

Council of Governors Meeting

Date and Time: Thursday 4 October 2018, 17:00

Venue: Hyde Park Room, 1st Floor, Lanesborough Wing

Time	Item	Subject	Action	Format
OPENING ADMINISTRATION				
17:00	1.1	Welcome and Apologies <i>Gillian Norton, Chairman</i>	-	Oral
	1.2	Declarations of Interest <i>All</i>	-	Oral
	1.3	Minutes of Meeting held on 24 July 2018 <i>Gillian Norton, Chairman</i>	Approve	Paper
	1.4	Action Log and Matters Arising <i>All</i>	Approve	Paper
MAIN BUSINESS				
17:10	2.1	Annual Members' Meeting: Reflections & feedback <i>Gillian Norton, Chairman</i>	Discuss	Oral
17:25	2.2	Governors' Role <i>Gillian Norton, Chairman</i>	Discuss	Oral
17:35	2.3	Patient Partnership and Engagement: Feedback on draft strategy <i>Avey Bhatia, Chief Nurse and Director of Infection Prevention & Control</i>	Review	Paper
17:55	2.4	Membership Engagement Committee Report <i>Richard Mycroft, Committee Chair</i>	Review	Paper
18:10	2.5	Overview of Non-Executive Directors and Board Committees and Feedback from Committee Chairman <i>Audit – Sarah Wilton</i> <i>Finance & Investment Committee – Ann Beasley</i> <i>Workforce & Education Committee – Stephen Collier</i> <i>Quality & Safety Committee – Sir Norman Williams</i> <i>Information Technology – Tim Wright</i>	-	Oral
19:25	2.6	Cardiac Surgery Update <i>Gillian Norton, Chairman</i> <i>Jacqueline Totterdell, Chief Executive Officer</i> <i>Stephen Jones, Director of Corporate Affairs</i>	Discuss	Oral
CLOSING ADMINISTRATION				
19:50	3.1	Any Other Business <i>All</i>	-	Oral
	3.2	Reflections on meeting <i>All</i>	-	Oral

20:00	3.3	Close		
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Date and Time of Next Meeting: 18 December 2018, 14:00

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
Nick de Bellaigue	Public Governor, Wandsworth	NB
Anneke de Boer	Public Governor, Merton	AB
Jenni Doman	Staff Governor, non-clinical	JD
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
Rebecca Lanning	Appointed Governor, Merton Council	RL
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
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SPa
Simon Price	Public Governor, Wandsworth	SPr
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
 24 July 2018
 H2.7, 2nd Floor, Hunter Wing**

Name	Title	Initials
Gillian Norton	Chairman/Non-Executive Director	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Val Collington	Appointed Governor, Kingston University	VC
Jenni Doman	Staff Governor, Non-Clinical	JM
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
Derek McKee	Public Governor, Wandsworth	DMK
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Helen McHugh	Staff Governor, Nursing & Midwifery	HMH
Richard Mycroft	Public Governor, SW Lambeth	RM
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Medical & Dental	AS
Clive Studd	Public Governor, Merton	CS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance		
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Paul Dossett	External Auditor, Grant Thornton	PD
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Jenny Miles	Risk Manager	RM
Renate Wendler	Associate Medical Director	AMD
Sir Norman Williams	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Apologies		
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Nigel Brindley	Public Governor, Wandsworth	NB
Anneke de Boer	Public Governor, Merton	ADB
Jenny Higham	Non-Executive Director	NED
Damian Quinn	Public Governor, Rest of England	DQ
Simon Price	Public Governor, Wandsworth	SP
Khaled Simmons	Public Governor, Merton	KS
Sarah Wilton	Non-Executive Director	NED
Secretariat		
Richard Coxon	Membership & Engagement Manager	MEM

<p>1.1 Welcome and Apologies</p> <p>The Chairman opened the meeting and noted the apologies as set out above.</p> <p>Dr Sangeeta Patel, the newly appointed Governor for Merton and Wandsworth Clinical Commissioning Group (CCG) was welcomed to her first meeting. The Chairman reported that Emir Feisal had resigned as a Governor for Wandsworth after becoming a Non-Executive Director at Lambeth CCG. She explained that in accordance with [provision Annex Five, 4.1.2.2 of the Trust's Constitution], the 'runner up' from the last election had been approached to check that he continued to meet the eligibility criteria and was still interested in becoming a Governor. If so, he would be formally appointed as a public Governor at the Trust.</p> <p>The Chairman reported that the CQC's report on its inspection in March and April 2018 had been published the previous week. The overall rating for the Trust had improved from 'inadequate' to 'requires improvement'. This was a significant step forward and a reflection of the hard work of staff across the Trust. However, the Trust would remain in Special Measures for the time being and a further CQC inspection was anticipated by the end of the calendar year, at which point the Trust hoped to come out of quality special measures. The Chairman emphasised that ultimately the Trust aimed to achieve an outstanding CQC rating, but acknowledged this would take time. The 'requires improvement' category was a broad one and significant work would be needed before any further upgrade in the CQC rating was likely. An action plan to address the 'must do' actions highlighted in the CQC report would come to the Board in August. A focus on getting the basics right was important. There was some discussion around the importance of cultural change within the organisation. It was noted that steps had already been taken in this respect and that leadership would continue to be key, but that cultural change took time to achieve in an organisation of over 9,000 staff.</p> <p>There was a discussion about how Governors report any issues they observe around the Trust and the speed with which the Trust addressed issues and concerns raised by Governors. It was noted that the Membership Office would track all enquiries from Governors and ensure a prompt response. Governors should contact the MEM, DCA or Chairman if there were delays in receiving a response.</p>
<p>1.2 DECLARATIONS OF INTEREST</p> <p>No declarations of interests were made.</p>
<p>1.3 MINUTES OF MEETING HELD ON 24 JULY 2018 AND ACTION LOG</p> <p>The minutes of the meeting on 24 July 2018 were agreed, with some minor amendments, which included in item seven, changing wording to read 'at least a year to implement' and in item 11, change initials from 'SC' to 'CS'.</p>
<p>1.4 ACTION LOG AND MATTERS ARISING</p> <p>The Council reviewed the Action Log, agreed items that could be closed and noted the open actions which were not yet due. KH noted that there had been an action for Jenny Higham to give a presentation on St George's University. The Chairman agreed that this had been agreed for the 18 December 2018 meeting and should be added to the action log.</p> <p>ACTION: COG.24.07.18/33 MEM to add St George's University presentation to the action log.</p>
<p>MAIN BUSINESS</p> <p>2.1 Learning from Incidents</p>

