

Council of Governor's Meeting

Date and Time: 15 May 2018, 10:30 – 13:30

Venue: H2.7, 2nd floor, Hunter Wing

Time	Item	Subject	Format
OPENING ADMINISTRATION			
10:30	1	Welcome and Apologies <i>Gillian Norton, Trust Chairman</i>	-
	2	Declarations of Interest <i>Gillian Norton, Trust Chairman</i>	Oral
	3	Minutes of Meeting held on 28 February 2018 & Action Log <i>Gillian Norton, Trust Chairman</i>	Paper
	4	Chairman's Opening Remarks <i>Gillian Norton, Trust Chairman</i>	Oral
MAIN BUSINESS			
10:40	5	Trust Strategy Update <i>Suzanne Marsello, Director of Strategy</i>	Paper
11:00	6	Nomination & Remuneration Committee Report <i>Gillian Norton, Trust Chairman</i>	Paper
11:20	7	Overview of Non-Executive Directors and Board Committees and Feedback from Committee Chairmen Finance & Investment Committee – <i>Ann Beasley</i> Quality & Safety Committee – <i>Sir Norman Williams</i> Audit – <i>Sarah Wilton</i> Workforce & Education Committee – <i>Stephen Collier</i> Information Technology & Hospital Charity – <i>Tim Wright</i>	Oral
12:20	7	Membership Engagement & Patient Partnership <i>Stephen Jones, Director of Corporate Affairs</i>	Oral
12:30	8	Staff Training <i>Harbhajan Brar, Director of Human Resources & Organisational Development</i>	Paper
12:40	9	Quality Report – Audit Findings Report <i>Paul Dossett & Tom Slaughter, Grant Thornton</i>	Paper
13:10	10	Reflections on Work Placement with Professor Powell <i>Simon Price, Public Governor for Wandsworth</i>	Oral
CLOSING ADMINISTRATION			
13:20	11	Any Other Business	
13:25	12	Reflections on Meeting	
13:30	13	Meeting Close	

Date and Time of Next Meeting of Council of Governors: 24 July 2018, 10:30

Council of Governors: Purpose, Membership, Quoracy and Meetings

Council of Governors Purpose:	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and Those in Attendance		
Members	Designation	Abbreviation
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Nigel Brindley	Public Governor, Wandsworth	NB
Val Collington	Appointed Governor, Kingston University	VC
Anneke de Boer	Public Governor, Merton	AB
Jenni Doman	Staff Governor, non-clinical	JD
Emir Feisal	Public Governor, Wandsworth	EF
Frances Gibson	Appointed Governor, St George's University	FG
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Rest of England	KH
Doulla Manolas	Public Governor, Wandsworth	DM
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Helen McHugh	Staff Governor, Nursing & Midwifery	HM
Derek McKee	Public Governor, Wandsworth	DM
Richard Mycroft	Public Governor, South West Lambeth	RM
Simon Price	Public Governor, Wandsworth	SP
Damien Quinn	Public Governor, Rest of England	DQ
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Doctors and Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Clive Studd	Public Governor, Merton	CS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
Secretariat		
Stephen Jones	Director of Corporate Affairs	DCA
Richard Coxon	Membership & Engagement Manager	MEM

Council of Governors	The quorum for any meeting of the Committee shall be at least one third of the Governors present.
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Minutes of the Meeting of the Council of Governors
28 February 2018
Hyde Park Room, 1st Floor, Lanesborough Wing

Name	Title	Abbreviation
PRESENT		
Gillian Norton	Chairman/Non-Executive Director	Chairman
Val Collington	Appointed Governor, Kingston University	VC
Anneke de Boer	Public Governor, Merton	AdB
Jenni Doman	Staff Governor, Non-Clinical	JD
Emir Feisal	Public Governor, Wandsworth	EF
Frances Gibson	Appointed Governor, St George's University	FG
Kathryn Harrison	Public Governor, Rest of England	KH
Philip Jones	Appointed Governor, Merton Council	PJ
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Helen McHugh	Staff Governor, Nursing & Midwifery	HMH
Derek McKee	Public Governor, Wandsworth	DMK
Richard Mycroft	Public Governor, SW Lambeth	RM
Damian Quinn	Public Governor, Rest of England	DQ
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Stephen Sambrook	Public Governor, Merton	SS
Anup Sharma	Staff Governor, Medical & Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Clive Studd	Public Governor, Merton	CS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
IN ATTENDANCE		
Ann Beasley	Non-Executive Director	NED
Ashley Brooks	National Patient Champion	NPC
Stephen Collier	Non-Executive Director	NED
Andrew Grimshaw	Chief Finance Officer	CFO
Richard Lloyd-Booth	Deputy Chief Nurse	DCN
Suzanne Marsello	Director of Strategy	DS
Elizabeth Palmer	Director of Quality Governance	DQG
Ellis Pullinger	Chief Operating Officer	COO
Chris Rolfe	Associate Director of Communications	ADC
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
APOLOGIES		
Mia Bayles	Public Governor, Rest of England	MB
Nigel Brindley	Public Governor, Wandsworth	NB
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Jenny Higham	Non-Executive Director	NED
Doulla Manolas	Public Governor, Wandsworth	DM
Simon Price	Public Governor, Wandsworth	SP
Sir Norman Williams	Non-Executive Director	NED
SECRETARIAT		
Richard Coxon	Membership & Engagement Manager	MEM

WELCOME AND APOLOGIES	
1.1	<p>The Chairman opened the meeting and welcomed everyone, especially the new Governors. Everyone around the table was asked to introduce themselves for the benefit of the new Governors.</p> <p>The apologies were as set out above.</p>
DECLARATIONS OF INTEREST	
1.2	<p>There were no declarations of interests.</p> <p>The MEM requested that all Governors complete and sign a new Declarations of Interest form, if they had not already done so, which was an annual requirement.</p>
MINUTES OF MEETING HELD ON 06.12.17 AND MATTERS ARISING	
1.3	The minutes of the meeting of the 06.12.17 were agreed.
1.4	The Action Log was accepted and there were no matters arising.
CHAIRMAN'S OPENING REMARKS	
2.1	The Chairman stated that the Executive Team was nearly complete with Stephen Jones, new permanent Director of Corporate Affairs, starting next Monday. The Medical Director post is being advertised with interviews due to take place in April.
2.2	The CEO explained that there would be an inspection of the Trust by the Care Quality Commission (CQC) anytime between now and the end of April. This inspection would be unannounced, at any time of the day, covering three areas. When the CQC do decide to undertake a full inspection we would receive formal notice.
2.3	There would be a separate well led inspection, now arranged for the second week of April. As part of the inspection the CQC would interview all of the Executive Team, Chairman, some of the Non-Executive Directors and would probably want to talk to some of the Governors. Training would be offered beforehand to those Governors being interviewed.
2.4	The Trust has been working closely with NHSI to ensure that it has made all necessary improvements so when re-inspected by the CQC it would hopefully come out of special measures.
2.5	In relation to the Deloitte's Governance report the Chairman commented that it had been submitted to the last Board meeting and needed to be considered by Governors, notably in relation to the recommendation about an additional NED. She had discussed timing of this with the Lead Governor given the heavy agenda for this meeting and their joint recommendation was that this should be referred to Nomination and Remuneration Committee. Any other issues could be picked up at a subsequent CoG meeting.
ACTION: COG.28.02.18/23	
Deloitte's Report to be submitted to Nomination and Remuneration Committee	
Appraisal Process for the NEDs for 2017-18	
3.1	The Chairman introduced the recommendation from the Nomination & Remuneration Committee which had met on the 06.12.17 regarding the Appraisal Process for the NEDs for 2017-18.

