

# **Council of Governors**

# **AGENDA**

Date:	Tuesday 19 July 2016
Time:	13.00 – 15.30
Venue:	Hyde Park Room, 1st Floor, Hunter Wing, St George's Hospital

No.	Item	Time	Enclosures
1.	Opening Business		
1.1	Chairman's introductions, including apologies for	13.00	verbal
	absence		
1.2	Sir David Henshaw, Chair  Declarations of Interest	13.15	verbal
1.2	Sir David Henshaw, Chair	13.15	verbai
	To note any interests from governors as part of their obligation to		
	declare any interest relevant to any item considered at the meeting		
1.3	Approval of minutes of the meeting held on the 26	13.20	Enc A
	April 2016		
	Sir David Henshaw, Chair		
2.	Holding the Board to account for the performance of		
2.1	the Trust Chairman's Report	13.25	verbal
2.1	Sir David Henshaw, Chair	13.23	Verbai
	To include:		
	Appointment process for new chief exec		
	Interim arrangements for the director of HR		
	The arrangements to fill substantive executive		
	appointments		
	SW London update		
	Update on estates		
	Forward Plan and how to engage Governors		
2.2	Quality/Finance Reports	13.40	
	Chief Nurse and Finance Director		
	To include:		
	an update on patient complaints		
2.3	Workforce Report	14.00	verbal
	To include:		
	Workforce race equality standard		
	Update on work to improve staff moral		
	following on from the staff satisfaction survey		
	results		
	Freedom to speak up Guardian		
	Bullying & Harassment	14.15	
2.4	CQC Inspection update		verbal
	To include:		
	Feedback from governors     Apticipated time table for feedback and report		
	<ul> <li>Anticipated time table for feedback and report from CQC</li> </ul>		
	When will the interim report be received – what		
<u> </u>	Trion will allo interim report be received. What	l	I .



	opportunity will governors have to be made aware of its findings ahead of publication		
3.	Items for information and agreement		
3.1	Membership Strategy and action plan	14.25	Final document to be circulated
3.2	Nomination & Remuneration Committee Update Recent appointment process for interim non exec  Time table for the recruitment of the two substantive appointments  Agree process for council of governors to ratify all future appointments	14.45	verbal
4.	Closing Business		
4.1	Any other business	15.00	verbal
	Sir David Henshaw, Chair To note any items of additional business, including those notified by the governors to the Trust Secretary prior to the meeting Feedback from monitor A&E GP triage commercial and clinical aspects Vascular surgery and Guy's & Tommy's 7 day working and junior doctors	10.00	verbai



# MINUTES OF THE COUNCIL OF GOVERNORS (PUBLIC MEETING)

# 26th April 2016

Hyde Park Room, Hunter Wing, St George's Hospital

Present:Kathryn Harrison (KH)Yvonne Langley (YL)Sue Baker (SB)Felicity Merz (FM)

Sue Baker (SB)

Sheila Eden (SE)

Hilary Harland (HH)

Mia Bayles (MB)

Felicity Merz (FM)

Doulla Manolas (DM)

Dr Patrick Bower (PB)

Jenni Doman (JD)

Robin Isaacs (RI) Dr Dagan Lonsdale (DL)

Jan Poloniecki (JP)

David Flood (DF)

Brain Dillon (BD)

Will Hall (WH)

Derek McGee (DMG)

Mike Grahn (MG)

Anneke de Boer (AdB)

Dr Val Collington (VC)

Cllr Philip Jones (PJ)

David Kirk (DK)

Sir David Henshaw, Chair (DH)

Dr Paula Vasco-Knight, Acting Chief Executive (PVK)

Sarah Wilton, Deputy Chair (SW) Luke Edwards, Board Secretary (LE) Rob Elek, Director of Strategy, (RE) Prof Jennie Hall, Chief Nurse (JH)

Prof Jenny Higham, Non-Executive Director (JMH)

Richard Coxon, Membership & Engagement Manager (RC)

**Apologies:** Dr Tim Hodgson Cllr Sarah McDermott

Stuart Goodden Gail Adams

**1.1** DH welcomed everyone. Tim Hodgson, Noyola McNicolls-Washington, Sarah McDermott, Gail Adams, Stuart Gooden and

Frances Gibson all sent their apologies.

#### 1.2 Declarations of Interest

None.

#### 1.3 Minutes of the last meeting

The minutes from the previous meeting on the 26<sup>th</sup> January 2016 were approved as an accurate record subject to agreed amendments.

JP asked when DH had started his contract and if a 'fit and proper person' check had been completed. SW confirmed that she had undertaken the check and reported her findings to NHSi. DH confirmed that his contract had been broadly agreed but was in the

process of being finalised. It would be backdated to 15 March 2016.

