Minutes of the Meeting of the Council of Governors (In Public)
16 March 2023, 10:00 – 13:00
Hyde Park Room, Lanesborough Wing, St George's Hospital
and via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Michael Amherst*	Public Governor, Rest of England	MA
Afzal Ashraf	Public Governor, Wandsworth	AAs
Padraig Belton*	Public Governor, Rest of England	PBe
Alfredo Benedicto*	Appointed Governor, Merton Healthwatch	AB
Patrick Burns*	Public Governor, Merton	PBu
Derek Cattrall	Public Governor, Rest of England	DC
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	JHa
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal*	Public Governor, Wandsworth	SK
Julian Ma	St George's University of London	JM
Lucy Mowatt	Public Governor, Wandsworth	LM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Sangeeta Patel*	Appointed Governor, Merton & Wandsworth CCG	SP
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir*	Public Governor, Wandsworth (up to 16.00)	AQT
In Attendance:		
Ann Beasley*	Non-Executive Director, Vice Chair	AB
Stephen Collier*	Non-Executive Director	SC
Andrew Grimshaw*	Group Chief Finance Officer	GCFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Yin Jones*	Associate Non-Executive Director	YJ
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Andrew Murray*	Non-Executive Director	AM
Kate Slemeck	Managing Director	MD
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Tim Wright*	Non-Executive Director	TW
Janice Minter	Assistant Chief Nurse	ACN
Wendy Doyle	Head of Patient Engagement	HoPE
Secretariat		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
Apologies:		
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Jenny Higham	Non-Executive Director	JHi
Peter Kane	Non-Executive Director	PK
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Khaled Simmons	Public Governor, Merton	KS
Stephen Worrall	Appointed Governor, Wandsworth	SW

** Joined the meeting via MS Teams*

1.0	OPENING ADMINISTRATION	Action
1.1	**Welcome and Apologies** The Chairman welcomed everyone to the meeting, both those attending in person and those joining remotely via videoconference. The Chairman introduced Michael Amherst, Derek Cattrall, Lucy Mowatt and Huon Snelgrove who had been elected to the Council of Governors in the elections in January 2023. The Chairman thanked former Governors Mia Bayles, Jenni Doman, Stephen Sambrook and Basheer Khan who had stepped down from the Council of Governors following the completion of their terms of office. The Chairman also introduced Andrew Murray, Non-Executive Director, and Yin Jones, Associate Non-Executive Director, who had taken up their posts on 23 January and 2 March 2023 respectively. The Council of Governors noted the apologies as set out above.	
1.2	**Declarations of Interest** There were no new declarations of interest.	
1.3	**Minutes of the Public meeting held on 8 December 2022** The minutes of the meeting held on 8 December 2022 were approved as a true and accurate record.	
1.4	**Action Log and Matters Arising** The Council of Governors reviewed the action log, agreed to close those actions proposed for closure, and noted the following updates: • **COG.220922.2 Finance Update:** The Acute Provider Collaborative (APC) had commissioned a piece of work to look at financial sustainability across South West London (SWL). Ahead of the SWL APC commissioning this work, the Trust Board discussed the scope at its private meeting in October 2022 and had provided feedback to the SWL APC on this. It was anticipated that the work would conclude by May 2023 and that a final report would be presented, which would be considered by the Board. The action would remain open.	
2.0	**STRATEGY, FINANCE & PERFORMANCE**	
2.1	**Group Chief Executive Officer's Report** The Group Chief Executive Officer (GCEO) presented the report and provided the following updates: • Industrial action: The trust had undertaken extensive preparation ahead of industrial action by nursing staff in February and in advance of scheduled industrial action by junior doctors in March 2023. The Trust's focus had been on putting the necessary mitigations in place to look after patients and keep them safe, and minimise the impact on those who use the Trust's services. It was clear that the action by junior doctors would be the most disruptive action taken to date, and there would be an unavoidable impact on elective care. • Financial planning: A key area of focus for the Trust was on financial planning for 2023/24. NHS England (NHSE) had required systems to break even at the end of 2023/24 and this would be extremely challenging for South West	

London. It was hoped that the financial sustainability review would help identify opportunities. In the meantime, the Trust was working hard to identify the necessary Cost Improvement Plans (CIPs) to minimise the deficit.

- Operational performance: Despite ongoing pressures, and the added pressures of the industrial action, performance on the whole was holding up well. The Trust's performance against the four hour operating standard for emergency care was still among the top 10 trusts in England. Cancer performance remained challenged, however, and the Trust was working hard to address this.

- Strategy: The development of the new Group Strategy was nearing completion. The Board was scheduled to review the full draft strategy at a development session in early April and the aim was to launch the strategy in May.