3.2	The Chairman reported that following discussion at last CoG she had looked at NHSI guidance which, in addition to elements incorporated in the Trust's scheme recommended inclusion of assessment against 9 behaviours. These seemed very comprehensive but there was the question of incorporating them at this late stage this year and the fact that all Directors, as members of a Unitary Board should be assessed against the same behaviours. The Executive Directors were using the Trust's behaviours. On balance she would prefer to look at the question of incorporating the NHSI recommended behaviours for next year. Whilst this was supported by some Governors, others thought there would be merit in having a discussion about them at the appraisal discussions this year particularly in relation to any development needs. The Chairman indicated a preparedness to proceed on this basis subject to review.
3.3	It was noted that there were now four vacancies on the Nomination & Remuneration Committee and the MEM would circulate details for expressions of interest.
ACTION: COG.28.02.18/24 MEM to circulate ToR for Noms & Rems Committee and organise a meeting	
ACTION: COG.28.02.18/25 NHSI leadership behaviours to be incorporated into NED Appraisal discussions for 2017/18 subject to review.	
OVERVIEW OF NON-EXECUTIVE DIRECTORS & BOARD COMMITTEES & FEEDBACK FROM COMMITTEE CHAIRMAN	
4.1	Tim Wright, NED, introduced himself and gave a brief summary of his professional experience before explaining that he was NED ICT lead on the Board as well as being a Trustee of the St George's Hospital Charity. He went on to explain that after a long period of underinvestment in ICT within the Trust there was a complete review of its ICT requirements going forward. The Board has had two ICT workshops in recent months as well as a substantive discussion at the last Board meeting. After a period of stabilisation there is a two phased approach – optimisation and transformation. The risks to the network and data centre now have been reduced. There had been a significant evaluation of Cerner, which looks after patient records, with the intention of making better use of its many functions and implementing it across the Trust. A long term strategy is currently being developed which will be ready in six months. At QMH, Cerner is being introduced and it was noted that this is the same system used at both Kingston and Croydon which opens up opportunities for future joint working and cost savings. It was agreed that staff wanted to implement these changes as it will improve patient safety but the work has to be resourced properly so the Trust can only move as fast we have investment. The Trust currently does not know that capital resources are available though we have been seeking support and clarification from NHSI. A plan is being formulated with milestones and priorities..
4.2	Sarah Wilton, (SW), provided a report as Chairman of the Audit Committee. There had been one meeting since the last COG meeting which HH had attended. There were areas that were improving where the Committee could take assurance such as counter fraud and internal audit. There was still more work to be done on patient records where there was limited assurance (link with 4.1 above) and procurement where the system is not as effective as it should be. There was discussion about the volume of breaches and waivers which was not acceptable although the situation was improving slowly A great deal of work had been done around the Board Assurance Framework (BAF) and Risk Register which Deloitte had assisted in developing. Each Board Sub-Committee had responsibility for owning certain risks and monitoring their progress at every meeting.
ACTION: COG.28.02.18/26 Report on BAF/Risks at a future COG meeting. CN	
4.3	SW also provided an update from the Quality & Safety Committee meetings on behalf of Sir Norman Williams who was on holiday. There had been three meetings since the last COG which some Governors had attended along with regular attendance by

	<p>Healthwatch Wandsworth representatives. A Water Quality report had been received which showed good progress and an action plan will come back to the next meeting which will also include Queen Mary's Hospital. Renate Wendler, Assistant Medical Director, presented a detailed report on Thematic Learning from Serious Incidents (SIs). Staff receive a regular newsletter which highlights lessons learnt. There had been a robust discussion around the Board Assurance Framework which covered risk appetite, and around statutory compliance which has also been presented to the Board. Nigel Kennea presented an excellent Mortality Review which covers learning from deaths. The Trust is a leader in this learning and Nigel is invited to speak at conferences. There has been a deep dive on outpatients, progress made since the CQC inspection, and reduced DNAs though a lot of areas still require improvement. On the Consent Audit further work still needs to be done. On the deep dive of end of life care, a huge amount of work has been done, there is a very good strategy and monthly meetings so the Committee was very assured. Safeguarding adults and children training better so that the Committee was assured the Trust is compliant. Litigation costs have increased though this is across the NHS. The Trust needs to understand the full reasons and a report will come back to QSC. Complaints are an ongoing problem. The CN is looking at best practice from other trusts as we need to get this right.</p>
4.4	<p>Ann Beasley (AB) gave an update from the Finance and Investment Committee which had met three times since the last COG meeting. Against an NHSI control total of 345 m the Trust anticipates a year end position of £53m, a figure we have been forecasting for some months now.. Since the CFO was appointed there has been better planning, better capital business cases submitted and things continue to improve. There has been significant improvement in planning for future years and also in financial management. On procurement, the building blocks are in place for improvement. Debt Recovery is poor though this is not exclusive to this Trust. There have been discussions about performance and driving out inefficiencies, and an example of this is looking at the utilisation of the theatres. It is unrealistic to think the Trust can balance the books next year, more likely in 2019/20. There is greater knowledge and understanding with the new executive team but the task remains enormously challenging.</p>
4.5	<p>Stephen Collier (SC) provided an update report from the Workforce and Education Committee which had met once since the last COG meeting. He would circulate his last report to Board for information. The workforce spend had been reduced by 2.5% with moving staff from interim to substantive. The Trust Board is now all substantive with only the Medical Director post currently being advertised and the Chief Information Officer to recruit. Turnover is still high at 18% and the Trust is committed to recruit the best staff and to retain them through training and development. The Trust is on top of its agency spending and is adhering to agreed local market rates for bank and agency staff. The staff survey results will be published next week.</p>
TRUST AND SOCIAL MEDIA	
5.1	<p>Chris Rolfe, Associate Director of Communications (ADC) gave a brief explanation of his role and how he and his team were promoting the Trust through Social Media. The Trust has Facebook, Twitter (15,766 followers) and LinkedIn as the main platforms to promote the many good stories of the work of the Trust. Twitter is especially effective as messages are instantaneous and can be retweeted and liked by followers. The ADC gave an example of tweeting that morning as it has been snowing to remind patients to allow enough time to travel if they had an appointment and a photo of the ground staff busy at work gritting the roads and pathways.</p>
5.2	<p>Governors are encouraged to use Social Media but to use with caution as it is a public forum and asked to be clear when promoting their own personal views. Any advice required is available from the communications team. It was agreed that Governors</p>

