

Council of Governors Meeting

Date and Time: Wednesday 17 July 2019, 15:00-18:00
Venue: Hyde Park Room, 1st Floor, Lanesborough Wing

Time	Item	Subject	Action	Format
OPENING ADMINISTRATION				
15:00	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 22 May 2019 <i>Gillian Norton, Chairman</i>	Approve	Paper
	1.4	Action Log and Matters Arising <i>All</i>	Approve	Paper
MAIN BUSINESS				
15:10	2.1	Volunteer Update <i>Terence Joe, Head of Patient Experience</i>	Review	Presentation
15:35	2.2	Information Technology Update <i>Elizabeth White, Chief Information Officer</i>	Review	Presentation
16:10	2.3	External Auditors Report 2018-19 <i>Grant Thornton</i>	Review	Paper
16:25	2.4	Membership Engagement Committee Report <i>Richard Mycroft, Committee Chair</i>	Review	Paper
16:40	2.5	Annual Members Meeting <i>Stephen Jones, Director of Corporate Affairs</i>	Review	Paper
16:50	2.6	Non-Executive Director Appointments: Update on process and timetable <i>Stephen Jones, Director of Corporate Affairs</i>	Inform	Paper
17:00	2.7	Council of Governor Elections 2020 <i>Stephen Jones, Director of Corporate Affairs</i>	Review	Paper
17:10	2.8	Overview of Non-Executive Directors and Board Committees and Feedback from Committee Chairman Quality & Safety Committee – <i>Sir Norman Williams</i> Finance & Investment Committee – <i>Ann Beasley</i>	Discuss	Oral
CLOSING ADMINISTRATION				
17:50	3.1	Any Other Business <i>All</i>	-	Oral
	3.2	Reflections on meeting <i>All</i>	-	Oral

18:00	3.3	Close		
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Date and Time of Next Meeting: 22 October 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
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
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Rebecca Lanning	Appointed Governor, Merton Council	RL
Doulla Manolas	Public Governor, Wandsworth	DM
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
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, Medical 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	Chief of Corporate Affairs Officer	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
22 May 2019, 14:00-17:00, 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
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 (Lead Governor)	KH
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Derek McKee	Public Governor, Wandsworth	DMK
Richard Mycroft	Public Governor, SW Lambeth	RM
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	Spa
Simon Price	Public Governor, Wandsworth	SP
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Medical & Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Clive Studd	Public Governor, Merton	CS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance		
Avey Bhatia	Chief Nurse (Item 2.1 and 2.2)	CN
Elizabeth Palmer	Director of Quality Governance	DQG
Liz Aram	Co-Chair PPEG and Patient Partner	PP
James Friend	Director of Delivery, Efficiency and Transformation (item 2.3)	DDET
Martin Haynes	Improvement Methodology Director (item 2.3)	IMD
Stephen Jones	Director of Corporate Affairs	DCA
Sarah Wilton	Non-Executive Director	SW
Stephen Collier	Non-Executive Director	SC
Sir Norman Williams	Non-Executive Director	SNW
Tim Wright	Non-Executive Director	TW
Apologies		
Damian Quinn	Public Governor, Rest of England	DQ
Rebecca Lanning	Appointed Governor, Merton Council	RL
Marlene Johnson	Staff Governor, Nursing & Midwifery Designate	MJ
Val Collington	Appointed Governor, Kingston University	VC
Doulla Manolas	Public Governor, Wandsworth	DM
Ann Beasley	Non-Executive Director	AB
Jenny Higham	Non-Executive Director	JHM
Secretariat		
Tamara Croud	Interim Assistant Trust Secretary	IATS

1.1 Welcome and Apologies

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

1.2 Declarations of Interest

There were no new declarations of interests.

1.3 Minutes of the meeting held on 26 March 2019

The minutes of the meeting held on 26 March 2019 were reviewed by the Council and were agreed as an accurate record.

1.4 Action Log and Matters Arising

The Council reviewed the Action Log and agreed to close the following actions given that two were on the agenda and the third had been completed:

- COG.15.05.18/32: Presentation on GIRFT programme and Model Hospital for a future meeting.
- COG.26.03.18/01: PPEG presentation at next meeting.
- COG.26.03.19/02: Quality Indicators CN/DCA to email Governors with choices of indicators and deadline for response.

2.1 Patient Partnership Engagement Group Update

The Council of Governors welcomed Avey Bhatia, Chief Nurse (CN) and Liz Aram, Patient Partner (PP) and Co-Chair of the Patient Partnership and Engagement Group (PPEG).

The CN provided an overview of the process adopted to establish the PPEG and the recruitment of 15 diverse patient partners including Healthwatch representative, patients, governors and staff. Some key achievements delivered to date included the co-design and Board sign-off of the patient and engagement strategy 2018-19, and the establishment of new groups for learning disability, dermatology and urology patients' panels. There were also lots of examples of co-production, for example with the development of the information around 'Get Fit for Surgery' and 'New Beginnings' in the maternity service, and spearheading initiatives such as the introduction of open visiting and the visitors' charter. The Trust had also held its first Patient Experience Day on 24 April 2019 which trended on twitter. The Internal Auditors had also conducted a review into the suitability of the governance framework to manage patient experience and, whilst recognising the process was in its infancy, had given it a reasonable assurance rating and the Trust was progressing the actions and recommendations from the audit.

The PP reported that it was good that the Trust has patient partners that are very engaged and enthusiastic but noted that they had been frustrated by the length of time it had taken to complete this work. The PPEG was also delighted that the Trust had appointed a 0.5 WTE member of staff to support the work of PPEG and explore other opportunities to engage with patients. Patient Partners are also very keen to get involved in transformation projects and it would be useful to understand the cohort of projects in the next phase of transformation projects so that PPEG could get involved and play a role. In addition, the PPEG was keen to link with other stakeholders across the Trust to ensure that there was a joined-up approach to engaging with patients and helping them to drive the agenda. To support this, there needed to be better communication resources. The relationship between Governors and the PPEG also needed to be clarified. The focus was now on delivering the current Patient and Engagement Strategy and preparing for the new three- year strategy.

Sarah Wilton noted that it would be useful for the Board to review the progress against the Patient and Engagement Strategy and work of PPEG in the next 3-6 months and reported that the communications element of PPEG's work could be supported by the new Head of Patient Experience. Sir Norman Williams advised that the PPEG formally reported to the Quality and Safety Committee. RM noted that the Governors' Membership and Engagement Committee had a 'PPEG update' as a standing item given the strong overlap in the work of the two groups and the PP would be invited to provide updates. SM noted that it was very difficult for patients to find out about patient engagement activities and opportunities on the Trust's website. There was a wealth of volunteers eager to get involved. Involving patients could be very impactful and it was important to publicise these effectively. KS noted that discussions about patient engagement

had been going on since February 2018 and there was no assurance that the Trust was doing enough. Commenting on the progress of PPEG, he noted that there had not been a single intervention involving a patient partner that was not already planned prior to the establishment of PPEG and therefore questioned the real impact it had had to date. The Chief Nurse reported that it had been a challenge to get the programme working but agreed that there should have been more pace around this project in the earlier stages. The appointment of the Head of Patient Experience would drive forward and support the PPEG work programme and drive the strategy. The Chairman advised that NEDs had also been concerned about the time it had taken to get the programme of work running effectively and it was now important to focus on how the Trust moved forward. The Quality and Safety Committee would continue to closely scrutinise the programme of work and take a lead in tracking patient involvement in the transformation programme. Sir Norman Williams reported that he continued to champion the involvement of patients in Serious Incident investigations and endorsed the suggestion that the whole Board had oversight of this programme. Work would be done with the CN to programme discussions at the Quality and Safety Committee. KS asked how Governors would be involved in the PPEG. DR flagged that the current PPEG terms of reference required the attendance of three Governors. However, it could be challenging for one Governor to attend routinely given other priorities and diary constraints therefore it may be more feasible to widen the scope for the type of Governor who could attend. The Chairman noted that Governors should be involved and the terms of reference of PPEG should, if necessary, be updated to enable a broader range of Governors to attend, perhaps on rotation. The Council of Governors thanked the CN and the PP for the report on PPEG.

Action: The CN would facilitate regular reporting of PPEG to the Quality and Safety Committee and Sir Norman Williams would provide routine updates on progress to the Council of Governors.

2.2 Process for selecting quality indicator for external audit

The DQG provided an overview of the process for identifying and choosing the quality indicator for testing as part of the annual Quality Account (report). Part of the process involved the Trust auditors carrying out a test on three indicators, two of which were mandated by NHS Improvement (NHSI) and the third chosen by the Council of Governors. It was normal for NHSI to provide a list of suggested indicators from which the Council is asked to choose. However, this year NHSI had strongly suggested that Foundation Trust Governors select the Summary Hospital-level Mortality Indicator (SHMI). The external auditors had carried out a limited assurance review which meant that they had looked at subset of the SHMI data to ascertain the validity of the Trust's reporting. The results of this review would be presented to the Council in July 2019 along with the report on the review of the Quality Report.

A number of Governors raised concerns about the process; in particular the NHSI's strong recommendation that the Council choose SHMI noting that the selection of the local indicator was within the remit of the Council. Such a strong steer from NHSI was seen as being at risk of infringing on the autonomy of the Council of Governors. The Chairman commented that should the Governors feel strongly about the matter, they could ask her to write to NHSI expressing their concerns.

Action: The Trust Chairman agreed to draft a letter on behalf of the Council to flag concerns with NHSI about the process for the selection of the local indicator for the 2018/19 Quality Account.

The Council received the report.

2.3 Getting it Right First Time (GIRFT) & Model Hospital

The DDET reported that GIRFT was a national programme which allowed the Trust to undertake

some very specific procedural benchmarking across around 20 different specialties. The Trust used to look for financial opportunities for efficiency but there were more opportunities for the Trust in relation to improving quality and driving efficiency through limiting variations. The Trust was increasingly starting to share practice internally and externally with other trusts and using common knowledge and learning to drive change and efficiencies in areas such as workforce, procurement and length of stay. There was also a national drive to use the data to improve the quality of data. The Trust had a London GIRFT leader who was supporting and guiding the Trust's improvement work and provides additional access to national data. The Trust had many programmes of work going on but these were not well publicised and in the clinical audit in December 2018 there were 65 posters describing the improvement work going on in the Trust. As part of this programme, the Trust submitted a huge amount of data to the national benchmarking tool and had undertaken 17 deep dives which aligned with its priorities, for example referral to treatment. The Trust monitored its progress using dashboards and the Quality Improvement Academy was driving the programme of work to improve quality and efficiency. The Model Hospital programme was similar to GIRFT and the Trust had moved from being in the bottom quarter in relation to cost per weighted activity unit for emergency medicine productivity to the top quartile, with more opportunities identified by clinical teams. The Trust had now approved two full time members of staff to drive this work and the Board was receiving quarterly reports.