- NHS Staff Survey: The Trust had received the headline results from the 2022 NHS Staff Survey. Overall, the results were broadly similar to the previous year, but were nonetheless disappointing given the significant work undertaken on culture in recent years. Engagement had dropped back in 2022, and a number of key metrics had fallen by a few percentage points. This was broadly in line with other NHS trusts of a similar size and the Trust was not an outlier.

The Chairman invited questions and comments from Governors, and the following points were raised and noted in discussion:

- Regarding the staff survey results, Lucy Mowatt (LM) queried how the Trust could improve the response to the question '*Would feel secure raising concerns about unsafe clinical practice'* which had declined from the previous year from 70% to 68%. Patrick Burns (PBu) raised a similar concern noting that the results suggested that half of staff would not expect the Trust to take any action in response to safety concerns being raised. PB queried what we could do differently and urgently to improve the figures.

- The GCEO explained that a lot of work had gone into developing the psychological safety of staff. Work had been conducted to triangulate areas that required improvement in leadership decisions, culture and behaviours of all staff, and one of the nine strategic initiatives in the new Group Strategy was focused on building psychological safety.

- The Group Chief Corporate Affairs Officer (GCCAO), the Executive Lead for Freedom To Speak Up (FTSU), added that staff usually approach FTSU when they feel unable to raise concerns with line managers or with senior managers. The FTSU team was taking action to triangulate information on where there were hotspots in FTSU; areas with high turnover rates; concerns raised on Datix and patient indicators; to identify areas that required support. The GCCAO was working with the Group Chief Nurse Officer (GCNO) and Group Chief Medical Officer (GCMO) to collate information on where staff were speaking up about patient safety concerns and how to respond to them.

- The Group Chief Nursing Officer (GCNO) explained that the new Patient Safety Incident Response Framework (PSIRF) for clinical incidents would help with improving clinical practice and was itself aimed at improving psychological safety. The GCNO added that the PSIRF would focus on learning when responding to incidents and that training would be delivered to all staff, including Board members.

	• AAs commented that patient safety was everyone's business and suggested sharing the learning from patient safety concerns raised and the action taken. AAs also suggested rewards for staff contributions. It was noted that a regular patient safety bulletin was sent to staff. • Huon Snelgrove (HS) added that when members of staff report concerns on Datix, staff do not always receive feedback. The GNCO relayed that any immediate learning from serious incidents and never events were shared via a bulletin that went out to all staff and that staff reporting incidents should receive an update on the actions taken in response. • Sandhya Drew (SD) asked what message had been sent to Government on the impact of the industrial action and the level of disruption caused. The GCEO responded that NHS Providers and the NHS Confederation represented NHS organisations and ensured that the voices and concerns of individual trusts were fed in collectively to Government and NHS England. Working through NHS Providers meant that the provider sector was being heard. However, it was undoubtedly the case that the strikes were having a disruptive impact and increasing the pressure on staff. • Julian Ma (JM) asked whether the health impact on patients who had operations cancelled was being monitored. The GCEO confirmed that the Trust was required to complete a national template to review all the appointments cancelled and the potential harm caused. The longest waiters would be rescheduled with appointments later in the month. There had been a total of seven days of cancellations due to industrial action to date and elective work had been impacted. While the Trust had in place processes to identify harm during the action, the harm caused by delays in elective care was harder to identify but the Covid pandemic had demonstrated that harm can be caused by delays in treatment. • Tunde Odutoye (TO) fed back on the three days of junior doctor strikes, regarding patients who required urgent care. TO suggested that cover had been more efficient in ensuring effective patient flow through the hospital and in discharging patients, because the process had been led by experienced consultants. Lessons could be learned from this, though it was not sustainable to manage in this way for a sustained period. TO stated that patients had received a good level of care during the industrial action. • The GCEO stated that learning would be captured and acknowledged that services led by consultants had worked well. Regarding the negotiations, the Group Chief Medical Officer (GCMO), site Chief Medical Officer (CMO-SGUH), Group Chief People Officer and Managing Director for St George's (MD-SGUH) had spent a lot of time speaking to the Local Negotiating Committee (LNC) and Consultant groups. It was noted that the British Medical Association (BMA) rate card had not been agreed and that the Trust would use the agreed London rate. • Derek Cattrall (DC) felt the media needed to communicate the effect of the strikes on patients, rather than how the Trusts were coping. The Council noted the GCEO report.	
2.2	**Financial Performance and Planning** The Group Chief Finance Officer (GCFO) provided an update on the Trust's financial position and highlighted the following points:	

- 2022/23 financial year: The Trust was forecast to end the year with a £30m deficit. The Trust had formally moved to a forecast deficit of £30m in February. Robust reporting was in place and it was positive that the Trust was ending the year as it had forecast.

