

Minutes of the Meeting of the Council of Governors (In Public)
18 May 2023, 18:00 – 20:00
Hyde Park Room, Lanesborough Wing, St George's Hospital
and via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	ABen
Patrick Burns*	Public Governor, Merton	PBu
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
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Khaled Simmons	Public Governor, Merton	KS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir*	Public Governor, Wandsworth	AQT
In Attendance:		
Ann Beasley*	Non-Executive Director, Vice Chair	ABea
Stephen Collier*	Non-Executive Director	SC
Paul Da Gama	Group Chief People Officer	GCPO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Yin Jones	Associate Non-Executive Director	YJ
Peter Kane*	Non-Executive Director	PK
James Marsh	Acting Group Chief Executive Officer	AGCEO
Andrew Murray	Non-Executive Director	AM
Kate Slemeck	Managing Director	MD
Arlene Wellman	Group Chief Nursing Officer	GCNO
Tim Wright*	Non-Executive Director	TW
Secretariat		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
Apologies:		
Michael Amherst	Public Governor, Rest of England	MA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AAAs
Padraig Belton	Public Governor, Rest of England	PBe
Derek Cattrall	Public Governor, Rest of England	DC
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Jenny Higham	Non-Executive Director	JHi
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Worrall	Appointed Governor, Wandsworth	SW

* Joined the meeting via MS Teams

1.0	OPENING ADMINISTRATION	Action
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting, both those attending in person and those joining remotely via videoconference.</p> <p>The Council of Governors noted the apologies as set out above.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interest.</p>	
1.3	<p>Minutes of the Public meeting held on 16 March 2023</p> <p>The minutes of the meeting held on 16 March 2023 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council of Governors reviewed the action log and noted the following updates:</p> <ul style="list-style-type: none"> • COG.220922.2 Finance Update: The ICS had commissioned a piece of work to look at financial sustainability across South West London (SWL). Ahead of the commissioning of this work, the Trust Board discussed the scope at its private meeting in October 2022 and provided feedback to the SWL APC. 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	TRUST UPDATE AND STRATEGY	
2.1	<p>Group Chief Executive Officer's Report</p> <p>The AGCEO informed the Council of the interim arrangements, whilst Jacqueline Totterdell was on extended leave. He was Acting Group Chief Executive Officer, Andrew Grimshaw would take up the role of Deputy Chief Executive Officer and Ralph Michell would cover some of the portfolio of the Deputy Chief Executive Officer. The AGCEO provided the following updates:</p> <ul style="list-style-type: none"> • <u>IQPR metrics</u> – performance had been challenged. Most of the metrics were improving. • <u>Launch of the new Group Strategy</u> – the Strategy was launched on 15th May 2023. The strategy was on the agenda and would be discussed later in the meeting. • <u>Industrial action</u> – had been an ongoing challenge for staff, operationally. The separate strike action taken by nurses and junior doctors had been managed. There were ongoing ballots for strike action by nurses and consultants. The AGCEO acknowledged the hard work and commitment demonstrated by staff to maintain safe care on the wards. A significant number of outpatient appointments and procedures had been deferred. • <u>NHS Staff Survey</u> – was on the agenda. • <u>Celebration days for staff</u> – The Trust recently celebrated a number of staff days, including international Operating Department Practitioners (ODP) day 	

for theatre practitioners, International day of the Midwife and International nurses day.

