

Council of Governors Meeting

Date and Time: Tuesday 26 March 2019, 14:00
Venue: Hyde Park Room, 1st Floor, Lanesborough Wing

Time	Item	Subject	Action	Format
OPENING ADMINISTRATION				
14:00	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 18 December 2018 <i>Gillian Norton, Chairman</i>	Approve	Paper
	1.4	Action Log and Matters Arising <i>All</i>	Approve	Paper
MAIN BUSINESS				
14:10	2.1	St George's Hospital Charity <i>Amerjit Chohan, Chief Executive Officer, Hospital Charity</i>	Inform	Presentation
14:30	2.2	Trust Strategy <i>Suzanne Marsello, Director of Strategy</i>	Review	Paper
14:50	2.3	Annual Plan including corporate priorities for 2019-20 <i>Andrew Grimshaw, Chief Finance Officer & Suzanne Marsello, Director of Strategy</i>	Inform	Paper
15:20	2.4	Quality Indicators 2018-19 <i>Avey Bhatia, Chief Nurse</i>	Review	Paper
15:35	2.5	Membership Engagement Committee Report <i>Richard Mycroft, Committee Chair</i>	Review	Paper
15:55	2.6	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>Quality & Safety Committee – Sir Norman Williams</i>	Discuss	Oral
CLOSING ADMINISTRATION				
16:50	3.1	Any Other Business <i>All</i>	-	Oral
	3.2	Reflections on meeting <i>All</i>	-	Oral
17:00	3.3	Close		

Date and Time of Next Meeting: 22 May 2019, 15:00

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	NDB
Anneke de Boer	Public Governor, Merton	ADB
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
18 December 2018, Hyde Park Room 1st Floor, Lanesborough Wing

Name	Title	Initials
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Nick de Bellaigue	Public Governor, Wandsworth	NDB
Anneke de Boer	Public Governor, Merton	ADB
Nigel Brindley	Public Governor, Wandsworth	NB
Jenni Doman	Staff Governor, Non-Clinical	JM
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Rest of England (Lead Governor)	KH
Helen McHugh	Staff Governor, Nursing & Midwifery	HM
Doulla Manolas	Public Governor, Wandsworth	DM
Derek McKee	Public Governor, Wandsworth	DMK
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Richard Mycroft	Public Governor, SW Lambeth	RM
Damian Quinn	Public Governor, Rest of England	DQ
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
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 (Part)	NED
Jenny Higham	Non-Executive Director	NED
Stephen Jones	Director of Corporate Affairs	DCA
Elizabeth Palmer	Director of Quality Governance	DQG
Jacqueline Totterdell	Chief Executive Officer	CEO
Sir Norman Williams	Non-Executive Director	NED
Apologies		
Val Collington	Appointed Governor, Kingston University	VC
Frances Gibson	Appointed Governor, St George's University	FG
Rebecca Lanning	Appointed Governor, Merton Council	RL
Simon Price	Public Governor, Wandsworth	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Medical & Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Secretariat		
Richard Coxon	Membership & Engagement Manager	MEM

1.1 Welcome and Apologies

The Chairman opened the meeting and noted the apologies as set out above.

1.2 Declarations of Interest

Ann Beasley, Non-Executive Director, declared that she had been appointed Chair of the South West London and St George's NHS Mental Health Trust in October 2018. There was no existing conflict of interest with her role as Non-Executive Director at St George's University Hospitals NHS Foundation Trust. Should any issues emerge that gave rise to a conflict of interest, these would be declared in line with the Trust's policy.

1.3 Minutes of the meeting held on 4 October 2018

DR queried the draft minute at section 1.1 relating to the vacancy on the Council of Governors which stated that following the resignation of Nigel Brindley the Council of Governors had agreed that a special election would not be held and the post would remain vacant until the next election in early 2020. The DCA explained that the decision taken at the previous meeting had been based on the fact that there were no further runners-up from the previous election; Nick de Bellaigue had been a runner-up but had taken up post following the resignation of Emir Faisal earlier in the year. The Council had considered the costs of holding a special election would be prohibitive given the limited period of time remaining on Mr Brindley's term of office. The five serving Wandsworth Governors felt they were fully able to represent their constituency members until the next election. The DCA was asked whether a runner-up from another constituency could be brought in to cover the vacancy, to which he responded that the Trust's Constitution did not permit this. After some discussion it was agreed that the draft minutes on this issue accurately reflected the discussion at the Council of Governors on 4 October 2018 and that a vacancy on the Council would be maintained until the next scheduled elections.

The minutes of the meeting on 4 October 2018 were agreed as an accurate record.

1.4 Action Log and Matters Arising

The Council reviewed the Action Log and agreed to close those proposed for closure, which were items on the agenda. The Council also noted the open actions which were not yet due but which would be taken forward as part of the planning for Council agendas in 2019.

2.1 Board Assurance Framework

The DQG gave an overview of the Board Assurance Framework (BAF) which, in its current form, had been used for almost a year. It was noted that the BAF was a tool to help the Board assess the risks to the achievement of the Trust's strategic objectives. It provided a structure and process to focus on the risks that may compromise or otherwise impede the realisation of those objectives, to map the controls in place to mitigate those risks and to evidence the assurance provided to the Board that the controls and mitigations were effective. The purpose of the BAF was to provide a simple, clear way of reporting these issues to the Board that enables effective prioritisation, focus and performance management of the strategic risks. In this way, the BAF should help drive the agenda for the Board. The risks identified on the BAF were allocated to specified sub-Committees of the Board to review them in detail. Three risks on the BAF were reserved to the Board. . All risks are rated and those rated 15 and above were reported to the Risk Management Executive on a monthly basis. A Board seminar was scheduled for January 2019 to help the Board take

stock of and review the current BAF and consider how to revise and improve it for the future. This would also be an opportunity for the Board to review the strategic risks for the forthcoming year.

The Chairman invited questions from the Governors. In response to a question about total number of risks, the DQG explained that there were a total of around 350 to 400 risks on the register. However, the majority of these were scored at the lower end and were reviewed at Service or Divisional level. Those scored 10 or above were reviewed by the Risk Management Executive. In response to a question about the extent to which the BAF appeared red-rated with a number of very high risks, the DQG commented that it was not uncommon for a BAF to reflect the highest risks to the Trust and given the position of the Trust at present – in double special measures and facing significant estates and IT issues that required significant capital investment – it was not surprising the BAF reflected these risks. She explained, however, that the BAF was intended to capture the risks to the Trust's strategic objectives not simply all of the highest risks, and so the BAF also had lower risk scores in certain areas as these represented the material risks to the objectives set out in the vision of "Outstanding Care Every Time". It was noted that everyone in the organisation has a responsibility for risk management and to carry out a risk assessment. The relevant Risk Register was reviewed at service level, Divisional Governance meetings, and the Risk Management Executive, which was attended by Executive Directors. The Chairman explained that the current BAF had been developed by the Board with the assistance of Deloitte, which had undertaken the governance review in 2017/18, and that the Board seminar in the new year would be an opportunity to pause and reflect how it should evolve for 2019/20. It was likely that the descriptions of the risks would evolve significantly and that any changes would be brought back to the Board for consideration by the Chief Nurse.

2.2 St George's University

Jenny Higham (JH), Principal of St George's University and Trust Non-Executive Director, gave the Council a presentation on the work and priorities of the University and its relationship with the Trust. St George's Hospital and the University had historic links; they shared the same name, their reputations were intertwined, and they based on the same site and shared the estate. JH had become a member of the Trust Board, a NED role reserved for the Principal of the University, and Chairman was a member of the University's Board. This was important in ensuring that there were close links between the two organisations at the highest levels.

