

**Minutes of the Meeting of the Council of Governors (In Public)
22 September 2022, 14:00 – 17:30
Wandsworth Professional Development Centre
Building 1, Burntwood School, Burntwood Lane, SW17 0AQ**

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	AA
Adil Akram	Public Governor, Wandsworth	NA
Afzal Ashraf	Public Governor, Wandsworth	AA2
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
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
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Ataul Qadir Tahir	Public Governor, Wandsworth (up to 16.00)	AQT
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
In Attendance:		
Stephen Collier	Non-Executive Director	SC
Parveen Kumar	Non-Executive Director	Pku
Jenny Higham	Non-Executive Director	JH
Pui-Ling Li	Associate Non-Executive Director	PLL
Richard Jennings	Group Chief Medical Officer	GCMO
Tom Shearer	Site Chief Finance Officer	Site CFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Kate Slemeck	Managing Director – St George's	MD-SGUH
Stephanie Sweeney	Deputy Chief Nurse	DCN
Karen Daley	Deputy Chief Medical Officer (Quality)	DCMO(Q)
Secretariat		
Patricia Morrissey	Interim Head of Group Corporate Governance (Minutes)	HoGCG
Joan Adegoke	Interim Corporate Governance Officer	ICGO
Apologies:		
Mia Bayles	Public Governor, Rest of England	MB
Patrick Burns	Public Governor, Merton	PB2
Jenni Doman	Staff Governor, Non-Clinical	JD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Julian Ma	Appointed Governor, St George's University of London	JM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Jacqueline Totterdell	Group Chief Executive Officer	JT
Ann Beasley	Non-Executive Director	AB
Peter Kane	Non-Executive Director	Pka
Tim Wright	Non-Executive Director	TW

1.0	OPENING ADMINISTRATION	Action
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting, and in particular Stephen Worrall who had recently joined the Council of Governors as an Appointed Governor for Wandsworth Council and was attending his first meeting.</p> <p>Apologies were noted as set out above.</p> <p>The Chairman commented that meetings conducted wholly in-person risked excluding Governors who were, for various reasons, unable attend in person. It was suggested that alternating in-person meetings with virtual meetings could be an option to support wider participation. It was also suggested that evening meetings should also be considered. It was agreed that having a range of meeting times on offer throughout the year could support the accessibility of meetings for all.</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 5 July 2022</p> <p>The minutes of the meeting held on 5 July 2022 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council of Governors reviewed and noted the action log.</p> <p>With regards to Action COG.050722.3, the GCCAO explained that the Trust had responded to the Coroner's Prevention of Future Deaths (PFD) Report in relation to cardiac surgery on 1 August 2022. In submitting its response, the Trust had made representations to the Coroner, in line with the Chief Coroner's Publication Policy, that its response be published in the interests of open justice. The Trust had yet to receive a response from the Coroner, but had followed up its request as it considered publication of its response to be in the public interest.</p>	
2.0	TRUST UPDATES AND STRATEGY	
2.1	<p>Group Chief Executive Officer's Report, including an Integrated Care System Update</p> <p>The Group Deputy Chief Executive Officer (GDCEO) presented the report and provided the following updates:</p> <ul style="list-style-type: none"> • The Trust had long a close association with the Queen, who had officially opened the current St George's Hospital site following its move from Hyde Park Corner. The Queen had also opened the South West London Elective Orthopaedic Centre in 2004. The official period of reflection provided the opportunity to remember the Queen's dedication and service, including her affiliation with St George's. • Operational performance in August 2022 had improved, including compliance with the four hour emergency standard which had risen to 79.8% and there had been a reduction in the number of patients waiting 78 weeks for planned care. In line with the challenges seen across the NHS, the emergency care pathway continued to face significant pressures. The Trust, like others, was not currently achieving the Four-Hour Emergency Care Operating Standard 	

and there had been an increase in the number of patients waiting 12 hours in the Emergency Department (ED).

- The Urgent Treatment Centre (UTC) was now open and provided a purpose-built area close to the ED that would support capacity for treating urgent cases.
- Cardiac Catheterisation Laboratories three and four were now operational, and Laboratory five remained on track to open shortly.
- The recent heatwave had created additional operational challenges. Areas of the estate were not designed for intense hot weather and this had led to difficult conditions for both staff and patients. Valuable learning around the integrated communications plan used during the heatwave would be used to form a winter plan and would underpin the planning already commenced.
- The launch of the Values-Based Behaviours guide for staff had taken place and this described how all staff could live the St George's values of Excellent, Kind, Responsible and Respectful. A total of 30 Culture Champions had been appointed from SGUH staff to support this work.
- The South West London Integrated Care System has continued to develop since its launch on a statutory basis on 1 July 2022 and St George's continued to be an active partner in the ICS. The GCEO is a member of the Integrated Care Board and is the lead chief executive for the South West London Acute Provider Collaborative. The Managing Director for St George's is part of the local cross-sector leadership teams in Wandsworth and Merton.