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

- Nasir Akhtar (NA) observed that the theatre utilisation was 82% in March, against a target of 85% and queried what more could be done to achieve the target. NA also asked whether there were plans to encourage patients to attend more virtual outpatient appointments which were 21% in March against a target of 25%.
- AGCEO stated that one of the strategic initiatives in the Group Strategy was to continue with outpatient transformation and one strand would be offering a choice of virtual outpatient appointments but focus would be on one stop services, patient initiated follow-up and avoiding outpatient appointments by providing GPs and patients with appropriate advice and support, in the community. He confirmed that virtual appointments referred to telephone and video appointments, although the Trust was mainly providing telephone appointments.
- Regarding theatre utilisation, the MD added that a third metric was used which was the 'bookings per list' which was exceeding the number of bookings in 2019/20. There were a number of theatre suites including the day surgery unit in SGUH and Queen Mary's Hospital (QMH). Work was ongoing around starting on time and managing the theatre time. A productivity theatre group was in place, clinically led by a divisional chair. It was one of the key areas of focus for the Trust. QMH had moved to a positive position. The MD felt that more virtual work could be undertaken and that the right capacity would need to be created. Some patients preferred virtual appointments.
- John Hallmark (JHa) expressed concern regarding the Trust's performance on 12 hours trolley waits and ambulance handover times. The AGCEO confirmed the data was correct and a lot of work was going into improving the trajectory. The MD added that it was a challenge in ED and a similar position to other London Trusts and the rest of the country. The 12 hours trolley waits included patients in Majors B which provided a bed for patients and kept them comfortable. Flow within the Trust was an issue. There was work on reducing unnecessary admissions; same day emergency care; and improving discharge processes. Improvements had been made in March and April.
- Khaled Simmons (KS) queried what the percentage was for the theatre capacity. The MD explained that theatre utilisation was measured in 2 ways, 1) 'capped' was the utilisation time of the theatre within the theatre capacity available and 2) 'uncapped' which included the overrun time.
- Lucy Mowatt (LM) referred to flow in ED and queried whether there had been an improvement in the number of patients not meeting the criteria to reside, since January, which was at 38%. LM also requested more information on the work around avoiding admissions. The MD stated that the data was static and felt it was under reported. The MD added that the Trust was working on reducing the time taken from when a patient does not meet the criteria to reside and discharge. The Trust was working with its system partners to support discharges at the earliest point. Some of the initiatives on admissions avoidance were same day emergency care; frailty service in ED; and a hospital at home service which manages patients at home.

	<ul style="list-style-type: none"> Hilary Harland (HH) requested an update on the backlog in elective surgery. The AGCEO stated that it was an improving trajectory until April. There were 601 patients waiting 52 weeks or more, for treatment; 2 patients had been waiting 78 weeks and there were zero patients waiting 104 weeks. Although industrial action had been a setback, progress was being made. Performance on the Cancer metrics had also improved and the 2 weeks wait for breast was back on track. Julian Ma (JMa) queried how the waiting lists were reduced. The AGCEO explained it was through getting the processes right to be efficient and productive, by improving theatre utilisation; ensuring patients on the waiting list were managed efficiently through pre-operative assessment; ensuring access to the right beds, particularly intensive care by supporting enhanced recovery and ringfencing Intensive Therapy Unit (ITU) beds for complex cases. The Trust was working in partnership with other providers in SWL. Some of the simpler cases were being moved to other Trusts with capacity, in order to free up capacity at SGUH to carry out more complex procedures. The Chairman added that concern about lack of ITU beds had been raised at the Board as an area of high risk. <p>The Council noted the GCEO report.</p>	
<p>2.2</p>	<p>Group Strategy</p> <p>The AGCEO provided an update on the Group Strategy. Changes had been made since the Council reviewed the strategy in March due to the financial context. Although there was a vision on where the Trust wanted to be in 2028, a realistic approach was taken on how much could be invested and what was affordable. The next step was to move to implementing the strategy and making it meaningful. The Strategy would be communicated to staff and would be an ongoing process. The AGCEO met with Site Leadership Teams (SLTs) at SGUH and ESTH and discussed the local improvement priorities. The 6 corporate enabling strategies will be developed over the year. The Group Executives will be the Senior Responsible Officers (SRO) for one of the 9 strategic initiatives. The delivery of the Strategy would be reported through the Board sub-committees and to the Board on a 6 monthly basis.</p> <p>The 4 key themes that make up the CARE acrostic are:</p> <ul style="list-style-type: none"> - Collaboration and partnership – improve processes related to flow. - Affordable care – improve productivity. - Right care, right place, right time – relate to the fundamentals of care, PSIRF. - Empowered and engaged staff – retention and development of staff. <p>The following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> Alfredo Benedicto (ABen) asked if there were any plans to obtain feedback on the Strategy from staff. The AGCEO responded that the Communications and Strategy teams would be undertaking work to get formal and informal feedback from staff. <p>HH was pleased to hear that the delivery of the Strategy would be monitored on a regular basis. HH enquired whether the last 5 year strategy was audited. KS added that the Strategy did not include any measures of success. The AGCEO responded that there were specific metrics and the Group Executives would be held to account. Work was needed on the details of the 9 strategic initiatives, how they would be measured and how assurance would be provided.</p>	