	could use the By George App which is used by staff to follow what's happening at the Trust.
ANNUAL PLAN PRIORITIES	
6.1	The CFO and DS gave a joint presentation on the Trust's Annual Plan 2018-19; it was a key responsibility of CoG to provide feedback on the plan. NHSI guidance on the Annual Plan process was only received on the 14.02.18 and a draft submission was required to be submitted on the 08.03.18 with the final version by the end of April 2018. The key issues affecting the Trust had been discussed at the Executive meetings, Finance and Investment Committee and Board. The Trust has a median case plan deficit for next year of £30.6m and NHSI are indicating that this was not stretching enough and want to see a position closer to £18-20m to which the Trust will not commit unless it believes it can deliver. NHSI expect the Trust to have a break even run rate balance before the end of 2018/19. The CCGs are trying to get the Trust to agree to block contracts for work which it is pushing back on as there is too much risk attached for it. However, the Trust is aware that they (the CCGs) too are under pressure to balance their budgets.
6.2	Other key issues identified include pay expenditure and staff numbers; CIP development; and limiting service development unless it is to address material risk (so ICT would be a priority) or demonstrates improvement in income or efficiency. In relation to capital expenditure CoG were asked to note the scale and risks associated with funding and increased focus on cash management. NHSI have asked us for an integrated financial plan covering the next five years (medium term plan) which we are currently developing because it was something the Board required anyway.
6.3	The final Board approved Organisation Operating Plans need to be submitted to NHSI by the 30.04.18. It was agreed that any feedback should be sent directly to the CFO or DS as soon as possible.
6.4	Governors asked questions about the development of the overall Trust strategy and in response the Chief Executive explained the context and the work in hand. It was agreed that the next meeting (May) should devote a substantial part of the agenda to a discussion on strategy development, content, process and timescale.
ACTION COG.28.02.18/27 Strategy presentation for COG.15.05.18. DS	
PATIENT PARTNERSHIP & ENGAGEMENT	
7.1	Richard Lloyd-Booth, Deputy Chief Nurse (DCN) introduced himself as well as Ashley Brooks, National Patient Champion. The DCN briefly explained that he had started his role in January 2018 and part of his remit was patient engagement. Deloitte had undertaken a review of patient engagement and had made some recommendations and Ashley Brookes was advising on best practice and setting up a patient partner group in a new framework and structure. This will be developed into a new Patient Partner Strategy which is planned to launch on the 23.04.18 (St George's Day). The Governors had all been invited to attend a Patient Partner and Engagement Event on the 07.03.18.
QUALITY ACCOUNT INDICATOR	
8.1	Elizabeth Palmer, Director of Quality Governance (DQG), presented an update on the Quality Account Indicator and for the benefit of the new Governors explained the purpose of the Quality Account Indicators. These form part of the Annual Report for Foundation Trusts and provide data on quality improvement. There are nine quality priorities which need to be measurable with objectives and outcomes at the end of the year (31.03.18). In relation to this year's indicators progress is good and they are closely linked with the Quality Improvement Plan (QIP). The Quality Account Indicators

	will be audited by Grant Thornton, the Trust's External Auditor's
8.2	NHSI last Friday gave guidance on the mandatory indicators – 4 hour ED operation at standard target; RTT; and 62 day cancer. Additionally Governors had to identify a further one and she would circulate three for consideration with an explanation.
ACTION: COG.28.02.18/28	
Mandatory Quality Indicators to be circulated with explanation. DQG	
REFERRAL TO TREATMENT & ELECTIVE CARE RECOVERY PROGRAMME UPDATE	
9.1	Ellis Pullinger, Chief Operating Officer (COO) gave an update report on the progress that had been made over the last year which covered cancer targets, diagnostics and the 18 week target. A large amount of work has been completed with significant progress. In 2018-19 the Trust will be treating those patients missed and returning to National Reporting at some point. It was noted that if there were any patients identified that were at risk of harm by waiting then the Trust would intervene if required. It noted that it was essential that staff were trained and using Cerner correctly going forward. The programme has now moved into a new phase where the links with the operational teams are much more aligned meaning progress and actions are happening at pace.
9.2	It was agreed that the report was very good and well presented.
CLOSING ADMINISTRATION	
10.1	The Chairman thanked everyone for their contributions and for persevering with a long meeting. Thanks was also expressed for the former Governors who had either decided not to stand or had not been re-elected.
Date and Time of Next Meeting: 15 May 2018, 15:00, Hyde Park Room	

Council of Governors Action Log					
Action Ref	Action	Due	Lead	Commentary	Status
COG.06.12.17/20	Consult Governors on a date to hold a Membership Meeting.		MEM	Provisionally booked for 26.06.18 at 12:00	Open
COG.06.12.17/21A	The DHROD to talk about staff training at a future meeting	15.05.18	DHROD	On Agenda.	Proposed for closure
COG.28.02.18/23	Deloitte Report to be submitted to Nomination and Remuneration Committee	08.05.18	MEM	Report taken to NRC meeting on the 08.05.18	Proposed for closure
COG.28.02.18/24	MEM to circulate ToR for Noms & Rems Committee and organise a meeting	08.05.18	MEM	Completed.	Proposed for closure
COG.28.02.18/25	NHSI leadership behaviours to be incorporated into NED Appraisal discussions for 2017/18 subject to review.		DCA	These were incorporated as agreed.	Proposed for closure
COG.28.02.18/26	Report on BAF/Risks at a future COG meeting.	24.07.18	CN	Not yet due	Open
COG.28.02.18/27	Strategy presentation for COG.15.05.18.	15.05.18	DS	On Agenda.	Proposed for closure
COG.28.02.18/27	Mandatory Quality Indicators to be circulated with explanation.	20.04.18	DQG	Completed - Governors were asked to respon by the 20.04.18 with their chosen indicator to be audited by Grant Thornton.	Proposed for closure

Meeting Title:	Council of Governors		
Date:	15 May 2018	Agenda No	5
Report Title:	Clinical Strategy Development		
Lead Director/ Manager:	Suzanne Marsello, Director of Strategy		
Report Author:	Suzanne Marsello, Director of Strategy		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)		
Executive Summary:	The paper provides the Council of Governors (CoG) with an overview of the process, timescales and content development of the Trust Strategy, as agreed at the meeting on 28 th February 2018.		
Recommendation:	The Council of Governors are asked to the note the process, timescale and content development of the Trust Strategy agreed by the Trust Board.		
Supports			
Trust Strategic Objective:	<ol style="list-style-type: none"> 1. Treat the patient, treat the person 2. Right care, right place, right time 3. Balance the books, invest in our future 4. Build a better St. George's 5. Champion Team St. George's 6. Develop tomorrow's treatments today 		
CQC Theme:	<ol style="list-style-type: none"> 1. Safe: you are protected from abuse and avoidable harm. 2. Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence. 3. Well-Led 		
Single Oversight Framework Theme:	<ul style="list-style-type: none"> ▪ Strategic Change 		
Implications			
Risk:	<ul style="list-style-type: none"> ▪ As outlined in paper 		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	
Appendices:	Clinical Strategy Development		

Trust Strategy Update**1.0 Purpose**

- 1.1 The paper provides the Council of Governors (CoG) with an overview of the process, timescales and content development of the Trust Strategy, as agreed at the meeting on 28th February 2018.

2.0 Summary

- 2.1 The Trust Board agreed the new vision *Outstanding Care, Every Time* and six associated strategic objectives in December 2017. These form the basis of the Trust Strategy for the next 18 months, which is to focus on being formally removed from both quality and financial special measures.
- 2.2 At the same time as the focus of the organisation is on delivery of this strategic priority, the Director of Strategy took up post in January 2018 and has been tasked with leading the delivery of a new Trust Strategy for the organisation that will focus on the next 5 years 2019-2024. This is a key priority for the Trust Board and progress is reported on a monthly basis.
- 2.3 The regulatory and political environment of the NHS means that a significant amount of work needs to be undertaken in terms of stakeholder engagement, as well as the usual environmental and data analysis involved in strategy development.
- 2.4 Until the Trust is removed from special measures the ability to move forward with a Board approved Trust Strategy is limited, which is why the focus of the next 12 months on quality, financial and operational performance is critical, and delivery of a new strategy in April 2019 links to this timescale.
- 2.5 While the work to develop the full Trust Strategy is in progress, there will be developments in the external environment that mean that the Trust Board may have to make some decisions at an earlier stage, as has been the case with the decision to stop providing a number of the Children's and Family Services within the Community Services portfolio.
- 2.6 The Trust also needs to be able to react to new policy/ initiatives from the Department of Health, for example the announcement by the secretary of State that a new 10 Year NHS Plan will be published in July 2018, and is expected to include:
- Full integration of health and social care system
 - Improve integration and out of hospital care
 - Increased use of technology
 - Efficiency improvements
 - Focus on core performance targets
- The timescale for the new Trust Strategy means that any key strategic proposals from the new NHS Plan can be reflected in the Trust Strategy.