The following issues were raised and noted in discussion:

- In response to a question regarding the interface between the ED and the UTC, the GDCEO and MD-SGUH explained that the UTC would assist with mitigating the pressures on the ED by treating patients with lower acuity. Primary Care clinicians were working in the UTC and the skills mix within the Centre was vital to its success in helping to prevent unnecessary admissions to hospital and ensuring that patients received the right care at the right time in the right place. The launch of the UTC had been a success, but the Trust was conscious about the risk it could be overloaded in terms of demand and steps were being taken to ensure its use was promoted appropriately. The Chairman also highlighted that the Trust's ED was one of the best performing EDs in the country and the second best performing in London.
- In response to a question about what more could be done to reduce delays with discharging patients who did not meet the criteria to reside, the MD-SGUH responded that action to work in more of an integrated way across the system was continuing but that there remained challenges with finding support for patients with higher acuity and more complex needs, including mental health patients. A key focus was trying to support frail and elderly patients to remain at home, when appropriate, working with primary care partners to develop new care pathways suitable for an aging population with more complex needs.
- In response to a question about activity levels, the GDCEO informed Governors that a significant number of outpatient appointments were not adding value and that closer working with GPs and patients would be undertaken to develop new pathways rather than to fall into a pattern of repeated appointments. In relation to breast cancer new efficiencies meant that in a single appointment a patient could have a scan, meet with a

	<p>consultant and have a biopsy, delivering in a single visit what used to take three appointments. Theatres was another area where further optimisation was required to increase activity levels from 70% to 85%.</p> <ul style="list-style-type: none"> • In response to a question about diagnostic delays, the GDCEO confirmed that 10.9% of patients were waiting more than 6 weeks for a diagnostic test against a target of 5%. The Trust was not where it wanted to be in relation to this and staffing challenges, such as those in gynaecological ultrasound, had in part impacted on the Trust's ability to meet the volume of tests required. He also explained that dermatology referrals had peaked in the summer months with an increase of 120% against the baseline. In order to meet this demand a tele-dermatology pilot was being developed to offer advice to patients without seeing them in the hospital. Delays in urology were linked to a group of patients with complex needs. • In relation to equality and Inclusion and the forthcoming launch of wearing 'See Me First' badges, it was noted that a supporting communications plan would be helpful to ensure that everyone understood the rationale for wearing the badges. • In relation to comments about the on-going challenges of climate change and the potential for regular heatwaves, the GDCEO and MD-SGUH explained that the estates plan would be revisited and that there would be a need to prioritise work in ward spaces and clinical areas but that there was limited capital resource available. The existing heat plan would be reviewed annually in accordance with established practice. • In response to a question regarding the ICS and forthcoming changes in the arrangements for specialised commissioning, the GDCEO noted that devolution of specialised commissioning in certain specialities from April 2023 if approached in the right way could help to improve flow and provide more control over effective ways of working. The Trust's relationships with the other acute providers in SWL were good and the ways of working with the ICS were continuing to develop. <p>The Council noted the report.</p>	
<p>2.2</p>	<p>Developing a new Group Strategy</p> <p>The GDCEO presented the report on the development of the new Group Strategy for the St George's, Epsom and St Helier University Hospitals and Health Group (GESH) which was intended to take effect from April 2023 and invited the Council to consider the key themes emerging from the engagement undertaken to date with staff, patients and partners. It was noted that the current SGUH strategy had been published in 2019 and the ESTH strategy in 2020, and that the world had moved on significantly both in terms of the pandemic and the financial context.</p> <p>The following issues were raised and noted in discussion:</p> <ul style="list-style-type: none"> • It was suggested that the new strategy should evolve from, and build on, the current SGUH strategy, notwithstanding that the world had very much changed since the previous strategy was developed. • It was also suggested that when the new strategy is published that there should be some communication about the previous strategy and what had been achieved. The GDCEO confirmed that the new strategy would be a living document and that the Board would monitor its implementation plan. 	

