. The Trust was now encouraging all patients to wear masks as well as all staff to reduce the risk of transmission. • It was reported that many services had continued during the latest surge and this had included the Trust providing a full service in diagnostics, maintaining three quarters of outpatients' appointments, and continuing with Priority one and two surgery cases. The Trust's Emergency Department (ED) performance remained strong and the Trust was the number one performing trust in London and number 12 across England against the four hour operating standard. • It was noted that the new ED reception and triage area had opened the previous week, which had been completely remodelled to improve the experience of patients. The £2.4m project had started the previous October and had transformed areas of the department to keep staff and patients safe and reduce the risk of Covid-19 infection. • It was reported that the annual NHS staff survey had resulted in a 59.5% response rate. There had been steady improvements in some areas and this reflected that some actions were having the intended impact. It was noted that the response rate was in the upper quartile compared with other similar trusts. • There was a significant focus on staff health and wellbeing and working with South West London and St George's Mental Health Trust to support staff. • Paul da Gama, the new Chief People Officer had started at the Trust on 8 February 2021 and Anna Clough, Divisional Director of Operations for Surgery, Neurosciences, Cancer and Theatres Division, had been appointed Deputy Chief Operating Officer. • It was noted that the Trust had been a leader within the SWL system on Covid-19. A significant focus was currently on when and how to start the elective programme and it had been agreed that this would be at the end of April 2021. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • In response to question raised by Nasir Akhtar (NA) it was noted that the Trust had continued to carry out cancer surgery working closely with Royal Marsden to ensure cancer patients continued to receive the best possible care. It was reported that the Trust had managed to reduce its 104 day wait list and that the Trust was supporting cancer patients who did not want to come to the hospital for treatment despite 	

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	<p>reassurance on the risks.</p> <ul style="list-style-type: none"> In response to a question from Sarah McDermott (SMD) about information on spare vaccines at the end of the day, the CEO reassured the Council that there were no wasted vaccines. Any unused vaccines were given to patients being discharged from hospital or members of staff who had not already received the vaccine. The Trust was aware of misinformation being distributed on social media and the Trust had put out statements on its website and social media channels to address this. The Mail on Sunday had also published a statement by the Trust on the matter. The Trust had agreed with the local authority to vaccinate teachers who looked after pupils with learning difficulties as they were a high risk group. It was noted that there had been some issues with the booking system link being forwarded to a wider range of teachers who did not qualify for vaccination and around 100 teachers were turned away. It was noted that the Trust was only vaccinating staff and patients with appointments and following national guidance. The Trust had been clear that no-one should simply turn up at the Trust as they would be sent away. Basheer Khan (BK) suggested that the Trust record a short video clip for the website which could be shared on social media. It was noted that this would likely be useful particularly in the Asian community. In response to a question raised by John Hallmark (JH) it was noted that the Trust would need to manage Covid-19 like seasonal flu but would not have a dedicated ward just for Covid-19 patients. The Trust had managed during the summer months in 2020 by treating Covid-19 patients in side rooms on wards and would seek to do the same going forward when the current surge ended where possible. In response to a question raised by Khaled Simmons (KS) it was noted that the creation of Integrated Care Systems and changes to their governance were being taken forward as part of the Government's NHS reforms; the role of public representation from Governors and volunteers remained important. RM confirmed that the Lead Governor network had sent in feedback on the NHS England and NHS Improvement consultation document which had been circulated to the Council. <p>The Council of Governors noted the report.</p>	
3.0	CULTURE	
3.1	<p>Culture Programme Update</p> <p>Stephen Collier, Non-Executive Director and Chair of Workforce and Education Committee (SC-NED), provided a presentation on the Culture Programme:</p> <ul style="list-style-type: none"> It was noted that as culture related to how people think and behave culture change could be difficult to achieve and progress hard to measure. What the Trust was trying to achieve was driven by public sector values. It was about seeking to be the best we can be, to be a great place to work and in which to be treated. It was noted that between 2016 and 2019 there had been a significant turnaround in governance, grip, delivery, and movement towards good, effective leadership and performance improvements across all domains. It was noted that the Trust had come out of double special measures and is moving towards 'good' and aiming for 'outstanding'. During this period, stabilising the Trust and addressing pressing performance issues had been the priority, but as the Trust moved to a better position, the focus had turned to strengthening culture. It was noted that the Workforce and Education Committee (WEC) had been focussed on recruitment and retention of staff. It was reported that 40% of staff had 	