	<ul style="list-style-type: none"> JMa queried whether the Trust needed a strategy. AGCEO stated that a strategy was needed to understand where the Trusts wanted to be in 5 years. There would be some aspects of the Strategy that would be more aligned to one Trust, than the other. <p>The Chairman relayed that the Finance Committee and the Board had spent a lot of time reviewing the finances and affordability of the Strategy. The Board had commended the work carried out by the Director of Strategy and the Strategy team and acknowledged that it had moved the Trust forward.</p> <p>The Council noted the Group Strategy update.</p>	
3.0	ACCOUNTABILITY	
3.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman invited questions to Non-Executive Directors (NEDs):</p> <ul style="list-style-type: none"> Patrick Burns (PBU) raised a query for Stephen Collier (SC) (NED and SGUH Chair of the People Committee) on the decision taken by the People Committee in April, to give the assurance rating of 'good' to the Strategic Risk 8 (SR8) (Culture). PBU questioned the rationale for the rating, given that the staff survey results had revealed that a third of staff did not feel secure in raising concerns about unsafe practice and half of staff were not confident the Trust would address the concerns. PBU asked what progress had been made to justify a 'good' assurance rating. Stephen Collier (SC) responded that strategic risk 8 was about the potential failure to build an open and inclusive culture which celebrates diversity in which staff feel able to raise concerns and staff are empowered to deliver to their best. The People Committee reviewed SR8 in the context of a number of responses to the staff survey and other factors. Highlighting, the survey question, "Would you feel secure raising concerns", for which 68% of staff said they would feel secure to raise a concern he stated that the staff response was 70% the previous year and the Committee had noted the 2% decrease. 32% of respondents did not explicitly say they would not feel secure. The Committee also reviewed the Trust's People Promise "We each have a voice that counts", score of 6.5 against an NHS average of 6.6 and against other Trusts. The Committee felt that there had been no material movement from where the risk assurance was rated the previous year. The Committee was also assured, by the GCPO, that the issues raised in the staff survey would be picked up in the Big 5 areas of focus areas, within the culture programme. The Committee had noted the slight decreases in the number of staff feeling secure to raise concerns and the number of staff not feeling confident the concerns would be addressed and concluded that the risk assurance rating for SR8 risk score should remain at 16. SC would provide a summary note of the response. NA queried whether there needed to be a new approach to culture, given the new Group Strategy. SC explained that there would be a focus on racism, as a standalone item. The culture programme was having an impact and performance was being benchmarked to track how the Trust was moving. The staff survey suggested the Trust was making progress in some important areas where initiatives had been undertaken, whilst noting that some scores had declined in other areas. The Chairman added that the culture programme and the equality, diversity and inclusion set out in the strategic initiatives was building on the work being undertaken and noted that focus was required on race and disability. 	SC