Renate Wendler, Associate Medical Director for Governance, and Jenny Miles, Risk Manager, gave a presentation on how the Trust learned from patient incidents. It was noted that after the CQC had inspected the Trust in 2016, a Quality Improvement Plan has been developed and part of this was ensuring that learning from incidents was implemented throughout the Trust. The Plan helped promote a culture in which all Trust staff were confident to report incidents, and its implementation also ensured staff had the skills to investigate and learn from events and were empowered to make any changes necessary as a result of the learning. There was an online incident reporting system for staff which fed into a national patient system on a regular basis. It was noted that this was a key part of good governance, organised by divisions, and helped to streamline the process, standardise and support best practice.

It was noted that over 13,000 adverse incidents were reported by staff each year with the majority being no or low harm. An 'incident of the month' featured in eG (the electronic bulletin) which was sent to all staff, and read by approximately 400 staff. The Advanced Skills Centre also recreated scenarios so that staff could benefit from learning. It was noted that all reported incidents were investigated and staff could see the closure report. Any themes were discussed at Divisional Board.

In relation to incident of the month, Governors asked how this could be promoted to a greater number of staff; while 400 was a good start it meant that less than 5% of the Trust's staff read this item in any given month. The AMD agreed and said that there were discussions on-going about how best to promote this across the organisation.

The presentation was received.

2.2 Overview of Non-Executive Directors & Board Committees Chairman

Tim Wright gave an update on ICT. He noted that the Trust Board had held two successful ICT workshops in November 2017 and February 2018 and had agreed the methodology of Stabilise; Optimise and Transform. In the early part of this year, efforts had been focussed on stabilisation and reducing risk across the ageing IT infrastructure. A windfall NHS Digital funding in March 2018 had enabled critical network switches. This had needed to be allocated rapidly, but the Trust had been well prepared for this. A new Chief Information Officer, Elizabeth White, had been appointed to the Trust in May 2018, replacing Larry Murphy. Elizabeth had a strong business background and considerable experience of IT in healthcare.

It was noted that while remedial works continued, effort had moved into the 'Optimise' phase. An updated Action Plan for ICT risks had been presented to the Finance & Investment Committee in June 2018, and had been reported to the Board later that month.

The 2018-19 key priorities were:

- Queen Mary's Hospital (QMH)
- Infrastructure risk migration
- Delivering Cost Improvement Plans (CIP) (transformation benefits)
- Information Management and DW improvements
- Referral-to-Treatment Time (RTT) support
- Resource balance (substantive staff v contactors)
- South West London Pathology (SWLP) Laboratory information Management System replacement
- Medium/long-term Electronic Direct Mail solution

A key part of the Action Plan was to create a clinical systems platform across the whole Trust and to prioritise projects that supported the ongoing functioning of the Trust. The Trust was working towards meeting the digital maturity standards set by the NHS.

It was also noted that work to implement iClip at Queen Mary Hospital (QMH) was progressing, with the

discovery phase completed in May 2018. The Cerner basic EPR solution would be deployed by the end of November 2018. The deployment of iClip at the Tooting site has been agreed and would be rolled out in the autumn. A full inpatient rollout would be completed by February 2019 with outpatient deployment at the Tooting site completed by the end of March 2019.

Tim Wright also highlighted three other ICT areas of work. The responsibility for ensuring the Trust became compliant with the General Data Protection Regulation (GDPR) had been allocated to the CIO, reporting to the CFO, and a high level plan had been agreed to achieve compliance. The 'Wannacry' virus in May 2017 had been a global crisis and a wakeup call for the NHS. The Trust was now much less vulnerable with better defences in place. There was regular reporting to NHS England that showed the Trust was improving but still had some way to go to reach maturity. The CIO was restructuring the ICT team, reducing dependency on contractors and building the Trust's capability in key areas in-house.

Ann Beasley gave an update on the work of the Audit Committee on behalf of Sarah Wilton, who had been unable to attend the Council meeting. The Audit Committee had met twice since the last COG. At its meeting in May 2018, the Committee had received assurance that the Trust had met its forecast deficit and was given good and reasonable assurance both by Internal and External Auditors. It had approved the Annual Report and Accounts, including the Quality Report, and had recommended these to the Board.

