

**Minutes of the Meeting of the Council of Governors (In Public)  
16 September 2021, via Microsoft Teams**

<b>Name</b>	<b>Title</b>	<b>Initials</b>
<b>Members:</b>		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AA
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenni Doman	Staff Governor, Non-Clinical	JM
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	SMD
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
<b>In Attendance:</b>		
Elizabeth Bishop	Non-Executive Director	EB
Robert Bleasdale	Chief Nurse (item 2.4)	CN
Stephen Collier	Non-Executive Director	SC
Paul Cuttle	Grant Thornton, External Auditor Partner (item 2.5)	PC
Paul Dossett	Grant Thornton, External Auditor Partner (item 2.5)	PD
Jenny Higham	Non-Executive Director	JH
Parveen Kumar	Non-Executive Director	PK
Richard Jennings	Chief Medical Officer	CMO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Pui-Ling Li	Non-Executive Director	PLL
Ralph Michell	Head of Strategy	HoS
Layo Ossai	Corporate Governance and Engagement Administrator	CGEA
Jacqueline Totterdell	Chief Executive Officer (item 2.1)	CEO
<b>Apologies:</b>		
Mia Bayles	Public Governor, Rest of England	MB
Ann Beasley	Non-Executive Director	AB
Sandhya Drew	Public Governor, Rest of England	SD
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP

		Action
<b>1.0</b>	<b>OPENING ADMINISTRATION</b>	
<b>1.1</b>	<p><b>Welcome and Apologies</b></p> <p>The Chairman welcomed everyone to the meeting and noted the apologies as set out above.</p>	
<b>1.2</b>	<p><b>Declarations of Interest</b></p> <p>There were no new declarations of interests reported.</p>	
<b>1.3</b>	<p><b>Minutes of the meeting held on 14 July 2021</b></p> <p>In relation to item 3.1.2 (green plan), KS requested that the minutes be amended to state that he had 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.</p> <p>Subject to this amendment, the minutes of the meeting held on 14 July 2021 were approved as a true and accurate record.</p>	
<b>1.4</b>	<p><b>Action Log and Matters Arising</b></p> <p>The Council of Governors reviewed the action log, which contained only one action relating to holding a seminar for Governors on infection prevention and control. This had been held on 7 September 2021 and the Council agreed the action could, therefore, be closed.</p>	
<b>2.0</b>	<b>QUALITY, SAFETY &amp; PEOPLE, PERFORMANCE</b>	
<b>2.1</b>	<p><b>Chief Executive Officer's Report</b></p> <p>The Council of Governors received a comprehensive report from the Chief Executive Officer and the following points were noted in discussion:</p> <ul style="list-style-type: none"> <li>• The Trust continued to face significant operational pressures throughout the summer months. The pressure on the emergency department had been particularly high as the number of daily attendances had returned to – and often exceeded – pre-Covid levels. Elective and day case performance was ahead of trajectory, as was outpatient activity. The number of 52-week waits had gone down to just over 1,000. The number of diagnostic patients seen outside of the six-week target had also been reduced. The role of the new surgical treatment centre at Queen Mary's Hospital had been an important element of reducing the backlog.</li> <li>• While the overall number of Covid-19 cases had been low in the early summer, cases had risen in late July and remained relatively high, but this had not translated into significant increases in Covid-19 admissions to the Trust. However, in recent weeks the number of Covid admissions to the Trust's intensive treatment units (ITU) had gone up and it was notable that the vast majority of Covid ITU admissions were patients who had not received a Covid-19 vaccination.</li> <li>• The Trust was continuing to work hard to ensure all staff were vaccinated though there remained challenges. It was anticipated that a Covid booster programme would commence over the coming weeks, and the Trust would be having a big push to promote staff take up.</li> </ul>	

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	<ul style="list-style-type: none"> <li>The Trust continued to implement and enforce Public Health England guidance on infection prevention and control, and continuously reviewed its processes to keep patients safe. There had, however, been Covid-19 outbreaks in two of the Trust's wards recently and investigations had shown that there were shortcomings in swabbing at day 0, day 3 and day 7 and remedial action had been taken. The Trust was also working hard to ensure staff took twice weekly lateral flow tests.</li> <li>As part of the Trust's response to the 2020 NHS staff survey, five key areas for improvement had been agreed on, and this 'Big 5' had driven staff engagement and communications over recent months. In May, the Trust had held a health and wellbeing month which was focused on supporting staff. In June, the Big 5 theme was "Let's talk", which was all about helping staff to feel safe to raise concerns and promoting awareness of how to speak up. In July, the Trust had focused on flexible working, urging staff and line managers to adopt a flexible by default approach. Fairer career progression was the theme of the Big 5 in August, focusing on building a culture where progression was based on merit and hard work. The current focus was on "creating a better workplace", which was concentrating on giving staff the tools and equipment, they needed to do their jobs effectively.</li> </ul> <p>In relation to operational performance, NA asked whether the 52 week waits position had improved compared with 2019 and whether plans had been put in place to accommodate how busy the Trust would likely be during winter. The CEO explained that considerable improvements had been made in reducing the number of 52 week waits, and while the numbers remained higher than the Trust would wish it was making good progress and was performing well compared with other trusts. The CEO also explained that the Trust was in the process of developing its winter plan, and this would be brought to the Board for review in November.</p> <p>HH asked whether plans were in place to move staff who were not vaccinated out of frontline roles. She also asked whether the Trust was clear about the vaccine status of contractors such as Mite staff. The CN explained that risk assessments had been undertaken for all staff and infection control measures were in place to mitigate the risks. Staff working in higher risk areas were required to undertake regular PCR testing. Education for staff on the benefits of the vaccine was ongoing. Regarding the vaccine status of Mite staff, the CN stated that it was difficult to retrieve that information due to GDPR and the time/people resources required because they are not direct employees of the Trust. JD added that a system was being put in place to get assurance from all partners of the Trust on Covid risk assessments and infection control.</p> <p>In response to a question from JH regarding 24 Hours in A&amp;E, which was filmed at the Trust, the CEO explained that the Trust was no longer going to host the filming of the documentary and this was expected to move to a hospital outside London. In relation to the revenue generated by the programme, the CCAO explained that this was quite modest overall, with the income going to the Emergency Department and some to supporting the Trust's communications team in working with the production company.</p> <p><b>The Council of Governors noted the report.</b></p>	