3.0 Recommendation

- 3.1 The Council of Governors is asked to note the process, timescale and content development of the Trust Strategy agreed by Trust Board.

Author: Suzanne Marsello

Date: 10th May 2018

Development of Clinical Strategy



Council of Governors

Suzanne Marsello
Director of Strategy
15 May 2018

Building a sustainable long term strategy



Engaging with patients and the public



Patient and public engagement event
80 stakeholders



Theatres: Patient experience research

Engaging with our staff

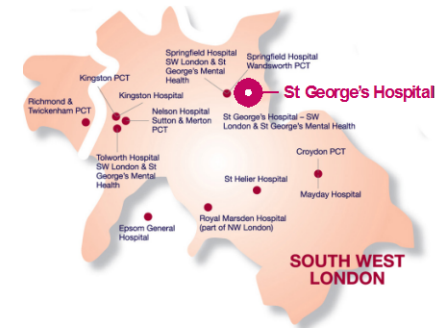


LiA EoLC event
70 stakeholders from across SW London



Newly recruited nurses: Reflection and learning

Engaging with South West London Health & Care Partnership



Key Stages of Strategy Development

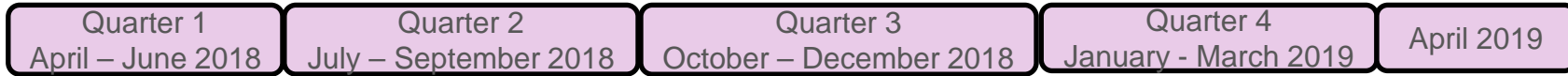
(Monitor, 2014)

The development of the Trust Strategy will follow a recognised process in line with best practice, as outlined below.

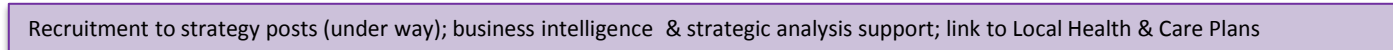
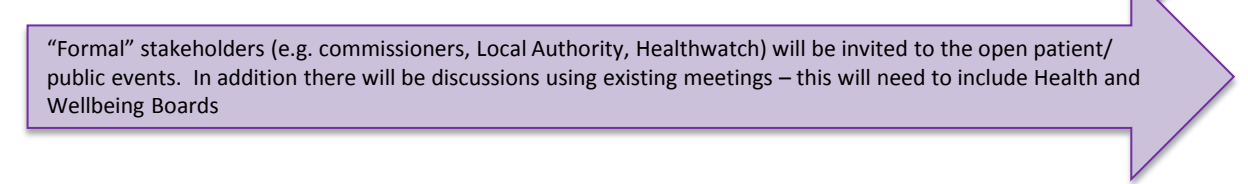
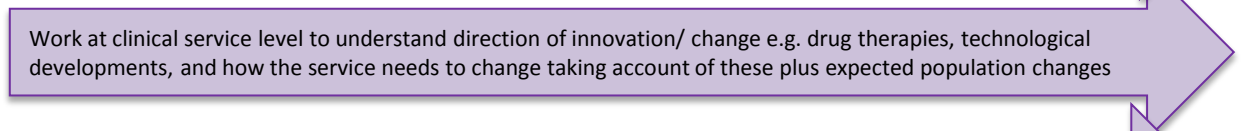
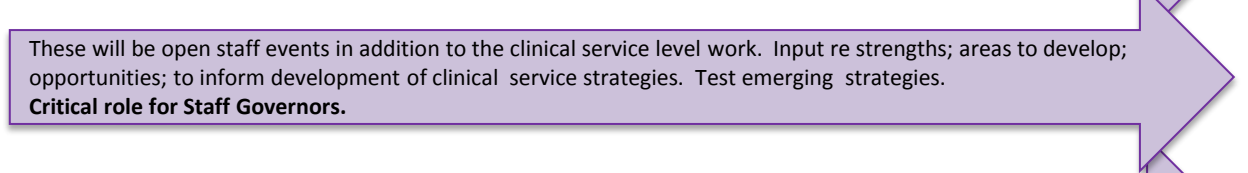
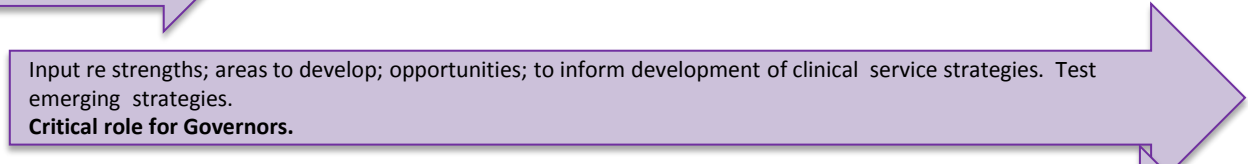
The Trust Board has agreed a timescale for the new Trust Strategy to be published in April 2019. There are a number of key milestones that have been agreed and are included on the following slide, and a key inter-dependency linked to the SWL Health and Care Partnership borough plans which are due to be published in September 2018 and finalised in December 2018.

1. **Frame:** Board agrees the strategic decisions to be made
2. **Diagnose:**
 - What is the external environment?
 - Who are we providing services for?
 - Who funds their treatment?
 - Who are the other healthcare providers and what are their strategies?
3. **Forecast:** What futures do we need to plan for?
4. **Generate options:** Develop, explore and evaluate the strategic ideas and options for change
5. **Prioritise: What is our strategy?** Make choices about the set of strategic options and build them into a strategy
6. **Deliver:** How do we implement change? Need to create and communicate a strategic action plan and allocate resources to deliver this; how do we implement change
7. **Evolve/ Review:** Annual review to monitor the impact of the strategy and consider the recommit/ refresh/ recreate question. This will link to the annual business planning cycle

Trust Strategy Development Process



- Analysis
- Patient/
Public
Engagement
- Staff
Engagement
- Clinical
Service
Strategies
- Formal
Stakeholder
Engagement
- Key Inter-
Dependencies