	<ul style="list-style-type: none"> • The ICS would be developing its own strategy and the GESH strategy would be cognisant of this and there would need to be an appropriate balance between organisational ambitions and the complex landscape at system level. • The GDCEO highlighted the choice that the organisation would consider in relation to health inequalities and GESH as an anchor institution using the organisations assets and resources to influence the health and wellbeing of the local community. • In response to a question around the terminology used, the Chairman noted that the term 'strategy' was being used as it had been used previously and that it was important to focus on gaining clarity about what the Trusts wanted to achieve. <p>The Council noted the update and welcomed having the opportunity of having a dedicated seminar to contribute to the development of the strategy in the coming months.</p>	
3.0	ACCOUNTABILITY	
3.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman invited questions to Non-Executive Directors (NEDs).</p> <p>Richard Mycroft, Public Governor, South West Lambeth, asked about the use of agency staff, including on-boarding processes, to ensure that when working for the Trust these members of staff worked in ways aligned with the Trust's values and behaviours. Stephen Collier, Chair of the People Committee, explained that where gaps in rotas were filled with bank staff, the costs were similar to those of substantive staff and did not incur agency fees. When agency staff were used to fill shifts this was either 'on framework' with financial limits in place, or 'off framework' where there were no specified financial limits; the use of 'off framework' arrangements was kept to a minimum and only used for specific specialities and hot spot areas. He noted that over the last four months agency spend had reduced while bank spend had increased, and that this was the right trend. In terms of induction, Stephen Collier noted that two thirds of bank staff were already Trust employees and as such fully inducted. Inductions were arranged for all other staff filling rota gaps in shifts in line with the CQC requirements. There had been no clinical incidents where a lack of induction was a contributory factor. The Deputy Chief Nurse also noted that efforts to recruit new staff were continuing and that nurse vacancies were currently below trajectory at 8%.</p> <p>Richard Mycroft also asked about the Committees-in-Common arrangements and the experience six months in to the new ways of working. In response, the Chairman acknowledged that although there was some early teething issues overall the quality of the papers presented to the Committees had improved and that the ability to of the Committees to compare and contrast performance across SGUH and ESTH often led to a better quality discussion in the meetings. Parveen Kumar noted that the Quality Committee papers were gradually being brought together in joint papers making it clear where learning could be shared. Pui-Ling Li echoed the comments and noted that the discussions at Quality Committee had become richer as the new arrangements embedded. Stephen Collier reflected on the additional work for the NEDs and Execs and noted the challenge of creating time to follow-up on Trust specific issues, as well as the need to also consider performance across SWL not just across the Group. The GCCAO noted that it was envisaged at the outset that the Committees-in-Common approach would take time to embed, but while it was undoubtedly the case that there was scope for further improving the way in which the</p>	

	<p>Committees operated, there were clear benefits from the arrangements and an increasing focus on assurance. The Chairman invited further comments from Governors and in response it was noted that the additional papers created extra work for Governors observing meetings, that too much information was being presented to the Committees and that some attendees contributed at meetings when it was not necessary adding to the length of the meetings. The Chairman noted that the chat function in on-line meetings could be used by attendees as a means of contributing as opposed to waiting to speak.</p>	
4.0	QUALITY, PERFORMANCE AND FINANCE	
4.1	<p>Integrated Quality and Performance Report (Patient Safety and Quality Focus)</p> <p>The Deputy Chief Nurse (DCN) introduced the report that was based on August 2022 data, and the following points were highlighted:</p> <ul style="list-style-type: none"> • In relation to Covid-19, the Trust had moved away from swabbing all patients attending hospital for planned operations and procedures to swabbing only those that were immunosuppressed or had Covid-19 symptoms. • Between April and August 2022 there had been a total of 32 cases of <i>C. difficile</i> infection. This was a significant number and the rise in infections was also being seen at other teaching hospitals in London. Deep dives had taken place in relation to 29 cases to ascertain what might be driving the trend and there was nothing found linking the cases. • MRSA bacteraemia was reported from a blood culture taken from a patient on CTICU. The patient had no previous admissions to St George's and it had been established that the source of the infection was not at the Trust and was thought to be linked to treatment elsewhere prior to admission. The Trust was working with the Trust which had provided care to this patient prior to admission to SGUH. • Staffing within maternity remained extremely challenging across the month with vacancies, sickness absence and Covid isolation continuing. However, there was a strong pipeline of midwifery candidates coming through in September and October which would reduce the vacancy rate. • Long waits in the Emergency Department continued to impact on its Friends and Family Test results and focus had been placed on supporting patients waiting with the provision of additional staff and making food and drinks more readily available. • In response to a question about student midwifery placements and maintaining this a route for filling vacancies, the DCN acknowledged that this was something that could be looked at as there were not as many students coming through training. However, Governors were assured that St George's was considered to be a good place to work by the midwifery community. • With regards to the Friends and Family test it was suggested that the Trust could helpfully publish a 'you said/we did' communication showing action taken in response to the feedback. The DCN agreed that the actions could be made clear on the Friends and Family board already in use and that the PSQG would also consider how this could be communicated. <p>The Council of Governors noted the report.</p>	DCN

