

Minutes of the Meeting of the Council of Governors (In Public)
21 April 2021, 15:00 – 17:00, via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
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
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
Shalu Kanal	Public Governor, Wandsworth	SK
Linda Kirby	Appointed Governor, Merton Council	LK
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
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Jenny Higham	Non-Executive Director	JH-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Jacqueline Totterdell	Chief Executive Officer (item 2.1 only)	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive (item 3.1 only)	CFO/DCEO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance/Board Secretary	HOCG-BS
Richard Coxon	Corporate Governance Officer (Minutes)	CGO
Apologies:		
Adil Akram	Public Governor, Wandsworth	AAk
Sandhya Drew	Public Governor, Rest of England	SD
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Basheer Khan	Public Governor, Wandsworth	BK
Parveen Kumar	Non-Executive Director	PK-NED
Tim Wright	Non-Executive Director	TW-NED

		Action
1.0	OPENING ADMINISTRATION	
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting. The Council held a minute's silence for Nasir Javed Khan, Public Governor for Merton, who had sadly passed away on 13 March 2021. On behalf of the Council, the Chairman formally noted the contribution that Nasir had made to the Council and to the Trust during his service as a Governor.</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 16 February 2021</p> <p>The minutes of the meeting held on 16 February 2021 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council received the action log which had only two items, both of which the Council agreed to close:</p> <ul style="list-style-type: none"> • COG.16.02.21/01: A refresh of the Committees of the Council would be undertaken over the summer of 2021. In the meantime, a refresh of the membership of the two Committees had been undertaken. Governors had been asked formally via email to express interest in joining the Committees and appointments had been made in line with the process set out and the requirements of the terms of reference of each committee. • COG.16.02.21/02: The CCAO reported that, as last year, NHS England and NHS Improvement (NHSE/I) had changed the requirements for undertaking the annual audit due to the Covid-19 pandemic. As a result, the auditors would not be undertaking an audit of the Quality Accounts and, as a result, the Council would not be required to select a quality indicator for auditing. 	
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 Trust had treated approximately double the number of Covid-19 patients in wave two as compared with wave one. The number of Covid positive patient currently at the Trust, on both intensive care and in general and acute beds, had fallen significantly since the height of the second wave. • The Trust's vaccination hub had administered 822 vaccines in one day on 12 April 2021, the highest number achieved by the hub in a single day to date. In total, the Trust had administered over 30,000 vaccines as at 21 April 2021. • It was noted that over 80% of staff had received their first does of the vaccine and the campaign to encourage more BAME staff to take up the vaccine had improved take-up. There was still some resistance among certain ethnic groups, and among Black members of staff in particular, to the vaccine and the Trust was working with these groups to understand the concerns that existed and how these could best be 	