	<ul style="list-style-type: none"> • KS asked Andrew Murray (AM) (NED and SGUH Chair of Quality Committee) about the implementation of the Patient Safety Incident Response Framework (PSIRF) and whether AM had seen any evidence of learning and measuring of the impact on actions taken. AM confirmed that PSIRF had not been implemented yet. The Quality Committee had started to focus discussions on learning. The GCNO added that the Trust was working with SWL as a system and would implement PSIRF at the same time. In the meantime, an overarching action plan for serious incidents had been approved by the ICB. The 2 days training for PSIRF was available for staff. The GNCO was awaiting the implementation date for mid-June and had appointed a Group Lead for PSIRF implementation. • ABen asked AM how assured the Quality Committee was on the improvement of outcomes on the major trauma service and how had the committee assured itself that improvement was on the right trajectory. AM explained that a lot of the actions were agreed at the end of 2022. The committee was assured that the actions addressed the issues raised. The committee had not seen outcome data to confirm the actions were delivering improvement because it was published annually. The committee was assuring itself that the right processes were being followed. The trauma ward was due to open by June. • NA queried what the financial costs and benefits were of working as a Group. ABea stated that the Group was committed to bringing the corporate services together which would see a saving of 10%. The programme would be monitored at the Finance Committee and overseen by the People Committee. It was part of the plan to achieve a breakeven position in the next few years. <p>The Council noted the questions to the NEDs.</p>	
4.0	QUALITY, PERFORMANCE AND FINANCE	
4.1	<p>Annual Planning 2023/24</p> <p>The GCFO reported:</p> <ul style="list-style-type: none"> • 2022/23 – the draft accounts position was consistent with the forecast of £30m deficit and the capital budget had been fully utilised. The draft accounts position was subject to audit which was underway. • 2023/24 – the forecast deficit reported in March had reduced from £65m to £19.9m. The main areas of movement had come from SWL/NHSE support for non-recurrent funding; the Elective Recovery Fund for which funding had been confirmed; and other income mainly sitting with SWL which had been moved to Trusts. • Cost Improvement Plan (CIP) remained at £62m (5.5%). An update on CIP would be reported to the Finance Committee the following week. Not all CIP plans were fully developed. • The overall position remained challenging. The Board Assurance Framework risks were approved by the Board in April. The financial sustainability risk score had moved from 25 to 20. The impact was significant and remained at 5 and the likelihood of failing to deliver the plan was 4 because delivering a £62m CIP plan was a challenge. • The capital risk score remained at 20, given the backlog in maintenance and IT. <p>The following issues were raised and noted in discussion:</p> <ul style="list-style-type: none"> • JHa asked what happened to the deficit of £30m from 2022/23. The GCFO explained that the deficit goes into the cumulative deficit. 	

	<ul style="list-style-type: none"> • HH noted the challenging CIP target of £62m and would be interested to see how the savings would be achieved. The GCFO responded that all aspects of the organisation would be reviewed, looking at productivity, utilisation of resources, theatres, beds, length of stay, endoscopy, procurement (prices), rates of pay, management of rotas and safe staffing levels. A Quality Impact Assessment (QIA) will be required for every CIP scheme that has an impact on clinical services. PA Consulting had been supporting the system and validating the CIP plans. • PA Consulting were also undertaking a second piece of work to help the system achieve a balanced budget by 2024/25. This work would entail further review of elective productivity work, collaboration between clinical support services, length of stay, corporate services, pharmacy and repatriation of services. • Huon Snelgrove (HS) queried how the education contract of £30m was being spent. The AGCEO explained that accurate job planning would be a key enabler in identifying efficiencies. • ABear reported that GESH had been influential in SWL ICS and with NHS England which had resulted in NHSE allowing the Trust to submit a deficit plan. In agreeing a deficit plan, there would be more scrutiny and a triple lock. The Trust would need to monitor cash, grip and control and workforce, particularly agency staff. <p>The Council noted the report.</p>	
<p>4.2</p>	<p>NHS Staff Survey Results 2022/23</p> <p>The GCPO presented the results and reported results were broadly similar to the previous year. This was a similar position for organisations across the NHS. When compared with the 18 Trusts in London, SGUH was average for engagement. Of the 8 People Promises, the Trust scored the same for 5 promises, declined in 2 promises by 0.1% which were Promise 1: We are compassionate and inclusive; and Promise 2: We are recognised and rewarded. There had been an improvement in Promise 5: We are always learning.</p> <p>The most declined scores were:</p> <ul style="list-style-type: none"> - Satisfied with level of pay - was 22%, previous year it was 28%. - If friend/relative needed treatment you would be happy with standard of care provided by the organisation – was 67%, in 2021 it was 71%. It was noted that that 67% was still above the national average. - Last experience of physical violence reported score was 68%, last year it was 71%. - Would feel secure raising concerns about unsafe clinical practice was 68%, 2% down from the previous year of 70%. The average was 71%. - Would feel confident that the organisation would address concerns about unsafe clinical practice – was 51%, in 2021 it was 54% and the average was 55%. <p>A breakdown of the results by protected characteristics revealed that Asian/British Asian responded most positively, followed by black staff, who were above average. Staff with disabilities reported less positively than non-disabled staff. There were a number of actions being undertaken to address this. For sexual orientation, there were some differences between gay/Lesbian and Bisexual and heterosexual staff. However, there was a greater difference in staff reporting less positively who had preferred not to declare their sexual orientation. For gender, non-binary, trans staff</p>	

