

**Minutes of the Meeting of the Council of Governors (In Public)**  
**22 November 2023, 14:00 – 16:30**  
**Hyde Park Room, Lanesborough Wing, St George's Hospital**  
**and via Microsoft Teams**

Name	Title	Initials
<b>Members:</b>		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	ABen
Patrick Burns*	Public Governor, Merton	PBu
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JHa
Hilary Harland	Public Governor, Merton	HH
Lucy Mowatt	Public Governor, Wandsworth	LM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
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
Stephen Worrall*	Appointed Governor, Wandsworth	SW
<b>In Attendance:</b>		
Ann Beasley	Non-Executive Director, Vice Chair	ABea
Andrew Grimshaw	Group Chief Finance Officer	GCFO
George Harford	Deputy Chief Finance Officer	DCFO
Natilla Henry	Site Chief Nursing Officer – SGUH	Site CNO
Jenny Higham	Non-Executive Director	JHi
Yin Jones	Associate Non-Executive Director	YJ
Peter Kane*	Non-Executive Director	PK
Deirdre LaBassiere	Deputy Director of Corporate Governance	DLB
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Kate Slemeck	Managing Director – SGUH	MD-SGUH
Arlene Wellman	Group Chief Nursing Officer	GCNO
<b>Secretariat</b>		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
<b>Apologies:</b>		
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
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Shalu Kanal	Public Governor, Wandsworth	SK
Julian Ma	St George's University of London	JM
Andrew Murray	Non-Executive Director	AM
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Tim Wright	Non-Executive Director	TW

\* *Joined the meeting via MS Teams*

<b>Feedback from Governor visits</b>	<b>Action</b>
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**Feedback from visits to various parts of the site**

The Chairman explained that, as previously discussed at the Council of Governors, a new programme of visits across the hospital site had been put in place and a number of these had taken place over the past two months. Over the course of October and November 2023, Governors had visited: paediatrics wards, theatres, and neurology.

Paediatric wards: Sarah Forrester (SF) provided feedback on her visit to a number of the Trust's paediatric Wards on 18 October 2023 and provided some reflections on her visit. SF reported that she had been the only Governor on the visit and had been taken around the wards by the Matron. The public consultation on the future of paediatric cancer services was discussed with staff, who had expressed concern that the process would drag on for a long time and result in the transfer of services which would not be in the interests of children with cancer. Staff were very positive about the team-working and the services they provided. Staff commented that if paediatric cancer services did move out of the Trust, it was highly likely the Trust would lose some key members of staff. Matrons had talked about the frustrations and stresses of working in leadership roles. They said they felt they needed more support from HR when seeking to deal with poor performance. SF stated that she was surprised to learn that the Trust had young people with mental health issues sectioned on a ward. The staff were dealing with challenging behaviours and there was a high staff turnover on the ward. The Chairman thanked SF for her observations and explained that the Board was very aware of the mental health issues she had highlighted on one of the paediatric wards. MD-SGUH added that the majority of patients that attended the emergency department (ED) with mental health issues were in the department mainly for mental health reasons rather than as a result of physical health needs and the Trust was working closely with the mental health trust in relation to this.

Theatres: Alfredo Benedicto (ABen) reported back on the visit he, Richard Mycroft, John Hallmark, and Huon Snelgrove had undertaken to theatres on 2 November 2023. ABen commented that the level of cleanliness and tidiness was good, despite equipment that needed to be stored in corridors. Governors reported that felt welcomed by staff, observed a stable and skilled team, and commented that the visit had been very positive. The configuration of Theatre 7 in St James' Wing was highlighted as being constrained. Governors had met the surgical admissions team who were positive and enthusiastic. The team raised issues about all patients being asked to arrive at 7am, even though some of the procedures would not take place until much later in the day, which was seen as causing a level of anxiety and frustration for the patients. There were delays with discharges mainly due to waiting for medication from pharmacy. In cardiac theatres, staff had commented on the impact of the reduction in surgical procedures and the impact of this on the morale of staff but activity had since increased. The MD-SGUH acknowledged that theatre capacity was constrained and Theatre 7 was not ideally configured. Given the resource constraints, the key was ensuring the activity in Theatre 7 was suitable for the environment. The MD-SGUH said that she would pick up the issue of all patients arriving at 7am as it was good practice to stagger arrivals, otherwise some patients would be fasting for a long time. Likewise, she agreed to follow up on the issues raised in relation to pharmacy, which was a wider issue. In relation to the points raised in relation to the visit to cardiac theatres, the MD-SGUH explained that a lot of work was happening in cardiac surgery with the MD meeting the senior team on a regular basis and focusing on how activity could be increased. Lists were increasing and an enhanced care unit had been created to step down patients from the Intensive Treatment Unit.