It was noted that the University played an important role in generating research income for the country as well as, of course, developing original research and treatments for the benefit of patients in the future. The colocation of the University and the Trust was critical in this respect; many research projects required access to patients, and the location facilitated this in a way that benefitted both the Trust and the University. JH explained the changing trends in higher education funding and its impact on the University. She also explained the challenges of maintaining sufficient reserves, especially in the context of falling student numbers. JH felt that the University had a good reputation and that around 80% of the University's students were from state schools. Previously, it had considered whether it should merge with another organisation but had chosen to remain independent, and had been successful in diversifying the range of courses offered, which included, for example,

courses for allied health professionals, and this had also improved its financial position and sustainability. JH was especially proud of the University's work in promoting equality and diversity. The University worked actively with local schools, providing summer courses and arrangements for buddying with older students. It was noted that the University was planning to reconfigure its entrance on the ground floor of Hunter Wing to make it more attractive and provide additional and much needed seminar room capacity.

DR asked about the joint ventures and relationship that the University had with Kingston University who were in financial difficulties. JH responded that she was also a board member at Kingston University, which had sufficient reserves to cover their current situation.

The Chairman thanked JH for her presentation and suggested that she provide an update on the University to the Council of Governors in around a years' time. **ACTION:18.12.18/01: Update on St George's University of London to COG forward planner for early 2020**

2.3 Nomination and Remuneration Committee Report

The Chairman presented the report from the Nomination and Remuneration Committee which had met on 5 December 2018. There were a number of items that required the approval of the Council of Governors:

Reappointment of Sir Norman Williams as Non-Executive Director

Sir Norman left the meeting for the duration of this item. Sir Norman's first three year term as a NED was scheduled to end on 31 March 2019. It was noted that he was also the Senior Independent Director on the Trust Board as well as Chair of the Quality and Safety Committee. The Nomination and Remuneration Committee had considered whether to renew the appointment and was recommending to the Council of Governors that Sir Norman should be reappointed for a further three year term starting on the 1 April 2019. In reaching this recommendation, the Committee had considered a range of factors including: the outcome of his 2017/18 end-of-year appraisal with the Chairman; that he was able to continue to meet the time commitments of the role; that his circumstances meant he continued to be sufficiently independent; that he continued to meet the requirements of the Fit and Proper Person Test; and that the reappointment maintained an appropriate skills mix on the Board. The Committee had been satisfied that on this basis it was appropriate to recommend that Sir Norman be reappointed for a further three-year terms of office.

This was agreed by the Council of Governors

NED Appraisal Process and Process 2018/19:

The Committee had agreed some minor amendments to the NED Appraisal Process and Policy for 2018/19. The changes to the policy set out the importance of NEDs undertaking a self-assessment of their performance during the year to inform the appraisal discussion and for the appraisal as a whole to reflect the domains of leadership set out in the Healthcare Leadership Model published by the NHS Leadership Academy. A series of minor refinements in the way the policy was operated was also proposed which included the introduction of secure electronic feedback forms; extending the timeframes for feedback; and promoting free text comments. **These changes were agreed by the Council of Governors**

Associate Non-Executive Director:

The Committee asked the Council of Governors to note the progress on developing a role specification and plans for recruiting an Associate Non-Executive Director. It had considered a paper setting out the rationale for appointing an Associate NED and had discussed a number of issues about the nature of the role. The Committee had also discussed the Associate NED scheme operated by NHS Improvement, known as the “NExT Director” scheme. On balance, while it recognised the merits of this scheme, the Committee considered that a direct appointment would be appropriate as this would allow the Trust to appoint an Associate NED for a longer period of office and to make the post remunerated, albeit not at the level of a substantive NED. The Committee agreed that recruitment of an Associate NED should take place at the same time as the recruitment for Sarah Wilton’s replacement as there were some benefits in terms of recruitment timescales and costs. **The Council of Governors noted the progress on developing a role specification and plans for recruiting an Associate NED.**

Trust Chairman Comparative Remuneration Report:

The Chairman left the meeting for the duration of this item. The Committee had received a report comparing remuneration levels of NHS FT and Trust Chairs across England. The comparative data showed that the remuneration currently paid to the Trust Chairman was broadly in line with that of other London teaching hospitals and similarly sized trusts across the country. On this basis, the Committee was recommending to the Council of Governors that it hold the remuneration of the Chairman at the present level for the duration of the Chairman’s current term of office, but also proposed that the Council should consider this matter again at the point at which decisions were required on appointment or reappointment to the role for a further term. **This was agreed by the Council of Governors.**

2.4 Membership Engagement Committee Report

The Committee Chair provided an update of the meeting on the 10 December 2018. The Committee had discussed the Patient Partnership Engagement Group (PPEG), following feedback from Khaled Simmons who had attended a recent meeting of the Group along with Donald Roy. Members of the Committee expressed some concern about the pace of the development of the PPEG agenda and agreed that Governor representation on the Group was important, with three places reserved for Governors. Given the relationship between patient engagement and membership engagement, the Committee had agreed to invite Avey Bhatia, the Chief Nurse, or Richard Lloyd-Booth, Deputy Chief Nurse, to attend the next meeting to give an update on the work of the PPEG.

The Committee had considered the results of the membership survey, which had been undertaken since the last meeting of the Council of Governors. The number of responses from public members (544) had been disappointing, and represented just 4.36% of the public membership. It was also notable that of the 544 responses, a majority (330) had been postal responses and a minority (214) electronically. It was noted that there were lessons to be taken for the next membership survey, particularly in terms of the marketing of the survey. However, despite the low response rate the results nevertheless provided useful feedback to help inform the development of the membership strategy. The Committee considered that based on the survey results there was a need to raise the profile of public governors to improve the representation of members’ views within the Trust; a need to provide more

opportunities for members to have input across a range of issues and that members should be engaged on a broader range of topics than at present; a need to develop engagement events across the constituencies of the Trust; and to consider how best to develop the format of current communications to members. The results of the survey would inform the development of the draft Membership Engagement Strategy which the Committee would consider at its next meeting and which would then be brought to the Council of Governors for consideration and approval. The Committee reaffirmed the four objectives which it considered should guide the strategy and also reaffirmed its view that the new strategy should be concise and engaging, with a supporting action plan that set out how the strategy would be delivered and the key metrics by which success would be judged. As part of its consideration of the strategy, the Committee considered an analysis of the current public membership of the Trust by age, gender, socio-economic background, and ethnicity and on the basis of the analysis concluded that the membership was broadly reflective of the population served by the Trust, albeit that younger people were slightly under-represented.

It was noted that NHS Providers made available to Governors a wide range of resources and best practice on membership engagement as well as networking opportunities with Governors from other trusts.

The Council noted the report.

2.5 Trust Strategy Review

The DS gave an update on the development of the Trust's new Clinical Strategy. A new strategy team had been appointed which had helped the pace of development. A series of Board Strategy Seminars had been held and a second series of stakeholder engagement events had also taken place during November and December 2018. In addition, service specific engagement had been held at Care Group Level. The DS noted that the strategic environment in South West London and nationally would be affected by the publication of the NHS Long Term Plan, which had been scheduled for early December 2018 but had now been moved back to the new year. While the detail of the Long Term Plan remained unknown, it was nonetheless clear that significant changes were likely which would impact on the annual financial and business plans for 2019/20, and planning guidance was expected imminently. The Trust's Clinical Strategy would need to take account of this. However, the development of the strategy was on track and good progress was being made. The strategy would be presented to the Board for approval in March 2019, with publication shortly thereafter.

The Council received the update.

2.6 Overview of Non-Executive Directors and Board Committees and Feedback from Committee Chairman

Ann Beasley, Finance and Investment Committee Chair:

AB provided a brief update on the work of the Audit Committee in the absence of Sarah Wilton following the meeting held in October 2018. She also reported on the work of the Finance and Investment Committee (FIC), which had met three times since the last Council meeting on 4 October 2018. The current year end forecast was a deficit of £51-55m, which

was disappointing. The Trust had still not heard back from NHSI on its emergency capital bid which had been submitted at the beginning of the financial year. This remained necessary to address the essential estates and IT infrastructure risks and was being followed up with NHSI. No planning guidelines from NHSI had yet been issued for 2019/20 but were expected imminently, but it was nonetheless clear that tariffs were expected to change significantly in line with the priorities of the forthcoming NHS Long Term Plan.