**Trust Board
approves
publication of
Trust Strategy**

Clinical Services

Flagship tertiary services		Key specialist services		Local hospital services		Support services		Community services	
Division	Directorate	Care Groups							
Surgery, Neurosciences, Theatres, Anaesthetics and Cancer Division	Surgery, Urology, Head and Neck and Plastics	General Surgery	Urology	Maxillo-facial & Plastics	ENT	Dentistry	Audiology		
	Theatres & Anaesthetics	Theatres & Decontamination	Anaesthetics & Acute Pain						
	Neurosciences, Trauma and Orthopaedics, Major Trauma	Neurosurgery & Neuro-radiology	Neurology	Neuro-rehab	Pain Service	T&O	Major Trauma		
	Cancer	Cancer							
Medicine & Cardiovascular	Cardiovascular	Cardiology (CCAG)	Cardiac Surgery	Vascular Surgery	Thoracic Surgery				
	ED & Acute Senior Health Medicine	Emergency Department	Acute / Senior Health						
	Renal, Haematology and Oncology	Renal	Medical Oncology	Clinical Haematology	Palliative Care				
	Specialist Medicine	Lymphoedema	Clinical Infection Unit	Rheumatology	Diabetes / Endocrinology	Chest Medicine	Endoscopy & Gastroenterology	Dermatology	
Children, Women, Diagnostic, Therapies and Community Division	Children's	Paediatric Surgery	Newborn Services & NICU	PICU	Paediatric Medicine				
	Women's Health & Outpatients	Gynaecology	Obstetrics	Outpatients					
	Critical Care & Diagnostics	Clinical Genetics	Breast Screening	Radiology	Adult Critical Care				
	Therapeutics	Therapies	Pharmacy						
	Community Services	Children's & Family	Older People & Neuro Rehab	Adult & Diagnostic	Offender Healthcare				
Other Services									
South West London Pathology									

The Trust Strategy will be developed at a clinical service level which then needs to be considered at an organisation-wide level regarding key inter-dependencies and the proposed portfolio of services.

The content will be developed taking account of a number of factors including:

- **External environment:**
 - Commissioner strategies at CCG level: moving more healthcare into the community
 - SWL Health and Care Partnership: emphasis on collaborative working rather than competition – how do acute providers best work together
 - NHS England and Specialised Commissioning: continued competition across specialist acute providers in London and move to rationalise providers
 - Detailed understanding of key competitors and their priorities
 - Market position
- **Population Health:**
 - Joint Strategic Needs Assessment: what are the predicted changes to the population and what does that mean for the services that will need to be provided in 5 years time? (e.g. ageing population, people living longer with more complex co-morbidities and multiple long-term conditions, increase in dementia prevalence, increased % of people expected to have a cancer diagnosis in their lifetime and increased survival rates)
 - What are the health priorities for our local population and what does that mean for how we plan our services? (e.g. high rates of obesity, very poor outcomes for people with diabetes leading to associated health problems)
- **Service Level:**
 - Expected Innovations:
 - Emerging drug therapies (e.g. impact on prevalence and incidence of HIV)
 - New treatments (e.g. radiotherapy treatment for lung cancer)
 - Technological developments (increased focus on self-management, virtual/ on-line appointments/ reviews)
 - Financial viability
 - Strategic importance linked to other clinical services within the portfolio
 - Research and education
 - Reputational importance
 - Sustainability in relation to quality, workforce and operational performance

Progress

- Data analysis underway at service level
- Patient/ public and staff events arranged
- “Early implementer” clinical services identified where strategy development can progress more quickly
- Engagement with clinical services under way

Next Steps

- Core information to be developed which Governors can use with their member constituents to gain feedback
- Patient/ public and staff events to be publicised
- Completion of analysis re external environment and the implications of this for St. George's and the clinical services
- Expand work with clinical services

Meeting Title:	Council of Governors		
Date:	15 May 2018	Agenda No	6
Report Title:	Nomination and Remuneration Committee Report		
Lead Director/ Manager:	Gillian Norton, Chairman		
Report Author:	Stephen Jones, Director of Corporate Affairs		
Presented for:	Update / Approve		
Executive Summary:	<p>This report updates the Council of Governors on the meeting of the Governors' Nomination and Remuneration Committee meeting held on 10 May 2018.</p> <p>The Committee considered annual appraisals for the Chairman and other Non-Executive Directors, which were conducted in April 2018 in line with the process and policy agreed by the Council of Governors at its meeting on 28 February 2018. It noted the outcomes of the appraisals and concluded that, individually and collectively, the Chairman and Non-Executive Directors were performing effectively. It agreed that Sarah Wilton's term as Non-Executive Director be extended by a year and commended this to the Council of Governors.</p> <p>The Committee discussed the recommendation of Deloitte, in its review of the Trust's governance arrangements, that the Council of Governors should consider appointing an additional Non-Executive Director with capability in strategy development and service transformation. The Committee was minded not to appoint an additional NED, but agreed to consider this further at its next meeting.</p>		
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the outcome of the 2017/18 appraisals of the Chairman and Non-Executive Directors; • Note that proposals for strengthening the appraisal process for 2018/19 will be brought to the Council of Governors for consideration later this year; • Agree to extend Sarah Wilton's term as Non-Executive Director by one year to 31 January 2020. 		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-Led		
Single Oversight Framework Theme:	Leadership and improvement capability		
Implications			
Risk:	Performance of the Chairman and Non-Executive Directors is fundamental to the effective leadership of the Trust		
Legal/Regulatory:	<i>Foundation Trust Code of Governance</i> section B.6		
Resources:	N/A		
Previously Considered by:	Council of Governors Nomination and Remuneration Committee	Date	10 May 2018
Appendices:	N/A		

**Nomination and Remuneration Committee Report
Council of Governors, 15 May 2018****1.0 PURPOSE**

- 1.1 This report updates the Council of Governors on the meeting of the Governors' Nomination and Remuneration Committee meeting held on 10 May 2018.

2.0 BACKGROUND

- 2.1 The Council of Governors is responsible for the appointment and re-appointment of the Chairman and Non-Executive Directors and for agreeing a process for their evaluation. The Nomination and Remuneration Committee approved the proposed appraisal process and policy on 6 December 2017 and commended this to the full Council. Subsequently, at its meeting on 28 February 2018, the Council of Governors approved the process for appraising the Chairman and Non-Executive Directors. The Foundation Trust Code of Governance (section B.6) requires that the outcomes of the evaluation be reported to the Council of Governors.
- 2.3 The Trust is required to conduct an evaluation of the Board's effectiveness every three years. Deloitte undertook such a review in 2017 and its final report was presented to the Trust Board at its meeting on 22 February 2018. A copy of the Deloitte report was shared with the Council of Governors at this time. One of the recommendations of the Deloitte report was that the Council of Governors should consider "the need to further enhance the skill set of the Board through the appointment of a NED with capability in strategy development and service transformation" (section B.2).

3.0 Outcome of the appraisal process for the Chairman and Non-Executive Directors

- 3.1 At its meeting on 10 May 2018, the Committee considered a report on the outcomes of the appraisals of the Chairman and Non-Executive Directors. The appraisals process was conducted in line with the process and policy agreed by the Council of Governors. This was the first time the Trust has conducted such an appraisal since the Trust became an NHS Foundation Trust in February 2015.
- 3.2 The Chairman conducted appraisal discussions with each of the Non-Executive Directors and the Senior Independent Director (Sir Norman Williams) conducted the appraisal of the Chairman. To inform each appraisal, 360 degree feedback was sought from all members of the Trust Board and all members of the Council of Governors. All comments were anonymised and were used to inform the appraisal discussions and write-ups.
- 3.3 The response rate for feedback varied: typically around 10 members of the Board and between 7 and 10 Governors provided feedback to inform the appraisals. The Committee noted this and agreed that Governors and Board members should, wherever possible, provide feedback to inform future appraisals.
- 3.4 The Committee discussed and noted the outcomes of each of the appraisals, which it supported. In addition, it noted the success of the NEDs individually and collectively in performing their roles effectively.
- 3.5 The Committee noted that this was the first time an appraisal process had been conducted since the Trust became an NHS Foundation Trust in February 2016. The Chairman and Director of Corporate Affairs would develop proposals for strengthening the process for 2018/19 and bring these proposals to a meeting of the Council of Governors later in the year.