HH noted that, beyond GIRFT, there were other ways to improve quality and there was an overlap with the cost improvement programme (CIP). The IMD reported that there were other quality improvement programmes underway outside GIRFT. CS queried where discharge featured in the quality improvement programme and the cause of underutilisation of theatres. The DDET reported that the Trust was focusing its work around the high performing wards and making sure patients were in the best environment for assessment, continued care with the target of having equal to or less than 80% bed occupancy in the acute medical unit by mid-day to ensure there was an effective flow of patients. Under-utilisation of theatres related to booking and not availability of beds. JD noted that it would be useful for the Trust to produce some sort of pictorial which depicted the transformation programmes currently underway across the Trust and the interdependencies of quality, financial and efficiency so that the Council could better support communication and championing these programmes of work. JH asked how up-to-date the benchmarking data was and the usefulness if it was not real time. The IMD advised that there was variability with some data being two years old. However, there were key themes which were still worth exploring with some data being refreshed. Sir Norman Williams advised that specialties which had undergone the GIRFT programme would be publicised nationally and this would be useful. KS queried the availability of an assurance mechanism to ensure that pre-implementation of standardisation the Trust did not stifle innovation. The IMD advised that the principles of standardisation were to rationalise and drive efficiencies which in and of itself required innovative approaches. Sir Norman Williams flagged that there had been good examples where standardisation had led to innovation and improved patient outcomes and it was important to drive out variation so that patients were provided with the best care. He flagged, however, the importance of conducting standardisation in the proper way within a strong governance framework.

Action: The Chairman agreed that the Chief Medical Officer would be asked to present a report at a future meeting of the Council on the assurance and governance mechanisms to ensure standardisation through the GIRFT and Model Hospital does not diminish innovation.

The Council received the report.

2.4 Nomination & Remuneration Committee Report

KH took over chairing the meeting and the Chairman stepped out for the discussion on the matters pertaining to her appraisal and reappointment.

Chairman Appraisal and Reappointment

RM reported that the Nomination and Remuneration Committee had been very supportive of the Chairman and the other Non-Executive Directors and welcomed the positive appraisals. The Committee had no hesitation in recommending that the Council reappoint the Chairman for a further term based on not only her excellent chairmanship to date but also to retain the stability she had brought to the Trust since her appointment as Chairman in April 2017. The Council noted the outcome of the 2018/19 appraisal for the Chairman and approved the reappointment of Gillian Norton as Trust Chairman for a further term of office starting 1 April 2020.

Stephen Collier and Ann Beasley Appraisal and Reappointment

Stephen Collier stepped out of the meeting for the discussion on the matters relating to his reappointment. The Council noted the outcome of the 2018/19 appraisal for Stephen Collier and Ann Beasley and, on the basis of the recommendations and considerations set out in the paper, approved their reappointments for further terms of office starting 13 October 2019. Each appointment would be for a term of three years.

Non-Executive Appraisals and Objectives for 2019/20

The Council noted the appraisals and objectives for 2019/20 for all Non-Executive Directors. It noted that engagement with the process had been good, and that there had been far richer feedback than the previous year which had been helpful.

Appointment of a new Non-Executive Director and Associate Non-Executive Director

The Council received and approved the person specification, process and timetable for the appointment of both a new Non-Executive Director to replace Sarah Wilton and a new Associate Non-Executive Director. The Council also agreed to give delegated authority to the Governors' Nomination and Remuneration Committee to manage the appointment process, with a recommendation on suitable candidates being presented to the Council at its meeting in October 2019.

2.5 Membership Engagement Committee Report

The Chair of the Membership Engagement Committee (MEC), RM, presented the summary report from the Committee meeting held on 14 May 2019. The Committee had started the process of delivering the new Membership Strategy which had been approved by the Council in March 2019. It focused on the year one implementation plan and 5 July 2019 had been identified as the date on which to officially launch the membership strategy. Work was underway to develop the materials to support the launch. Plans discussed at the meeting included showcasing the strategy and progress against the implementation plan. The Committee had also discussed how to develop the concept of tiered membership and do things in a different and innovate way. It had discussed the emerging plans for improving Governors' engagement at Borough level with the recognition that detailed work would be required to give effect to this. The Committee agreed to consider in July plans for an autumn programme of events in the three geographical constituencies of the Trust. SM flagged that it may be worth linking with local Authorities and Councillors to drive local stakeholder engagement with Governors. The DCA noted that the plans to improve Governor engagement do include linking with local constituency network and the intention was to seek to link in to established networks. DR noted that given the geographical spread of the Trust it would be useful to locate meetings in different boroughs which may result in more people attending Governor events. KS noted that there had previously been some suggestions of getting in contact with GP patient network and SP reported that the Clinical Commissioning Groups had user group representatives who could be linked with the Trust. RM noted that in addition to developing these links and attending outside meetings the Trust must have a programme and material to effectively support engagement opportunities.

The Council of Governors:

- Noted the update on the outcomes of the Committee held on the 14 May 2019; and
- Noted the plans to launch the Membership Strategy 2019-22 on 5 July 2019 supported by a communications plan and engagement materials.

2.6 Council of Governors Training and Development 2018-19 & Annual Self-Assessment of Compliance with Foundation Trust Licence

The DCA reported that as part of the Trust's annual self-certification against its licence, the Trust was required to confirm to NHS Improvement that Governors had received sufficient training during the course of the year to carry out their roles. The report set out the training that had been provided to Governors at the Trust, including details of the briefing sessions with Governors on topical issues and the away day held in January at which both the NHSI London Regional Director and South West London Health and Care Partnership Chair had presented. DR reported that he had noticed that recent NHS Provider events and training were oversubscribed. The DCA reported that NHS Providers had a limited number of places for governors from each Trust and there had been occasions during the year where more governors wanted to attend certain events. The governance team had put in place a process of rotation to ensure, as much as feasible, all governors had the opportunity to attend these events. The Trust had also been approached by NHS Providers to host an event in the autumn. If this went ahead the Trust would request that additional places for Governors from St George's be made available. KS noted that the Council had asked for specific training from NHS Providers and queried the availability of a training budget. He also noted that instead of attending the conference, it may be better to have bespoke training. The Chairman asked that Governors think about what training they required so that the DCA could explore options for addressing this. KH reminded that there were discussions about sharing training with Kingston which may prove cost effective. Richard Mycroft noted it may be useful to do some analysis of training need and also noted that the attendance at conferences provide valuable networking opportunities. The Council received the report and approved the submission of to NHSI confirming training is provided to governors.

Action: The Chairman and the DCA would consider the overall training offer to Governors, including options for joint training with Governors at other Trusts, and would undertake a Governors' training needs assessment.

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

Audit Committee

Sarah Wilton provided an update on the work of the Audit Committee and gave an overview of its recent meeting. The Committee had challenged robustly the contents of the Internal Audit Plan for 2019/20 and had agreed to carry out a mid-year review to ensure that the plan remained dynamic and effective. In addition, the Committee had asked the Executive team and internal auditors to give thought to how to include additional areas such as how effective the organisation was at learning and triangulating across areas and embedding learning. In relation to Freedom to Speak Up, the Committee had reviewed an internal audit report on this and noted that there are a number of issues which were of concern such as people being able to speak up and when they do speak up the robustness of systems to manage those concerns. The Committee were also concerned about the robustness of the underlying Trust policy and about ensuring that there was clarity of processes for people to speak up and resourcing of the teams that managed this process. The report back to the Committee had been delayed but a full report would come to the next Committee meeting. The Committee had also agreed the procurement process for the internal auditors' contract which was currently held by TIAA and a subset of the Committee and some Executives would form the panel to review the tenders received.

AdB reported that she had attended the April Audit Committee meeting and had been pleasantly surprised by the breath of information considered and the discussions held at the Committee; the level of review and challenge was assuring. In the Council's pre-meeting they had agreed to

ask the Committee to consider legal expenses. The Chairman noted that through the Quality and Safety Committee a review was programmed to take place and Sir Norman Williams reported that the report to the Quality Committee would be around learning from litigation and learning from claims. JD asked whether the Committee looked at the users' perspective of the internal audit process to which Sarah Wilton advised that the Committee conducted annual effectiveness reviews of internal audit function which included feedback from users and internal auditors undertook a survey of users following each review. KS queried the role of the Committee in reviewing progress in achieving the required culture change within the organisation. Sarah Wilton reported that wider cultural concerns lay with the Workforce and Education Committee and the Audit Committee was focusing on indicative performance metrics around control and systems. The Chairman noted that the Board would receive the report on staff engagement in June. The NEDs had been conscious of striking the right balance between challenging and supporting the Executive team. The Executive were driving this agenda but the NEDs had expressed concern about the need for greater pace. HH advised that it was good to note that the Committee and the Board were giving due consideration of FTSU but queried the degree to which this resource was publicised to staff. It was noted that this would be picked up by the Committee when it considered the report and updated policy at its next meeting. Sir Norman Williams also reported that he was the appointed NED for FTSU and had also asked for clarity on the process and policies.

Workforce & Education Committee

Stephen Collier reported that the Workforce and Education Committee was now focusing more on assurance and seeking to robustly hold Executives to account. Despite the need for cultural change it was important to recognise the good progress being made in some areas with a reduction in vacancy rates, increased compliance with mandatory and statutory training and improved sickness metrics. This good performance was not, however, reflected in staff experience and although there were some glimmers of hope, the staff survey feedback reflected that progress had plateaued in the past year and the Committee was concerned by the fact that some of the issues reported 12 to 24 months previously were reflected in the most recent survey. This signified the need to change approach and rethink how the organisation, as a whole, tackled culture. The Committee had identified a number of areas of concern when looking at the key issues that needed to be addressed in order to change the culture. These included low level of staff engagement in some areas, challenges with the effectiveness of some middle management, and staff experience of bullying and harassment. These were fixable but significant issues and there now needed to be a rigorous change programme. The Trust also had to be minded of the pressures in the organisation and with the added element of resource constraints this would take significant time and constant focus to effect the step change required. There was a workforce plan for the year and the Committee was now starting to initiate the workforce strategy which drew on the NHS-wide people plan.