At its meeting in July 2018, the Committee received an update on the internal audit programme. As anticipated, the GDPR compliance audit had received a 'no assurance' rating. This reflected the fact that the Trust's preparations for the introduction of GDPR had started close to the point that the GDPR had come into legal effect. Progress against the management actions would be monitored closely. A report had been received from Counter Fraud which reported that the Trust received about six new cases a month which was low for a Trust of this size. A series of awareness sessions had been held with staff to help them understand and recognise fraud and further communications were planned. It had been reported that £24.2m of debt had been recovered in Quarter one, 2018-19 which was good progress. The Committee had also received an update on whistleblowing, and on clinical audit.

Ann Beasley gave an update from the Finance and Investment Committee which had met three times since the last COG meeting. The Committee had considered a number of the estates and facilities risks. A new Action Plan and Water Safety Plan had been produced and steps taken to ensure that the Trust has undertaken all achievable actions. This was also being considered by the Quality and Safety Committee. The financial control total for the current year was for a deficit of £29m. At the end of June 2018, the Trust was on plan, though delivering on the identified cost improvements and activity and income levels remained a significant challenge. The Four Hour Emergency Standard had been met for Quarter One which meant that the Trust would qualify for some additional Provider Sustainability Funding. A trajectory had been agreed to achieve the 95% target.

The Committee had noted the Community Services dis-investment programme whereby notices for all ten services had now been served. The timescales for divestment of some services had been extended by mutual agreement to allow the commissioners to undertake a full procurement exercise. The updated Procurement Policy was approved and this will now be communicated widely so that there are fewer breaches and waivers going forwards. It was noted that coding was better than it had been previously, but there was still a long way to go to get it right.

Stephen Collier provided an update from the Workforce and Education Committee which had met in June 2018. The Trust had approximately 9,500 staff, including contractors. Workforce costs amounted to around £500m pa which was the largest element of the Trust's budget. The staff budget at Quarter One was on track with the reduction in the scale of the establishment and a reduction in vacancies achieved. Agency spend had also been reduced. Over 400 staff was now using 'MeApp' to book bank shifts within the Trust as part of South West London Bank Consortium.

It was noted that there had been an improvement in the latest staff annual survey with 85% of staff who would recommend the Trust for treatment compared to 74% previously and 61% who would recommend as a place to work compared to 36% the previous year. The Committee had been informed that there

<p>were over 200 senior managers taking part in the Leadership Programme run by The King's Fund. It was noted that there are ongoing IT concerns with the staff e-rostering system and payroll which were not compatible.</p>
<p>Si Norman Williams gave an update from the Quality and Safety Committee. He noted that the CQC report had been received before the last meeting of the Committee but it had not been possible to discuss it in that forum prior to its publication. He was very pleased with the progress the Trust had made but warned that it could not be complacent, and significant work remained before the Trust could come out of quality special measures and achieve the good and outstanding ratings for which it should aim. The CQC would be coming back later in the year to inspect three areas including Outpatients which was still problematic though there were plans to make improvements which the Committee would be considering. The Committee had discussed the Quality dashboard. Mandatory training for infection control was currently at 85% which was very good. There has been an increase in C.Diff cases last month but this has now stabilised. The COO had reported to the Committee the case of a mental health patient who had been left on a trolley in A&E for over 12 hours while a suitable bed for them was found; this was unacceptable and should not happen and the Trust was working closely with the local mental health Trusts to avoid any repeat.</p>
<p>The Committee had received a report of the newly re-established Patient Experience Engagement Group (PEEG) which would be developing a Patient Engagement strategy which would come to the Committee for consideration in the autumn. Some Governors expressed the view that there had been a lack of administration around the establishment of the new PEEG, and several emphasised the importance of this work. It was agreed that these concerns would be discussed outside the meeting.</p>
<p>The Board Committee updates were received.</p>
<p><i>Agenda items were taken out of agenda order to accommodate presenters availability</i></p>
<p>2.7 Strategy Update Report</p>
<p>The DS presented an update on the progress in developing the Trust Strategy. A series of staff and public/patient engagement events were underway which 103 people had attended including some of the Governors present. The early feedback had been positive and further events would be held later in the year as the strategic thinking progresses. There would be joint events with commissioners in November around service model and delivery which would involve wider stakeholder engagement. The Trust Board had also scheduled a programme of seminars to consider the initial analysis of clinical services and strategic issues.</p>
<p>There was some discussion regarding the poor attendance by the public and finding ways to encourage attendance. In response to a question about whether members had been alerted to the strategy seminars, the DCA confirmed that this had been done and email updates with the times, dates and location of the meetings had been circulated to all members for whom the Trust had contact email addresses. Further publicity had also been used, but consideration would be given to how best to promote such events. It was suggested that 'Town Hall' meetings at different locations across the four constituencies of the Trust's membership could potentially encourage attendance and engagement. It was suggested that the theme for these might be framed in terms of giving members and the public the chance to have their say about their local hospital might have some impact in order to have greater impact.</p>
<p>The report was received.</p>
<p>2.8 Quality Report – Audit Findings Report</p>
<p>Paul Dossett, Grant Thornton, the Trust's External Auditors, presented the Report to Governors on the Quality Report and also the Annual Audit Letter to year ending 31 March 2018. The reports provided an unqualified opinion, noting good progress and improvement on previous years. Trust staff were thanked for their co-operation and timely production of the Quality Accounts.</p>