3.6 As part of its discussion of the outcome of the appraisals, the Committee agreed that Sarah Wilton's term of office as a NED should be extended by a year, to 31 January 2020. This would ensure essential continuity in the NED cohort, and in the chairmanship of the Audit Committee in particular, during an important period while the Trust was in financial and quality special measures. The Committee noted that an extension of this sort was appropriate and was in line with practice elsewhere, and it recommended that the Council of Governors approve an extension.

4.0 DELOITTE RECOMMENDATION ON ADDITIONAL NON-EXECUTIVE DIRECTOR

4.1 The Committee considered the recommendation from Deloitte that the Council of Governors should consider appointing an additional NED with capability in strategy development and service transformation.

4.2 The Committee observed that developing a new strategy was a key priority for the Trust. It noted that Deloitte had commented that the NED group was developing well and was entering a period of stability. It recognised that strategy was the responsibility of the Board as a whole and that a number of Non-Executive Directors brought with them significant experience of strategy development. It also noted that a Director of Strategy had been appointed in January 2018.

4.3 As a result, the Committee was minded that the case had not been made for the appointment of a further NED with strategy experience. It agreed to consider this further at its next meeting and to make a formal recommendation to the Council of Governors at this point.

5.0 RECOMMENDATION

5.1 The Council of Governors is asked to:

- Note the outcome of the 2017/18 appraisals of the Chairman and Non-Executive Directors;
- Note that proposals for strengthening the appraisal process for 2018/19 will be brought to the Council of Governors for consideration later this year;
- Agree to extend Sarah Wilton's term as Non-Executive Director by one year to 31 January 2020.

Author: Stephen Jones, Director of Corporate Affairs

Date: 11 May 2018



Education and Development

From student to professional

Looking to the Workforce of the Future

- Widening Participation
 - The Education & Development journey begins with our Simulation team visiting schools to enthuse young students about the possibilities of working in a healthcare setting
- Work experience and Project Search
 - Our department works with SGUL to offer Widening Participation work experience places – 49 students last year
 - Some 489 students aged 16 and over were placed via the “Friends and Family” scheme last year
 - Project Search provides employability skills to 6 young people with disabilities with the Trust annually. The achieved success rate for long-term future employment is 75%.



- Apprenticeships
 - The Corporate Training Team have a named Apprenticeship Lead
 - The department has supported a number of areas such as medical records and outpatients in recruiting apprentices.
 - In 2018/19 the team will be working to expand the numbers of apprenticeships in Pharmacy

Undergraduates

- We work with a number of universities to develop the workforce of the future including
 - SGUL
 - Kingston
 - King's
 - BPP
- This amounted to 315.31fte medical students, 160.18 fte nursing (adult, child, mental health) and midwifery students, 46.04 fte AHP students in 2017/18
- We hold regular events to encourage the students to consider us as their employer of choice.



Supporting Newly Qualified Staff

- Education and Development employ a Lead Nurse for Professional Development and Preceptorship
- A Preceptorship programme is in place
- Each newly qualified person is allocated a preceptor to support them during the first 6 months
- They have a career pathway in place
- All joining nurses are invited to a bring back day after 6 months to hear their feedback so that we can continuously improve
- Preceptees attend a course over a 6 month period covering:
 - Professionalism
 - Communication skills
 - Team working
 - Medicines management and observation and assessment of acutely ill patients
 - Additionally the course includes sessions on resilience and signposting to support and development.

Doctors in Training

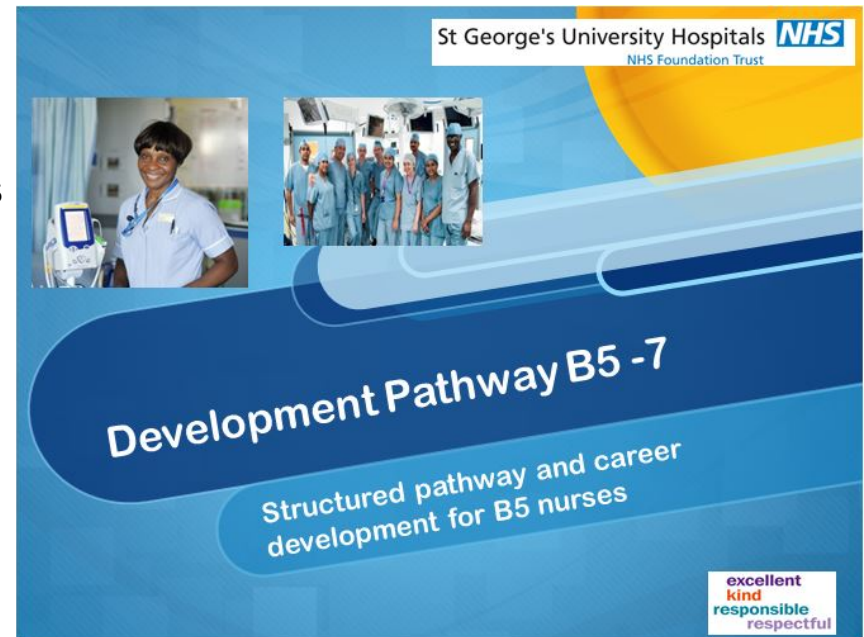
- The Trust has over 500 Drs in Training working at the Trust
- A Guardian of Safe Working is in place and reports to the Workforce and Education Committee about issues that need resolution
- Junior Drs Forum enables engagement
- Number of courses available including:
 - A comprehensive teaching programme for newly qualified foundation drs
 - teaching skills
 - assessment and supervision in education and training
 - developing authority (foundation and dental core only)
 - leadership and management (core medicine and surgery training)
- Alongside a faculty development portfolio of:
 - advanced clinical communications
 - recognising postgraduate supervisors accreditation
 - education leads' workshops
 - coaching skills

- The PGME team work with specialties to ensure supervisors are compliant with GMC training requirements
- During 2017 our Neonatal Unit at St George's was rated as the best place for junior doctors to train and learn new skills.
- The PGME team host an annual Excellence in Education Awards ceremony



Career Development for Nurses and Midwives

- The Professional Development team have devised career pathways for Healthcare Assistants, newly qualified Nurses, and experienced nurses from Band 5 through to Band 7
- We stress that development is not all about attending credit bearing courses, but can also be from the Nursing Times e-learning, in-house courses including simulation, shadowing, being mentored, reading etc.
- Mentorship training is commissioned and nurses can apply to complete this training according to the mentor/student ratio in services
- A bespoke Ward Managers Leadership Development Programme is due to commence in the Summer.



Trainee Nursing Associates

- St. George's has been one of the pilot test sites in January 2017 for this new role.
- Lead employer for SW London consortium
- All 46 TNAs were recruited from existing workforce (8 for St. George's) giving a new opportunity for career progression
- All pilot site trainees successfully completed year 1
- 2nd cohort of 71 (24 for St. George's) started January 2018
- Trainees get to experience working in the community, in mental health, care homes, and primary care as well their 'base' placement.