Neurology: Richard Mycroft (RM) reported on the visit he, John Hallmark (JHa) and Hilary Harland (HH), had undertaken to Neurology on 21 November. He commented that the scheduling for the visit worked well but the visit itself had overrun. Governors

	<p>had been shown around by the Clinical Director and Head of Nursing and had spoken with other staff and patients. They had visited a range of wards and units in Atkinson Morley Wing and Lanesborough Wing. Staff had told Governors they felt there was good team working with good cross disciplinary working relationships. Governors heard about some gaps in nursing but that also that there were no concerns in relation to turnover. Retention of medical staff was also good. Staff had commented on the pressures associated with bed occupancy. Staff had commented that there was good support for nurses dealing with challenging patients. Staff also commented that speaking up was encouraged in team huddles. Patient flow was an issue and the bed manager was working hard to facilitate discharges. Delays were often due to transfers and the availability of care packages provided by social services. Cleaning was raised as an issue with a suggestion there was a disparity in cleaning resources between wards. A broken fire door was highlighted, which had been reported to the estates team. Hilary Harland added that the teamwork Governors had witnessed was inspirational, that morale was high, and that staff were smiling and happy. The Chairman noted that the broken fire door and issue with cleaning would be picked up. The Chairman suggested that it may be helpful to plan a briefing to Governors on ward accreditation across the Trust.</p> <p>Sarah Forester enquired about the purpose of Governor visits and how the issues identified were triangulated with other issues that arise at Board, Board Committees or otherwise raised by Non-Executives. She added that she had participated in Governor visits in the past but had never been asked to provide feedback and commented that she welcomed this and felt it was a good idea. The Chairman responded by explaining that Governor visits were intended to help Governors fulfil their role by being able to see the services provided by the Trust, to engage with and speak to staff, and provide a perspective on the hospital that, naturally, could not come through papers to the Council. Governor visits were a mechanism used by a number of Trusts as part of Governors' ongoing development and understanding, and to support Governors in discharging their dual roles of holding the non-executives to account for the performance of the Board and representing the interests of members and the public. An active programme of visits had been scheduled across the year which sought to ensure a broad coverage of the services provided. Where Governors had an interest in visiting an area not on the schedule, suggestions could be incorporated into the forward plan.</p> <p>Sandhya Drew (SD) commented that the independence of Governors from the Trust needed to be preserved in undertaking visits and expressed concern with Governors being accompanied on visits by a member of the governance team. The Chairman explained that Governors were an important part of the Trust's governance, and were not independent of the Trust. Visits were arranged as one of the various mechanisms to support governors in discharging their statutory duties. The governance team was responsible for ensuring that the Council of Governors was supported effectively, it planned the programme of Governor engagement, and attendance was intended to ensure any feedback and actions emerging from visits were captured and taken forward.</p> <p>It was agreed that it would be helpful to schedule a discussion on Governors visits once the newly elected Governors had joined the Trust.</p>	<p><b>GCCAO</b></p>
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1.0	OPENING ADMINISTRATION	Action
1.1	<p><b>Welcome and Apologies</b></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>	