<p>The report was received.</p>
<p>2.4 Nomination & Remuneration Committee Report</p>
<p>The Chairman reported that the last Nomination and Remuneration Committee on the 7 June 2018 had agreed to make a number of recommendations to the Council of Governors.</p> <p>Following the Committee's discussion on the conclusions of the governance review, the Council of Governors was asked to agree not to appoint an additional NED focused on strategy development at the present time and note the clarification to the recommendation in the Deloitte review relating to the appointment of the additional NED. This was agreed.</p> <p>The Council of Governors was asked to agree the recommendation of the Committee to increase the remuneration of NEDs from £12,000 per annum to £14,000 per annum given the time commitments asked of the NEDs. Implementation date to be the same as NHS staff pay increase. This was agreed.</p> <p>The Council of Governors was asked to note the Committee's consideration of and feedback on the draft objectives for the Chairman and NEDs for 2018/19. This was noted.</p>
<p>2.5 Membership Engagement Report</p>
<p>The DCA reported that a meeting with Governors had taken place on 19 June 2018 to discuss Governors' engagement with the membership of the Trust and the refresh of the Membership Engagement Strategy. It had also discussed the re-establishment of a sub-Committee of the Council of Governors on Membership Engagement.</p> <p>The report asked the Council of Governors to:</p> <p>Agree to the establishment of a Membership Engagement Committee as a Sub-Committee of the Council of Governors. This was agreed.</p> <p>Agree to the proposed Terms of Reference and membership of the Committee. This was agreed with the amendment of each members having to attend 'every' Committee meeting</p> <p>Note the update on the meeting held on the 19 June 2018 to discuss membership engagement. This was noted.</p>
<p>2.6 Annual Members' Meeting</p>
<p>The report was introduced by the DCA and was taken as read. The proposed plan for this year's Annual Members' Meeting was to build on the success of last year's meeting following the same format.</p> <p>The Governors would be invited to attend visits across the Trust on the morning of 27 September The NHS 70 theme would be carried through with an NHS 70 birthday card in reception for visitors to sign and an exhibition of the celebrations at 5.30pm before meeting started. The patient story at the AMM would be from Libby Keating, whose face was completely rebuilt after a horse riding accident.</p> <p>This would also be an opportunity for members to meet the Governors, have refreshments and collect a copy of the Annual Review 'At a glance' booklet.</p> <p>The report was approved.</p>
<p>CLOSING ADMINISTRATION</p>

3.1 Any other Business
RM suggested that after the Council of Governors meeting on the 18 December 2018 which was scheduled to finish at 5pm, Governors should gather for Christmas drinks at a local venue. This suggestion was agreed.
3.2 Reflections on Meeting
No reflections on the meeting were offered.
3.3 Meeting Close
The Chairman thanked everyone for their contributions.
Date and Time of Next Meeting: 4 October 2018, 17:00, Hyde Park Room

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Council of Governors Action Log					
Action Ref	Action	Due	Lead	Commentary	Status
COG.28.02.18/26	Report on BAF/Risks at a future COG meeting	18.12.18	CN	Deferred to the 18.12.18	Open
COG.15.05.18/31	Chief Nurse to give an update on volunteering at a future meeting	18.12.18	CN	Not yet due	Open
COG.15.05.18/32	Presentation on GIRFT programme and Model Hospital for a future meeting	14.02.19	MD	Not yet due	Open
COG.24.07.18/33	St George's University Presentation by Principal to be added to 18.12.18 agenda	18.12.18	NED	Not yet due	Open

Meeting Title:	Council of Governors		
Date:	4 October 2018	Agenda No	2.3
Report Title:	Draft Patient Partnership and Experience Strategy		
Lead Director/ Manager:	Avey Bhatia Chief Nurse & Director of Infection Prevention and Control		
Report Author:	Avey Bhatia Chief Nurse & Director of Infection Prevention and Control		
Presented for:	Approval Update	Decision Steer	Ratification Review
	Assurance	Discussion	Other (specify)
Executive Summary:	<p>The Patient Partnership & Experience Group (PPEG) has developed the attached draft Patient Partnership and Experience Strategy 2018/19. The strategy sets out the group's vision for engaging with service users, carers and families. There are 5 key strands to the strategy as follow:</p> <ol style="list-style-type: none"> 1. Our principles underpinning patient engagement 2. New roles and structures to facilitate engagement 3. Channels through which we will hear views from a diverse range of patients, carers, families and communities 4. Objectives for the first year of the Patient Partnership and Experience Group 5. How we will monitor progress and ensure robust governance <p>Comments / suggestions are currently being sought on the strategy before it is presented to the Quality & Safety Committee and then onto Board for final approval.</p> <p>Some very useful and insightful comments have already been received from the wider group itself and other colleagues, these include:</p> <ul style="list-style-type: none"> • Direct reference to 'new' ward based groups as well working with established groups • How will we know if the group has been successful? How will we measure that? • Revisit the principles and see if these can be tightened • Reference co-production with staff as well as patient partners <p>Final changes will be made by 11th October 2018 to meet submission deadline for Quality and Safety Committee.</p>		
Recommendation:	The Council of Governors is asked to discuss the draft strategy and provide comments and/or suggestions. These can also be emailed directly to; Avey.bhatia@stgeorges.nhs.uk		
Supports			
Trust Strategic Objective:	Treat The Patient, Treat The Person; Right Care, Right Place, Right Time; Build A Better St George's		
CQC Theme:	Safe, Effective, Caring, Responsive & Well-led		
Single Oversight Framework Theme:	Quality of Care Leadership and Improvement		
Implications			
Risk:	No risks identified at present		
Legal/Regulatory:	NA		
Resources:	Dedicated administration support is in place to coordinate PPEG and its activities to deliver the strategy.		
Previously Considered by:	Patient Partnership & Experience Group	Date	25/09/18
Appendices:	DRAFT Patient Partnership & Experience Strategy		

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OUTSTANDING CARE EVERY TIME

Our Patient Partnership and
Experience Strategy

Patient partnership

Our strategy for engaging with service users, carers and families: 2018/2019



Overview

This strategy sets out our vision for engaging with service users, carers and families. We recognise that their involvement is vital to our overall goal: to provide outstanding care, every time.