Sir Norman Williams, Quality and Safety Committee Chair:

NW reported that the Quality and Safety Committee (QSC) had met three times since the last Council meeting. There had been improvements in some areas, and the improved CQC rating was encouraging albeit there remained significant work to do. There were concerns about Duty of Candour with inconsistent reporting a particular challenge. The speed and quality of complaints had also been discussed and while the latter was improving, speed of response remained a concern. It had been reported that there had been one case of MRSA in October 2018. C. Difficile had previously been low but there had been a number of recent cases, albeit that the Trust remained well below the national threshold. It was noted that there was a mortality increase on weekends and QSC was looking more carefully at whether this was linked to staffing levels. The Committee had received updates on the work to ensure the Trust returned to national reporting on RTT. This work was on track, with the Board scheduled to consider whether to return to reporting on RTT at its meeting in January 2019. The ward accreditation scheme showed that most wards were improving and had been a very positive process which wards had embraced. Water safety remained a risk. The estates team had put in place measures to mitigate risks but resolution of the issues was dependent on the capital funding.

Stephen Collier, Workforce and Education Committee Chair:

SC reported that he had been Chair of the Workforce and Education Committee (WEC) for 18 months and was beginning to see real progress but there remained much to do. He felt the Trust was much better at anticipating and planning with turnover and vacancy rates both reduced. The Annual Staff Survey results would be published in early 2019 and these would need to be carefully analysed, particularly in the context of a recent pulse survey providing some concerning feedback on the issue of bullying and harassment. KH noted that the previous staff Family & Friends Test survey results from June 2018 staff felt the Trust not a good place to work. SC responded that the Trust was encouraging all staff that leave to take part in exit interview, with main reasons being: 1) did not feel valued 2) lack of progression 3) lack of communication with manager.

The Board Committee updates were received.

2.7 Cardiac Surgery Update

The CEO gave a presentation to the Council of Governors on developments in the cardiac surgery service. The Care Quality Commission report on the service had been published on 6 December 2018 which was based on its August and September 2018 inspections. There were “no immediate concerns with regard to patient safety” but the report reaffirmed the findings of the independent report by Professor Mike Bewick about poor behaviours and dysfunction within the cardiac surgical team. This included lack of cohesion and poor working relations between surgeons; a culture within service of not learning from incidents,

poor mortality and morbidity meetings and poor MDT meetings; low morale and lack of ongoing and regular oversight. The CEO set out the changes to the service that had been introduced since the CQC's visits which had been made following Quality Summits on the 3 and 24 September and 29 October. These changes included patients requiring highly complex surgery being treated by King's College Hospital NHS Foundation Trust and Guy's and St Thomas's NHS Foundation Trust with low risk patients continuing to be treated at St George's as normal. It was noted that key changes have been made to the service internally which had completely changed how cardiac surgery operated. The changes had included:

- Appointing the Clinical Lead for Cardiology as Programme Director for Cardiac Surgery;
- Appointing the Governance Lead for Cardiology as Governance Lead for Cardiac Surgery;
- Admitting all patients under Cardiology for diagnostics and assessment prior to surgery;
- Introducing a daily multidisciplinary team meeting to ensure dual decision making for all patients both elective and urgent;
- Implementing a 'consultant of the week' model of practice;
- Producing a daily dashboard of performance and quality metrics that was scrutinised each day by the Chief Medical Officer and Chief Nurse.
- All Cardiac Surgery deaths were referred to serious incident panel.

The CEO reported that Mr Steven Livesey had been appointed Associate Medical Director for Cardiac Surgery. He was an experienced consultant cardiac surgeon based at University Hospital Southampton but would work at the Trust for the next 12 months, full time for six months and thereafter part time. The appointment had been supported by Independent Scrutiny Panel appointed by NHSI to oversee the improvements that were being delivered in cardiac surgery. Mr Livesey's appointment was a significant step. Although new in post, having started on 3 December 2018, Mr Livesey's input was already being felt. He would be focusing on developing a governance bundle for the service to ensure it was governed effectively and would work on improving team behaviours. An early focus had been on increasing the complexity of the work undertaken at St George's given the importance of sustaining the skills of the surgical team.

There was support and commitment from system partners for St George's to remain a cardiac surgery centre and bringing the complex cases back to the Trust. The longer term strategic plans for cardiac surgery in South London were being discussed on a regional basis with NHS England.

3.1 Any other business

RM asked about the plans for the Governors Away Day on the 8 January 2019. The DCA responded by giving an outline of the planned agenda for the day and distributing copies of the agenda to the Council. Two external speakers had been confirmed and there were sessions planned for Governors to reflect on their role and effectiveness, to hear about the development of the clinical strategy, and to discuss financial special measures.

KH asked that following previous discussions that Amerjit Chohan, the new CEO of the Hospital Charity, be invited to the next meeting. **ACTION: COG.18.12.18/02 Amerjit**

Chohan, CEO Hospital Charity, to be invited to attend the next meeting of the Council

RM asked if the Governors could have a further Cardiac Surgery briefing in the new year and the Chairman agreed that this would be arranged. **ACTION: COG.18.12.18/03 Cardiac Surgery update briefing to be arranged for Governors in the new year.**

3.2 Reflections on meeting

KH felt that there had been good discussion and enjoyed Jenny Higham's presentation on St George's University of London.

3.3 Meeting close

The Chairman thanked everyone for their contributions both at the meeting and throughout the year, and wished everyone a happy Christmas.

Date of next Meeting: 26 March 2019, 14:00 – 17:00

DRAFT

ernors Action Log 26.03.19				
Action	Due	Lead	Commentary	Status
Chief Nurse to give an update on volunteering at a future meeting	22.05.19	CN	Not yet due	OPEN
Presentation on GIRFT programme and Model Hospital for a future meeting	22.05.19	DDET	Not yet due	OPEN
MEM to add St George's University update to COG forward planner for early 2020	31.02.2020	MEM	Completed	PROPOSED FOR CLOSURE
Amerjit Chohan, CEO Hospital Charity, to be invited to attend the next meeting of the Council	26.03.19	Amerjit Chohan	On agenda	PROPOSED FOR CLOSURE
Cardiac Surgery update briefing to be arranged for Governors in the new year.	14.02.19	DCN	Completed - Held on 14 February 2019	PROPOSED FOR CLOSURE



Amerjit Chohan
CEO
St George's Hospital Charity



'The **NHS** will last as long
as there are folk with the
faith to fight for it'

Nye Bevan: founder of the **NHS**



What's Our Vision, Mission & Values

Our vision is to enhance the patient, family and carer experience at St George's and associated community services.

Our mission is to raise and use charitable funds to benefit patients, support healthcare staff and improve facilities within the St George's family.

Our Values are: Collaborative; Accountable; Respectful; Excellent.



What's Our Purpose & Direction

The purpose of St George's Hospital Charity is to support the Foundation Trust in its delivery of care to patients at St George's and Queen Mary's Hospitals and in the wider Merton, Wandsworth and Surrey communities by adding value.

In addition the Charity will seek to advance and promote knowledge and education in health care, including by funding health-related research , working closely with St George's University of London and by supporting Foundation Trust staff with their career development and wellbeing.

The ultimate outcome is to enhance the health and wellbeing of the patient community at St George's, Queen Mary's hospitals and Community Services through charitable activities.