<p><b>1.2</b></p>	<p><b>Declarations of Interest</b></p> <p>There were no new declarations of interest.</p>	
<p><b>1.3</b></p>	<p><b>Minutes of the Public meeting held on 20 September 2023</b></p> <p>The minutes of the meeting held on 20 September 2023 were approved as a true and accurate record, subject to the following amendment:</p> <ul style="list-style-type: none"> <li>In section 2.1 p.4, bullet 2, replace 'In relation to PSIRF [Patient Safety Incident Response Framework], KS sought assurance that the learning identified and solutions to be implemented would be effective', with 'KS asked what progress had the Trust made in relation to implementing the PSIRF requirement that those responsible for implementing improvement solutions must establish procedures to monitor actions and determine whether they are having the desired affect with both outcome and process measures.'</li> </ul>	
<p><b>1.4</b></p>	<p><b>Action Log and Matters Arising</b></p> <p>The Council of Governors reviewed the action log and noted the following updates:</p> <ul style="list-style-type: none"> <li><b>COG.200923.1 Maternity Services Update:</b> Provision of the terms of reference for the quality governance review to the Council of Governors. The terms of reference for the quality governance review had already been shared with the Council of Governors and were included in the papers for the Council of Governors meeting on 26 July 2023. The terms of reference had been recirculated to all Governors ahead of the November meeting. The Council agreed to close the action.</li> <li><b>COG.260723.3 Integrated Quality and Performance Report (IQPR highlights):</b> Item on theatre utilization to come to a future meeting following discussion at the Finance Committee. This has been added to the Council of Governors forward plan.</li> </ul> <p>RM raised the issue of membership engagement and commented that an update on the issue was not on the agenda. The Chairman commented that the Governors Membership Engagement Committee had been without a Chair for some time which had impacted on the momentum behind membership engagement. Expressions of interest from Governors had been sought to chair the Committee, but no Governors had put themselves forward to chair on an ongoing basis. In the absence of a Committee Chair, the GCCAO had chaired a number of the Committee meetings but it was important that a Governor took on this role as this was a core part of the role of Governors to engage with their constituents. The Chairman noted that a large turnover in Governors was anticipated through the forthcoming elections and proposed that new expressions of interest from Governors in becoming members of and chairing the Committee be undertaken following the next Council meeting.</p> <p>The Chairman updated the Council of Governors on the elections to the Council. Nominations had closed on 10 November 2023. Elections would be held in all constituencies where there were more than the minimum number of nominations. Where the number of nominations received was the same as the number of vacancies, nominees would be elected on an uncontested basis. Voting would open on 30 November and would close on 20 December 2023. The results of the elections would be validated by the Independent Returning Officer and would be announced as soon as possible thereafter. All newly elected Governors would commence their terms of office on 1 February 2024.</p> <p>The Chairman and Council acknowledged and thanked Hilary Harland for her outstanding commitment to the Trust for all 3 terms (9 years in total) and Richard</p>	<p><b>GCCAO</b></p>

	<p>Mycroft for his two terms as Governor, including as Lead Governor for the past three years. The Chairman also noted that Adil Akram, Derek Catrall, Shalu Kanal, Tunde Odutoye, and Alex Quayle would not be standing again and thanked them for their valued commitment and contributions over the years.</p>	
<p>1.5</p>	<p><b>Chief Executive Officer's Report</b></p> <p>The GDCEO provided the following updates in the absence of the GCEO:</p> <ul style="list-style-type: none"> <li>• <u>Winter plan</u>: Operational pressures on the Trust were high as winter approached and, as usual, winter plans had been developed to help address these pressures and keep patients safe. There were particular pressures with the number of patients with mental health needs attending ED and work was being undertaken with the local mental health trust and wider system partners to address this.</li> <li>• <u>Organisation culture</u>: A leadership event for the 100 most senior leaders across the hospital group had been held on 14 November, the first in a series of such events which were planned with the purpose of developing an effective leadership community across the Group's sites. The first meeting had a focus on culture and the development of the organisation and the role of the leadership community in this. The GDCEO also noted that the NHS Staff Survey had recently commenced with results expected in January.</li> <li>• <u>Paediatric Cancer Services consultation</u>: The consultation on the future of paediatric cancer services was currently live and would close on 18 December. Governors had been briefed on the proposals from NHS England. A QR code had been provided to Governors to access the consultation.</li> <li>• <u>Finance</u>: Financial plans had been updated and submitted to the South West London (SWL) Integrated Care Board (ICB) on 21 November 2023.</li> <li>• <u>Awards</u>: The St George's gardens team had been recognised with three awards by the London Gardens Society in October 2023.</li> </ul> <p>The Chairman invited questions and comments from Governors, and following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> <li>• Sandhya Drew (SD) asked how satisfied the Trust was that the winter planning included effective measures in relation to infection control. The GCNO explained that there were plans in place in relation to infection prevention and control (IPC) and that this was monitored very closely. IPC measures were integrated into plans for winter but there was not a need for a stand-alone winter IPC plan. The Quality Committee was responsible for overseeing IPC arrangements and received regular updates, as did the Board.</li> <li>• Sarah Forrester (SF) queried whether additional funding for winter would be provided and whether this would increase capacity in South London. The GDCEO stated that the funding would be focused on different ways of working, for example supporting out of hospital care, virtual wards and community care. The winter planning reports were going through the Committees later in November so that the Board could be assured on the plans. The MD-SGUH added that c.£3m had been provided for winter. New investment had gone into integrating the transfer of care team, working with health and social services to plan discharges earlier in the process, as well as same day emergency care, virtual capacity and hospital at home.</li> </ul>	