<p>4.2</p>	<p>New Patient Safety Framework</p> <p>The Deputy Chief Medical Officer (Quality) (DCMOQ) introduced the paper, which provided a high-level briefing and update on the new Patient Safety Incident Reporting Framework (PSIRF) outlined in the national Patient Safety Strategy.</p> <p>In response to a question about the regular reporting of incidents, the DCMOQ explained that the paper focussed on the future arrangements but that in meantime current reporting continued to the Quality Committee and that the number of Serious Incidents was stable. Future reporting would involve less detail about individual cases but would focus on learning and include more triangulation of information from different sources, including from complaints, friends and family test and litigation.</p> <p>In response to a question about the reporting of near misses, the DCMOQ explained that currently near misses were managed at a local level but that the new framework would cover a wider remit and the new patient safety strategy would support a culture where staff feel able to speak up and raise concerns, including in relation to near misses. The GCMO also noted that there were now more instances in which staff raised safety concerns to the Freedom to Speak Guardian and this was positive. He also reiterated that the 44 departments at SGUH had structured ways to review when things had gone wrong and the leadership in the organisation was leading the way to foster the psychological safety necessary to talk about errors.</p> <p>The Council noted the report.</p>	
<p>4.3</p>	<p>Patient Experience Annual Review</p> <p>The DCN introduced the Patient Experience Report for the period 1 April 2021 to 31 March 2022, and the following points were highlighted:</p> <ul style="list-style-type: none"> • Following a 6-month vacancy, a new Head of Patient Experience and Partnership had been appointed and the Trust's patient experience work was back on track. • The Trust received 59,044 responses to the Friends and Family Test (FFT), an increase of 38% on the previous year. • More work would be done on communicating actions in response to feedback via 'you said/we did' style communications, including in relation to complaints. • The Patient Partnership Engagement Group (PPEG) had met following a pause to refresh, recruit and re-energise. A total of 7 Patient Partners had been appointed to the Group. <p>During discussion, it was noted that the newly reinvigorated PPEG should be given the full support necessary to thrive to avoid the disillusion that the members of the original PPEG had felt.</p> <p>In response to a question about the drop in FFT recommend scores in the Medicine and Cardiovascular Division, the DCN explained that the division was very large and included the emergency department and senior health, and had been very pressurised during the pandemic which had impacted on the drop in scores. Pre-Covid values and behaviours were returning and nurse managers were going back to the floor every Friday in an effort to improve patient satisfaction.</p>	
<p>4.4</p>	<p>Finance Update</p> <p>The GDCFO presented the report, and the following points were highlighted:</p> <ul style="list-style-type: none"> • The Trust was reporting a deficit of £21.5m at M4, which was £4.5m adverse to plan. There are significant risks to delivery in the second half of the year 	