JH queried whether or not the fact that the Trust was in special measures was a factor in staff behaviour. Stephen Collier noted that coming out of special measures would not in itself change views or culture in the long-term. KS noted that unless a plan was in place and people mobilised to make changes the culture would not change. The Chairman noted that whilst cultural change could be hard, the Trust had strong values which could be better utilised to effect the required cultural changes. The Trust needed to articulate the behaviours that were acceptable and then hold people to account. The organisation had been so broken previously and it was now in recovery. However, the sheer size of the organisation and key emerging issues, such as estates, could consume Executive directors' time and deflect from the focus on the cultural change programme. The NEDs recognised the need for greater pace in making the cultural changes required. KH noted that the key was getting the basics right, for example paying staff on time and correctly. It was important to support staff that were in the most pressured parts of the organisation and ensure that resources were directed in those areas which could help staff feel valued. This needed to be thought through and changes and decisions needed to be managed better. The Chairman reported that the Chief Inspector of Hospitals had reflected that

the quality improvement work in wards, particularly the ward accreditation programme, was effective and impressive and it was agreed to invest in this work to ensure that there is a consistent approach across the Trust. Stephen Collier noted that most of the pay issues related to bank staff and there was now a new central system which was supporting a reduction of issues with payroll. Sir Norman Williams asked to what extent, outside the national workforce framework challenges, could the Trust solve its local staffing issues. Stephen Collier noted that the Trust did perform very well on retention and was speeding up time to hire when benchmarked against local NHS organisations. The Trust needed to focus on delivering its workforce strategy and addressing those intractable issues internally. It was noted in response to a query from FG that the Trust was able to benchmark staff satisfaction against other organisations and the Chairman flagged that, comparatively, the Trust had high response rates to the national staff survey which could be an indicator that staff were engaged and wanted to work with the Trust to address these issues.

Estates & Information & Communications Technology (ICT)

Tim Wright provided an update on information and communications technology (ICT) and Estates and reported that solid progress had been made on ICT over the past six months or so. With the appointment of a new Chief Information Officer (CIO) there was greater visibility of the key risks and there had been some key improvements. Work continued on the infrastructure with many of the single points of failure addressed in the network following receipt of funding. All PCs and laptops had much better anti-virus and malware protection and the processes for managing these had been strengthened. There were enhanced Wi-Fi services across all sites and work was focussed on getting robustness in back-up systems and infrastructure. The Trust however needed to be mindful that in completing routine work to address single points of failure it did not adversely impact on the longer term ICT strategy. Cerner was now in place across the inpatient service at Tooting and staff had been positive about the implementation and this system. Progress was being made on enhancing the use of Cerner which was driven by staff. The work to implement Cerner at Queen Mary Hospital was also progressing but there had been some issues with migrating the data related to the cloud infrastructure which was being worked through, resulting in the deadline moving from July to September. The Trust had identified more funding and was exploring how to digitalise key streams of operations around patients to enable better, safer care such as introducing e-prescribing in the emergency department and moving to Office 365. The ICT strategy was being developed.

SP reported that whilst the transition to Cerner had gone well there was a query about the speed at which this has been utilised and the cultural change that was needed in the organisation to enable and demonstrate real change. Staff felt frustrated at not being able to do what they wanted to do with the system which had the effect of impacting on staff morale. ICT was the infrastructure that supported staff to carry out their roles and it was important that it worked effectively. CS expressed similar views based on his daughter's experience as a junior doctor in the Trust. Tim Wright advised that Cerner was a complex system and therefore whilst it was important to get the pace right this needed to be balanced against giving users the right support. It was equally important not to implement too many different systems at once which could have an adverse impact on staff. KS noted that ICT was so important to practitioners and the public and it was striking there was not a separate Board sub-Committee focused on this. In addition, he stated that the Council need more visibility on ICT progress, implementation and assurance that things are being done strategically and at pace. Tim Wright noted that there was a legacy of lack of investment and the Trust was working on making these changes to ensure there were integrated systems. The Chairman noted that the NEDs recognised the nature and scale of the ICT challenge and that these issues were considered by the Finance and Investment Committee, which was responsible for reviewing ICT risks. The Chairman suggested that the CIO be invited to give a presentation on ICT at the next Council meeting. She also noted that the Trust had moved on from what was a wholly fragile ICT but recognised the concerns expressed by Governors.

Action: CIO to be invited to attend the July Council meeting to present a report on ICT.

Tim Wright advised that the Board had agreed to give greater focus to estates issues by establishing a Part B element of the Finance and Investment Committee focused exclusively on estates. The group would focus on scrutinising priority issues around estates including water supply, ventilation, and fire and ensuring there were robust governance processes to underpin the work required. Responsibility for Estates had been changed and the CFO was now the Executive lead for estates. The Chairman noted that there needed to be a proper discussion about estates at future meeting.

3.1 Any Other Business

HH noted receipt of the DCA's email earlier in the week regarding the joint statement issued by the Trust regarding the conclusion of the High Court litigation involving one of the cardiac surgeons. She reflected that it would be helpful for the Council to understand how the organisation had learned from the experience and taken the steps necessary to ensure it did not happen again. The Chairman agreed that a session would be organised to provide a further confidential briefing with the Council of Governors on cardiac surgery and the CEO would be invited to inform the discussions.

The Chairman noted that this was the KH's last meeting as Lead Governor and that she would leave the Trust next year following the end of her term. On behalf of the Council and the Trust, the Chairman thanked KH for her efforts, care and attention in her role as lead governor noting that the Trust would be a poorer place without her. The Chairman also presented KH with a Trust Values Award. In turn, KH thanked the Trust and Council of Governors for the award and gifts. She commented that she had enjoyed the role enormously, particularly seeing the progress the Trust had made in its recovery. She believed that together Governors had contributed to this, strengthening the functioning of the Council to ensure it played a full and effective role in the Trust's governance.

The DCA noted that expressions of interest in succeeding KH as Lead Governor had been received from DR, SS and RM, who would now need to submit statements setting out why they should be elected as Lead Governor. The statement should be no more than 500 words. These would be circulated to Governors and a ballot would take place ahead of the next meeting of the Council of Governors.

3.2 Reflections on Meeting

Given time constraints, no reflections were offered.

3.3 Close

The meeting closed at 18:00

Date of next Meeting: 17 July 2019, 15:00 – 18:00

Council of Governors Action Log 17 July 2019					
Action Ref	Action	Due	Lead	Commentary	Status
COG.15.05.18/31	Chief Nurse to give an update on volunteering at a future meeting	22.05.19	CN	On agenda	PROPOSED FOR CLOSURE
COG.26.03.19/03	Electronic Calendar invite options to members of the Council of Governors be explored by the MEM	17.07.19 22.10.19	MEM	Options are being explored through IT and the rollout of Office 365 which it is hoped will resolve some of issues experienced with Governors receiving calendar invites and subsequent updates.	OPEN
COG.22.05.19/01	The CN would facilitate regular reporting of PPEG to the Quality and Safety Committee and Sir Norman Williams would provide routine updates on progress to the Council of Governors.		CN	On agenda	PROPOSED FOR CLOSURE
COG.22.05.19/02	The Trust Chairman agreed to draft a letter on behalf of the Council to flag concerns with NHSI about the process for the selection of the local indicator for the 2018/19 Quality Account.		Chairman	Completed.	PROPOSED FOR CLOSURE
COG.22.05.19/03	The Chairman agreed that the Chief Medical Officer would be asked to present a report at a future meeting of the Council on the assurance and governance mechanisms to ensure standardisation through the GIRFT and Model Hospital does not diminish innovation.	22.10.19	CMO	Not yet due.	OPEN
COG.22.05.19/04	The Chairman and the DCA would consider the overall training offer to Governors, including options for joint training with Governors at other Trusts, and would undertake a Governors' training needs assessment.	22.10.19	CCAO	Not yet due.	OPEN

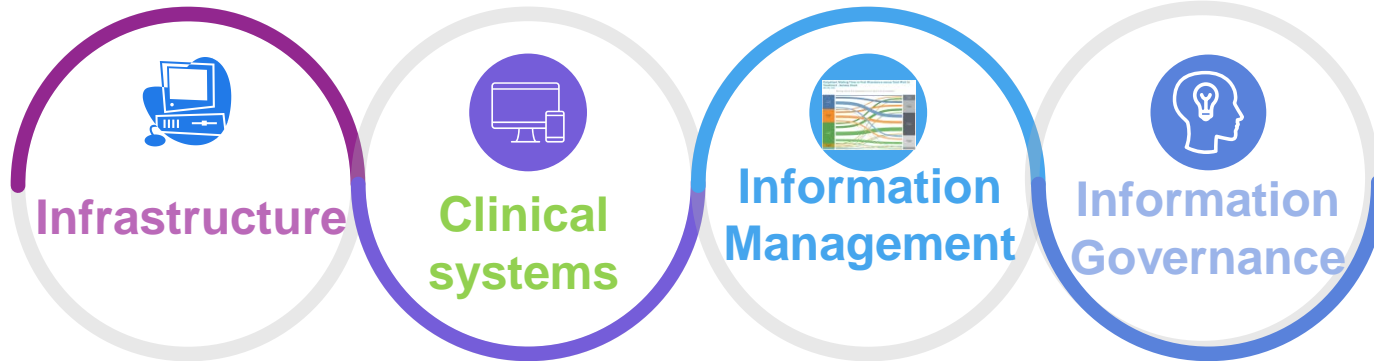


St George's University Hospitals **NHS**
NHS Foundation Trust

Council of Governors ICT Update

17th July 2019

Chief Information Officer



Free Wi-fi

NHS apps

Cloud services

Care where you are

Core network platform

Cyber security and Data Availability

QMH

Collaborative working

Optimization and consolidation

DictateIT3

eTCI

Endoscopy

Statutory Reporting and submissions

Information for Performance Management (E.g. RTT)

Operational Management information (ED, Theatres)