Our Impact

Over £20 MILLION worth of
Charitable Activity in the last **SEVEN** years



Our Aim

To Be The Main Charity Partner For
St George's University Hospitals NHS Foundation Trust



Meeting Title:	Council of Governors		
Date:	26 March 2019	Agenda No	2.4
Report Title:	Quality Account proposed priorities for 2019/20 and selection of local indicator for external assurance		
Lead Director/ Manager:	Avey Bhatia, Chief Nurse & Director of Infection Prevention and Control Richard Jennings, Chief Medical Officer		
Report Author:	Elizabeth Palmer, Director of Quality Governance		
Freedom of Information Act (FOIA) Status:	Unrestricted Restricted		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)		
Executive Summary:	<p>The paper proposes a set of priorities for 2019/20 that come from our Quality Improvement Plan; areas for improvement in the national inpatient survey and feedback from our local community through Healthwatch.</p> <p>The paper asks the governors to select the local indicator for testing by external audit and sets out the strong recommendation from NHSI that in 2018/19 the selected indicator should be the Summary Hospital level Mortality Indicator (SHMI).</p>		
Recommendation:	<p>The Governors are asked:</p> <ul style="list-style-type: none"> • • To consider the proposed quality priorities for 2019/20 which are also being consulted on with our stakeholders. • To agree the selection of the Summary Hospital level Mortality Indicator (SHMI) as the local indicator for audit as strongly recommended by NHSI. 		
Supports			
Trust Strategic Objective:			
CQC Theme:	Safe, Effective, Caring, Responsive, Well-led		
Single Oversight Framework Theme:	Quality of care		
Implications			
Risk:	N/A		
Legal/Regulatory:	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014		
Resources:	N/A		
Previously Considered by:	Trust Executive Committee Quality and Safety Committee	Date	20 March 2019 21 March 2019
Equality Impact Assessment:	N/A		
Appendices:			

**Quality Account priorities 2019/20
and selection of local indicator for external assurance**

Council of Governors 26 March 2019

1.0 PURPOSE

The purpose of this report is to propose quality priorities for 2019/20. The report also asks the Governors to consider the Quality Report indicator they wish to be tested by our external auditors.

2.0 PROPOSED QUALITY REPORT/ACCOUNT PRIORITIES 2019/20

2.1 Improving patient safety

The key priorities for quality improvement in this domain have been highlighted through analysis of serious incidents, incidents and feedback from national and local surveys and Healthwatch Enter and View visits. The three patient safety priorities are interlinked and with the establishment of a critical care outreach service will have a significant impact on supporting our staff to manage deteriorating patients promptly and effectively.

- We will ensure that all emergency patients have a treatment escalation plan in place within 24 hours.
- We will ensure that patients who lack mental capacity have proper protection and care.
- We will ensure the inpatients that deteriorate are recognised and treated promptly

2.2 Improving patient experience

The key priorities for quality improvement in this domain are being carried forward into a second year to monitor delivery of the measures of success; these priorities are drawn from the quality improvement plan objectives.

- We will provide a responsive, high quality complaints service.
- We will build a sustainable patient partnership structure to enable patients to be involved in improvement work from the earliest stage.
- We will improve immediate feedback from patients through the FFT by increasing response rates for both inpatient, outpatient services and the emergency department.

2.3 Improving effectiveness and outcomes

The key priorities for improvement in this domain are being carried forward into a second year to monitor delivery of the measures of success. Improvement of services for people with mental health needs has been expanded from the emergency department to include all acute healthcare settings. We know there are further improvements to be made when patients are discharged from hospital from complaints, national and local surveys and feedback from Healthwatch forums.

- We will improve services for people with mental health needs who are in an acute healthcare setting.
- We will improve the effectiveness of our discharge process ensuring that patients are equipped with the information they need to manage their health and that they know how to access appropriate support.

3.0 QUALITY INDICATOR FOR TESTING BY EXTERNAL AUDIT

This year the two mandatory indicators from the Quality Report for testing by external audit are:

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

As a foundation trust we are also required to have one local indicator tested by external audit, this indicator is selected by the Governors. This year the *Detailed requirements for external assurance for quality reports 2018/19* published by NHSI in December 2018 'strongly recommends that the Summary Hospital level Mortality Indicator (SHMI) should be selected as the local indicator for 2018/19'. NHSI say that the governors may choose an alternative indicator if they consider that other priorities take precedence.

Given the strong recommendation from NHSI the governors are asked to consider selecting the SHMI as the local indicator for testing in 2018/19.

4.0 RECOMMENDATION

The Governors are asked:

- To consider the proposed quality priorities for 2019/20 which are also being consulted on with other stakeholders.
- To agree the selection of the Summary Hospital level Mortality Indicator (SHMI) as the local indicator for audit as strongly recommended by NHSI.

Meeting Title:	Council of Governors		
Date:	26 March 2019	Agenda No	2.5
Report Title:	Membership Engagement Committee Report		
Lead:	Richard Mycroft, Committee Chairman		
Report Author:	Richard Mycroft, Committee Chairman		
Presented for:	Review		
Executive Summary:	This paper presents an update on the Membership Engagement Committee meeting held on 19 February 2019. It provides an update on the discussions held and the outcomes of the meeting, 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"> • Note to the update on the outcomes of the Membership Engagement Committee meeting held on 19 February 2019; • Note the comments received from members of the Council of Governors on the draft Membership Strategy ahead of the Council meeting and the proposed responses to this feedback; and • Agree the draft Membership Strategy, including that any final changes to the text are delegated to the Membership Engagement Committee. 		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-led		
Single Oversight Framework Theme:	Leadership and Improvement Capability		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date	
Appendices:	<ul style="list-style-type: none"> • Appendix 1: Comments received from Governors on draft Membership Strategy 2019-22 • Appendix 2: Draft Membership Engagement Strategy 2019-22 		

**Council of Governors – 26 March 2019
Membership Engagement Committee Report**

1.0 PURPOSE

- 1.1 This paper presents an update on discussions and outcomes of the Membership Engagement Committee held on 19 February 2019.

2.0 MEMBERSHIP STRATEGY

- 2.1 The principal focus of the Committee at its meeting on 19 February 2019 was the draft membership strategy. This had been developed building on the principles agreed by the Committee in its meetings on 4 September and 10 December 2018, which were reported to the Council in October and December respectively. The previous membership strategy had expired in 2017 and developing a new strategy was an important priority and this would help Governors fulfil their statutory duty of representing the interests of members and the public.
- 2.2 The Committee's discussions focused on the vision, ambition and key elements of the strategy, as well as the plans for turning the strategy into action:
- Objectives: The Committee agreed that the overwhelming focus of the strategy should be on enhancing the quality of engagement with members. Given that the Trust already had in excess of 12,500 public members, increasing membership numbers was not a priority at this stage and should not be an end in itself. The Committee felt that it was important to get the engagement right, and if this was successful, it would, as a knock-on effect, serve to increase membership numbers. The Committee agreed that the strategy should reflect this, while recognising that recruitment of members would still be required in order to offset the natural attrition of public members in any given year.
 - Vision: The Committee considered that the strategy needed to be clear that the ambition was to create real two-way engagement between the Trust and its members, and between Governors and those they represented. There was discussion about the proposal for introducing different types of membership and what this would achieve, with the Committee agreeing that this should be trialled as a means of seeking to identify a group of engaged members who could be called upon for input at key junctures and on key issues. The Committee expressed the view that it would also be important to link the membership strategy to both the new Trust clinical strategy, once agreed, and the Patient Partnership and Engagement Strategy, which had been launched in late 2018.
 - Audience and presentation: The Committee discussed to whom the membership strategy was aimed. It agreed that the strategy was, at heart, a corporate document intended, on the one hand, to ensure clarity and a common vision for the Council about the objectives of membership engagement, and on the other to be able to demonstrate to the Trust's regulators that there was a clear plan in place that the Council was delivering. The document was not principally for public consumption, though it would be published on the Trust's website and needed to be accessible to members and the public. The Committee agreed that, as a result, following agreement of the strategy it would be important to develop concise and visually impactful products to support the communication and implementation of the strategy. The Committee also noted that while the strategy had been presented in word format, the final version would be type-set and designed in a similar way to the Patient Partnership and Engagement Strategy, with plenty of photos and graphics to make it visually engaging.
 - Measuring the success of the strategy: There was a detailed discussion about how best to measure the implementation of the strategy, with the Committee agreeing that the

action plan should identify deliverables across each of the three years of the strategy. There was some uncertainty about what would be delivered when, and it would be important to provide clarity on this. The timing of the next membership survey was discussed in this context and it was agreed that the next survey should be carried out 18 months to 2 years after the previous survey which had concluded in November 2018. The Committee expressed the view that it would be important to allow sufficient time for new engagement initiatives to embed before embarking on another survey.