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<p><b>2.2</b></p>	<p><b>Integrated Care System Update</b></p> <p>The Council of Governors received the Integrated Care System update and noted the following key points in discussion:</p> <ul style="list-style-type: none"> <li>• There had been a large volume of new guidance from NHS England and NHS Improvement on both the devolution of specialised commissioning and the composition of Integrated Care Boards over the summer. The South West London Integrated Care System had been closely reviewing the new guidance and was progressing plans for appointments to the ICB.</li> <li>• The plans for ICSs remained subject to the Parliamentary passage of the Health and Care Bill. The Bill was currently going through its Committee Stage in the House of Commons. Royal Assent was anticipated during Q4 2021/22.</li> <li>• The significance of the changes being introduced through the Bill and associated guidance should not be underestimated. The changes represented a major set of changes to the way in which the NHS functioned at the local, regional and national levels.</li> </ul> <p>There was discussion about the impact of the changes for the role of Councils of Governors of NHS Foundation Trusts in the light of the movement towards closer integration and system working. The Chairman emphasised that the Bill in its current form made no changes to the statutory role of NHS Foundation Trusts or to the role and functions of Councils of Governors. Nevertheless, there were clear implications in the move to greater system working for individual organisations' sovereignty and the scope for individual autonomy in the way envisaged in the original Foundation Trust model.</p> <p>The Chairman noted that regular updates on the development of ICSs would continue to be brought to the Council of Governors.</p> <p><b>The Council of Governors noted the report.</b></p>	
<p><b>2.3</b></p>	<p><b>Integrated Quality and Performance Report (Patient Safety)</b></p> <p>The Council of Governors received an update on quality and safety and noted the following key points in discussion:</p> <ul style="list-style-type: none"> <li>• Action was being taken to address areas of non-compliance with life support training. Basic Life Support Training had increased to 83% from 70% and it was anticipated that all staff who required BLS training would have undertaken this by the end of September 2021. ALS (Advanced Life Support) training performance shows improvement at 75% from 64%, and ILS (Intermediate Life Support) shows special cause variation, with performance at 70% from 67% for this month. Both ILS and ALS training were expected to hit their targets by December 2021.</li> <li>• All services apart from the Emergency Department achieved their Friends and Family Test (FFT) targets of having over 90% of their users rate their service as "Good" or "Very Good".</li> <li>• Significant improvement had been noted with Duty of Candour compliance. This continued to be monitored and support provided to the relevant departments to continually sustain compliance.</li> </ul> <p>There was a discussion about the size of the Integrated Quality and Performance Report and it was suggested that the paper could be made shorter and easier to understand. It</p>	

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	<p>was noted that a piece of work was currently being led by the Deputy Chief Executive and Chief Finance Officer to review the IQPR.</p> <p><b>The Council of Governors noted the report.</b></p>	
2.4	<p><b>Patient Experience and Complaints Annual Review</b></p> <p>The Council of Governors received the annual review on patient experience and complaints and noted the following key points in discussion:</p> <ul style="list-style-type: none"> <li>• During the first phase of the pandemic NHS England and NHS Improvement had relaxed their requirements on trusts' compliance with complaints timescales, but the Trust had decided to continue to uphold the previous timescales given the importance of swift resolution of complaints to patients and their families.</li> <li>• The Complaints Annual Report and the Patients Experience Annual Report had been taken to the Board and would be published on the Trust's website.</li> <li>• The family liaison service would continue to run and would be reviewed for effectiveness.</li> <li>• A Children and Young People's Council had been established to engage children and young people about the standard and quality of their care.</li> <li>• The homelessness project within the emergency department was initiated to help the staff provide support for individuals who were homeless, help patients navigate the system and access housing.</li> <li>• The performance targets on complaints continued to be met and there had been a 40% decrease in reopened complaints.</li> </ul> <p>PB highlighted that it would be more difficult to get responses from the patients with disabilities and more thinking could be done on how to deal with this challenge. He further highlighted that the ability to respond could also be a factor in low response rates and suggested that the carers could be engaged for feedback at the right time, which was not usually at the hospital. He advised that engagement should be undertaken with community groups that could help or advise on how to get responses from this group.</p> <p>Regarding learning from complaints, KS asked whether the learning identified in the report indicated why staff were not able to perform to acceptable standards. The CN responded by saying it was complex and down to many factors centred around a mix of stretched staff and temporary staff who were not familiar with the culture of the organisation. He also highlighted that leadership programmes within the organisation were being organised on values and professional standards.</p> <p>JH queried how many young people were on the Children's and Young People's Council and how they were recruited. The CN explained that there were eight people on the Council and were recruited following submission of personal statements and interviews by peers.</p> <p>MJ added that the Trust was providing a lot of support to staff in helping to understand complaints, communication, and documentation.</p> <p><b>The Council of Governors noted the report.</b></p>	