Data quality

Information of billing

Business Intelligence

DSPT Toolkit and Data Standards

Data Protection

GDPR

Caldicott / Confidentiality

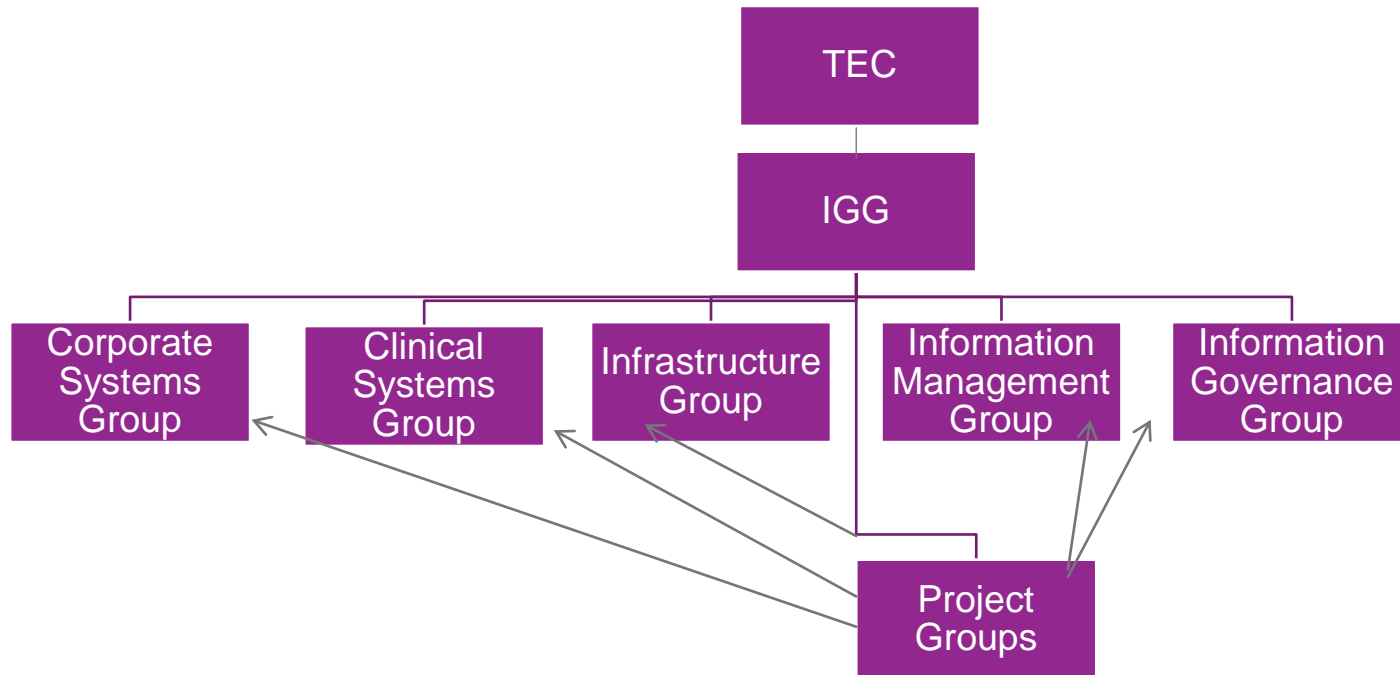
Information Governance Training

Advice and Guidance

Investigation of IG Incidents

Data Privacy Impact Assessments (DPIA)

Flexible size: including technical staff, service desk, champion users, switchboard, trainers, change agents, reporting specialists etc

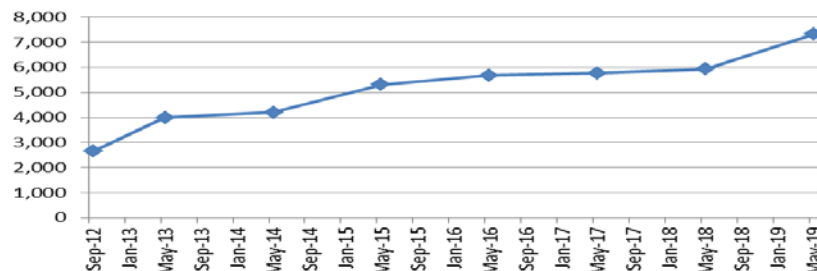


ICT Incidents since December 2018

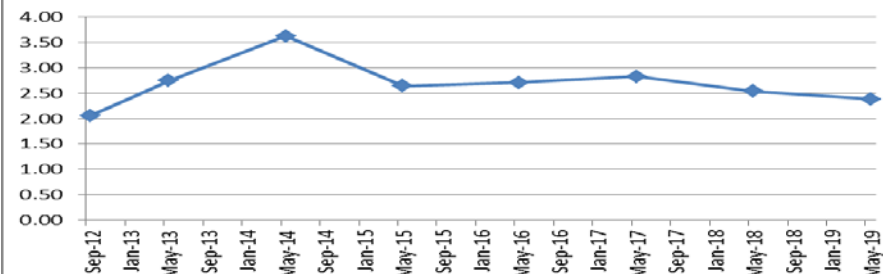
Incident Category	Dec	Jan	Feb	Mar	Apr	May	Total
NAS	4	0	0	0	0	0	4
External access (internet supplier)	1	0	1	1	0	0	3
E-mail	0	0	0	0	3	0	3
EDM	1	1	0	0	0	0	2
Network (electricity)	0	1	0	0	0	1	2
VDI	0	0	0	0	0	2	2
Printing	0	0	1	0	0	0	1
Telephony (supplier infrastructure)	0	0	1	0	0	0	1
E-mail (cyber security)	0	1	0	0	0	0	1
E-triage	1	0	0	0	0	0	1
Software upgrade	0	0	0	1	0	0	1
Infrastructure equipment failure	0	0	0	1	0	0	1
Tableau	0	0	0	0	1	0	1
iClip user access	0	0	0	0	0	1	1
SWL Pathology	0	0	0	0	0	1	1

iClip Usage Statistics

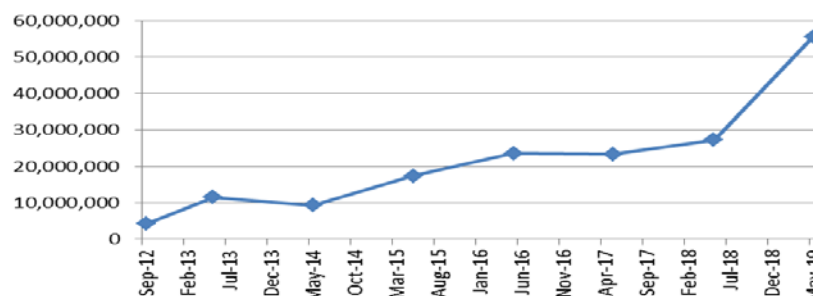
Iclip Users



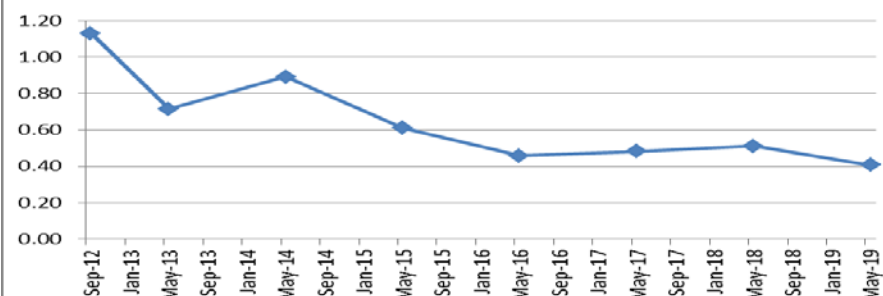
Login average response time



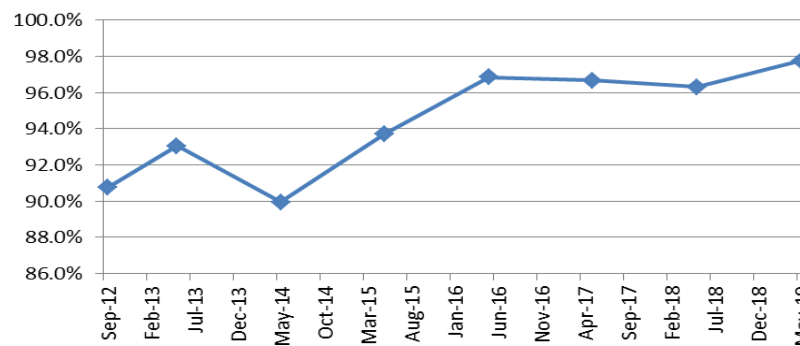
Total measured transactions



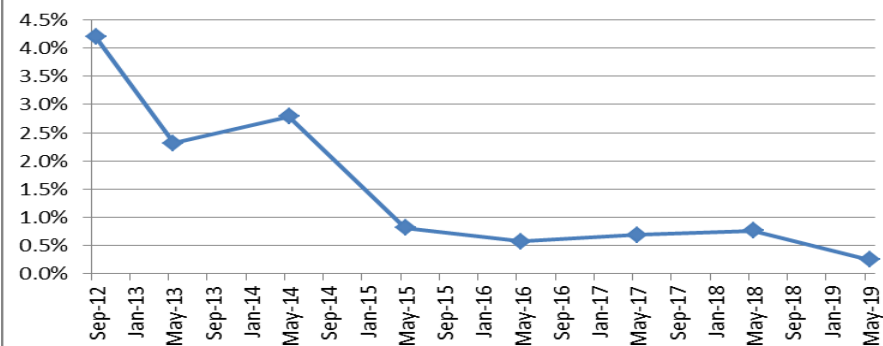
Average transaction response time



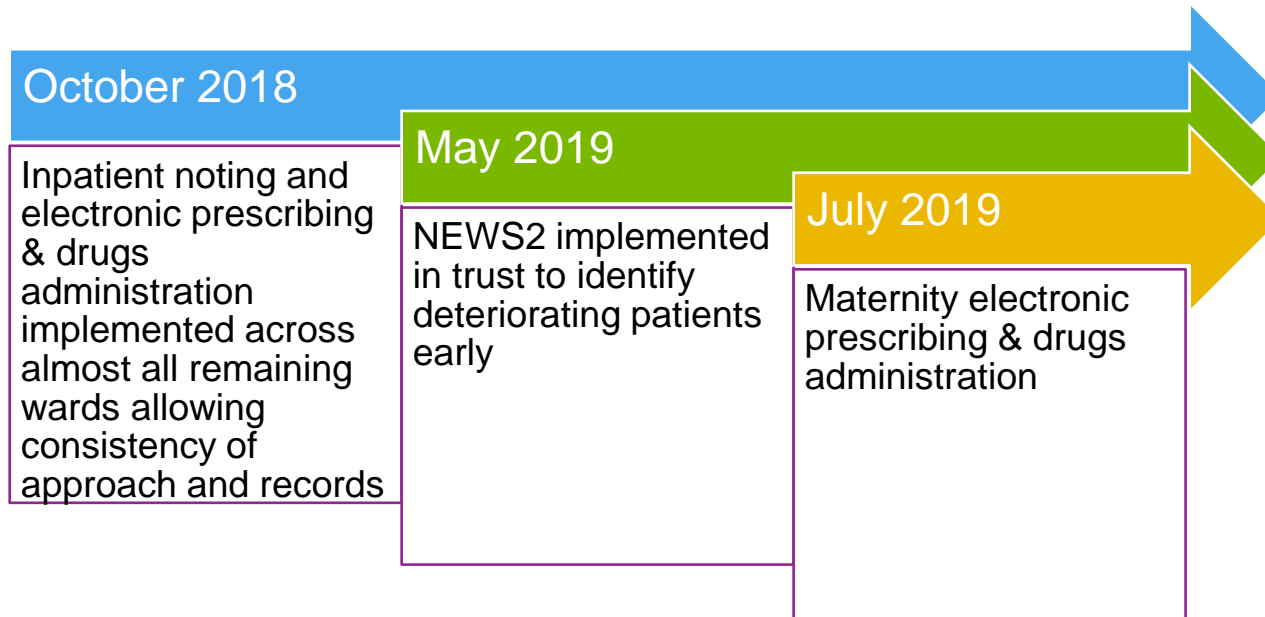
% transactions below 2 seconds



% transactions over 5 seconds



Clinical Systems Progress over the last year



About to commence – piloting new drugs trolleys selected by ward staff, integrating technology and drug dispensary requirements