Simulation Suite

- St. George's Advanced Patient Simulator Centre trains over 4000 members of staff and students annually
- One of the most innovative multi-professional simulation centres in the country
- Recent new programme covers Cancer, Mental Health and End of Life Care
- Takes the simulation out into the workplace
- Entered into a 3 year contract to provide Royal College of Surgeons courses



Mental Health Training

- Collaboration with SW London and St George's
- The project lead has embarked on a number of teaching/ training initiatives across both healthcare providers, specifically;
- **Mandatory eLearning module (Basic Mental Health Awareness)** – supporting workforce development through the introduction of an online programme for all staff. **Mental Health webpage** – acting as a central resource for all issues related to mental health and well-being in the acute Trust.
- **PG Certificate (Physical Health Skills for Mental Health)** – supporting RMNs to complete their studies and exploring ways to deploy their newly acquired knowledge and skills.
- **HCSW course (Foundations of Psychological Care)** – exploring what a patients wider needs might be beyond the boundaries of their own clinical areas.
- **B5 development programme for AMU (acute medicine), HCSW Care Certificate and Preceptorship Programme** – secured regular mental health representation in established training courses.
- **Mental Health Awareness Group** – facilitated sessions for all staff working in senior health, empowering individuals to find a solution to complex clinical presentations.
- Over 150 trained to date

Leadership Development

- The golden thread which runs through our strategy (mirroring national strategy), is the development of four critical capabilities:
 - Compassionate, inclusive leadership skills,
 - Improvement skills,
 - Talent Management and
 - Systems leadership skills.
- We have established a number of leadership development and management development programmes in line with the strategy, and these are up and running alongside coaching and mentoring initiatives.



Improvement in MAST compliance, development of new e-learning

- In 2017/18 we saw the addition of
 - PREVENT,
 - Capacity Act (MCA) and Deprivation of Liberty (DOLS),
 - Surgical Safety for Invasive Procedures,
 - Early Warning Score,
 - 10 Referral to Treatment modules and
 - Mental Health Awareness training,
 - with End of Life Care currently under development. These modules primarily support the Safe and Effective Care and the Elective Care recovery programmes.
- Our compliance in terms of our 10 “Core” MAST topics remains between 85 – 87%, which is the highest figure the Trust has reported to date.

Continuing Professional Development - Non Medical Study Leave funding

- In 2017/18 the Trust received a direct cash budget of £234,388 to invest in non-medical staff (bands 1-9) development. Some 341 applications were supported under the study leave policy.
- A further funding allocation of £351,582 was made available via the Higher Education Institutions commissioning arrangements. 235 applications for university CPD courses were approved.
- Education ensure that the staff continuing professional development monies are invested in a wide range of courses for all non-medical staff groups. For example, specialist pharmacy courses, mentorship training and leadership courses such as Nye Bevan. 15 individuals received a contribution towards continuation of MSc programmes.
- Additionally, in 2017/18, St. George's Charity awarded a further £50,000 to be used for staff training. In total, 28 applications were approved by a panel led by Education. The broad categories for the requested training were:
 - **Skills training to develop service** (e.g. Diabetes in Pregnancy, Sharp Debridement, Mindfulness)
 - **Team development training** (e.g. Bridges Self Management training)
 - **Mandatory Training** (ALS, ALS Instructor Course, EPALS)
 - **Personal Development** (inc. Postgraduate programmes)

Staff Engagement

- Listening into Action (LiA) re-launched
- In September and October 2017, LiA held Trust-wide Big Conversations. The feedback received was divided into seven key themes:
 - Estates and Facilities
 - Human Resources
 - Systems and Finance
 - Community
 - Morale and Values
 - Leadership
 - Information and Communication Technology (ICT)
- The executive team has made a series of commitments having reviewed, with the Listening into Action sponsor group, the 1,000 comments received.
- A number of actions have already been taken in response to this feedback such as disbanding the vacancy control panel and in terms of education, offering finance training to all budget holders.
- Freedom to Speak Up function incorporated into the LiASE role



Report to the Governors on the Quality Report

Year ending 31 March 2018

St George's University Hospitals NHS Foundation Trust

15 May 2018



Contents



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Appendices

A. Form of limited assurance report

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Headlines

The Quality Report

The Quality Report is a mandatory part of a foundation trust's Annual Report. Its specific aim is to encourage and improve the foundation trust's public accountability for the quality of the care it provides. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

Purpose of this report

This report to governors summarises the results of our independent assurance engagement on your Quality Report. It is issued in conjunction with our signed limited assurance report, which is published within the Quality Report section of the Trust's Annual Report for the year ended 31 March 2018.

In addition, this report provides the findings of our work on the indicator you selected for us to perform additional substantive testing on to support your governance responsibilities.

In performing this work, we followed NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18' ('Guidance').

The output from our work is a limited assurance opinion on whether anything has come to our attention which leads us to believe that:

- the Quality Report is not prepared, in all material respects, in line with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Conclusion

At the time of publication of this report, our work on your Quality Report remains in progress and some of the key areas of our work are yet to be completed. Our outstanding areas of work are as follows::

- completion of sample testing in respect of the performance indicator "maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers";
- setup and completion of sample testing in respect of the performance indicator "percentage of patient safety incidents resulting in severe harm or death";
- reviewing feedback from stakeholders, including commissioners, governors, the local Healthwatch organisation and local Overview and Scrutiny committee to ensure that it is reflected in the final version of the Quality Report
- review of the final version of the Quality Report; and
- obtaining a signed letter of representation from management.

Subject to this and results of our outstanding testing, we are proposing to issue an unqualified opinion on your Quality Report.

The text of our proposed limited assurance report can be found at Appendix A.

Headlines (continued)

Key messages

- We have noted marked improvements compared to the previous year in the Trust's arrangements for supporting our work to provide external assurance in respect of the Quality Report. As a result of the support received we were able to commence our work around the Quality Report at an earlier stage than in the previous year.
- Despite the improvements from previous years in supporting the Quality Report assurance process, our testing of performance indicators is not yet complete at the time of publication of this report. However, we have arranged times with the Trust to complete all of our outstanding work prior to the meeting of the Council of Governors on 15 May, and hence we will provide a verbal update on the status of this work.
- We note that the Trust has not reported performance against the indicator 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period' which would otherwise be mandatory for being subjected to external assurance. This is due to a decision taken by the Trust Board in July 2016 to cease reporting of performance for this indicator as a result of significant data quality issues identified. We agree that the Trust has a valid reason for not reporting performance against this indicator and have seen evidence of the actions that the Trust is taking to improve data quality in this area to an adequate level. However its now two years since RTT has been reported and the Trust needs to resolve this issue as quickly as possible.
- Our work in respect of the Trust's performance indicator 'percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge' is complete and we have no issues to report in respect of this indicator.
- At the time of publication of this report, our work in respect of the Trust's performance indicators 'maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers' and 'percentage of patient safety incidents resulting in severe harm or death' is on-going and we are not able to draw any conclusions at this stage though have noted no concerns to date.
- We confirm that the Quality Report has been prepared in all material respects in line with the requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.
- We confirm that the Quality Report is not materially inconsistent with the sources specified in NHS Improvement's Guidance, subject to our review of the feedback from external stakeholders, which is not due to be received until later in May.

- From a qualitative perspective, we note the Quality Report has been prepared to a higher standard compared to the previous year in terms of its general format and the way by which it tells the story of relevant quality developments and information for 2017/18.

Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this engagement.

Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2017/18 and supporting guidance.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of the 'NHS foundation trust annual reporting manual 2017/18' and the supporting guidance 'Detailed requirements for quality reports for foundation trusts 2017/18'.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018, the Quality Report is not prepared, in all material respects, in line with the criteria set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance.

Consistency of information

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2017/18 and supporting guidance.

Requirement	Work performed	Conclusion
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by NHS Improvement. This includes the board minutes and papers for the year, feedback received on the Quality Report, survey results from staff and patients and the Head of Internal Audit opinion.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018, the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'.
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process resulted in appropriate consultation.