JP some concerns with the wording of the NHSi press release announcing DH's appointment. The Board discussed the issue and concluded that the press release was consistent with the discussions.

DH confirmed that Sir Norman Williams officially starts on the 1 May 2016 and that he had attended the Board Strategy away day on the 21 April.

# 2.1 Chair's Report

DH confirmed that Miles Scott has been seconded to NHSi to work on a national project with immediate effect. Dr Paula Vasco-Knight is now Acting Chief Executive.

The Board Strategy away day took place on the 21 April where a wide range of issues were discussed in more depth including finance, estates, ICT, staff engagement and the CQC inspection. KH and SB attended.

DH has agreed an extension of a month to submit financial plans for 2016/17 to NHSi. He has also agreed with them to meet once a month to reduce the reporting burden.

At the away day the condition of the estate was discussed. The buildings are all in need of repair and updating a review is being undertaken to establish how much needs to be done. Richard Hancock, the new interim Director of Estates and Facilities has started and is looking at space for temporary buildings where services can be moved while essential works are carried out. Queen Mary's is also being looked at for available space.

ICT remained very challenging and this was caused by long term under investment. The Head of IT has left and the Deputy Head of IT leaves this week and a new interim Head of IT starts next week. This will be an area of significant focus over the next few months with the rollout of Cerner a key priority.

The staff survey was very disappointing and DH and PVK are trying to get around the Trust to speak to as many staff as possible. The training stats are a good indicator that more work needs to be undertaken.

The CQC will inspect us on the 21 June and in anticipation we undertook a mock inspection two weeks ago which gave disappointing results. We have brought in additional help to tackle the problems highlighted. The approach will be to resolve the problems over the long term rather than the changes being seen as 'a sticking plaster'. We will be having full engagement with staff to

tackle the issues. The preferred approach was to acknowledge to CQC where problems exist and have good plans in place to tackle them.

We now have more of a grip on our finances although it will remain an ongoing challenge. DH has discussed getting additional financial help from NHSi to deal with our estate and IT problems. They are sympathetic as many trusts are having difficulties and NHSi needs to help them in ways they have not previously done.

JP asked about whether their will more clinical involvement within the trust and the extent of contact the Trust has with local CCGs. DH agreed that clinicians would have more involvement in key decisions in the future and that we meet with local CCGs regularly.

VC asked about Quality Inspections and whether there was an action plan to implement changes in line with best practice. PVK responded that there was such a plan. One of the problems was that the policies and procedures on the intranet are either out of date or hard to find. Staff will take on if they know it's their responsibility.

FM asked whether the intranet improvements had been budgeted for. DH confirmed that that they had but other things had been started and then stopped so we are carrying out an audit to find out what needs to be done.

DH stated that the Trust needed to assess what services it could provide rather than bidding for everything. NHSi are undertaking a review of acute services in England. PVK has met with St Helier and CCGs about how we can work together provide services locally.

DL asked whether it was being considered that we would no longer be a teaching hospital. JMH confirmed that St George's University had no plans to change this and it was a priority to keep the interface and academic links. PVK agreed that being a teaching hospital was part of our brand but that is was important to plan ahead for next 10 - 20 years.

JD asked about holding a community open day at the hospital as they had been such a success in the past. It was agreed that this would be a great idea.

#### 2.2 Quality Reports

SW introduced the Quality & Risk and Finance & Planning report summaries and reminded Governors that they were welcome to attend any meeting with advance notice as there was only space for two or three extra people. PVK stated that under Workforce, staff confidence in the organisation remains a problem with emphasis being put on personal communication rather than relying solely on email.

# 2.3 Business Planning and Annual Report update

RE reported that the draft business plan for 2016/17 incorporating Governors feedback will be circulated for comment in mid-May. The financial plan will be taken to the Finance & Planning meeting tomorrow.

DH suggested that the Governors have a joint session with the Board in July. This would enable Governors to understand the direction of travel of the trust, what will be delivered when, and be more effective in holding the Board to account and enable them to judge whether the Board had delivered against their objectives. One option was to use the afternoon on the 7<sup>th</sup> July Board for the joint session, with the public board being held in the morning, The Annual Members Meeting on the 7 July should also be moved back to September to taken in feedback from the CQC inspection staring on 21 June. This was agreed.

#### 2.4 Quality Account Voluntary Indicators/CQC Inspection

JH presented a consultation paper on the Quality Account Voluntary Indicators for 2016/17. The Governors are required to write a statement for the final Quality Account report that reflects upon the Trust's quality outcomes from last year and priorities (i.e. the indicators we select) for improvement for 2016/17. After a broad ranging discussion it was agreed that JH would include the suggested additions to her consultation paper and circulate to Governors for a final decision on voluntary indicators to be chosen for 2016/17.