		Action
	<p>addressed.</p> <ul style="list-style-type: none"> • At an operational level the Trust had, to date, reopened 22 of its 29 theatres with plans for the remaining theatres to be all open by week commencing the 26 April 2021. The Trust was ensuring that staff were taking sufficient time off to ensure they got a rest after such an intensive period. • It was noted that the urgent care service pilot at Queen Mary's Hospital had been extended for another six months. The Trust's emergency care performance continued to be amongst the best in London and in the top ten nationally. The improvements in the Emergency Department (ED) were the product of hard work and innovating thinking by staff. • There continued to be a major focus on strengthening the culture of the organisation. Following the staff survey results, the Trust planned to define five key areas to focus on over the coming months based on staff feedback. Known as the "Big 5", a dedicated monthly focus on each theme would start next month, with the first month focusing on staff health and wellbeing. It was hoped that this focus on the Big 5 would translate into clear improvements in the next NHS staff survey scheduled later in the year. • There had been new several appointments to senior roles since the Council last met in February 2021. Anne Brierley had been appointed as the Trust's permanent Chief Operating Officer. Julie Scrivens had been appointed as Divisional Director of Operations for the Medicine and Cardiovascular Division and Dr Frances Elmslie had been appointed Clinical Director of the NHS South East Genomic Medicine Service Alliance (GMSA), of which the Trust was a member. • The Trust was pleased to have launched the South West London Procurement Partnership (SWLPP) on 1 April 2021. This brought together the four procurement teams at St George's, Epsom and St Helier, Kingston and Croydon. The joint procurement service was based at St George's but there was a procurement and supply chain presence at each of the four trusts. • The Trust also welcomed the news that St George's University of London had been ranked among the top universities for knowledge-sharing especially in the wake of teams' continued work to help further knowledge of Covid-19 through ground breaking research and clinical trials. • A year on from the start of the Covid-19 pandemic, as part of work to recognise the enormous contribution of staff across the Trust, St George's Hospital Charity had commissioned Derek Francis, a member of the Trust legal team, to create portrait photographs of staff which were now on display around the hospital. A nurse portrait had also featured in lights on Oxford Street. The Trust had benefitted from £198,000 of funding from the Captain Sir Tom Moore via NHS Charities Together funding which would be used for shower facilities and cycle racks for staff. <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 John Hallmark (JH), the Chief Executive reported that the improvements in the Emergency Department had been achieved by the team working closely together to problem solve and develop creative solutions. • In response to a question raised by Khaled Simmons (KS) about using the term 'BAME', it was acknowledged that the Government had recently signalled its intention to stop using this term. The Chief Executive explained that there had been 	

		Action
	<p>discussions with the Trust's BAME staff network about this, and there were mixed views. For the time being, however, the group was content that this term continue to be used.</p> <ul style="list-style-type: none"> • Andrew Grimshaw, Chief Finance Officer (CFO), responded to a question on procurement and explained that items such as disposal gloves could be bought at scale nationally. Other items were sometimes better procured regionally and locally. The new SWLPP provided the Trust and its partners with a better opportunity to buy at scale and link with local sources where possible. • In response to a question raised by Richard Mycroft (RM) about resuming face-to-face Council of Governors meetings, the Chief Executive responded that that it would be challenging to hold face-to-face meetings on site at present for a number of reasons. Specifically, a number of large meeting rooms had been converted into staff rest areas and the Trust lacked the space to hold large meetings while also providing for appropriate social distancing. It was also noted that it could be difficult to hold a 'mixed' meeting, with face-to-face and virtual elements simultaneously as the Trust lacked the technology and meeting space to support such meetings. The Chief Executive also emphasised that while infection rates had fallen, the Trust continued to care for a wide range of vulnerable patients and minimising the number of people on site remained necessary. • Alex Quayle (AQ) reported that the Trust had started letting relatives visit patients who were very ill and on end of life pathways. The Chief Executive noted that there was agreement at SWL level to allow relatives to visit patients where it was possible while ensuring that everyone was kept safe. <p>The Council of Governors noted the report.</p>	
3.0	COLLABORATION	
3.1	<p>Annual Planning 2021-22</p> <p>The Council of Governors received the report from the Chief Finance Officer on Annual Planning for 2021-22. The following key points were highlighted:</p> <ul style="list-style-type: none"> • There were six high-level NHS priorities identified in the national operational planning guidance: <ol style="list-style-type: none"> 1. Supporting the health and wellbeing of staff and taking action on recruitment and retention. 2. Delivering the NHS Covid-19 vaccination programme and continuing to meet the needs of patients with Covid-19. 3. Building on what we have learnt during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. 4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities. 5. Transforming community and urgent emergency care to prevent inappropriate attendance at ED, improve timely admission for ED patients and reduce length of stay. 6. Working collaboratively across systems to deliver these priorities. • It was noted that planning for 2021/22 was taking on a new form, and that planning would be undertaken in two stages with the year having been broken into two parts for planning purposes; the first six month of the year (H1) and the second half of the year (H2). The good news was that for H1 the Trust had the same funding as for the second half of 2020/21. This gave the Trust an opportunity to not only recover but to 	