and those who preferred not to declare reported significantly less positively than male and female staff.

The team was reviewing data at a granular level by identifying the most to least engaged divisions and teams, to learn from them and improve engagement. The Big 5 were the main themes that would be aligned to the staff survey and culture programme.

The following issues were raised and noted in discussion:

- A Ben queried whether the unsafe clinical practice had been triangulated and investigated. The GCNO stated that there were clear processes for staff to identify any unsafe clinical practice. Staff were also encouraged to report to the Freedom to Speak Up (FTSU) Guardian. Clinical incidents and never events were reported. Clinical care was monitored and there were key performance indicators in place. The GCNO was not aware of any areas where specific concerns had been raised.
- HS observed from the staff survey results that just under 50% of staff felt there were no opportunities to develop their careers. HS queried how we learn from it and what was being done to address this.
- Regarding staff reporting high levels of dissatisfaction with pay, Tunde Odutoye (TO) highlighted that key staff who wanted to develop and increase their pay band were leaving the organisation for jobs at higher bands and that their jobs were then advertised at a higher band. TO felt that opportunities should be provided within the organisation. On psychological safety, TO relayed that female staff in clinics had requested alarms in clinical rooms, due to intimidating behaviour from patients. The GCNO is progressing work on responses to violence.
- Responding to HS and TO's queries, the GCPO explained that the talent management process was being developed. The internal hires had improved and was at 40%. The vacancy rate was good at just under 8%. He acknowledged more work was needed on talent management and had recruited someone to take this work forward.
- KS observed that the Trust was less than average when benchmarked with the 18 London Trusts. KS asked whether the question "Last experience of physical violence reported" was interpreted as 68% of staff had experienced physical violence. It was also difficult to conclude without context, whether this was 68% of all staff or 68% of respondents. KS emphasised the importance of accurate reporting, in order to address the issues, and provide assurance to NEDs and Governors. SC clarified it was measuring the percentage of respondents and that we could not deduce that the respondents who did not answer a question 'yes', for example, automatically felt the opposite.
- The AGCEO added that the question around violence was "If you had experienced violence, did you report it".
- GCPO stated that the Trust was in the middle cluster of Trusts with an average engagement score of 6.8%. There had been a discussion about this at the People Committee and the committee was assured that there was a plan in place to improve the position. The committee also discussed why some Trusts were performing better than others and whether learning could be gained.

	The Council noted the NHS Staff Survey results.	
5.0	CLOSING ADMINISTRATION	
5.1	Any other business No items of any other business were raised.	
5.2	Reflections on meeting None discussed.	

Date of next Meeting
Wednesday 26 July 2023, 15:30