We want to be in the top 20 of NHS Trusts for friends and family test scores, and to ensure that we do everything possible to listen to the voices of all service users – including those who are seldom heard.

In this strategy we set out the steps we will take to engage patients, listen to their views, and act upon them. The strategy has been developed with input from service users.

- 1 Our principles underpinning patient engagement
- 2 New roles and structures to facilitate engagement
- 3 Channels through which we will hear views from a diverse range of patients, carers, families and communities
- 4 Objectives for the first year of the Patient Partnership and Experience Group (PPEG)
- 5 How we will monitor progress and ensure robust governance
- 6 Next steps and further information

1. Our principles underpinning patient engagement

- Work with patients as partners, respecting their lived experience and skills
- Listen with respect and an open mind and do whatever we can to act upon patients' suggestions
- Actively reach out to the widest possible range of patients so that we hear diverse voices across health conditions, ages and cultures
- Establish a variety of channels through which patients can contribute their voice in ways which are accessible and convenient to them
- Provide support so patients are able to contribute effectively and gain satisfaction from their involvement
- Provide feedback in an accessible way about how we are acting upon patients' ideas and how they can get involved
- Be transparent and honest when progress is difficult. We will explain the problems and do our best to give realistic assessments about what is possible, and what is not
- Reach out to the wider community in our geographical area – particularly through our Foundation Trust membership
- Ensure that carers and family members can also contribute their views
- Work in a collaborative partnership with other organisations, the wider health population, and our local communities

How patient engagement fits within our wider strategic framework

The main document underpinning our engagement strategy is the Trust's Quality Improvement Plan. This plan builds upon external perspectives including our post-Care Quality Commission (CQC) inspection action plan, our Quality Account priorities, Picker patient experience reports, and internal feedback from staff about specific actions to improve care. Our Quality Improvement Plan details step by step actions in specific service areas to achieve measurable goals. You can read the plan on our website: www.stgeorges.nhs.uk

The Trust's Values will also underpin our patient engagement work. They reflect our commitment to ensuring that all staff – clinical, managerial and administrative – are kind, excellent, responsible and respectful.



2. New roles and structures to facilitate engagement

There are two aspects to this:

- We have created a new, more formal role of 'patient partner'. These are patient volunteers recruited on the basis of their lived experience and skills. Patient partners will work in two main ways. Firstly, as part of patient partnership groups which operate within wards, services and departments. These groups will focus on local issues and ensure that patients' voices are heard in running and developing services. Secondly, partners will be members of a new group described below
- We have established a new Patient Partnership and Experience Group (PPEG). The group is co-chaired by a patient partner and operates at a senior level within the Trust.

It will:

- Work as a hub to receive patient feedback from a variety of sources
- Monitor actions to improve patient engagement and patients' views to improve and shape our services
- Actively involve patients when we plan new services
- Make sure patients know how they can contribute their views and ideas
- Explain what has been done and showcase how patients have made a difference
- Reach out to the widest possible number of patients, carers and other local stakeholders

3. Channels through which we will hear views from a diverse range of patients, carers, families and communities

There are a variety of ways in which patients, carers, families and local and national stakeholders can contribute their views and become involved. In addition, we commit to actively reaching out to people who may find it more difficult to engage for reasons such as disability, age, language barriers and cultural issues.

A fundamental task for PPEG will be to work with patient partnership groups and to become embedded partners in any improvement programmes, ensuring the patient voice and perspective are involved from the onset.

The main ways we will receive views are:

Surveys

In 2011, the Trust developed a new system of capturing real-time patient feedback through tablet computers and online surveys. Patients are given the opportunity to complete feedback as part of their stay at St George's. Our surveys incorporate the Friends and Family Test. This is a simple question that patients are asked about the care they have received from our services.

The question is "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" Patients are encouraged to explain why they gave a particular score, so the Trust can use this insight to target any improvement activity. Details such as gender, age, ethnicity and disability are also collected if provided.

Direct contact with patients

- Our Patient Advisory and Liaison Service (PALS) deals with issues, complaints and compliments. This is a rich source of information about what works well and what we can improve. PPEG will work closely with PALS to ensure both responsiveness to individual issues and learning that can be applied more widely
- There are many existing patient groups within the Trust for different health conditions including cancer, maternity, learning disabilities, and kidney problems. PPEG will create a database of these groups and how to contact them. It will invite them to present to PPEG, act on their issues and concerns, help spread good practice and identify wider trends of feedback across different health conditions. PPEG will also disseminate information about how to create new patient groups
- St George's has more than 200 volunteers working in a variety of less formal roles. They have invaluable insights and often ideas and suggestions for improvement

Outreach and communications

- PPEG will actively reach out to groups of people who may find it more difficult to engage for a variety of reasons such as disability, cultural issues, language barriers, or stigma. We will work with partners within the Trust and community settings to go where people already gather and bring information and opportunities to them
- We will review the pathways through which patients can contribute their views and ensure that these are robust, clearly communicated, and accessible

Other partners and stakeholders

- Local and national patient organisations are a good source for patient views. These include local Healthwatch groups which champion patient issues, commissioners, local community groups and national voluntary organisations such as Macmillan and Diabetes UK
- St George's has been a Foundation Trust since 2015, and has a thriving membership of more than 21,000 members made up of people from our local community, our patients and 9,500 staff. We will support and grow this group to be a vibrant source of ideas and advice

Equally important will be creating channels to give feedback to patients about how we are acting on their views, and what progress we are making. We will have a dedicated web page and stakeholder events to cascade and inform our service users.