- 2023/24 financial planning: The Trust was currently forecasting a deficit of £65m, after 5.5% of the CIPs were delivered. The 5.5% CIP target was a standard target for all Trusts in SWL. The increase in the deficit included inflationary pressures and the recurrent position carried over from 2022/23. It was noted that the financial plan was not complete and the Trust was still working with SWL to agree the system-wide position. The Finance Committee would receive an update on how the CIPs were developing and progressing at its meeting later in the month. The Trust was working with PA Consulting across SWL to identify a recovery plan for the whole system, with local and collective actions. In terms of risk, the 'Financial sustainability' risk on the Board Assurance Framework (BAF) was scored at 25, the highest possible score, and the 'Capital risk' had a risk score of 20. The risks were expected to remain in the new financial year, given the £65m deficit, though this would need to be reviewed in the context of the final plan. The capital position was challenged as demand exceeded funds. The Trust was finalising the capital position with SWL and looking to prioritise strategic schemes, backlog maintenance, replacement of equipment and refreshing IT. Currently, returning to balance would take at least 3 years but there was pressure from the national position to improve that timescale.

The following points were raised and noted in discussion:

- Richard Mycroft (RM) stated that the CIP plans were not delivered in 2022/23 due to challenges and next year would not be easy either. He questioned how confident the Trust was that CIP plans would be delivered in 2023/24 and asked whether NHSE would accept a forecast deficit of £65m, rather than a breakeven position. The GCFO explained that there had been considerable pressure in 2022/23 to set a breakeven plan, even though it was known that there was no route to achieve that. The Trust made some improvement by reducing the forecast deficit from £45m to £30m. Regarding 2023/24, there was more pressure to break even. There was a focus from NHSE on improving productivity.

- Hilary Harland (HH) queried what the consequences were of the increasing deficits. HH felt it was reasonable for NHSE to be concerned about productivity when funding and staffing had increased in recent years. The GCFO reassured the Council that the Trust understood the increase in the staffing position. The challenge was around improving productivity. There was a duty to deliver a breakeven which was not being met and the consequence would be scrutiny and significant pressure to deliver a breakeven position. NHSE had powers to intervene in Trusts and systems which were not delivering on their plans. The MD-SGUH added that the factors underlying the differences between the activity delivered in 2019/20 and 2022/23 were varied and reflected changes in the ways of working in theatres during the pandemic. Systems and processes needed to be strengthened, following the pandemic and appointments needed to be booked further ahead. Greater capacity was now available at Queen Mary's Hospital. There were significant flow issues in non-elective care and infrastructure issues around critical care in terms of the lack of intensive therapy beds (ITU) beds. The trust needed to ensure all the capacity was being used effectively and that job plans were aligned to deliver care in a different way and in a different location.

	The Council noted the report.	
2.3	**Quality and Safety Performance – Integrated Quality and Performance Report (IQPR highlights)** The GCNO introduced the report and highlighted the following: - Improvements had been made in the number of falls and degrees of harm. - There was a concern around the increase of grade 3 and 4 pressure ulcers in the Trust. The trust was embedding learning from Epsom and St Helier which had managed to reduce the incidence of pressure ulcers. - There was good engagement for training by nurses on dementia and delirium. The Trust was working on improving engagement for non-nursing colleagues. - The Trust was doing well in veinous thromboembolism (VTE) screening. - C.Difficile numbers were above the upper limit and the Trust was looking into this. There were, however, zero MRSA cases. - In maternity, the Trust was non-compliant in 4 out of the 10 patient safety actions set out in the Maternity Incentive Scheme managed by NHS Resolution. The Trust had bid for funding to support the work in the 4 areas and was awaiting the outcome. A Care Quality Commission (CQC) visit in maternity was imminent. - The Trust maintained the complaints turnaround time with 88% on time. The following issues were raised and noted in discussion: • John Hallmark (JHa) raised concerns about 12-hour trolley waits and ambulance handover times and asked what actions were being taken to address these. The MD-SGUH explained that there had been some improvement in ambulance handovers. Regularised flow had been implemented in the Emergency Department (ED). The Trust was working with system partners on delays and improving internal processes to expedite discharges. Although the Trust was performing well on the constitutional 4 hour standard in emergency care, it was not achieving 95%. However, the Trust was performing well on this measure compared with other trusts across the country. The Government would reduce the target to 76% for 2023/24. • Michael Amherst (MA) observed the ongoing lack of capacity in the complaints team and severe delays in the PALS response times. MA queried what the issues were in complaints and PALS. The GCNO explained that the complaints and PALS teams had been strengthened, with leadership for the complaints team being provided by colleagues from ESTH. The PALS team had changed the way it worked in order to focus on the incoming concerns. The GCNO was aiming to consolidate the teams across the Group, and streamline and improve the quality of responses. The complaints not meeting the deadline were often due to the complexity of the complaint and the number of teams involved in the response. There were occasions when families are invited to meet with clinicians. • Kathy Curtis (KC) asked about the data on pressure ulcers. The GCNO relayed that a review of this had been undertaken and learning had been shared across the Group. ESTH had reduced pressure ulcers by looking at heat maps to review patient safety incidents against staffing levels and complaints. A similar approach was being undertaken at SGUH. The ward accreditation scheme also reviewed the environment and pressure ulcers. Marlene Johnson (MJ) added that a deep dive was carried out on pressure ulcers at SGUH. It was noted that SGUH does not have pressure relieving devices in ED, whereas ESTH did in its ED.	