- 2.3 The Committee agreed that the draft strategy reflecting the comments from the Committee would be developed further following the meeting and be circulated to Committee members for comment. A further draft was shared with the Committee on 8 March 2019. Following further input and feedback from the Committee, an updated draft was shared with all members of the Council of Governors on 14 March 2019. The table attached at Appendix 1 sets out the areas of feedback received from Governors ahead of the circulation of papers for the Council meeting and proposes how these may be addressed.
- 2.4 The Council of Governors is asked to review the draft Membership Strategy set out in Appendix 2, agree the Membership Engagement Strategy for 2019-22, and agree to delegate authority to the Membership Engagement Committee to finalise the wording of the strategy based on feedback offered at the Council of Governors meeting on 26 March 2019.

3.0 UPDATE FROM PATIENT PARTNERSHIP & EXPERIENCE GROUP

- 3.1 The Committee received an oral update from Richard Lloyd-Booth, Deputy Chief Nurse, on the work of the Patient Partnership and Experience Group (PPEG) and progress made against the objectives set out in the Trust's Patient Partnership and Experience Strategy. The Committee heard that, overall, good progress had been made against a number of objectives. Additional members to PPEG had been recruited and the Group now had a total of 15 members. Three new patient partners groups had been introduced for dermatology, catheter users and urology. A dedicated patient partnership page had been set up on the Trust's website and patient survey results were now live.
- 3.2 It was reported that the current Patient Partnership and Experience Strategy was for one year and that a three-year strategy would be developed with a particular focus on targeting hard to reach groups with the assistance of system partners. The PPEG would monitor actions to improve patient engagement and patients' views to improve and shape services. The Committee also heard that the Group was also exploring ways in which patient partners could be involved in the Serious Incident (SI) process. It was also told that there were plans to hold a patient partnership and experience stakeholder event during 2019.
- 3.3 The Committee agreed that given the synergy between the Patient Partnership and Engagement Strategy and the Membership Strategy, which the Governors were developing, it would be important for the Committee to receive regular updates on the work of PPEG. It therefore agreed that a PPEG update would be a standing item on the Committee's agenda. The overlap and importance of the work of the PPEG was noted and, welcoming the positive steps in governance and representation, looked forward now to practical improvements in the patient experience. It also noted that Governors needed to consider how they were represented at PPEG; there were three Governor positions on the Group but not all were taken.

4.0 MEMBERSHIP NEWSLETTER

- 4.1 At its meeting in December 2018, the Committee had requested further information about the potential costs of developing a hard copy Trust newsletter and examples of such newsletters produced by other Trusts. The Committee considered received an update on the different types of newsletters and magazines produced by other Trusts. A number of Trusts produced glossy printed magazine style newsletters, typically on a quarterly basis. Often these were made available online and some distributed printed copies around the trust, with some posting hard copies to members. The cost of production varied, with production of a 24-page newsletter of the type published by Guy's and St Thomas' NHS Foundation Trust estimated to be in the region of £52,000 a year, with staff time in developing and securing content additional to this (a 16-page magazine of the sort produced by East London NHS Foundation Trust was estimated to be £22,000 plus staff costs). The high cost of postage meant most Trusts do not routinely post hard copies of their newsletters to their members.
- 4.2 The Committee also discussed plans to revise and improve the current member's electronic bulletin. It heard that the Trust planned to revamp this and base it on the Trust's current 'Stakeholder' e-newsletter and make it more visually impactful by introducing a more modern and professional layout and using photographs and graphics.
- 4.3 Regardless of format, the Committee was keen that any newsletter included a regular feature on Governors. This would help raise their profile with the membership and showcase the work Governors had been doing on their behalf.
- 4.4 The Committee discussed the merits of the revised electronic bulletin and of producing a hard copy magazine. The Committee agreed to endorse the proposal for improving the electronic bulletin. In relation to the hard copy newsletter, it felt that this was desirable in the long term. However, it recognised that the costs involved in producing such a product at a time when the Trust was in special measures may be hard to justify. Nevertheless, it was agreed that the trust should continue to explore this and identify potential sources of funding, perhaps through advertising, and perhaps via the charity, and to explore production costs in more detail. As a result, it endorsed the launch of a revised electronic membership bulletin starting in April 2019 and asked that it revisit the issue of a hard copy magazine in a year's time, recognising that this would need to be considered in the context of the Trust's wider approach to communications.

5.0 MEMBERSHIP ENGAGEMENT UPDATE

- 5.1 The Committee heard that the monthly 'Meet your Governor' had taken place in the Atkinson Morley reception area rather than Grosvenor Wing reception and that this had worked well. There were more dates planned up to June 2019 where Governors had provided details of their availability to attend. Additional dates would be added for the rest of 2019. It was agreed that it was disappointing that more Governors did not attend these events and there was a discussion about what more could be done to ensure wider participation across the Council of Governors. The Committee agreed that, in order to accommodate those Governors who had full-time employment and thus struggled to attend sessions during the day, late afternoon or early evening "Meet your Governor" events would be trialled.

- 5.2 The Committee discussed Governor participation in membership engagement activities and in the work of the Council more broadly. The view was expressed that, at present, there was a small cohort of Governors who were actively involved in a range of activities and events and that more should be done to encourage participation by a wider group of Governors. One possibility discussed was that Governor participation at meetings and events should be logged, with a report being presented to the Council of Governors setting out which Governors had attended which meetings and events so that members could see how Governors were working on their behalf.
- 5.3 It was noted that there had been three members Health Talks since the last meeting on bowel cancer (12 December 2018), stroke (18 December 2018), and breast cancer (23 January 2019). These had not been very well attended compared to previously held talks despite being advertised to members in the e-bulletin, staff internal communications and St George's Student Union. There were planned talks on dementia (27 March 2019) and skin cancer (2 May 2019) with confirmation awaited from speakers on other topics. The Committee noted that as part of the draft membership strategy, it had been proposed that a wider range of health talks, beyond disease-specific and condition-specific talks, would be developed and the Committee looked forward to considering proposals for these at its next meeting. The Committee also agreed that consideration be given to how best to prompt the talks to ensure high levels of attendance.

6.0 RECOMMENDATION

- 6.1 The Council of Governors is asked to:
- Note to the update on the outcomes of the Membership Engagement Committee meeting held on 19 February 2019;
 - Note the comments received from members of the Council of Governors on the draft Membership Strategy ahead of the Council meeting and the proposed responses to this feedback; and
 - Agree the draft Membership Strategy, including that any final changes to the text are delegated to the Membership Engagement Committee.

APPENDIX 1: COMMENTS FROM GOVERNORS ON THE DRAFT MEMBERSHIP STRATEGY

Ref.	Theme	Feedback	Proposed approach / comments
1	Audience	We need to be clear who the target audience is and who is expected to read the strategy.	The strategy is aimed at a number of different audiences: (i) It will be a public-facing document published on the website and will therefore need to speak to members and the public; (ii) it defines commitments Governors are making to each other and to members, so needs to speak to the Governors; (iii) it needs to speak to our regulators to assure them that we have appropriate plans in place for membership engagement.
2	Coordination with other strategies	It is important that the membership strategy aligns and coordinates with the Patient Partnership and Engagement Strategy	This is important and necessary as the strategies overlap: our patients are often members. The strategy contains references to the Patient Partnership and Engagement Strategy and it will be important to make sure that in implementing the membership strategy that we do so in a way that is consistent with the PPEG strategy. To help with coordination, the Governors' Membership Engagement Committee will receive an update on the work of PPEG at every meeting, and up to three Governors may sit as members of PPEG.
3	Reasons for becoming a member	It is important to distinguish between the voice that a regular member of the public would have compared with that of a member.	The strategy now makes clear that members have a more "regular" voice in the Trust's governance in addition to the already established benefits of Membership which for many (as current or ex patients or relatives/friends) is a sense of community with & support for the Trust.
4	Representing members	Important to convey the fact that Governors at this Trust have broader access than Governors in some other Trusts	This section of the strategy has been updated to reference explicitly that Governors are invited to attend Board meetings in public and private as well as the sub-Committees of the Board.
5	Two-way dialogue	Welcome the emphasis on two-way dialogue. As part of this, it is important to talk of "mutual engagement" between Governors and members	The strategy has been updated to reference "mutual engagement" between Governors and members.
		Development of new ways of engaging members should include regular surveys as well as focus	The text of the strategy has been updated to reflect this.