4. Objectives for the first year of the Patient Partnership and Experience Group (PPEG)

For the first year of PPEG, we have set objectives in two broad areas: setting up structures and communications channels to enable PPEG to work effectively; and working on care improvements as identified in the Trust's Quality Improvement Plan and Quality Account priorities.

Objectives for PPEG

Improve our ability to obtain a diverse range of feedback

We will:

- ❑ Work to ensure that all our patients, including those from vulnerable groups, are able to access our surveys
- ❑ Work with staff to improve our real-time feedback survey response rates to 50% in all individual areas
- ❑ Implement new strategies to capture feedback in other formats such as text and other digital responses
- ❑ Develop bespoke feedback methodologies to suit different patient groups. Our clinical divisions will drive improvements through local Patient Partnership Action Plans. This will include

"you said we did" feedback posters for patients, service users, carers and families

- ❑ We will work with the communications team to ensure that there is clear information about the engagement that is happening and how people can be involved. We will provide feedback about how patients are making a difference and report on the progress of our projects

Create new communications channels to explain about patient involvement

We will:

- ❑ Create a map of the different ways in which a patient can contribute feedback or ideas and make sure this is available to patients across clinical areas and in a variety of formats e.g. posters, leaflets, and on the Trust's website
- ❑ Explore the possibility of suggestion boxes on wards
- ❑ Create a database of the various condition specific patient or support groups at St George's and how to contact them and ensure that this information is visible and accessible to patients



- ❑ Invite these groups to present to PPEG and share information and learning including producing case studies of how they have made a difference
- ❑ Disseminate information about how to set up a new patient or support group
- ❑ Signpost where other support is available from community or national voluntary sector groups

Focus on what matters most to our patients

We will:

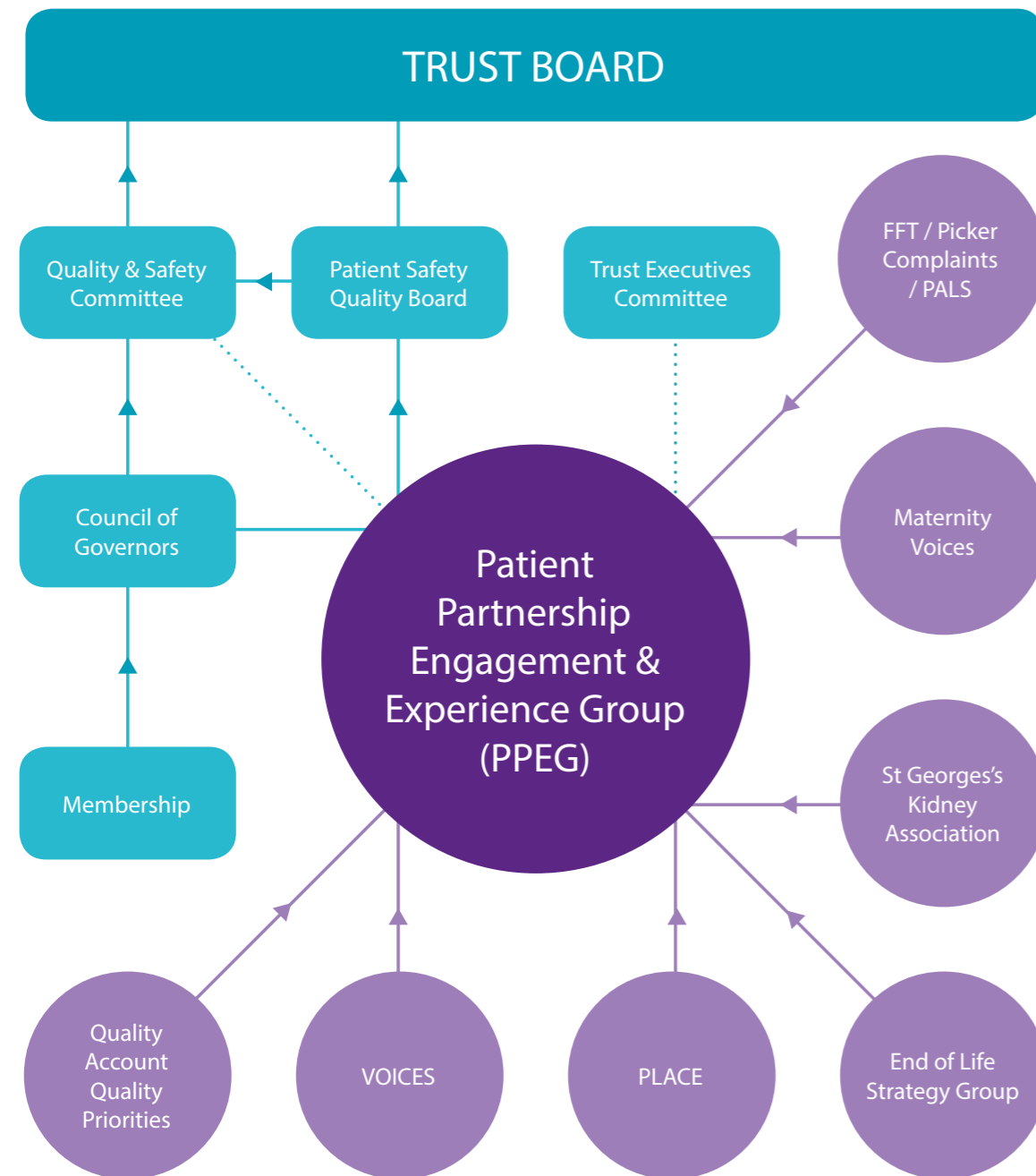
- ❑ Focus on improving the areas that patients feel matter most to them. These are listed below.