Data quality of reported performance indicators

We undertook substantive testing on certain indicators in the Quality Report.

Selecting performance indicators for review

The Trust is required to obtain assurance from its auditors over three indicators.

For trusts providing acute and community services, NHS Improvement requires that we select two indicators in a prescribed order of preference from the list of four mandated indicators that are relevant to acute and community Trusts.

These two indicators are subject to a limited assurance opinion in line with the requirements set by NHS Improvement. We have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

In line with the auditor guidance, we have reviewed the following indicators:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge: indicator mandated by NHS Improvement for auditor testing
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers: selected from the subset of mandated indicators because this is the next highest priority indicator for testing specified in the NHS Improvement guidance for trusts not reporting performance against the indicator 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period' (see below).

NHS Improvement has identified the indicator 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period' as a mandatory indicator for external assurance for trusts providing acute, specialist or community services. However, performance against this indicator has not been reported within the Quality Report for St George's University Hospitals NHS Foundation Trust, due to a decision by the Trust Board in July 2016 to cease reporting performance against this indicator as a result of significant data quality issues identified. As such, we have not performed testing of this indicator and have instead tested the indicator 'maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers' as is set out above.

In 2017/18, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the Quality Report, selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, this indicator does not form part of the limited assurance report.

In line with the auditor guidance, we are testing the following local indicator:

- Percentage of patient safety incidents resulting in severe harm or death

Data quality of reported performance indicators (continued)

Data issues identified in relation to the 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways' indicator

The Trust is required by NHS Improvement to report performance for the 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways' indicator, more commonly known as the 'referral to treatment' (RTT) indicator. This is one of the key performance indicators that NHS foundation trusts are assessed against as part of NHS Improvement's 'Single Operating Framework' performance monitoring arrangements.

The Trust has not reported performance for this indicator within the Quality Report. This is because in July 2016 the Trust Board took the decision to cease reporting performance against RTT due to significant data quality issues identified following a commissioned external review that identified significant deficiencies in the Trust's processes for reporting and tracking RTT data. This includes a number of manual workarounds established in areas of the Trust to bypass proper use of the RTT functionality within the Patient Administration System (PAS).

The RTT indicator is a mandatory indicator for external auditor assurance for acute foundation trusts. As no RTT performance has been reported within the Trust's Quality Report that we could test, NHS Improvement's guidance required that we provide assurance in respect of the indicator 'Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers' instead.

NHS Improvement require that where a foundation trust has not reported a mandated indicator within its Quality Report due to a planned failure by the trust to report an indicator that the Trust should make an assertion within the 'statement of directors' responsibilities' of the reason for the non-reporting of the indicator. We have reviewed the disclosures in respect of this matter provided within the Quality Report and verified them to be reasonable and appropriate.

After taking the decision to cease report RTT performance, the Trust established an Elective Care Recovery programme to lead the corrective action necessary to return the Trust to reporting. These arrangements sit alongside the Quality Improvement Programme as a separate improvement stream and have continued to progress during 2017/18. We are satisfied that the Trust has put in place an adequate plan to respond to the issues identified in respect of RTT reporting, though we note that the data quality issues identified are significant in scale and given its now two years since the Trust reported RTT this matter needs to be resolved as soon as possible.

Data quality of reported performance indicators – Indicators subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge</p> <p>The A&E indicator shows the percentage of patients admitted to A&E who were admitted, transferred or discharged within 4 hours. The national target for this indicator for NHS foundation trusts is 95%.</p> <p>The indicator is calculated as:</p> <p>Numerator - Total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge</p> <p>Denominator – Total number of unplanned A&E attendances</p>	<p>87.56%</p>	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 15 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	<p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.</p>

Data quality of reported performance indicators – Indicators subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers</p> <p>The 62 cancer days referral indicator shows the percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. The national target for this indicator for NHS foundation trusts is 85%.</p> <p>The indicator is calculated as:</p> <p>Numerator - Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer within a given period for all cancers</p> <p>Denominator – Total number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer within a given period for all cancers</p>	<p>Final position not yet available</p>	<p>At the time of issue of our report, we are yet to complete our work in respect of this indicator. This work has been delayed due to issues around staff availability, as it was in 2016/17. This was also due to the national time scales for validation of the Month 12 data meaning that the Month 12 data was not available at the commencement of our audit.</p> <p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We have selected a sample of 23 items from Months 1 - 11 in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition. Once the Month 12 data is available we will select a sample of a further 2 items from Month 12 to test.</p> <p>The Trust is currently collating the information that we requested in respect of our sample and we are expecting to complete this testing on 14 May.</p>	<p>Our work in respect of this indicator is in progress and we will reach a conclusion once our testing has been completed.</p>

Data quality of reported performance indicators – Local indicator not subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Percentage of patient safety incidents resulting in severe harm or death</p> <p>The scope of the indicator includes all patient safety incidents reported through the National Reporting and Learning Service (NRLS). This includes reports made by the trust, staff, patients and the public.</p> <p>The indicator is calculated as:</p> <p>Numerator: Number of reported patient safety incidents resulting in severe harm or death at a trust reported through the National Reporting and Learning Service (NRLS) during the reporting period</p> <p>Denominator: Number of reported patient safety incidents at a trust reported through the NRLS during the reporting period</p> <p>In line with the requirements of NHS Improvement’s Guidance, this indicator is not subject to a limited assurance opinion. We do not provide the governors with any formal assurance in relation to whether this indicator is fairly stated.</p>	<p>Final position not yet available</p>	<p>At the time of issue of our report, we are yet to complete our work in respect of this indicator. This was due to us awaiting confirmation of which indicator had been selected by the Governors as the local indicator for auditor testing.</p> <p>We have agreed with the Trust that we will complete this work on 10 May 2018.</p>	<p>Our work in respect of this indicator is in progress and we will reach a conclusion once our testing has been completed.</p>

Fees

Fees for our work on the Quality Report

We confirm below our final fees charged for this work.

	Proposed fee	Final fee
Assurance on your Quality Report	£10,000	TBC
Total fee (excluding VAT)	£10,000	TBC

Form of limited assurance report

Independent Practitioner's Limited Assurance Report to the Council of Governors of St George's University Hospitals NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of St George's University Hospitals NHS Foundation Trust to perform an independent limited assurance engagement in respect of St George's University Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2017 to 24 May 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 to 24 May 2018;
- feedback from commissioners dated [**XX/XX/20XX**];
- feedback from governors dated [**XX/XX/20XX**];
- feedback from local Healthwatch organisations dated [**XX/XX/20XX**];
- feedback from the Overview and Scrutiny Committee dated [**XX/XX/20XX**];
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated 01/09/2017;
- the national patient survey dated [**XX/XX/20XX**];
- the national staff survey dated [**XX/XX/20XX**];
- the Care Quality Commission inspection reports dated 01/11/2016 and 03/08/2017; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 21 May 2017.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Form of limited assurance report (continued)

This report, including the conclusion, has been prepared solely for the Council of Governors of St George's University Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting St George's University Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and St George's University Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by St George's University Hospitals NHS Foundation Trust.

Our audit work on the financial statements of St George's University Hospitals NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as St George's University Hospitals NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to St George's University Hospitals NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to St George's University Hospitals NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of St George's University Hospitals NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than St George's University Hospitals NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Form of limited assurance report (continued)

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:
the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Grant Thornton UK LLP
Chartered Accountants
London

[**Date**]



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