		groups	
6	Follow-up on issues raised by Governors	Important to be clear that we will not only highlight the issues raised by Governors on behalf of members but that we will help members to see how these issues have been followed-up.	The wording of the strategy has been updated to reflect this. The Membership Engagement Committee plans to consider a regular report setting out the issues raised by members and the actions taken in response.
7	Engagement with members in the Rest of England constituency	There is no mention in the strategy of events held outside the Lambeth, Merton and Wandsworth triangle. The Governors representing the Rest of England are then put at a disadvantage. There may also be a case for cross-constituency participation	The Membership Engagement Committee discussed the issues around planning engagement events in the rest of England constituency at its meeting in December 2018. The Committee acknowledged the challenges of this given the distances some members lived from the Trust. The Committee agreed that holding out of area events would be costly and difficult to do effectively, and agreed that for those living close to the Trust it may be necessary to hold events at the Trust's sites, and for those living further afield it may be necessary to focus on online engagement.
		Some things we do borough-wide will be impossible for the rest of England constituency where Governors would be treading on the toes of other hospitals.	
8	Different types of membership	Importance of describing types of membership in value-neutral way that does not imply different levels of importance between members.	The document has been updated to refer to "types" of membership rather than "levels". It also includes a statement to say that all members are equal in importance and that the types of membership are based on the type of engagement each member wishes to have with the Trust.
		Need to ensure flexibility so that members can change their type of membership	Flexibility in approach is important and members would be able to change their preferences online. In introducing this, we will make sure that we learn from the experience of other Trust to build in this flexibility.
9	Representation and diversity	Need to balance representativeness of the communities the Trust serves with the representativeness of the patients the Trust treats.	This is an important point and the demographics of our patients are not necessarily the same as the local populations we serve. We need to make sure that our membership is representative of both, and that no-groups are significantly under-represented.
		We should publish demographic indicators of the representativeness of public Governors to the	The Governors are invited to discuss this.

		constituencies they serve.	
10	Staff governors and representation	Importance of developing specific actions to support staff Governors engage with staff members	This is important and we propose that in discussion with staff governors and the Membership Engagement Committee we develop additional staff-focused actions for engagement.
11	Implementation of the strategy	The strategy should set out the possibility that the action plan may not be able to be implemented as planned for a variety of reasons (e.g. funding and practical support not being available to the required extent; any interruption to continuity as a consequence of Governor elections in the period covered by the plan. There is a risk of setting up Governors to fail unless there is sufficient support and funding from the Trust. Targets need to be achievable and Governors need to have close control of the wording	The text of the document now includes a reference to the need for the strategy to be appropriately resourced. Governors may wish to include a statement that Governor elections may impact on the strategy, though any new Council would have the freedom to revisit the strategy should new members have concerns about the vision and objectives. The wording of the strategy is in the hands of the Governors and has been developed with the Membership Engagement Committee.

Membership Strategy 2019-22

DRAFT

Membership Strategy 2019-22

Our vision for engaging with members and the public

Overview: Why membership matters

This strategy sets out our vision for engaging with our Foundation Trust members and the communities we serve. Their involvement is important in helping us to achieve our goal of providing outstanding care, every time.

As an NHS Foundation Trust, we are accountable to our patients and the public. Our members have a key role in the Trust's governance; they elect representatives to sit on our Council of Governors, which in turn appoints the Chairman and other Non-Executive Directors to the Board of Directors and oversees the Board's performance.

Members are our staff, our patients and members of the public. We believe that involving our members, patients and the public in decisions about services is an integral part of meeting the needs of the communities we serve. Membership helps give those communities a voice in the running of the Trust and shaping our plans for the future.

A significant number of our public members and their relatives have been treated at the Trust. Our new Patient Partnership and Engagement Strategy sets out the steps we are taking to engage patients, listen to their views and act upon them. Our membership strategy will work in parallel with our work on patient engagement. Members will have opportunities to participate in patient engagement activities and, through their Governors, will have a voice on the Patient Partnership and Engagement Group.

Our vision is to develop an actively engaged and vibrant membership. Over the next three years, we want make a fundamental step change in how we engage and involve our members, building a more active membership and giving members have a voice in shaping how the organisation works. This strategy outlines the measures we will put in place during 2019-22 to achieve that vision.

We have developed this strategy based on feedback from a survey of our public members in late 2018, good practice from other Foundation Trusts and *NHS Providers*, and statutory and regulatory requirements. The development of the strategy has been led by our Council of Governors and its Membership Engagement Committee. The strategy is supported by an action plan which sets out what we will do in practice across the next three years to achieve our vision.

Our membership community

Our members are our staff, our patients and people from across the diverse communities we serve both locally and regionally.

Who can be a member?

Public members

As both a local provider of services to the populations of Wandsworth, Merton and Lambeth and a regional and national provider of tertiary and specialist services, we offer all those who have an interest in or connection to the Trust the opportunity to become a member. No special skills or experience are required. It is free and open to anyone 14 years of age or older. Our public members include patients, volunteers and all other members of the public who wish to become involved. They come from our geographical constituencies for the purposes of electing Governors: Wandsworth, Merton, South West Lambeth, and the rest of England. We currently have 12,500 public members.

Staff members

Our 9,500 staff are also members of the Trust. Any member of staff employed by the Trust on permanent contracts or fixed term contracts of 12 months or longer can become a member. Staff employed through service partners, including transport, catering and cleaning staff, also provide valuable services and are also eligible to become members.

Disqualification from membership

We want to encourage the widest possible membership but where a member's actions or behaviour are detrimental to the Trust or its values, for example acts of verbal or physical abuse against our staff, it may be necessary for the Trust to revoke their membership.

Why become a member?

The core benefit of becoming a member is to have a regular voice – to shape the way services are provided, contribute to the future direction of the organisation, and ensure the Trust is responsive to the needs of the people and communities it serves. Alongside this, membership provides opportunities to show support for the Trust and its work. In general terms, the benefits of membership include:

- Getting regular and up-to-date information about the Trust
- Invitations to attend free health talks on a range of subjects and to attend and ask questions at the Annual Members' Meeting
- Voting for representatives on the Council of Governors and standing for election to the Council of Governors (for those 16 years of age or older)
- Taking part in surveys and consultations
- Taking in patient involvement initiatives
- Access to NHS Discounts Scheme.

Representing the interests of members

Members' views and opinions are heard through the Council of Governors, whose role is to represent the interests of members and hold the Board to account through the Non-Executive Directors. The Council of Governors is made up of 15 elected public Governors, four elected staff Governors and seven appointed Governors from stakeholder organisations. All public members aged 16 or over are allowed to stand as a Governor or

vote for a Governor. All staff members are able to stand as a Governor or vote for a Governor within their staff constituency. There are also seven local stakeholder organisations that are represented on the Council of Governors.

The Council of Governors is responsible for:

- Representing the interests of members and the public
- Appointing the Chairman and other Non-Executive Directors, and holding them to account for the performance of the Board
- Approving the appointment of the Chief Executive by the Non-Executive Directors
- Receiving the Trust's Annual Report and Accounts
- Appointing the Trust's external auditors.

The Trust is committed to developing and supporting Governors to enable them to carry out their role and contribute fully to the work of the Council of Governors. Our Governors attend our Board meetings and Committee of Board have broader access than Governors in many other Trusts. Further details of the composition of the Council of Governors is set out in Appendix 1.