- Nasir Akhtar (NA) asked about the impact of the mental health right care, right person initiative on the Trust. The MD-SGUH explained that the initiative had only been in place for a few weeks and mainly related to patients who were brought in to the Trust by the police or when a vulnerable person absconded. Anne Beasley, who in addition to her role as Non-Executive at the Trust was also the Chair of the South West London and St George's Mental Health NHS Trust, relayed that SWL had a number of initiatives in place, including a pilot of '111 press 2 for mental health'. A Section 136 hub had been introduced and police were ringing the hub which was resulting in patients not detained under the mental health act being diverted away from health based place of safety. The scheme was still in its early stages.
- Huon Snelgrove (HS) queried what was meant by a 'place of safety' and what the limit was for it. The MD-SGUH explained that the Trust can be a place of safety for people whose social care packages had broken down, as well as for people with mental health issues and homeless people with a healthcare need.
- John Hallmark (JHa) enquired whether ED being open 24 hours a day was contributing to receiving mental health patients and whether the mental health Trust had an out of hours service. The MD-SGUH confirmed there was an out of hours service, such as a crisis line. The GDCEO added that sometimes there were complex physical and mental health presentations and close working with the mental health Trust.
- NA queried whether there were any insights that could be offered at this stage from the GESH100 event. The GDCEO explained that the feedback from the event was currently being collated and that the Group Executive would review the feedback on 28 November 2023 and would consider how it would be taken forward. Staff had welcomed the opportunity to get to know colleagues in an informal way across the Group and the day had been a positive one, with good initial progress made towards developing a leadership community.
- Lucy Mofatt (LM) asked whether there was an update on the work to strengthen organisational culture since the last meeting in September. The GDCEO stated that the NHS Staff Survey was currently underway and was due to close on 24 November 2023. The current response rate was disappointing at 34%. The national average response rate was 43%. Posters on "You said, we did" described what the Trust was doing in response to the themes from the last staff survey results and were displayed around the Trust. The Trust also had in place a "Big 5" programme, which sought to take the main themes emerging from the staff survey and ensure progress was made in these areas. A lot of work was currently being taken forward in relation to civility and psychological safety, one of the strands of the Big 5.
- SD queried whether the staff survey results could be disaggregated to unit/ward level, to enable triangulation of culture and engagement. The GDCEO explained that data could be disaggregated where there were up to 11 or more responses within an area. The Trust receives an overall Trust score and comparison against the national mean, which is usually received in January or February though a publication embargo is typically in place until early-to-mid March. The Trust subsequently receives the full detailed breakdown which enables this team-level analysis, which will be a key focus in March / April. The team needed to spend more time looking at high performing and low performing areas, to learn from good practice and embed support for low performing areas. A paper on the top 10 and bottom 10 performing areas went to the People Committee in Common in November 2023.

	<ul style="list-style-type: none"> <li>Richard Mycroft (RM) commented that it had been announced that the Group Chief People Officer, Paul da Gama, would be leaving the Trust in December and extended his thanks and well wishes to him on behalf of the Governors.</li> </ul> <p>The Chairman commented that it would be helpful to add a presentation on the work being undertaken with the mental health Trust on the forward plan for Governors in 2024/25. The Council also agreed that an item on developing leadership should be added to the forward plan to discuss at a future meeting in the next financial year.</p> <p>The Council noted the GDCEO report.</p>	<b>GCCAO</b>
<b>2.0</b>	<b>ACCOUNTABILITY</b>	
<b>2.1</b>	<p><b>Questions to Non-Executive Directors</b></p> <p>The Chairman invited questions to Non-Executive Directors (NEDs):</p> <ul style="list-style-type: none"> <li>Khaled Simmons (KS) commented that he had submitted four questions prior to the meeting. The Chairman had responded to the questions in writing. KS said he would be happy for his questions and the response to be shared with other Governors. It was agreed that the response would be circulated to Governors.</li> </ul>	<b>GCCAO</b>
<b>3.0</b>	<b>QUALITY, FINANCE &amp; PERFORMANCE</b>	
<b>3.1</b>	<p><b>Maternity Services Update</b></p> <p>The Chairman noted that the Council of Governors had been briefed on a number of occasions about the inspection by the Care Quality Commission (CQC) of the Trust's maternity services, both prior to and following the publication of the inspection report in August 2023.</p> <p>The GCNO reminded the Council that the CQC had inspected the Trust's maternity service in March 2023 and issued a Section 29A Warning Notice. The final report had been published in August 2023. The Trust had been asked to undertake 15 'must do' actions and 6 'should do' actions to improve the service. A weekly steering group had been set up to work through these actions. The steering group had originally been chaired by the GCNO but had now moved to the MD-SGUH. The Trust was being supported by the national maternity team which was conducting a diagnostic of the service. The national team would provide a report and determine the level of support the Trust will receive and the Board would be briefing on the findings.</p> <p>In response to the issues identified by the CQC, the Board had commissioned a review of quality governance. However, the 'triple lock' arrangements whereby spending over £25k needed to be reviewed and approved at both system and regional level meant that an alternative approach had needed to be found to progress this work in a timely way. The Chairman and Chief Executive had therefore decided to second Sally Hearne, an Intensive Improvement Director at NHS England, to the Trust for a period of 12 months to undertake work to improve quality governance. This arrangement had started on 13 November 2023. The initial focus would be on maternity at St George's, then would broaden out to look at maternity across the Group, before looking at wider measures to strengthen quality governance. In addition, the Trust was also holding CQC listening events across all sites, which were intended to be a vehicle for listening to staff about what needed to be addressed as well as to help prepare staff for potential inspections.</p> <p>The Chairman invited questions and comments from Governors and the following points were raised and noted in discussion:</p>	