Past

- Coverage variable across trust
- Core clinical functionality missing
- Development ceased

Current

- Implementing at QMH to have integrated system across trust
- Ensuring full coverage for each area of functionality
- Developing an enhancement pathway

Future

- Internal development of some functionality as in other trusts e.g. Mpages
- Discussing with acute provider collaborative what areas good to share
- Looking to have higher level of digital maturity responding to the clinical strategy

The work plan for developing clinical systems in 2019/20 includes:

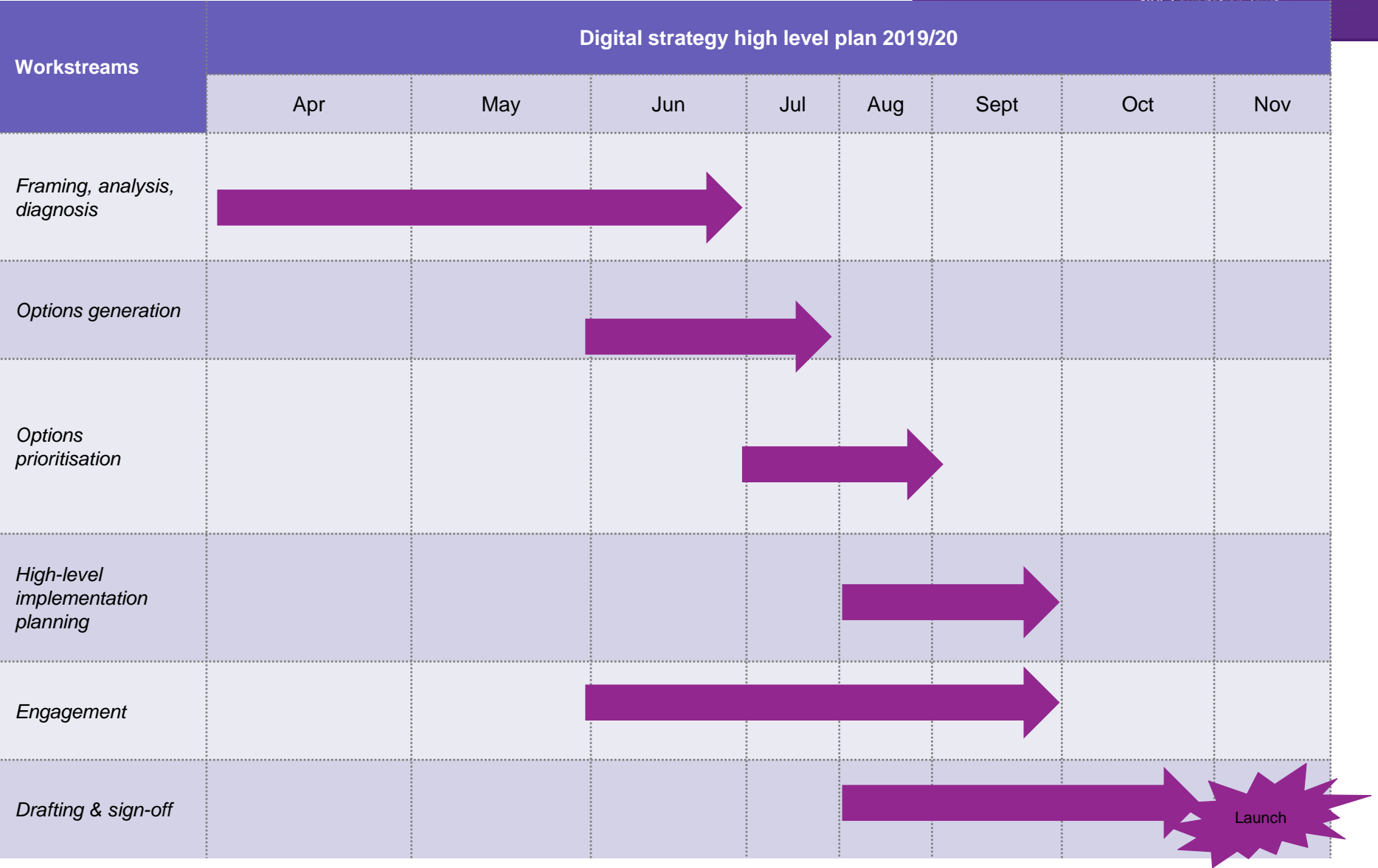
Upgrading the infrastructure for the Electronic Document Management System (EDM) so it becomes more reliable, and commence access to specific identified outpatient documents in EDM via web links within iClip

Rollout Pacenet Phase 2 to allow monitoring from home

Digitisation of most of outpatients in the trust via the QMH rollout and by a phased implementation on Tooting site – this includes clinical noting and electronic prescribing, referral management, ordering patients admissions electronically as well as requesting tests, and upgrading to DictateIT3

Introduction of electronic prescribing in the emergency department and the neonatal unit

Move to use of iClip across the trust in theatres including anaesthesia



Based on NHS 10 year plan, trust clinical strategy, digital and cyber security requirements for NHS, development curve for trust clinical systems, infrastructure refresh cycle

Report to the Governors on the Quality Report

Year ending 31 March 2019

St George's University Hospitals NHS Foundation Trust

28 May 2019



Contents



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3. Consistency of information	5
4. Data quality of reported performance indicators	6
5. Fees	10

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

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Headlines

The Quality Report

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

Purpose of this report

This report to governors summarises the results of our independent assurance engagement on your Quality Report. It is issued in conjunction with our signed limited assurance report, which is published within the Quality Report section of the Trust's Annual Report for the year ended 31 March 2019.

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

In performing this work, we followed NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19' ('Guidance').

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

- the Quality Report is not prepared, in all material respects, in line with the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Conclusion

Our work on your Quality Report is complete. We provided an unqualified opinion on your Quality Report.

Key messages

- We confirm that the Quality Report has been prepared in all material respects in line with the requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.
- We confirm that the Quality Report is not materially inconsistent with the sources specified in NHS Improvement's Guidance.
- Our testing of two indicators included in the Quality Report found no evidence that these two indicators were not reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance. However we have limited the scope of our work on this indicator to exclude the data from the Early Pregnancy Unit which we are not able to verify. This represents 4% of the data used to calculate the indicator.
- Our testing of the indicator selected by the governors found no evidence that this indicator was not reasonably stated, in all material respects, in accordance with relevant guidelines on calculation. In line with NHS Improvement's Guidance, we do not express any assurance in respect of this indicator.

Acknowledgements

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

Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of the 'NHS foundation trust annual reporting manual 2018/19' and the supporting guidance 'Detailed requirements for quality reports for foundation trusts 2018/19'.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the Quality Report is not prepared, in all material respects, in line with the criteria set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance.

Consistency of information

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Requirement	Work performed	Conclusion
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by NHS Improvement. This includes the board minutes and papers for the year, feedback received on the Quality Report, survey results from staff and patients and the Head of Internal Audit opinion.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'.
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process has resulted in appropriate consultation.

Data quality of reported performance indicators

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

Selecting performance indicators for review

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

NHS Improvement requires that we select two indicators in a prescribed order of preference from the list of four mandated indicators that are relevant to this Trust.

These two indicators are subject to a limited assurance opinion in line with the requirements set by NHS Improvement. We have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

In line with the auditor guidance, we have reviewed the following indicators, which are both mandated by NHS Improvement for auditor testing:

- 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

In 2018/19, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the Quality Report, selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, this indicator does not form part of the limited assurance report.

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

- Summary hospital level mortality: this was chosen by the Council of Governors following the recommendation of NHS Improvement in their guidance

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

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge</p> <p>The A&E indicator shows the percentage of patients admitted to A&E who were admitted, transferred or discharged within 4 hours. The national target for this indicator for NHS foundation trusts is 955.</p> <p>The indicator is calculated as: Numerator – Total number of patients which have a total tie in A&E over 4 hours from arrival to admission, transfer or discharge</p> <p>Denominator – total number of unplanned A&E attendances</p>	88.4%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 15 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	<p>Based on the results of our procedures, apart from the limitation of scope described below, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.</p> <p>The calculation of the indicator is based on data from 3 locations. One of which is the Early Pregnancy Unit (EPU). It was not possible to obtain data from the EPU which enabled verification of the waiting time resulting in a limitation of scope for our testing. The EPU population represents 4% of the whole population.</p>

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

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers</p> <p>The 62 cancer days referral indicator shows the percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. The national target for this indicator for NHS foundation trust is 85%.</p> <p>The indicator is calculated as: Numerator – Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer within a given period for all cancers</p> <p>Denominator – Total number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer within a given period for all cancers.</p>	86%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	<p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.</p>

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

Indicator, Definition & Scope	Indicator outcome	Work performed	Conclusion
<p>Summary Hospital-level Mortality Indicator (SHMI)</p> <p>SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.</p> <p>In line with the recommendation in NHS Improvement's Guidance, the governors have selected the SHMI as their local indicator. The SHMI is not calculated by the Trust but is provided by NHS Digital and calculated using information from the Trust's data submission and other sources. We test the accuracy of the indicator value for the reporting period January to December 2018 by way of consistency to the publicly reported value on the NHS Digital website and not through testing the accuracy of the underlying indicator calculation. Our testing focusses only on the data originating from the Trust that is used in computing the indicator. This testing covers a specific set of data fields, including method of admission, patient classification, discharge date and discharge method.</p> <p>In line with the requirements of NHS Improvement's Guidance, this indicator is not subject to a limited assurance opinion. We do not provide the governors with any formal assurance in relation to whether this indicator is fairly stated.</p>	83.9	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report agreed to the value reported by NHS Digital.</p> <p>We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	Based on the results of our procedures we did not identify any material issues in relation to the calculation of this indicator or the six dimensions of data quality.

Fees

Fees for our work on the Quality Report
We confirm below our final fees charged for this work.