		Action
	<p>redesign how it worked. This would also give time to think about H2 and 2022-23 plans.</p> <ul style="list-style-type: none"> It was noted that there was a lot to fit into this including both national and local agendas with there being a greater expectation that pressures were managed locally within Integrated Care Systems. There remained a high level of uncertainty about H2 and 2022-23 and clarity was not expected for some considerable time. This would therefore make planning for the second half of the year challenging. The draft plans including activity, workforce and finance would be ready for submission to NHSE/I on 6 May 2021 and the final plan would be submitted in June 2021. <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, the CFO reported that the Chief Operating Officer was capturing learning with clinical staff which should help with capacity and planning. In response to a question raised by Hilary Harland (HH), in relation to workforce planning it was noted that the Trust's vacancy rate was broadly steady at eight to ten percent of total workforce, which was an improvement compared with previous years. There had been a surge of interest in nursing due to Covid-19 and the Trust would be speeding up recruitment time and optimising training capacity where possible. <p>The Council of Governors noted the report.</p>	
3.2	<p>Proposed NHS Legislative Changes: Integration and Innovation White Paper</p> <p>The Council of Governors received the report from Stephen Jones, Chief Corporate Affairs Officer (CCAO), on proposed legislative changes to the NHS as set out in the Government's <i>Integration and Innovation White Paper</i>. The following key points were highlighted:</p> <ul style="list-style-type: none"> The Department of Health and Social Care had published its White paper for NHS reform in February 2021, entitled '<i>Integration and Innovation: Working Together to Improve Health and Social Care for all</i>'. This was the biggest reform of the NHS for ten years, since the Lansley reforms of 2012. The implications of the reforms had been discussed recently by the Trust Board. The legislative proposals set out in the White Paper built on the increasing focus on integration and collaboration that had been developing in recent years, and as set out in the NHS Long Term Plan. Separate consultations had also been launched on reforming NHS procurement and tendering. The planned reforms included putting Integrated Care Systems (ICS) on a statutory basis, comprising an ICS NHS Body and a separate ICS Health and Care Partnership, intended to promote integration within the NHS and between NHS and other bodies. On the current best estimate of potential timescales, which were subject to change, the NHS anticipated the Bill receiving Royal Assent in Quarter four 2021/22 and the changes coming into force from 1 April 2022. When established each ICS NHS body would have a unitary board which would be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body. The ICS Body will take on the commissioning functions of the Clinical Commissioning Groups (CCGs) and some of those of NHS England. However, there would be no powers to direct providers and providers' relationships with the Care Quality Commission would remain unchanged. The ICS would have a new duty to compel providers to have regard to the system financial objectives for mutual 	

		Action
	<p>investment in achieving financial level control at system level.</p> <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • Sarah McDermott (SMD) commented that although the Trust was a leading provider in south west London, the detail of how it would be represented on the ICS NHS Body was unknown. Similarly, it was unclear from where the NEDs on the ICS NHS Body would come . It was acknowledged that some of these governance questions were not yet clear and it was likely that further clarity would emerge during the Parliamentary passage of the Bill. • In response to a question raised by KS on public accountability, it was noted that there was nothing in the White Paper to suggest that the role of Governors and Foundation Trusts would change. It appeared that the Government did not plan to make changes to the role of Governors. KS added that consideration should be given by the centre to the involvement of Foundation Trust Governors in the NHS ICS Body. • In response to a question raised by JH on the Trust's closer collaborative work with Epsom and St Helier (ESTH), it was noted that the work the Trust was undertaking to strengthen its collaboration with ESTH was very much in line with the thinking around integration. Closer collaboration would put both trusts in a stronger position within the Swouth West London Integrated Care System. It was noted that there were six clinical areas with collective waiting lists across SWL which benefited patients. <p>The Council of Governors noted the report.</p>	
4.0	ENGAGEMENT AND REPRESENTATION	
4.1	<p>Membership Engagement Committee Report</p> <p>The Council of Governors received the Membership Engagement Committee report from Richard Mycroft (RM), Committee Chair, and the following key points were highlighted:</p> <ul style="list-style-type: none"> • The Committee had noted the good progress on implementing the quarter four 2020/21 engagement activities and welcomed the Trust utilising virtual resources to continue to engage with members. The Merton Constituency Event had been held virtually on 8 March 2021 and had been attended by 16 members and 10 Governors and this would provide a template for future virtual events during 2021/22. The event had been recorded and uploaded to the membership pages of the Trust's website. It was noted that the virtual members' talks were now recorded and uploaded to the website for those unable to attend. • An update from the Patient Partnership Experience Group (PPEG) had been received. Alfredo Benedicto and John Hallmark attended these meetings, but any Governor was able to join a meeting to observe. • The Committee was keen to move back to face-to-face engagement with members when social distancing restrictions allowed. The Trust was developing proposals to produce a hard copy magazine for members, stakeholders and staff. • It was noted that the Trust was entering the third and final year of current the Membership Strategy (2019-22) and that work would begin in the coming months to review membership engagement and develop a new strategy beyond 2022. 	