In relation to the CQC inspection starting on the 21 June, Governors are encouraged to get involved [in the Quality Inspections?] and contact CQC. RC to re-circulate details.

#### 2.5 NED/Governors

DH reported that through conversations with KH he wanted to bring closer involvement between Governors and NEDs. This would be to have more open conversations with a shared view of where the organisation is heading and a good basis for appraisal of NEDs. The aforementioned Governor away day would be a very good opportunity. KH responded to say that regular opportunities over the last year have not materialised but was pleased things were changing.

DH also repeated that any Governor was invited to attend any meeting at the Trust as long as confidentiality was respected.

JP stated that he was unsure of the standard of NED performance expected and how this could be benchmarked? DH responded that there should be 360 degree accountability with transparency and team building.

PVK stated that she was keen to meet with the five staff Governors to discuss how we can better engage with staff.

# 3.1 Feedback from Strategy Away day

KH reported that she and SB had attended the strategy away day and had found it very useful. The majority of topics had already been covered and there was nothing further to add.

#### 3.2 Governors Review of First Year

RC had circulated a draft paper which had incorporated the views of the twelve Governors who had responded about what they feel has been achieved in the first year of being an FT. Anyone who had not yet responded could still do so and it was suggested that the Governors hold a workshop to discuss in more detail. This was agreed. The next step was to turn this into a clear action plan. This would include development of a Governors forum.

#### 4.1 Any other business

JP asked about the Junior Doctors pay dispute and imposing pay arrangements. DH responded that there was ongoing discussion about the legalities of imposing the new contract. This was a national issue and that discussions were on going at that level. PVK invited DL to meet with her and Prof Simon Mackenzie to get his input.

DH highlighted that he is exploring options for bringing in a NED with finance experience from another trust and we may have another NED due to a change in circumstances for another NED. This will be reported in detail to the next Noms & Rems meeting.

Questions from the public:

Dr Mike Squires asked how much is the Trust now in deficit with all the capital expenditure and outstanding loans. SW replied that the relevant figures are all in the April Board papers with end of year figures likely to be £55m deficit.

Barbara Bohanna stated that reports in press of Croydon University Hospital's £36m deficit was is very worrying. PVK noted that we are working with Croydon to see how we can work closer together to meet the needs of local people.

Thomas Salter asked to what extent the membership numbers have increased since the Trust was authorised as an FT. RC responded that the 12,500 figure had been maintained taking into account deaths and members moving out of the area.

# 4.2 Date of Next Meeting

The next meeting will be on the 19 July 2016 at 1pm.



# **COUNCIL OF GOVERNORS**

Meeting:	Council of Governors	
Date of Meeting:	19 July 2016	
Title of Paper:	Membership & Engagement Plan 2016/17	
Presented by:	Doulla Manolas, Chair of Membership & Strategy Committee and Richard Coxon, Membership & Engagement Manager	
Paper for Debate, Decision or Information:	Decision	
Main Aim:	To agree an Action Plan for 2016/17 to improve our membership offer	
Summary of key points for noting & consideration:	To agree plan for the year ahead: - Community Open Day in 2017 - Recruiting new members - loyalty badge for members - updated quarterly newsletter for members	
Recommendations or outcome required:		
Previous Forum:	Membership & Engagement Strategy Committee	
Statutory Requirements Met:	N/A	
Contact in case of query concerning this paper:	Richard Coxon	

### Purpose of paper

The purpose of this paper is to agree the Membership and Engagement Plan for 2016 -17 which sets out how we will recruit and engage with members going forward over the next year.

### Summary

When the membership strategy was originally agreed it set annual targets to increase the public membership by 1,000 new members annually. The current public membership is 12,361 and the membership strategy target is 14,000 by April 2016 and 15,000 by April 2017. The trust has maintained the number of members replacing the 250 or more who leave annually. We are not currently meeting the ambition to increase membership by 1,000 per annum.

The CoG Membership and Strategy Committee met and identified a number of potential areas where we could seek to improve our membership offer. Trust officers have met and developed a proposed action plan. This was based on a high level analysis of the existing membership

For 2016/17 we have identified the following things we will do:

- Hold a Community Open Day in 2017
- Continue to offer Governor stalls (once a month) to recruit new members
- Explore the use of social media, particularly targeting younger members
- Define the membership offer more clearly and make this more prominent on our website
- Targeted campaign to use staff base the recruit family members and friends

#### **Current membership**

As both a local provider of services to the populations of Wandsworth, Merton and Lambeth and regional and national provider of tertiary and specialist services, the trust offers all those who have an interest in or a connection to the Trust the opportunity to become a member of St George's. The majority of members are passive which is normal within most trusts with only a relatively small number of members being active and engaged and taking part in the Governor elections.