	Proposed fee	Final fee
Assurance on your Quality Report	8,000	8,000
Total fee (excluding VAT)	£8,000	£8,000





The Annual Audit Letter for St George's University Hospitals NHS Foundation trust

Year ended 31 March 2019

17 July 2019



Contents



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Appendices

A Reports issued and fees

Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at St George's University Hospitals NHS Foundation Trust (the Trust) for the year ended 31 March 2019.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit Committee as those charged with governance in our Audit Findings Report on 23 May 2019.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the National Health Service Act 2006 (the Act). Our key responsibilities are to:

- give an opinion on the Trust's financial statements (section two)
- assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the Trust's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Our work

Materiality	We determined materiality for the audit of the Trust's financial statements to be £12.95m, which is 1.5% of the Trust's prior year gross operating costs.
Financial Statements opinion	<p>We gave an unqualified opinion on the Trust's financial statements on 24 May 2019.</p> <p>We included a material uncertainty paragraph in our report on the Trust's financial statements to draw attention to the note which explains the basis on which the Trust has determined that it is still a going concern. This does not affect our opinion that the statements give a true and fair view of the Trust's financial position and its income and expenditure for the year.</p>
NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We did not identify any matters which required us to exercise our additional statutory powers.

Executive Summary

Value for Money arrangements	We were not satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources because of the significance of the matters we identified in respect of the Trust's financial performance and CQC performance . We therefore issued an adverse value for money conclusion in our audit report to the Directors of the Trust on 24 May 2019.
Quality Report	We completed a review of the Trust's Quality Report and issued our report on this on 24 May 2019. We concluded that the Quality Report and the indicators we reviewed were prepared in line with the NHS foundation trust annual reporting manual and supporting guidance.
Certificate	We certified that we have completed the audit of the financial statements of St George's University Hospitals NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 24 May 2019.

Working with the Trust

During the year we have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May, delivering the financial statements 5 days before the deadline, releasing your finance team for other work.

- Sharing our insight – we provided regular audit committee updates
- Providing training – we provided your teams with training on financial statements and annual reporting

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the Trust's staff.

Grant Thornton UK LLP
July 2019

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's financial statements to be £12,950,000, which is 1.5% of the Trust's prior year operating costs.. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

We set a lower threshold of £300,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the financial statements included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Key Audit Matters

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Revenue recognition</p> <p>Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue.</p> <p>We rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We determined these to be income from:</p> <p>Block contract income element of patient care revenues</p> <p>We did not deem it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue.</p>	<p>We undertook the following procedures in relation to this risk:</p> <ul style="list-style-type: none"> evaluated the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2018/19 Updated our understanding of the Trust's system for accounting for income from patient care and other operating revenue, and evaluated the design of the associated controls <p>Patient Care Income</p> <ul style="list-style-type: none"> used the DHSC mismatch report, we investigated unmatched revenue and receivable balances over the NAO £0.3m threshold, corroborating the unmatched balances used by the Trust to supporting evidence; agreed, on a sample basis, income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners evaluated the Trust's estimates and the judgments made by management on with regard to corroborating evidence in order to arrive at the total income from contract variations recorded in the financial statements. <p>Other Operating Revenue</p> <ul style="list-style-type: none"> agreed, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence 	<p>We were able to conclude that this risk did not crystallise.</p>

Audit of the Financial Statements

Key Audit Matters - continued

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Going concern material uncertainty disclosures</p> <p>The Trust is facing significant financial challenges and has reported a deficit position for 2018/19, with a further budget deficit forecast for 2019/20, although at £3m and if achieved would be the smallest deficit for many years. The Trust has received financial revenue support in 2018/19 and will require further working capital cash support to pay its expenses and loan commitments in the future.</p> <p>We therefore identified the adequacy of disclosures relating to material uncertainties that may cast doubt on the Trust's ability to continue as a going concern in the financial statements as a significant risk. Given the sensitive nature of these disclosures, this is one of the most significant assessed risks of material misstatement.</p>	<p>We have reviewed management's going concern assessment and considered the reasonableness of the key assumptions expressed.</p>	<p>Our audit opinion makes reference to the material uncertainty related to going concern.</p>
<p>Valuation of land and buildings</p> <p>The Trust revalues its land and buildings on an annual basis to ensure that the carrying value is not materially different from the current value at the financial statements date. This valuation represents a significant estimate by management in the financial statements.</p> <p>Management engaged the services of a valuer to estimate the current value as at 31 March 2019. The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions.</p>	<p>We undertook the following procedures in relation to this risk:</p> <ul style="list-style-type: none"> evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work evaluated the competence, capabilities and objectivity of the valuation expert wrote to the valuer to confirm the basis on which the valuations were carried out challenged the information and assumptions used by the valuer to assess completeness and consistency with our understanding tested, on a sample basis, revaluations made during the year to ensure they were been input correctly into the Trust's asset register evaluated the assumptions made by management for any assets not revalued during the year and how management satisfied themselves that these are not materially different to current value. Comparison between the indices employed by the management expert to the data provided by the auditors expert 	<p>We were able to conclude that this risk did not crystallise.</p>

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the Trust's financial statements on 24 May 2019.

Preparation of the financial statements

The Trust presented us with draft financial statements in accordance with the national deadline, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the Trust's Audit Committee on 20 May 2019.

Annual Report, including the Annual Governance Statement

We are also required to review the Trust's Annual Report, including the Annual Governance Statement. It provided these on a timely basis with the draft financial statements with supporting evidence.

Whole of Government Accounts (WGA)

We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of St George's University Hospitals NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 24 May 2019.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risks we identified and the work we performed are set out overleaf.

As part of our Audit Findings report agreed with the Trust in May 2019, we agreed recommendations to address our findings.

Overall Value for Money conclusion

Because of the significance of the matters we identified in our work, we were not satisfied that the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2019.

Value for Money conclusion

Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Financial sustainability</p> <p>The Trust's audited financial statements for the year ended 31 March 2018 reported a deficit of £53million. The Trust initially agreed a budgeted deficit in 2018/19 of £29 million with NHS Improvement. As a result of the Trust's poor financial performance, in March 2017 NHS Improvement placed the Trust into Financial Special Measures and this remains the case in 2018/19.</p> <p>The current scale of the deficit will not be sustainable in the longer term and as such there is a risk that the Trust does not have sufficient arrangements in place to ensure medium term financial stability.</p>	<p>As part of our work we have reviewed the Trust's arrangements for putting together and agreeing its budget, including identification of savings plans; and its arrangements for monitoring and managing delivery of its budget and savings plans for 2019/20, including the impact on service delivery. We also met with key officers to discuss and review arrangements for returning the Trust to a position of financial stability.</p>	<p>Financial Outturn</p> <p>The Trust has delivered a deficit of £45.4m in 2018/19. This compares to a deficit of £53.1m attained in 2017/18 and a budget and control total set at the start of the year of a deficit of £29m.</p> <p>The key drivers of the variance between the budgeted deficit of £29m and the actual deficit of £45.4m included income from SLAs being lower than budgeted for. The Trust determined that was driven by lower volumes of activity than anticipated. This resulted in the Trust not achieving the pre-PSF control target after the first quarter when PSF income was received. During the year, cardiac surgery was suspended and this reduced the level of income coming into the Trust.</p> <p>Overall the Trust's financial position has improved during the year, with good CIP performance and a £8.3m reduction in the deficit compared to 2017/18, significant further improvements are required to restore the Trust to financial balance. The Trust remains in financial special measures.</p> <p>Financial planning</p> <p>The Trust has forecast a control total deficit of £3m for 2019/20, which is based on the following key assumptions:</p> <p>CIP of £45.8m will be achieved</p> <p>There will be PSF, MRET and FRF income of 34.7m</p> <p>A key area of risk highlighted by the Trust within the financial plan approved for 2019/20 is around achieving the plan and being in receipt of the new funding streams and the identification and delivery of CIPs. The resolution of these issues will have a significant bearing on whether the Trust is able to achieve its forecast deficit of £3m on 2019/20.</p> <p>Achieving the budgeted deficit will be a challenge and will require continued changes the Trust's arrangements for delivery of CIPs.</p> <p>The Trust has forecast that £27.2m of capital loans and £3m of working capital loan funding will be required in 2019/20, and financing to repay existing loans in March 2020 of £48.7m and £15.1m, and is currently in discussion with NHS Improvement around agreeing the necessary funding arrangements.</p>

Value for Money conclusion

Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Care Quality Commission (CQC) inspection</p> <p>An inspection by the Care Quality Commission in June 2016 rated the Trust as requiring significant improvement. A follow-up CQC inspection in May 2017 and March - April 2018 identified that progress had been made in addressing their findings but that areas for improvement remain. The rating was changed from 'inadequate' to 'requires improvement' in July 2018 but the Trust remains in quality special measures</p> <p>There is a risk that the Trust will not be able to adequately respond to areas identified by the CQC as requiring improvement.</p>	<p>As part of our work we have reviewed how the Trust is implementing and monitoring delivery of the action plan agreed to address the findings of the CQC inspection.</p>	<p>The CQC inspected the Trust in June 2016 and noted significant concerns around patient safety and the quality of the trust's estate. The CQC served the Trust with a Section 29A Warning on 26 August 2016 for breaches in regulations related to safe and fit premises at George's Hospital, obtaining consent under the Mental Health capacity Act 2005, good governance and fit and proper person requirement. On 1 November 2016, the CQC published its inspection report, which rated the Trust as inadequate.</p> <p>In 2017, the CQC undertook a follow-up review, as such there was no rating of this inspection. The inspection report, published in August 2017, the CQC found that the Trust has partially met the requirements of the Section 29A Warning Notice. In particular the CQC noted that the Trust had made significant improvements regarding mental health capacity act assessments, premises and equipment, medicines management and managing incidents. However the CQC stated that the Trust still needed to make further improvements with regards to the fit and proper persons requirement, estates maintenance, accuracy of the referral to treatment data and governance.</p> <p>The CQC visited the Trust in March 2018 to undertake a further follow-up inspection. The report was published in July 2018 and the rating was changed to 'requiring improvement'. Of the five areas covered by the review, four were judged to 'require improvement' and 1 was judged 'good'. This signifies an overall improvement from the previous inspection but that the Trust still has to make further improvements. The Trust remains in quality special measures.</p>

Quality Report

The Quality Report

The Quality Report is an annual report to the public from an NHS Foundation Trust about the quality of services it delivers. It allows Foundation Trust Boards and staff to show their commitment to continuous improvement of service quality, and to explain progress to the public.