	The Council noted the report.	
3.0	**PATIENT AND PUBLIC INVOLVEMENT**	
3.1	**Patient Engagement and Experience Report** Janice Minter, Assistant Chief Nurse (ACN) and Wendy Doyle, Head of Patient Engagement (HPE) joined the meeting and presented the item. The ACN stated that patient partners, the Patient and Public Engagement Group (PPEG) and volunteers had helped identify the priorities to take forward. The Trust participated in a number of surveys. The Trust performed well in the national cancer patient experience survey (second best in London) and the maternity survey. There were concerns in the inpatient survey around nights; availability of food out of hours; and waiting for beds. The results would inform the work around priorities. It was noted that more work was required on the Friends and Family Test (FFT), particularly on how learning was shared on areas doing well and how actions taken were communicated to patients. The HPE highlighted the work undertaken in her first 6 months in the role, which included taking stock of the Trust's actions, re-connecting services with patients, relaunching PPEG, bringing in more volunteers, holding listening events. The following points were raised and noted in discussion: • Sarah Forester (SF) welcomed the report and focus on patient engagement and experience, particularly the triangulation and analysis from different sources and the focus on hearing from people who were not normally heard. SF was interested to understand the learning from the Family Liaison Service which was stepped up during the pandemic. SF sought clarity on what 'equity of experience' meant. The GCNO clarified that 'equity of experience' was ensuring patients received what they needed to get the best outcome. • HH queried how patient partners would be utilised. • AAs commended the work undertaken and queried whether there was anything HPE could do to highlight the successes and address some of the extreme cases. • SD questioned whether patients and patient user groups were or could be signposted to membership. • ACN and HPE addressed the questions. The learning and experiences from the Family Liaison Service were shared at the closing meeting. Patient partners sat on PPEG and carried out accreditations and audits. The trust had recently recruited two new patient partners. PPEG was engaged on the Group Strategy and, once it was launched, the patient partners would work on the patient experience strategy. Patients would be signposted to membership. The team was working on sharing and learning from successes and failures. A new meeting was set up to highlight and focus on one area, with representatives from all divisions. The Council noted the Patient Engagement and Experience Report.	
4.0	**QUESTIONS TO NON-EXECUTIVE DIRECTORS**	
4.1	**Questions to Non-Executive Directors** The Chairman invited questions to Non-Executive Directors (NEDs):	

	• Richard Mycroft (RM) asked Andrew Murray what his initial concerns were in relation to the quality agenda. AM stated that some of the concerns around pressure ulcers and maternity had been discussed during the recent Quality Committee meeting and reports had been commissioned to understand the issues better. The performance challenges were also a concern in terms of the impact on patient safety. AM had discussed the elective performance in the context of the backlog from Covid and impact from strike action and whether there were particular specialties that were at higher risk. AM was due to visit the maternity unit for the second time shortly as Maternity Safety NED Champion. • HH asked about the latest cancer performance, particularly breast. Ann Beasley (AB) commented that the Finance Committee had requested management develop a path to achieving all of the cancer standards and had accepted that some of the standards, including breast, would not be achieved in the current financial year. AB assured the Council that it was high on the agenda for the Finance Committee. AM noted that significant improvement and progress had been made. • Yin Jones (YJ) was invited to provide any views/observations since joining the Trust on 2 March. YJ relayed that she had attended the Trust Board and People Committee and several induction meetings. She had found the people approachable, helpful and warm. The Chairman thanked everyone for their contributions and looked forward to working with AM and YJ.	
5.0	**CLOSING ADMINISTRATION**	
5.1	**Any other business** No items of any other business were raised.	
5.2	**Reflections on meeting** The following reflections were offered: - The hybrid format had worked well and thanks were extended to the team for facilitating this. - It was felt that it would be good to have more people in person. - JHa requested that the item on questions to NEDs be placed higher up the agenda for future meetings. The Chairman explained that this had been done previously and different ordering of items was regularly undertaken. - JM was attending his first Council meeting and thanked all for being approachable and open.	

Date of next Meeting
Thursday 18 May 2023, 6pm