#### **Membership analysis**

Our current membership at 1st June 2016 stands at 12,361 public members and 8,963 staff members. The public membership is made up of 4,968 male and 7,393 female members with 6,719 having email addresses.

We have, as do most trusts, a membership that is more representative of the older population (60+). This is because they will be people who use our services more and will be more interested in what is happening within the Trust.

Age	Public
0-16	8
17–21	509
22-29	1,974
30-39	2,037
40-49	1,811
50-59	1,598
60-74	2,477
75+	1,531
Not stated	416
Total	12,361

# **Ethnicity**

The ethnicity breakdown of our members and staff are broadly representative of the population of London and are very similar.

	Public	Staff
White - British	5,293	3,563
White - Irish	291	365
White – other	984	968
Mixed race	886	305
Asian	2,449	1,735
Black	1,820	1,432
Arab	6	0
Other ethnic group	283	213
Not stated	4	382
Total	12,361	8,963

# **Constituency Breakdown**

	Public	% of Membership
Lambeth	605	4.89
Merton	3,045	24.63
Wandsworth	4,083	33.03
Rest of England	4,611	37.30
Out of trust area	17	0.14
	12,361	100.00

# **Current membership activity**

Over the last year we have held 12 health talks and members have also had the opportunity to attend forensic talks hosted by the university. Our members have been invited to take part in consultations, focus groups and feedback in the lead up to the CQC inspection last month. We have hosted three 'Meet your Governor' stalls in the main reception area of the hospital to give members an opportunity to meet the Governors as well as to recruit new members.

# Membership Strategy Plan 2016/17

The Membership and Engagement Committee discussed several different options in how best to recruit new members and how best to engage with our existing membership. The following areas were discussed:

# **Community Open Day in 2017**

The Trust is proposing to hold a Community Open Day next year after a gap of two years. The Ronald McDonald House charity has held a Family Fun Day in July for the last two years as a fundraiser for its house at St George's and one possibility is to link open day to this. An alternative suggestion is to hold it separately to St George's day (23 April) as an annual event or possibly link with the St George's charity to launch a fundraising campaign.

The purpose of the Community Open Day would be to engage with members; recruit new members; promote the work of the Trust and update the community of the positive changes taking place within the Trust. There would be a mix of organised tours of the hospital and grounds; information stalls and interactive activities; possibly health checks and other wellbeing advice. As the open day would be held on the weekend the goodwill of staff to give up their own time to take part will be key to its success. The weather is also another factor to be considered so would need to plan for different contingencies.

The size and scale of the Community Open Day will need to be agreed as they can be costly (up to £30k) and can cause disruption for parts of the hospital still fully functioning on the weekend.

# **Recruiting new members**

The Trust is continuing to recruit new members to replace those who have moved or passed away mainly on site at the main hospital site at St Georges and also at Queen Mary's. This has been proven to be the best method as those attending the Trust's sites are most likely to be interested in becoming a member as they are using our services.

Members are able to join online via the website, by completing a leaflet picked up in one of the hospital waiting areas or by calling into the membership office. Members are also recruited by Governors and the membership team at the monthly 'Meet your Governor' stand in the Grosvenor Wing reception. This has been an opportunity for Governors to meet with existing members and recruit new members as well as getting first hand feedback.

We have been recruiting less successfully through local communities groups; schools, and religious groups. Although this has only resulted in a very insignificant number of new members it has been useful to build local relationships. We aim to attract younger members through targeted recruitment such as the university's freshers week and social media. Also using staff base to recruit family members and friends – especially those who want to stand or vote in next year's Governor elections.

A loyalty badge has been suggested as a promotional tool to encourage people to sign up to be members. It would also be visible and hopefully could be worn with pride.

There are many different types of lapel badges available which vary in cost but the cheapest button pin badge option (25mm/1") is 2,000 = £310; 5,000 = £775. This could be trailed as a promotional tool to get new members to sign up and which would be visible at low cost. However it could be conceived to be a waste of money by the public and staff due to the large financial deficit. We will explore this option further and report back to the Governors.

# New newsletter for members (public & staff)

A new A4 size combined quarterly newsletter for members (public & patients) and staff will be produced by the communications team, which will be available on the Trust website and some printed copies will be distributed around our hospital sites. This is a hybrid of two publications previously produced separately for public and staff. The new newsletter will not be posted out to members due to high cost of postage.

This newsletter will not replace the monthly e-bulletin that is currently sent out to members with email addresses. It will include membership and Governor news information and encourage people to sign up if they are not already a member. This will supplement the e-bulletin with more feature articles about changes within the Trust and the first issue is expected to be ready for the autumn.