- NA was pleased to see the 'must do' actions had been completed and queried how this had been achieved. NA also asked how the Trust was sure that 'safe care for women' was completed.
- HH observed that 5 of the 10 Safety Actions under the Maternity Incentive Scheme operated by NHS Resolution were rated green but that some of the actions would not be achieved until April 2024. HH queried why it was going to take so long to ensure women and babies were safe.
- ABen asked whether the reason for the disconnect between the intelligence received by the Board about maternity and the CQC findings had been identified.
- SD commented that she felt she was unable to agree to the recommendation in the paper to note the progress made with the action plan, as she felt it was unclear what progress had been made and that there were no clear deadlines in place.

The GCNO clarified that the actions that were green were the immediate actions taken and that there were further actions under the top level actions that also needed to be completed. Regarding staffing, 15 midwives had been recruited in October 2023. All the 'Must do' and 'Should do' actions had an action plan in place. It was felt that RAG rating was not an appropriate measure to provide assurance on the actions.

On the Safety Actions in the Maternity Incentive Scheme, the GNCO explained that under the scheme the Trust was required to provide assurance against a total of 10 Safety Actions in order to receive a rebate on the amount the Trust paid to the Clinical Negligence Scheme for Trusts. Currently, the scheme was in its fifth year of operation and each year the requirements to achieve the rebate had been tightened so as to drive up the quality of maternity provision across the country. The Quality Committee reviewed and monitored progress on the Safety Actions under the MIS at each meeting.

In relation to the apparent disconnect between the reporting to Board and the findings of the CQC, this was an ongoing piece of work which was being supported by the diagnostic from the national maternity team. However, the flow of information from the service, through the division in which maternity sat, through to the site management team and Executive and upwards to the Board was being reviewed as part of the quality governance review. Likewise, the Board had discussed with the national midwife the metrics that needed to be monitored by the Board to provide effective assurance in relation to the safety of maternity. The national midwife had noted that there was no agreed set of data that could provide that assurance but the work the national team were doing would assist the Board in reviewing an appropriate set of data so that effective assurance could be taken.

There was a discussion about the appropriate level of detail provided to Governors. It was noted that a summary on the progress on the action plan had been provided. It was also clarified that it was the role of the Board to seek assurance on these matters, and it was the role of the Council of Governors to hold the non-executives to account for the overall performance of the Board. This was an important point of distinction as oversight and assurance on individual clinical services appropriately came through the Quality Committee and on to the Board.

The Council noted the maternity services update.