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<b>2.5</b>	<p><b>External Auditors Report – Value for Money Report</b></p> <p>The Council received an update on the external auditor's value for money report which had also been made available to the public ahead of the Annual Members' Meeting. The following key points were noted in discussion:</p> <ul style="list-style-type: none"> <li>• The requirement for a value for money report was new this year, and followed changes in guidance by the National Audit Office. The assessment was undertaken against a set of measures including financial sustainability, governance and improving economy, efficiency and effectiveness.</li> <li>• The Trust's value for money arrangements have been assessed across the three key criteria and no material issues were identified.</li> <li>• Improvement recommendations had been provided, and target dates set for implementing these recommendations.</li> </ul> <p>The Chairman highlighted that the report had been reviewed by the Audit Committee and would be presented to the Board.</p> <p>EB suggested that the report had the potential to be a key assurance document and management tool. However, it had limited utility this year but it was hoped that it would be developed for future years.</p> <p>Several typographical errors were highlighted in the report and External Auditors agreed to correct these and reissue the report.</p> <p><b>The Council of Governors received the report.</b></p>	
<b>3.0</b>	<b>MEMBERSHIP, INVOLVEMENT AND ENGAGEMENT</b>	
<b>3.1</b>	<p><b>Membership Engagement Committee Report (<i>Including terms of reference review</i>)</b></p> <p>The Council received the report of the Membership Engagement Committee and noted the following key points which were presented by the Committee Chair:</p> <ul style="list-style-type: none"> <li>• A virtual Governor Constituency engagement event had been held on 23 August but attendance had been very low. The Committee had agreed that the programme should be reviewed in the context of attendance at the Annual Members' Meeting.</li> <li>• The Committee had reviewed its terms of reference and was proposing minor changes around the quorum for meetings, simplifying this to require a minimum of four members, the majority of whom should be public Governors.</li> </ul> <p><b>The Council of Governors noted the report and approved the changes to the Committee's terms of reference.</b></p>	
<b>4.0</b>	<b>ACCOUNTABILITY</b>	
<b>4.1</b>	<p><b>Questions to Non-Executive Directors</b></p> <p>The Chairman invited questions from Governors to non-executive directors.</p> <p>RM asked about how the £1 million budget for the culture programme would be allocated and asked what the key outcomes were for the project. SC responded by saying the spend on the project was around £994,000 spread across internal resources and external delivery. He highlighted the detailed measures of success set out in the</p>	

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	<p>Workforce and Education Committee meeting. He further added that around half of the sum would be allocated to the programme in external support, with the remainder allocated to fixed term contracts and internal roles.</p> <p>KS asked whether there was an opportunity to further embed safety within the organisational culture. PK responded by saying there had been improvements with learning from incidents and the Trust was committed to the creation of a safety culture. SC added that there was an opportunity with the Patient First initiative to tackle this issue on a broader scale. The Chairman noted that there had been significant progress but there was further to go.</p> <p>KS asked for the views of NEDs about the role of governors in relation to public accountability. The Chairman responded by saying it was advantageous to have governors who were able to convey the public's views and priorities and bring different perspectives. At the same time, it could be problematic where Governors went beyond the remit of their powers and responsibilities.</p>	
<b>5.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>5.1</b>	<p><b>Any other business</b></p> <p>The Chairman reminded Governors that they do not need to wait for formal meetings of the Council of Governors to raise issues with any of the NEDs. If anyone wanted to speak to her, the Chairman was more than happy to meet Governors outside the confines of a formal meeting. The Chairman also encouraged Governors to participate in the new programme of visits across the Trust.</p>	
<b>5.2</b>	<p><b>Reflections on meeting</b></p> <p>The Chairman commented that she felt the meeting had been productive and that there was a feeling of unity. She reminded everyone of the details of the next Council of Governors meeting.</p> <p>The Chair thanked Elizabeth Bishop for her contributions and wished her the best for the future. EB in turn thanked everyone for their cooperation during her tenure.</p> <p>The Chairman concluded by thanking everyone for their contributions.</p>	

**Date of next Meeting**  
**8 December 2021, 14:00-17:00**