	<p>and achieving breakeven will be a huge challenge. Weekly senior team meetings focussed on financial and productivity improvement had been in place for a few months and it was expected that benefits would start to be realised over the coming weeks. Monthly Trust Management Group meetings were taking place focussing on financial delivery, improvement, productivity and efficiency, including operational efficiency.</p> <ul style="list-style-type: none"> • A medium term improvement plan was in development at Group level, looking at maximising the benefit of closer working within the Group and wider SWL system. • Given the deficit position a Cash management plan was in place to ensure the cash position can be managed pending agreement externally of cash funding to support any reported deficits. • The governance around savings programmes had been strengthened, to ensure Quality Impact Assessments (QIAs) have been completed for key schemes to ensure quality and safety is not compromised. There were likely to be difficult and challenging decisions ahead and the support and buy-in of clinical colleagues would be vital. <p>In response to a question around energy and inflation costs, the GDCFO explained that the planning process had been based on an inflation rate of 2% but national funding had been granted to cover the inflationary pressures. While the Trust was protected in many of its contracts against price rises, the inflationary pressures were a significant risk for 2023/24. The financial risk was reflected on the Trust's Corporate Risk Register with a score of 25, the highest score. Difficult decisions were going to be required at a time when the Trust was already facing operational pressures.</p> <p>The Chairman also flagged that the Acute Provider Collaborative had commissioned a piece of work to look at financial sustainability across SWL and that the ESTH and SGUH Boards would shortly be asked to approve the Terms of Reference for this work. The Governors requested further updates on this work, as required.</p> <p>In response to a question regarding the reporting arrangements for the Trust, the GDCFO explained that the Trust reports to the SWL Integrated Care Board and through this to the NHS England London Regional Team. The Chairman also noted that the Board was actively monitoring the financial situation and pressing for more efficiency.</p> <p>In response to a question about the new hospital due to be built in Sutton, the Chairman confirmed that ESTH was still waiting to hear the outcome of the decision. The GDCEO confirmed that HM Treasury had agreed to the separate new renal build, although the letter confirming the decision was still awaited. In the meantime, collaborative working across the Group could deliver both patient and financial benefits. Clinical immunology lab services had moved from ESTH to SGUH and there were opportunities of scale to be explored across pharmacy services, as well as cardiology and urology.</p> <p>The Council noted the update.</p>	GCFO
5.0	COUNCIL OF GOVERNORS - GOVERNANCE	
5.1	<p>External Auditor Reports 2021/22</p> <p>The Council noted the External Audit Findings Report and Value for Money Report on the Trust's 2021/22 financial accounts, which had been approved at the Trust Board in June 2022.</p>	

<p>5.2</p>	<p>Council of Governors Learning and Development Programme</p> <p>The Group Chief Corporate Affairs Officer presented the paper which set out the results of the Governor skills, training and development survey undertaken in September 2022 with a view to informing the development of a new Governor training and development programme, and highlighted that:</p> <ul style="list-style-type: none"> • Overall, a total of 14 Governors responded to the survey, and of this: <ul style="list-style-type: none"> ○ 73% of Governors felt they had a good understanding of the role of the Council in the overall governance of the Trust. ○ 61% of Governors felt the Council was effective in holding the NEDs to account for the performance of the Board. ○ 98% of Governors felt the Council was effective in representing the interests of members and the public. ○ 50% of Governors felt they had a good understanding of the development of ICSs and the South West London ICS in particular, although. • Wider issues provided in the feedback included: <ul style="list-style-type: none"> ○ The importance of undertaking site visits. ○ The desire to engage with NEDs outside formal meetings. ○ The challenges faced by some Governors in attending in-person meetings and the risk of excluding some Governors by not holding hybrid meetings. ○ Desire to resume Meet Your Governor events. ○ The importance of case studies from other trusts where Governors worked effectively. <p>In response to a question regarding the provision of resources and facilities to communicate with members in their constituencies, including member email addresses, the GCCAO noted that there was a dedicated membership email address, which was publicised on the Trust's channels, to which any constituents could ask questions or raise issues, which would then be communicated to the local Governors. In terms of engagement with members more generally, the GCCAO flagged that the development of the new engagement strategy was intended to include a suite of engagement activities.</p> <p>The Council agreed to use the key areas for skills and knowledge-based training to develop a comprehensive training and development programme for the balance of 2022/23. Opportunities for member engagement would also be pursued through the forthcoming Membership and Engagement Committee.</p>	
<p>6.0</p>	<p>CLOSING ADMINISTRATION</p>	
<p>6.1</p>	<p>Any other business</p> <p>The GDCEO updated the Council of Governors on the availability of flu and Covid vaccinations at St George's. The GDCEO explained that both vaccines were available to staff and that a dedicated communications campaign had been rolled out to support the uptake of vaccinations. The GCCAO added that flu vaccinations would be available at the forthcoming Annual Members meeting.</p>	
<p>6.2</p>	<p>Reflections on meeting</p> <p>SW noted that he was impressed with the discussion and debate at the meeting and that this was compared very favourably to his prior experience as a Governor at another Trust.</p>	

	<p>The Chairman reiterated the concerns from some Governors that having wholly in person meetings risked excluding some members of Council. The option to alternate with wholly in person or wholly virtual meetings had been suggested previously. The Trust would explore the possibility of holding the next Council meeting in the evening and would also explore the feasibility of using a University meeting room which could support hybrid meetings.</p>	<p>GCCAO</p>
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Meeting ended: 17.00

**Date of next Meeting
18:00 – 20:00, Thursday 8 December 2022**