		Action
	<p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the report; • Noted the membership engagement plan for quarter four 2020/21 activity; • Noted the membership engagement plan for 2021-22. 	
5.0	GOVERNANCE OF COUNCIL OF GOVERNORS	
5.1	<p>Council of Governors Membership</p> <p>The Council of Governors received the Council of Governors Membership report from the CCAO and the following key points were highlighted:</p> <ul style="list-style-type: none"> • There had been a number of vacancies for appointed Governors following several Governors coming to the end of their terms. Councillor Linda Kirby had been appointed to the Council of Governors by Merton Council and Professor Kathy Curtis had been appointed by Kingston University. The vacancy for St George's University had been widely advertised to identify suitable candidates to replace Dr Fran Gibson. • Following the vacancy left by the passing of Nasir Javed Khan in March 2021, the Trust could either hold an election for the remaining 18 months of Nasir's term of office or ask the person who was runner-up at the most recent election to that seat if they wanted to serve the remaining time. Holding a new election would be expensive, and it was also noted that this would be held very shortly after the November 2020 elections. Going back to the runner-up in the previous election was possible and the individual, Patrick Burns, had been approached and had indicated that he was interested in becoming a Governor, in the event the Council opted to use that process. AB commented that knew Patrick Burns from Mencap and Healthwatch and felt that he would be an asset to the Council. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the nomination by Kingston University of Professor Kathy Curtis to the vacant Appointed Governor seat on the Council previously filled by Val Collington; • Noted that St George's University of London is currently identifying a suitable individual to succeed Dr Fran Gibson as the Appointed Governor on the Council; • Agreed the recommendation that the Merton Public Governor elected seat be filled by offering the seat to the candidate with the next highest number of votes in the most recent election for that seat in line with the provisions in the Trust's Constitution. 	
5.2	<p>Council of Governors Annual Work Programme</p> <p>The Council of Governors received the Council of Governors 2021-22 Annual Work Programme from the CCAO which set out the work plan for the Council for the coming year. The work plan also included the Governor Seminars which would run in parallel with the formal meetings of the Council. The proposed 2021-22 work plan had been extended to cover the spectrum of performance reports to give the Council an opportunity to cover the breadth of performance issues as well as a standing item on the Integrated Care System.</p> <p>The Council approved the report.</p>	
6.0	CLOSING ADMINISTRATION	

		Action
6.1	<p>Any other business</p> <p>There were no items of any other business.</p>	
7.2	<p>Reflections on meeting</p> <p>The Chairman invited reflections on the meeting. AB commented that he felt that there had not been as much of an opportunity to hear from the NEDs at this meeting. It was noted that the particular topics on the agenda on this occasion meant that opportunities to hear from NEDs on specific items were more limited but that the Council Work Plan for 2021/22 that had been agreed provided regular agenda items to which NEDs would speak.</p> <p>The Chairman thanked everyone for their contributions to the meeting.</p>	
	<p>Date of next Meeting 14 July 2021, 14:00-17:00</p>	