Patient experience priority number:	What matters most to our patients
1	Patients, family and/or carers will always be included in the discharge process
2	Patients family and carers will always be listened to
3	Patients' physical, social, spiritual and emotional needs will always be reviewed and supported appropriately
4	Patients, family and/or carers will always receive information and education to facilitate self-care, ensuring how patients would expect to feel after their operation or procedure



5. How we will monitor progress and ensure robust governance

PPEG will be the group that will monitor progress against the objectives in this strategy. It is a formal body within the overall Trust governance structure. The diagram below shows where it fits:



PPEG has agreed terms of reference and will develop specific workstreams with measurable outcomes for the objectives identified above. It will report to the Patient Safety and Quality Board.

6. Next steps and further information

We will launch the strategy with a series of events across the Trust starting in Autumn/ Winter 2018.

The communications team will produce supporting information in a variety of formats and on the web. Visit www.stgeorges.nhs.uk for more information.



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Meeting Title:	Council of Governors		
Date:	4 October 2018	Agenda No	2.4
Report Title:	Membership Engagement Committee Report		
Lead:	Richard Mycroft, Committee Chairman		
Report Author:	Richard Coxon, Membership & Engagement Manager		
Presented for:	Review		
Executive Summary:	This paper presents an update on the Membership Engagement meeting on 4 September 2018, including those that require the approval of the Council of Governors.		
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • agree the plans for the development of the membership engagement strategy, including noting the proposed key themes of the strategy and the timeline for its development; • note the upcoming membership engagement events; • agree to undertake a survey of members, including approving the proposed survey at Appendix 1. • 		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-led		
Single Oversight Framework Theme:	Leadership and Improvement Capability		
Implications			
Risk:	Membership not engaged or informed.		
Legal/Regulatory:	<i>Foundation Trust Code of Governance</i> section D.1.2 Section 5.2 of the current draft of <i>Your statutory duties: a reference guide for NHS foundation trust governors</i> published on August 2013 (page 40)		
Resources:	N/A		
Previously Considered by:	N/A	Date	
Appendices:	N/A		

**Council of Governors 4 October 2018
Membership Engagement Committee Report**

1.0 PURPOSE

- 1.1 This paper presents an update on the work of the new Membership Engagement Committee and the decisions taken at its meeting on 4 September 2018, including those that require the approval of the Council of Governors.

2.0 MEMBERSHIP STRATEGY REFRESH

- 2.1 The Committee noted that the Trust's existing membership engagement strategy expired in 2017 and that this had been developed as the Trust prepared to become an NHS Foundation Trust in February 2015. It agreed that a new strategy was now required.
- 2.2 The Committee considered proposals for developing a new Membership Engagement Strategy for the Trust. It agreed that unlike the previous strategy, which was very detailed in nature, the new strategy should be concise, easy to read and accessible to all members. The Committee agreed it should set out the vision for membership engagement and key aims and objectives; the Committee agreed that the detail of how the strategy would be delivered and the metrics for assessing this should be set out in a separate and more detailed supporting plan.
- 2.3 The Committee also discussed the potential aims and objectives of the strategy. It agreed that it was important to articulate a limited set of key objectives, rather than set out an extended number of objectives. At this early stage, it agreed four key objectives that would shape the development of the strategy:
- To enhance the quality of engagement with members – widening and deepening opportunities for two-way engagement;
 - To ensure the membership is more representative of the community the Trust serves – making sure the membership is reflective of the diverse population it serves;
 - To increase the membership of the Trust – including articulating more clearly the purpose and benefits of becoming a member;
 - To enhance the input of members into the shaping of the Trust's future direction and strategy.
- 2.4 The Committee considered that these objectives should form the basis of the development of the membership engagement strategy, though these may be refined and updated as the strategy is developed. The Committee did, however, agree that the most significant of these objectives was enhancing the quality of engagement with members.
- 2.5 An indicative timeline was also discussed. The Committee considered whether it should seek to develop a new strategy for publication in January 2019 or develop it to be launched in Spring 2019 alongside the new Trust strategy. The Committee agreed that, at this stage, it would prefer to aim to develop a high level strategy by Christmas, and bring proposals for this to the December meeting of the Council of Governors. It also agreed that its preference would be to then develop a detailed implementation plan in the new year, which could be published in April 2019. However, where practical BAU improvements could be piloted, then this should be done and any experience fed into the detailed final implementation plan so that pace could be maintained.

2.5 The Council of Governors is asked:

- **to note the update on the Committee's work in developing the new strategy**
- **to agree the key objectives identified by the Committee as forming the basis for the development of the new strategy**
- **to agree that a draft strategy will be brought to the December meeting of the Council of Governors for consideration.**

3.0 MEMBER ENGAGEMENT AND UPCOMING EVENTS

3.1 The Committee considered a paper setting out the current programme of engagement events and opportunities with members. These included the Meet your Governor stand; Member Health Talks; Community Events, and the upcoming Annual Members' Meeting (AMM) on 27 September 2018. The Member consultation events on trust strategy were also noted. The Committee noted the upcoming topics of health talks (sepsis, weight loss, stroke) and, building on the discussions in June, considered that for the future it may be possible to look to include topics that looked more broadly at some of the big national policy issues in healthcare and what they mean for the Trust. There was a discussion about the planned events around the AMM, and the Committee noted that Governors would have the opportunity to participate in visits across the Tooting site, reflecting the approach of the Board visits. It also noted the plans to hold events outside the venue for the AMM to engage with members.