<p><b>3.2</b></p>	<p><b>Quality Governance Review: Update</b></p> <p>The GNCO provided an update on the Quality Governance Review and highlighted:</p> <ul style="list-style-type: none"> <li>• Sally Herne from NHS England had been seconded to the Trust for 12 months and had started on 13 November 2023.</li> <li>• She had started to attend various clinical governance meetings and attended the serious incident meeting in SGUH and ESTH. Also attending meetings in maternity.</li> <li>• The Trust's current quality governance processes were being reviewed</li> <li>• Meetings had taken place with the maternity triumvirate.</li> </ul> <p>The Chairman relayed that Sally Herne and the national maternity team had found that staff had been welcoming and helpful.</p> <p>The Council noted the update.</p>	
<p><b>3.3</b></p>	<p><b>Integrated Quality and Performance Report: Operational Performance</b></p> <p>The MD-SGUH presented the IQPR which provided data from August 2023. She drew particular attention to the following:</p> <ul style="list-style-type: none"> <li>• <u>ED, Urgent Care and Flow:</u> As discussed earlier in the meeting, there was a winter plan in place and there was a focus on admissions prevention and faster discharges. A 45-minute handover process with the London Ambulance Service (LAS) was now in place. Although this was welcome in terms of ensuring that handovers were managed more quickly, it nonetheless was a source of added pressure to ED.</li> <li>• <u>Elective care:</u> Elective care had been impacted by the industrial action by junior doctors, and significant numbers of appointments and procedures had needed to be rebooked. The Trust was continuing to work on reducing the waiting list and this remained a key area of focus.</li> <li>• <u>Patient Initiated Requests to Move Provider (PIDMAS):</u> This was provided to patients who have been waiting over 40 weeks and could not be booked in the next 8 weeks, the choice to book treatment elsewhere in the country. The Trust had contacted the cohort to see if there were people who wanted to take this up. The Trust had received referrals from other Trusts.</li> <li>• <u>Cancer performance:</u> This was currently challenged, particularly in skin due to a significant increase in referrals. Performance on the Faster Diagnosis Standard (FDS) had fallen below the national target of 75%, when it was previously being met. Breast was also challenged and a business case was going through the governance processes which aimed to stabilise the service.</li> </ul> <p>The Chairman invited questions and comments from Governors and the following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> <li>• JHa was concerned about the increase in 12-hour trolley waits and queried what was driving this. He also asked how the new cancer targets were going to impact current performance. The MD-SGUH explained that 12-hour trolley waits had increased due to flow issues. Patients were moved to beds but were considered as trolleyed capacity, rather than an admission. Regarding cancer targets, the 62 day referral to treatment target of 85% was achievable, but this was dependant on resolving the capacity issues in skin and breast services.</li> </ul>	

	<ul style="list-style-type: none"> <li>LM queried whether the delays in discharges were attributed to issues with setting up social care in Merton and Wandsworth. The MD-SGUH confirmed there were delays with patients needing care 4 times a day, care homes and nursing homes. It was particularly difficult to place patients with dementia or behavioural issues. The Trust had close links with the local authorities and had an Integrated Transfer Hub with social workers based at the Trust to plan discharges at an earlier stage.</li> <li>SF observed that Neuroscience had a significant 52 week wait backlog and queried why this was, given the positive feedback from the Governor visits. The MD-SGUH stated that Cardiology was the other area contributing to the over 52 week wait. The MD-SGUH added that 60% of the activity in Neuroscience was emergency which led to delays in elective work. The Trust was working on increasing activity by re-calibrating theatre time and job plans. There were also delays in repatriating patients to their local hospitals following specialist treatment at the Trust.</li> <li>LM noted that the capped theatre utilisation was at 75%, against a target of 85%. She asked what could be done to increase utilisation. The MD-SGUH relayed that theatre utilisation had increased to 80% and various actions were being taken. A paper on theatre utilisation would come to a future meeting following discussion at the Finance Committee.</li> <li>Tunde Odutoye (TO) queried whether the cancer breast service comprehensive review had been conducted. The MD-SGUH confirmed that a lot of the work had been completed and had enabled the sign off of job plans. A business case was going through the governance process.</li> </ul> <p>The Council noted the Integrated Quality and Performance Report.</p>	
<p><b>3.4</b></p>	<p><b>Financial Performance Update</b></p> <p>The Finance Performance Update was taken in the private session of the meeting.</p>	
<p><b>3.5</b></p>	<p><b>External Audit Tender: Update</b></p> <p>Peter Kane (PK) provided a brief update and confirmed that the contract with the current external auditor would be in place until annual audit of accounts for 2023/24 has been completed. Therefore, the urgency in undertaking the procurement was not as acute as had first been assumed. An External Audit Working Group was still required to support the process for the appointment of a new contract for external audit services, but the membership of the Working Group would be refreshed following the March meeting of the Council once the newly elected Governors were in post.</p> <p>The Council noted the External Audit Tender update.</p>	
<p><b>4.0</b></p>	<p><b>CLOSING ADMINISTRATION</b></p>	
<p><b>4.1</b></p>	<p><b>Any other business</b></p> <p>No other business was raised.</p>	

**Date of next Meeting**  
**Wednesday 20 March 2024, 15:00**