Scope of work

We carry out an independent assurance engagement on the Trust's Quality Report, following NHS Improvement (NHSI) guidance issued in February 2019. We give an opinion as to whether we have found anything from our work which leads us to believe that:

- the Quality Report is not prepared in line with the criteria specified in the NHS foundation trust annual reporting manual and supporting guidance;
- the Quality Report is not consistent with other information, as specified in the NHSI guidance; and
- the indicators in the Quality Report where we have carried out testing are not compiled in line with the NHS foundation trust annual reporting manual and supporting guidance and do not meet expected dimensions of data quality.

Quality Report Indicator testing

We tested the following indicators:

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

For each indicator tested, we considered the processes used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to underlying Trust data. We then tested a sample of cases included in the indicator to check the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the defined indicator definition.

Key messages

- We confirmed that the Quality Report had been prepared in line with the requirements of the NHS foundation trust annual reporting manual and supporting guidance
- We confirmed that the Quality Report was consistent with the sources specified in the NHSI Guidance
- We confirmed that the commentary on indicators in the Quality Report was consistent with the reported outcomes
- Based on the results of our procedures, nothing came to our attention that caused us to believe that the indicators we tested were not reasonably stated in all material respects

Conclusion

As a result of this we issued a limited assurance report on the Trust's Quality Report on 24 May 2019.

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and confirm there were no fees for the provision of non audit services.

Reports issued

Report	Date issued
Audit Plan	10 January 2019
Audit Findings Report	20 May 2019
Annual Audit Letter	17 July 2019

Fees

	Planned £	Actual fees £	2017/18 fees £
Statutory audit	68,500	68,500	66,500
Quality report	8,000	8,000	10,000
Total fees	76,500	76,500	76,500



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Meeting Title:	Council of Governors		
Date:	17 July 2019	Agenda No	2.4
Report Title:	Membership Engagement Committee Report		
Lead:	Richard Mycroft, Committee Chairman		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Review		
Executive Summary:	<p>This paper presents an update on the Membership Engagement Committee meetings held on 17 June and 2 July 2019. It sets out the discussions held and the outcomes of the meetings. Specifically, it highlights the work of the Committee in finalising plans for the launch of the new Membership Strategy 2019-22. The Strategy was launched successfully on 5 July 2019, supported by a range of communications activities linked to the 71st birthday of the NHS. The Committee is overseeing the delivery of the Year 1 Implementation Plan and this is on track.</p>		
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 meetings held on 17 June and 2 July 2019. • Note the update on the work of the Committee in exploring opportunities for closer and, in some cases, joint working between the Committee and the Patient Partnership and Engagement Group. • Note the successful launch the new Membership Strategy 2019-22 on 5 July 2019 and the progress in implementing the Q1 deliverables. 		
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:	N/A		

Council of Governors – 17 July 2019
Membership Engagement Committee Report

1.0 PURPOSE

- 1.1 Since the Council of Governors last met on 22 May 2019, the Committee has met twice. On 17 June 2019, a special meeting was held for the purposes of reviewing the draft materials for the launch of the new membership strategy. On 2 July, the Committee held its scheduled meeting with a full set of agenda items.
- 1.2 This paper presents an update on the Membership Engagement Committee meetings held on 17 June and 2 July 2019.

2.0 MEMBERSHIP STRATEGY LAUNCH AND YEAR ONE IMPLEMENTATION PLAN

- 2.1 At its meetings on 17 June and 2 July 2019, the Committee considered plans for the launch of the Membership Strategy on 5 July 2019 and, at the July meeting, an update on the implementation and delivery of the strategy.
- 2.2 At its 17 June meeting, the Committee reviewed the print version of the Membership Strategy, summary version of the strategy, and a new membership poster. All three documents would be launched on 5 July 2019. The Committee heard that alongside the full strategy, a summary document was planned as this would be more accessible and more relevant to members of the public than the full strategy, which was important for codifying the Council's approach to membership engagement and required for regulatory purposes. The précis was 4-pages long and set out in plain English to make it as accessible as possible. Members of the Committee reviewed the draft materials and offered feedback. The Committee asked that the language of the summary document be further simplified, if necessary in tabloid style to make it as engaging and impactful as possible. It was noted that the new Trust branding was not yet finalised and so the strategy and supporting documents would be launched in the existing colour scheme of the Trust. The Committee also fed back on its preferences for the photography, with stock photos having been used on the drafts for illustrative purposes.
- 2.3 21 June Tea Party Event: The Committee noted that there was a sizeable event organised by the Charity involving numerous musical contributions, tea and cake at a "Midsummer Celebration of SGH/NHS" and at short notice we mobilised several Governors and a stand and created some good photo opportunities for the launch of the strategy. The Governors who attended were: Jenni Doman, John Hallmark, Alfredo Benedicto, Marlene Johnson, Sarah McDermott and Bassey Williams . It is understood that next year this event may be organised on 5 July to coincide with the NHS 72nd birthday.
- 2.4 At its meeting on 2 July 2019, the Committee reviewed the final plans for the launch as well as the final drafts of the launch materials, which had been updated to reflect earlier feedback from Committee members. In relation to the photography, the Committee noted that the current design included Staff Governors on the front cover of the launch materials but did not include any Public Governors and as a result of the Committee's feedback new photography was taken after the meeting and I am pleased to say that this was reflected in the final print version, and looks very good. The Committee noted that the strategy would be uploaded to

the Trust's website and a link would be provided from the Members' Bulletin which would be sent out with the strategy launch as lead story. There would also be posts to Twitter, a blog published in the Tooting Daily Press and story in Wandsworth Guardian online.

- 2.5 The Committee agreed that the launch of the strategy was a significant moment for the Council of Governors as it related to one of the Governors' two statutory duties; representing the interests of members and the public. The Committee noted that securing a good turnout of Governors was important to demonstrate the value Governors attached to membership engagement.
- 2.6 The strategy launch took place on Friday 5 July 2019 and eight Governors were able to participate: Jenni Doman, Nick de Bellaigue, John Hallmark, Sangeeta Patel, Alfredo Benedicto, Derek McKee, Stephen Sambrook and Richard Mycroft. At the launch in Grosvenor Wing reception, members of the public and staff were invited to leave messages on a 71st birthday card for the NHS. The new posters were on display and the summary version of the strategy available for visitors to take away.
- 2.7 The launch of the strategy was promoted through all of the Trust's communications channels and links to the digital copy of the strategy was published on the Trust's website, social media channels, and circulated in the membership bulletin. There was an article for staff eG (the weekly newsletter) and the weekly CEO message. Local stakeholders were briefed through the stakeholder bulletin and the communications teams of local and regional stakeholders were also briefed. The press release announcing the launch was released to local media (Wandsworth Times, Tooting Daily Press, Riverside Radio, Radio Jackie). In my role as Chair of the Committee, I was delighted to be interviewed on Riverside Radio talking about the new strategy, the importance of membership and opportunities to get involved in the work of the Trust.
- 2.8 Short video clips with Governors were also recorded and used on the website and on social media. To give Governors a sense of the reach of the launch, we have collated some of the key launch statistics:

Facebook	4,860 Facebook users reached 132 engagements (likes, comments or shares) 528 video views
Twitter	11,554 impressions (number of times it appears on the news feed) 297 engagements (likes, re-tweets, replies, clicks) 630 video views
eG	126 reads 6 likes

- 2.9 In addition to the launch, the Committee also considered progress in implementing the strategy. All Q1 deliverables had been met, with one exception; the launch of the new Membership Bulletin. It was noted that this had been moved to September as the new Trust branding had not yet been agreed but was expected to be finalised in August. It was noted that the membership webpages had been refreshed and would be continue to be updated as

required, but a more fundamental overhaul of the content would be undertaken in the coming months to make this more useful to members. The new bulletin, once launched, would be uploaded to membership webpage. There were also plans to include on the website video clips of Governors and members speaking about membership to make the site more engaging.

- 2.10 The Committee noted that work was underway on designing the three levels of membership set out in the strategy. Although a Q3 deliverable, it was intended that plans for this would be developed in time for the Annual Members Meeting in September so that this could be referenced by the Lead Governor in his opening remarks. This will be developed further during the summer.
- 2.11 As part of the strategy implementation, the Committee also reviewed proposals Membership Constituency Events planned for delivery in the autumn. These would be held in Merton, Wandsworth and South West Lambeth and would be advertised as widely as possible. It was noted that the broad purpose of the events was to support Governors in their efforts to engage in a more systematic way with members, local people, and the communities served by the Trust. The events would enable Governors to talk to members and local people about the work of the Trust, and our ambitions for the future. The events would give members of the public the opportunity to talk to our Governors about any questions or concerns they may have. The executive team members would be able to relay important messages about St George's, and the services we provide; whilst also being accessible and available to answer questions. Marketing of the events would be key, and there was a need to be proactive in this and ensure that the purpose and content of the events was made to sound as attractive as possible for members of the public. The Trust would communicate with its existing public membership of 12,000 people, but also look at established ways of advertising the events – including, for example, advertisements in the local media, for example. It would also use the website and social media channels to publicise the events, as well as posters in outpatient clinics and other patient facing areas.

3.0 PATIENT PARTNERSHIP AND ENGAGEMENT GROUP

- 3.1 Following the presentation on the Patient Partnership and Engagement Group (PPEG) at the Council of Governors meeting on 22 May 2019, the Committee has been actively considering how its work relates to that of the PPEG and the opportunities for closer, and potentially, joint working. The Committee heard that Alfredo Benedicto had agreed to join both the Membership and Engagement Committee (MEC) and the Patient Partnership and Engagement Group (PPEG) and he provided an update on his attendance at the June meetings of both groups. I am very grateful to Alfredo for taking this on. There remain, however, two positions on the PPEG which are available to Governors but are not yet filled. The Committee agreed that it was important Governors attend PPEG and that it would be pragmatic to identify a group of Governors with an interest in attending and to approach attendance at PPEG on a rotating basis. Plans for this are being developed but this should help ensure that there is a strong Governor voice in the work of PPEG and that Governors can report back to the Committee on matters of interest. The terms of reference of PPEG allow for deputies to be sent so I am confident that rotating Governor participation in PPEG will work effectively.
- 3.2 The Committee also heard that an informal meeting had taken place between myself as Committee Chair, Avey Bhatia, (Chief Nurse), Liz Arram, (Joint Chair, PPEG), Terrance Joe, (Head of Patient Experience and Partnership) AB, and Stephen Jones (Chief Corporate

Affairs Officer) to discuss how MEC and PPEG could work together effectively given the overlapping areas of interest between both groups. It had been a very positive initial meeting which had taken stock of current arrangements. At its meeting in July, the Committee agreed to invite the Head of Patient Experience and Partnership to its September meeting.