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	<p>been with Trust for five years and 5% for two years or more. There was, broadly, a 50-50% split between BAME and White staff. The Trust employed 9,300 staff, with 91% employed directly by Trust, 7% regular bank staff and 2% agency staff. It was reported that staff in higher grades in the organisation were more likely to be white and the D&I action plan included measures to address this.</p> <ul style="list-style-type: none"> • Team working had been key during the pandemic and had given a shared experience and sense of common purpose. • The culture programme had made good progress and while the timetable had been impacted by Covid-19 there continued to be progress. The strengthening culture action plan was currently being developed and would be shared with the Board as soon as possible. • SC-NED acknowledged that culture change could be difficult to manage and challenging to measure success. The work was too important to get wrong and it was more important to get the right action plan that would deliver the results needed. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • In response to a question from Hilary Harland (HH) on whether the annual NHS staff survey was the main way to measure success, it was noted that staff had responded in good numbers to the survey despite Covid-19 pressures and this was a good indicator. Quarterly pulse staff surveys would also soon be reinstated and this would provide a further, and more real-time indication of staff sentiment. Staff turnover was another good measure of success. Given the feedback from BAME staff, it would be critical to evidence that the experience of BAME staff was improving and significant work was going on to ensure the Trust was an inclusive place in which to work. • RM suggested that there was a deep well of support for the progress made to date. It was important to see examples of such improvement, and the recent speech and language therapists' presentation at Trust Board could usefully be used in other parts of the Trust. • In response to a question raised by NA, the Council heard that there was no sense of complacency with the progress made to date. There was an urgency in delivering further improvements and WEC and the Board as a whole had been keen to progress the culture change work. • In response to a question raised by KS, the Council was told that making the Covid-19 vaccine compulsory for all staff was not something the Trust could decide unilaterally. It was reported that the executive thought it was better to inform and educate staff to make their decisions while encouraging uptake. This approach had worked previously with high take up rate of annual flu vaccination by staff. • In response to a question raised by Tunde Odutoye (TO) it was noted that the NEDs tried wherever possible to get out and about across the hospital to meet staff on the ground. This had been impacted by the latest Covid surge but NEDs had conducted individual site visits during the summer and early autumn and planned to do so as soon as the current pressures eased. <p>The Council of Governors noted the report.</p>	

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4.0	QUALITY	
4.1	<p>Quality Priorities: Review 2020-21 and Planning 2021-22</p> <p>Parveen Kumar, Non-Executive Director and Chair of the Quality and Safety Committee (PK-NED) introduced the report on Quality Priorities: Review 2020-21 and Planning 2021-22. The following key points were highlighted:</p> <ul style="list-style-type: none"> • There were two specific pieces of legislation governing the publication of quality accounts: The Health Act 2009 and The NHS (Quality Accounts) Amendment Regulations 2017 ('the quality account regulations'). The Quality Account was published alongside the Trust's Annual Report and Accounts every year. • The report outlined the progress made to date against the ten quality priorities in the Quality Account 2020-21. It was noted that the quality priorities for 2020-2021 had been informed by reviewing the themes highlighted from the ward and departmental accreditation scheme and quality and safety information from internal and external sources including patient surveys, complaints, Serious Incidents and Never Events. These were also aligned to the Quality and Safety Strategy 2019-24 and Corporate Objectives. • It was noted that there were three themes; Improving Patient Safety, Improving Patient Experience and Improving Efficiencies and Outcomes. Progress had been impacted by Covid-19 and the Trust was not where it wanted to be at this stage but good progress had been made nonetheless. <p>Alison Benincasa, Director of Quality Governance and Compliance (DQGC), provided an update on the ten quality priorities: The highlights included:</p> <ul style="list-style-type: none"> • The ten Quality Priorities were monitored on a monthly basis through the Quality and Safety Committee and up to the Trust Board. • In order to ensure timely escalation in relation to deteriorating patients an electronic Treatment Escalation Plan had been built into iClip which recorded the plan for patients within 24 hours of admittance to hospital. This could be audited to see how many patients had agreed plans in place. The National Early Warning Score assessment process (NEWS2) had also been implemented in iClip. Those two things together really helped deteriorating patients. The Trust used this data to target wards which might need additional training and this was one of measures impacted by Covid-19. • The DQGC added that the intention was that the existing 10 quality priorities would roll forward into 2021-22. Work was underway to review how they could be measured more succinctly and remain aligned to the corporate objectives and Quality and Safety objectives. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • In response to a question raised by KS, Robert Bleasdale, Acting Chief Nurse (ACN), reported that there had not been a reduction in SI's and learning due to fewer operations during the pandemic. The Trust was still carrying out the same levels of governance and was checking performance data ward by ward. There had been no reduction in SI's or learning around infection prevention and control. • In response to a question raised by AA it was noted that hospital acquired Covid-19 was broadly similar to other trusts. The definitions had changed since first lockdown and all trusts had got better at reporting. The Trust met weekly with SWL sector 	