3.2 The Committee noted that the Trust was exploring holding membership engagement events across the different public constituencies of the Trust. The Committee agreed that these could serve a useful function in supporting Governors in engaging with public members. It was noted that choice of venue would be key and that site should be explored that ensured easy accessibility for members of the public. The Committee also agreed that it was important Governors also seek to engage with members through existing networks and it agreed that work should be undertaken to explore the networks that exist that Governors could potentially present at, or networks that individual Governors were already part of which could be used for wider engagement. Some benchmarking with beacon Foundation Trusts had been undertaken and this would continue to inform developments on any specific developmental or novel ideas.

3.3 The Council of Governors is asked to note the update on upcoming membership engagement events.

4.0 DRAFT MEMBERSHIP SURVEY

4.1 Following discussions among interested Governors on 19 June, the Committee discussed proposals to undertake a survey of public members. It was noted that Governors have a statutory duty to represent the interests of members and the public, and that this could be supported by understanding more clearly which issues mattered most members and what methods of communication with them was most effective. The Committee considered a draft survey. Members have since fed back on this with additional thoughts and comments and the final version of the proposed survey is attached at Appendix 1. The Committee felt that it was important the survey is concise and accessible in order to encourage a good response rate. It discussed when this should be launched and agreed that, subject to approval from the Council of Governors, that the survey should go live in October, with the results informing the development of the new membership engagement strategy which will come to the Council for discussion in December. Staff members would receive a separate questionnaire, though the Committee noted that would be important that any survey of staff members took account of

other methods of seeking views from staff, and that appropriate timings would need to be agreed given the upcoming launch of the annual NHS staff survey.

- 4.2 The Committee agreed that all members with an email address would receive an online survey and members without would receive a postal survey with covering letter. A postal survey would also be sent to those members for whom the trust did not hold an email address, seeking to encourage them to provide these details to minimise cost of engagement in future. The postal element of the survey was estimated to be £3,500
- 4.3 **The Committee is asked to agree the Committee's recommendation that a survey of members is undertaken and to approve the proposed survey attached at Appendix 1.**

6.0 RECOMMENDATION

- 6.1 The Council of Governors is asked to:
- agree the plans for the development of the membership engagement strategy, including noting the proposed key themes of the strategy and the timeline for its development;
 - note the upcoming membership engagement events;
 - agree to undertake a survey of members, including approving the proposed survey at Appendix 1.

Membership Questionnaire

Introduction – key points

St George's Foundation trust covers ...

We value Members – we want members to be informed about the work of SGFT & how it is developing; and to take account of member's views in shaping how SGFT develops.

There is strong support for good quality local health services from residents in Wandsworth, Merton and South West Lambeth, and for referrals for specialist services from wider afield amongst the public and members in particular.

We are all aware of the pressures on Hospital services. We can use input from members to help us continually improve our services and meet the challenges which face it.

St George's FT currently communicates with its members in a variety of ways including the election of Public Governors who represent both Members and the general public. We have ideas about new ways of engaging. We like your views on current and proposed ways of engaging and any other views you have

Q1: Which of the current communication channels do you find most helpful in getting information from us about the Trust? Tick as many as apply.

- Our regular email newsletter
- Members' Health talks
- Social media – eg Twitter, Facebook, YouTube
- Annual Members' Meeting
- Speaking to the Trust Governor in my constituency
- Other (please specify)

Q2: Which of the current channels below do you find most helpful in giving us your views about the Trust? Tick as many as apply.

- Annual Members' Meeting
- Social media – eg Twitter, Facebook, Youtube
- Letting the Trust Membership Office know my views
- Speaking to the Trust Governor in my constituency
- Other (please specify)

Q3: What other possible methods under consideration to improve Member engagement (giving information and getting your views) would you find most useful? Tick as many as apply.

- Hard copy newsletter available at St George's FT sites
- A refreshed Members page on the Trust's public website
- A Facebook group for Trust Members
- Member events held locally in the community rather than at hospital sites
- Member consultation meetings on important development eg service changes
- Other (please give us your views)

Q4: What topics most interest you (tick as many as apply)?

- Clinical conditions / Disease management and prevention
- Developments and Innovations in our services
- Wider issues affecting St George's FT (strategies & plans)
- Improving the experience of being a patient & accessing services
- Improving the experience of visiting patients
- Other (free text - please state other topics or specific themes of interest)

Please state whether you agree or disagree with a following statements. Answer on scale of 1 – 5:

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

1. I am satisfied with existing information I receive about St George's FT
2. I would like to learn more about St George's FT
3. I would like to let St George's FT know more about my views

Please answer Yes/No

4. I know who the Public Governor who represents my Borough is
5. I know how to contact the Trust Membership office

CONFIDENTIAL DIVERSITY SECTION (to analyse response)

Additional section for hard copy sendout (to Members not signed up to email)

Many members receive communications via email which helps SGFT get important information out to them speedily, effectively & saves money to put towards services.

Please let us know if:

- I have an email account; Yes/No
- If you have email account but do not receive email communications, would you be happy to give permission to receive information via email; Yes/No