Our membership objectives, 2019 – 2021

St George's has been an NHS Foundation Trust since February 2015 and we have a combined public and staff membership of around 22,000 members. Our vision is to build on our engagement with our members to date in order to create an active and vibrant membership community, one that is representative of the diverse populations we serve and of the staff who work here, and one which has a real voice in shaping the future of the Trust and the services it provides. To achieve this vision, our strategy for 2019-2022 sets out three overarching aims:

- To improve the quality of engagement and communication with members
- To continue to work towards a membership that is representative of the diverse communities the Trust serves
- To maintain and where possible increase the overall size of the Trust's membership

Objective 1: To improve the quality of mutual engagement and communication with members

Foundation Trusts are based on the principle of local accountability and an active and engaged membership helps to anchor the Trust in its local community. The value of membership is not solely in the numbers of people who have joined, but in the quality of our engagement with members. While we welcome the largest and most diverse membership possible, we recognise that it is most beneficial to build a more engaged and active membership rather than a large but passive one. Enhancing the quality of our

engagement with our members is therefore at the heart of this strategy and will be the overriding focus of our efforts.

We want to create real two-way engagement between the Trust and its members and provide meaningful opportunities for members to engage in issues affecting the future of the Trust, for example service changes, strategy development and quality improvement. Members should feel involved in the organisation, and supported to add value to the Trust. It will also help us to support our Governors in representing the interests of members and the public.

By 2022, we want to have effected a fundamental step change in how we engage with our members and develop a partnership culture between members, Governors and the trust management to facilitate effective working relationships.

To achieve this, we will:

- **Promote the work of the Trust's Governors, as representatives of our members.** We will promote new ways for members to get in touch with Governors to make it easier for them to raise issues and get feedback. We will develop new ways of highlighting and following the issues Governors have raised on members' behalf.
- **Develop new opportunities for members to express their views.** We will develop new ways for members to engage for example through participation in focus groups and surveys.
- **Introduce new types of membership so members can choose how involved they want to be.** All our members are equal but we recognise that some

may wish to be more involved. Drawing on the successful experiences of other Trusts, we will ask members to indicate the type of involvement they want to have:

Type	Involvement
Tier 1: Informed	Largely one-way communication. Receive newsletters and updates about the Trust
Tier 2: Engaged	Opportunities to share ideas. Want to be consulted, participate in surveys, attend events, open days tours and workshops.
Tier 3: Involved	Want to be consulted, participate in surveys, open days, events, tours and workshops. Have time to review and pass comment.

Through these different levels of membership, we can target our communications appropriately to meet members' different needs and preferences. Members will of course be free to change the type of membership they wish to have at any stage should their preferences or circumstances change.

- **Refresh our existing communication channels with members and our approach to membership communication and engagement.** We will look afresh at how we communicate and engage with our members in order to provide the information that members want in an accessible way. We will use a range of

different media to target different groups (including Borough level); create an ongoing dialogue with members; provide opportunities for information sharing, discussion and feedback from members; and celebrate Trust achievements so that members can share in this success.

- **Improve our programme of engagement events.** We will introduce engagement events across the constituencies of the Trust, led by the Trust's Governors so that members have a wider range of opportunities to engage with the Trust in their areas, and engage directly with their elected Governors.

Objective 2: To continue to work towards a membership that is representative of the communities the Trust serves

The Trust serves communities across Wandsworth, Merton, South West Lambeth and beyond and we want to be relevant and accessible to all sections of the population.

We regularly analyse our membership to make sure we understand its composition and take steps to ensure, as far as possible, it is representative of the people we serve. We are pleased that our analysis shows that, overall, the Trust's membership broadly reflects the rich diversity of our local communities. But where some groups are less well represented we will try new ways of engaging with them. We are keen to support young people to become members if they wish.

To achieve this, we will:

- **Analyse our membership on a regular basis.** This will help us understand any changes in demographics across our

local communities and identify any groups that are under-represented.

- **Develop targeted campaigns to recruit members from any group which is under-represented.** We will work with our volunteers and partner organisations to explore and develop new ways of promoting membership to those who may not have considered becoming a member.
- **Promote membership opportunities to younger people in our communities.** We will work with our partner organisations to encourage membership from young people who use our services and across the communities.

Objective 3: To maintain and where possible increase the overall size of the membership of the Trust

The value of membership lies in the quality of engagement not solely in the numbers. At the same time, we welcome a large and active membership community and recognise that the membership of the Trust needs to be large enough to be credible.

While our priority is to focus on the quality of our engagement, we must continue to invest in recruitment of new public members to offset the natural attrition in membership levels in any given year. Where possible, we would also like to increase our membership so that we engage our communities in our work.

To achieve this, we will:

- **Simplify the process for becoming a member.** We will make the process of applying more accessible and well publicised, including introducing an online membership application form.

- **Refresh the membership pages on the Trust's website.** We will make our web pages more engaging and will review and enhance the content to make them more informative, engaging and visually appealing, with downloadable newsletters and event details. This will include making it clearer to public and staff members how they can get in touch with Governors.

- **Articulate more clearly the benefits of membership.** We will re-define how we articulate the benefits of membership, and promote this effectively – so making membership and its value a more attractive proposition to potential members.

- **Refresh our membership recruitment material.** We will review our recruitment material to make this more impactful and engaging. This will include developing new membership posters, flyers and other materials to assist Governors in recruiting new members.

- **Work more innovatively with our partners to promote membership.** Our partner organisations have valuable networks with patients and the public and we want to work with them to encourage those who have not previously considered becoming a member of the Trust to do so and play an active role in the organisation.

- **Maintain an accurate membership database.** Our records need to be up-to-date and meet regulatory requirements. But we also rely on this to identify which groups may be

underrepresented or to identify trends in membership. This database can help us target recruitment initiatives to best effect.

Delivering the strategy and evaluating success

Through this strategy, we want to achieve a step change in how we engage with members. To achieve this, we need to implement and deliver the strategy effectively. As an organisation committed to learning, we recognise the importance of measuring its impact and evaluating its success.

Implementation

We have developed an action plan which sets out the practical steps we will take in each year to implement the strategy so that it is clear how we will put our plans into action. The action plan is set out as an appendix to this strategy. It will evolve and develop as the strategy is implemented. But, in summary, we envisage a phased approach over three years to deliver and fully implement the strategy, with the first year focused on laying the essential groundwork and years two and three focusing on embedding engagement. The Trust is committed to ensuring that this strategy is supported with appropriate resource.

Evaluating success

The Council of Governors is ultimately responsible for the delivery of the strategy and it will be supported in this by the Governors' Membership Engagement Committee, which will undertake the detailed monitoring of implementation and will report regularly to the Council on this.

The principal ways in which we will use to assess the success of the strategy will include:

- **Analysing the profile of the Trust's membership.** We will conduct this analysis twice a year and look in depth at the profile of the Trust's public membership and identify any under-represented groups. This will help us to understand whether our targeted recruitment campaigns have been successful and whether we are succeeding in maintaining the size and diversity of our membership. The results will be analysed by the Membership Engagement Committee.
- **Analysing involvement.** We also need to understand the extent to which our efforts in promoting a more active and involved public and staff membership have been successful. To do this, we will undertake a regular analysis of the readership of the Trust's new membership newsletter, monitor membership attendance at engagement events, analyse which issues members have responded to, and undertake a regular survey of all members to assess their views
- **Analysing impact.** We want to understand and evaluate the impact of the membership on the Trust's services. Our regular surveys of members will assist with this. We are also committed to compiling evidence to demonstrate what has changed within the Trust as a result of members' views and activities.

The Governors' Membership Engagement Committee will directly oversee the Trust's efforts to engage with **all** of its members. It will receive updates at each meeting on the delivery of the strategy and will report on this to the Council of Governors.