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	<p>organisations where data was shared and compared.</p> <p>The Council of Governors noted the report.</p>	
5.0	COLLABORATION	
5.1	<p>Finance: Where we are now and Forward Planning</p> <p>Ann Beasley, Non-Executive Director and Chair of the Finance and Investment Committee (AB-NED), highlighted the following:</p> <ul style="list-style-type: none"> • AB-NED reported that the Trust had been taken out of Financial Special Measures in December 2020. Although this was unlikely to make a material difference in some ways, as the additional oversight and support provided to the Trust had reduced in recent times, the decision by NHSE&I was a significant motivational boost for the organisation. The Trust was now in more control of its expenditure, though this year had been very unusual financially. • The Trust had been fully funded for what it spent for the first six months of 2020-21. There was a greater emphasis on 'system working' within SWL and this had impacted on how the Trust managed its finances. • The capital programme at the start of the year had amounted to £50m worth of projects but at end of month nine the Trust had been given significantly more capital to spend by year end; this was challenging but would be achieved. The Council noted that as this had occurred in previous years the Finance and Investment Committee had ensured that sufficient business cases had been approved and were ready to start once funding was available. The projects included the ICU expansion, estates projects, Information Communication and Technology infrastructure and improvements. • Planning for the 2021-22 budget had been suspended and guidance was expected to be published in March 2021. The Trust would continue into quarter one under current arrangements. Other income was lower than planned and normal costs were also lower due to reduction in elective activity. • It was noted that £325m of working capital loans had been converted to Public Dividend Capital which had a neutral impact on interest payments but removed the challenge of repaying principal value. The cash position this year had been good due to cash advances. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • In response to a question raised by SM it was confirmed that all the capital projects underway had been fully ready to go approved projects. Andrew Grimshaw, Chief Finance Officer and Deputy Chief Executive (CFO/DCEO), added that capital projects had been planned ahead with a long list of ready projects. • In response to a question raised by AA on staff and unused annual leave it was reported that this was being dealt with as a sector-wide issue. The national guidance stated that where staff were unable to take their annual leave because of Covid-19 they could carry over up to 20 days to be used over the next two years. The Trust had agreed to honour this and the accrued cost is £15-20m. There was also possibility of 'buying back' unused annual leave from staff but the Trust is waiting to hear how that would be funded so currently there was no commitment on this and this would also require agreement at the system level. 	

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	<ul style="list-style-type: none"> In response to a question raised by KS the Council heard that NHS England was devolving specialised commissioning to local Integrated Care Systems. The Trust was not expecting activity to reduce and there may be some redistribution of activity in the medium to long-term where treatment was delivered. There would be an adjustment for patient flow in and out of area and the mechanisms were being developed on how this would be managed. <p>The Council noted the report.</p>	
6.0 COUNCIL OF GOVERNORS GOVERNANCE		
6.1	<p>Council of Governor governance: 2021-22 Meeting Schedule</p> <p>Stephen Jones, Chief Corporate Affairs Officer (CCAO), presented the 2021-22 Meeting Schedule for the Council of Governors which was taken as read. The report set out the dates for the Council of Governor meetings, Governor Workshops and two sub-committees. It was noted that the membership of the two Council of Governors sub-committees – the Nomination & Remuneration Committee and Membership Engagement Committee – would be refreshed in the summer, but ahead of this steps would be taken to ensure the Nomination & Remuneration Committee remained quorate by seeking expressions of interest from Governors to join the Committee on an interim basis until the wider refresh of membership in the summer. The CCAO would seek expressions of interest from Governors to join the Nomination and Remuneration Committee on an interim basis until a wider refresh of membership in the summer, and vacant positions on the Committee would be filled on a first come first served basis.</p> <p>The planned Governors seminar on the 16 March 2021 had originally been scheduled to focus on Annual Planning for 2021-22 but in light of the suspension of annual planning the focus of the seminar had been changed to estates, IT, and collaboration with Epsom and St Helier University Hospitals NHS Trust.</p> <p>The Council received and noted the report.</p>	CCAO
7.0 CLOSING ADMINISTRATION		
7.1	<p>Any other business</p> <p>The CCAO reported that the timings for the submission of this year's Annual Report and Accounts, including the Quality Account, had been moved back to the end of June as a result of the operational pressures on Trusts due to Covid-19. The Trust anticipated that guidance on the Quality Account would be published shortly and this was likely to confirm whether or not Governors would be required to select a quality indicator for audit as part of the year end process. The CCAO would confirm whether Governors would be required to select a quality indicator for audit at the next meeting of the Council.</p>	CCAO
7.2	<p>Reflections on meeting</p> <p>The Chairman asked for feedback on change of meeting format. RM thought the focus with the NEDs was very useful but stated that he did not want to miss the opportunity to review what was happening at Board Committees. AA agreed. The CCAO stated that the reports of the Committees to the Board would continue to be circulated to Governors for information as part of the Board paper packs.</p> <p>The Chairman thanked everyone for their contributions to the meeting.</p>	

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	Date of next Meeting 21 April 2021, 14:00-17:00	