Appendix 1: Composition of the Council of Governors by constituency

The following tables set out the composition of the Council of Governors, including the numbers of governors from the public and staff constituencies and those appointed by our key stakeholder partners:

Public constituencies	Number of Governors
Wandsworth	6
Merton	4
Rest of England	4
South West Lambeth	1
Total number of public Governors	15

Staff constituencies	Number of Governors
Medical and Dental	1
Nursing and Midwifery	1
Allied Health Professionals and other Clinical and Technical Staff	1
Non Clinical	1
Total number of public Governors	4

Stakeholder organisation	Number of Governors
Healthwatch Merton	1
Healthwatch Wandsworth	1
Kingston University	1
St George's University	1
Merton Council	1
Wandsworth Council	1
Merton & Wandsworth Clinical Commissioning Group	1
Total number of stakeholder Governors	7

Appendix 2: St George's Membership Strategy Action Plan

The following action plan sets out how the vision and objectives set out in our Membership Strategy 2019-2022 will be implemented in practice:

Overarching Objective	Supporting aims	What we will do to deliver the objective		
		Year 1	Year 2	Year 3
Objective 1: To improve the quality of mutual engagement and communication with members	Promote the work of the Trust's Governors, as representatives of our members	<ul style="list-style-type: none"> Introduce a new contact email address for members to submit questions or raise issues with Governors, and publicise this on the membership pages on the Trust website Develop a model for Governor communication with Members tailored to Borough level Include regular section focusing on the work and role of Governors in new electronic membership newsletter Develop promotional material and aids to promote the role and work of governors, using the opportunity of the Governor elections in early 2020 to do this. Governors to introduce member health talks Governor participation in new Constituency level events 	<ul style="list-style-type: none"> Publish first annual membership report which showcases the work of Governors Use second survey of membership to record member awareness of Governors Develop video content for the Trust's website, where Governors talk about their work and their reasons for becoming Governors 	<ul style="list-style-type: none"> Publish second annual membership report which showcases the work of Governors Use third survey of membership to record member awareness of Governors

	Develop new opportunities for members to express their views	<ul style="list-style-type: none"> Membership Engagement Committee to receive report at each meeting on issues raised by members and actions being taken in response, and Committee to report on these to the Council of Governors. 	<ul style="list-style-type: none"> Publish first annual membership report which showcases work on how the Trust has responded to issues raised by members 	<ul style="list-style-type: none"> Publish second annual membership report which showcases work how the Trust has responded to issues raised by members
	Introduce new levels of membership so members can choose how involved they want to be	<ul style="list-style-type: none"> Confirm the definitions of the three levels of membership, ensuring these are sufficiently flexible to allow members to engage more or less depending on their areas of interest. Introduce these categories on all new membership application forms Contact existing members to confirm preferences on levels of engagement and involvement 	<ul style="list-style-type: none"> Seek feedback from members through the membership survey to establish the degree to which the introduction of the new levels of membership has helped members have the opportunity to engage on the issues they care about. Use new levels of membership to target members for participation in surveys, workshops and focus groups Monitor changes in number of members in each category as a proxy for measuring levels of active engagement 	<ul style="list-style-type: none"> Use levels of membership to target members for participation in surveys and workshops Monitor changes in number of members in each category as a proxy for measuring levels of active engagement
	Refresh our existing communication channels with members and our approach to membership communication and engagement	<ul style="list-style-type: none"> Launch new electronic membership newsletter which is visually more appealing and engaging and more informative about key developing in and affecting the Trust. Refresh membership pages on the Trust's website to make them more accessible and 	<ul style="list-style-type: none"> Undertake analysis of which issues and stories have been read most in the membership newsletter Develop options for introducing a quarterly hard copy newsletter for staff, patients and the public. 	<ul style="list-style-type: none"> Launch third membership survey and reflect learning from this in activities to be delivered in the final year of the Strategy and in the planning of the new Membership Strategy from 2022.

		<p>informative.</p> <ul style="list-style-type: none"> Develop plans for an annual survey of members, refining key questions and issues where members feedback is needed 	<ul style="list-style-type: none"> Launch second membership survey and update Membership Strategy Action Plan to reflect feedback from the survey 	
	Improve our programme of engagement events	<ul style="list-style-type: none"> Develop plans for and launch pilot of constituency events in Wandsworth, Merton and South West Lambeth, introduced by a Governor from that area. Assess impact & practicality of Member face to face meetings locally. Develop a programme of member health talks for the full year ahead and seek views on topics for inclusion in future talks. Governor to be selected to introduce each speaker. Seek to increase member turnout at Annual Members meeting by 20% (with a target of 100 attendees). 	<ul style="list-style-type: none"> Subject to feedback from the constituency event pilots, roll out an annual programme of constituency engagement events in Wandsworth, Merton and South West Lambeth Introduce updated member health talks with broader range of topics. Seek to increase member turnout at Annual Members Meeting by a further 20% (with a target of attracting over 120 attendees) 	<ul style="list-style-type: none"> Seek to increase member turnout at Annual Members Meeting by 25% (with a target of attracting over 150 attendees)
Objective 2: To continue to work towards a membership that	Analyse our membership on a regular basis	<ul style="list-style-type: none"> Ongoing monitoring of membership database 	As year 1	As year 1.

<p>is representative of the communities we serve</p>	<p>Develop targeted campaigns to recruit members from any group which is under-represented</p> <p>Promote membership opportunities to younger people in our communities</p>	<ul style="list-style-type: none"> • Develop proposals for engaging with groups that are less well represented within the Trust’s membership, in particular the age group 17-21 years and also the 30-39 age group. Engage with other Trusts to understand how they have approached engagement with these groups and use this to inform the development of tailored engagement plans. • Introduce membership recruitment stand at St George’s University of London freshers’ fair. • Pilot engagement opportunities in schools and colleges. 	<ul style="list-style-type: none"> • Subject to learning from year 1 activities, roll out comprehensive plans for engagement with younger people. • Use membership database to track changes in the composition of the Trust’s membership within these age groups 	<ul style="list-style-type: none"> • Use membership database to track changes in the composition of the Trust’s membership within these age groups
<p>Objective 3: To maintain and where possible increase the overall size of the membership of the Trust</p>	<p>Simplify the process for becoming a member</p>	<ul style="list-style-type: none"> • Develop and roll out new electronic forms for applying to become a member of the Trust and include link to these on refreshed membership pages of the website 		
	<p>Refresh the membership pages on the Trust’s website</p>	<ul style="list-style-type: none"> • Refresh membership pages on the Trust’s website to make them more accessible and informative. 	<ul style="list-style-type: none"> • Keep content of membership webpages up to date with new content • Make improvements based on feedback from membership survey 	<ul style="list-style-type: none"> • As year 2

	Articulate more clearly the benefits of membership	<ul style="list-style-type: none"> Define clear articulation of the benefits of being a member of the Trust and ensure Governors are supported to articulate these benefits to potential members at Meet Your Governor events. 	<ul style="list-style-type: none"> Publish first annual membership report which showcases work how the Trust has responded to issues raised by members 	<ul style="list-style-type: none"> Publish second annual membership report which showcases work how the Trust has responded to issues raised by members
	Refresh our membership recruitment material	<ul style="list-style-type: none"> Undertake review of existing membership recruitment and engagement material Develop new material (e.g. posters, flyers) using the Trust's forthcoming new branding 	<ul style="list-style-type: none"> Review impact of the new materials through feedback from members via the membership survey and engagement events and refresh this where appropriate. 	<ul style="list-style-type: none"> As year 2
	Work more innovatively with our partners to promote membership	<ul style="list-style-type: none"> Identify a range of key partners to work with and explore opportunities for joint work to help recruit new members 	<ul style="list-style-type: none"> Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups. 	<ul style="list-style-type: none"> Evaluate joint working with partner groups and identify further opportunities for engagement and recruitment of members.
	Maintain an accurate membership database	<ul style="list-style-type: none"> Maintain external support from MES to manage the Trust's membership database. Provide regular reports to the Membership Engagement Committee on key trends and developments in membership numbers and patterns 	<ul style="list-style-type: none"> As year 1 	<ul style="list-style-type: none"> As year 1