- 3.3 The Committee noted that the PPEG were coming to end of its current one-year strategy, which had been launched in November 2018, and over the coming months would be developing a new strategy for 2019-24 which it hoped to agree by November 2019. This would be linked to the Trust's new clinical strategy. To develop this, the PPEG were planning on holding a number of engagement events and plans for these were currently being developed. There were potentially opportunities for joint working between the Committee and PPEG and this was being explored.

4.0 MEMBERSHIP ENGAGEMENT UPDATE

- 4.1 The Committee heard that the Trust's public membership had increased by 31 members since 1 April 2019 from 12,388 to 12,419. It had been agreed that a full breakdown of members by constituency would be brought to all future Committee meetings. But the Committee were assured that the number of members for each constituency were above the minimum threshold set out in the Trust's Constitution.
- 4.2 The Committee noted that there had been a Member Health Talk on Sleep Disorder on the 28 June 2019 and Val Collington had agreed to introduce the next talk on Chronic Pain Self-Management on the 24 July 2019. There were further talks arranged for Spiritual Care on the 7 October 2019 and Mouth Cancer on the 6 November 2019 and it will be important for the profile of Governors to secure volunteers from the Council to introduce these important talks.
- 4.3 The Committee noted that local schools had been contacted to explore opportunities to recruit younger members (aged 14 and above) and also with St George's University about taking part and recruiting new student members during 'fresher's week'. This was an age group where the Trust has very few numbers and where it wanted to increase its membership.

5.0 LOG OF ISSUES RAISED BY MEMBERS TO GOVERNORS

- 5.1 The Committee reviewed the updated version of the issues log raised by members to Governors to ensure that Governors have an understanding of issues being raised. This will continue to be updated and reviewed at every Committee meeting. The Committee agreed that it was important that Governors understood not only the issues raised but also the actions taken in response.

6.0 RECOMMENDATION

- 6.1 The Council of Governors is asked to:

- Note to the update on the outcomes of the Membership Engagement Committee meetings held on 17 June and 2 July 2019.

- Note the update on the work of the Committee in exploring opportunities for closer and, in some cases, joint working between the Committee and the Patient Partnership and Engagement Group.
- Note the successful launch the new Membership Strategy 2019-22 on 5 July 2019 and the progress in implementing the Q1 deliverables.

Meeting Title:	Council of Governors		
Date:	28 June 2019	Agenda No	2.5
Report Title:	Annual Members' Meeting: Proposals for 2019 meeting		
Lead Director/ Manager:	Stephen Jones, Director of Corporate Affairs		
Report Authors:	Chris Rolfe, Associate Director of Communications Emily Sands, Communications Manager		
Presented for:	Approval		
Executive Summary:	<p>The National Health Service Act 2006 (the 2006 Act) and amended by the 2012 Act, states that NHS Foundation Trusts must hold an Annual Members' Meeting (AMM). This meeting must also be open to the public. As part of the new Membership Strategy, the Council of Governors has made it a priority to increase attendance at the meeting, and has set a goal of attracting a minimum of 100 members to the AMM in September 2019.</p> <p>As well as meeting our constitutional requirements, it is proposed that we increase attendance at this important meeting by holding a marketplace event before the formal meeting, where attendees can meet our Governors, talk to staff, and have basic health checks carried out.</p>		
Recommendation:	The Council of Governors is asked to endorse this approach and support its implementation.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well-led		
Single Oversight Framework Theme:	Well-led		
Implications			
Risk:	Lack of engagement/poor attendance		
Legal/Regulatory:	The Trust is required to hold an AMM to meet statutory obligations.		
Resources:	The Communications team and the Membership team will take joint lead roles in the planning and running of the day.		
Previously Considered by:	N/A	Date	
Equality Impact Assessment:	N/A		
Appendices:	N/A		

Annual Members Meeting: Proposals for 2019 meeting
Council of Governors Meeting 17 July 2019

1.0 Purpose

- 1.1 To outline the proposed theme, approach, and agenda for this year's Annual Members' Meeting on 26 September 2019.

2.0 Background

This year's Annual Members' Meeting will take place on Thursday 26 September 2019. Last year's Annual Members' Meeting served as part of our celebrations for the 70th birthday of the NHS – and over 80 members and public were in attendance.

We are hoping to build on the success of last year's event, and also increase the number of people who attend in line with the stated goal of the new Membership Strategy, 2019-22 which has set a target of attracting at least 100 members to the meeting and to increase this in future years.

We aim to do this by inviting attendees to a marketplace event ahead of the formal AMM – which will include information stands, as well as the opportunity to speak to our clinicians, and have basic health checks carried out by St George's teams.

As always, we will use the formal meeting to meet our statutory requirements – including formally presenting the Annual Report and Accounts – as well as marking the progress we have made, including improvements in quality and reduced financial deficit.

We will also use the meeting as a forum for talking about the launch of our Trust clinical strategy earlier in the year, and the work we are doing to turn this into tangible benefits for patients, staff and the communities we serve. In addition, the AMM presents an opportunity to present the new Membership Strategy to members.

3.0 Proposal

- 3.1 Last year's AMM was well received, with good attendance, and we plan to build on this in 2018.

There are five main aims to the event this year:

- i. To increase attendance by inviting people to a marketplace event and by offering health checks;
- ii. To showcase ways in which staff, stakeholders and Governors have been working together to make St George's better;
- iii. To show the progress we are making against key quality, performance and financial metrics; and to update on the launch of our new clinical strategy and membership strategy;
- iv. To meet our statutory obligations.

3.2 The suggested agenda for Thursday 26 September is:

Date and time:	Thursday 26 September 2018, 18:00 – 19:30
17:00-18:00	Free Health Checks, Refreshments and Meet your Governor in the Hyde Park Room, 1 st Floor, Lanesborough Wing
Venue:	Monckton Lecture Theatre, Ground Floor, Grosvenor Wing, St George's Hospital
WELCOME *	
18:00	Gillian Norton, Chairman
LEAD GOVERNOR'S UPDATE	
18:05	Richard Mycroft, Lead Governor
PATIENT STORY	
18:15	TBC
REVIEW OF THE YEAR	
18:30	Jacqueline Totterdell, Chief Executive
CHIEF FINANCE OFFICER'S REVIEW	
18:45	Andrew Grimshaw, Chief Finance Officer
ANNUAL AUDIT LETTER	
18:55	Paul Dossett, Partner, Grant Thornton
QUESTIONS	
19:00	Gillian Norton, Chairman
CLOSE	
19:30	Gillian Norton, Chairman

4.0 Risks

- 4.1 Lack of robust planning and preparation could lead to poor engagement and attendance at the AMM. We are mitigating this by implementing a detailed event, communications and engagement plan, so enabling us to build on the success of last year's AMM. Given that the majority of attendees at the AMM are public members, we will also take additional steps to encourage staff members to attend.

5.0 Legal regulatory

- 5.1 The Trust has to hold an AMM – and present our Annual Report and Accounts – as set out in its Constitution and the National Health Service Act 2006 (as amended).

6.0 Resources

- 6.1 The Communications team and the Membership team will take joint lead roles in the planning and running of the day.

7.0 Timeline

7.1 July milestones:

Proposals for AMM considered by Council of Governors (17 July)
Send invitations to stakeholders

August milestones:

Contact guest speakers for AMM
Draft Annual Review 'At a glance' publication
Invite partners to have stands at AMM
Publicity for staff and patients to attend AMM

September milestones:

Create presentations for AMM
Briefings for Governors and Board

8.0 Recommendation

- 8.1 That the Council of Governors approves this proposal.

Authors:

Chris Rolfe, Associate Director of Communications
Emily Sands, Communications Manager
Richard Coxon, Membership and Engagement Manager

Date: 11 July 2019

Meeting Title:	Council of Governors		
Date:	17 July 2019	Agenda No	2.6
Report Title:	Non-Executive Director Appointments: Update on Process and Timetable		
Lead Director/ Manager:	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Information		
Executive Summary:	<p>The Council of Governors approved the process for the appointment of a new Non-Executive Director and a new Associate Non-Executive Director at its meeting in May 2019. This paper provides an update to the Council on the planned timetable for taking forward the search and appointment. The search is scheduled to begin on 29 July 2019, with a closing deadline of 11 September 2019. Dates for shortlisting and final interviews, which will be led by the Governors' Nomination and Remuneration Committee, will be confirmed shortly. The Committee will make recommendations to the Council of Governors for both roles which the Council will consider at its meeting on 22 October 2019.</p>		
Recommendation:	The Council of Governors is asked to note the update on the process and timetable for the appointment of the NED and Associate NED roles.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Leadership and Improvement Capability (Well Led)		
Implications			
Risk:	Appointing high quality NEDs is key to the effective functioning of the Board. Failure to appoint a new NED who is able to take up post from 1 February 2020 would mean a vacancy on the Board.		
Legal/Regulatory:	The Trust Constitution requires the Board to be composed of six NEDs in addition to the Chairman.		
Resources:	N/A		
Previously Considered by:	N/A	Date	
Appendices:	N/A		

Non-Executive Director Appointments: Update on Process and Timetable Council of Governors, 17 July 2019

1.0 PURPOSE

- 1.1 To update the Council of Governors on the process and timetable for the appointment of a new Non-Executive Director and Associate Non-Executive Director.

2.0 BACKGROUND

- 2.1 At its meeting in May 2019, the Council of Governors reviewed and approved the person specifications, process and timetable for the appointment of a new Non-Executive Director to replace Sarah Wilton, who steps down on 31 January 2020, and of a new Associate Non-Executive Director. The Council agreed to the appointment of Gatenby Sanderson to support the process. The Governors' Nomination and Remuneration Committee were given delegated authority from the Council to manage and oversee the process for the appointment, with recommendations on suitable candidates for each role being presented to the full Council at its meeting in October 2019.
- 2.2 Since the May 2019 Council meeting, discussions have been held with Gatenby Sanderson to flesh out the process and timetable for the appointments. As the Nomination and Remuneration Committee has not needed to meet since May, this paper provides an update on the process and timetable, the next phases of which the Committee will actively manage.
- 2.3 The two roles being appointed to are:
- Non-Executive Director: This will be an appointment on the same terms as other Non-Executive Directors at the Trust: a three-year appointment, with a time commitment of up to six days a month, and remuneration of £14,000 per annum. The agreed person specification requires candidates to be a qualified accountant as the post will chair the Board's Audit Committee.
 - Associate Non-Executive Director: This will be an appointment on the following terms: a two-year appointment, with a time commitment of up to four days a month, and remuneration of £8,000 per annum. Unlike the substantive NED role, the Associate NED would be a non-voting role on the Board.

3.0 TIMETABLE

- 3.1 Based on discussions with the search firm supporting the Trust, the following indicative timetable for the recruitment has been developed, which includes additional time for the advertisement to be live due to the summer period:

ACTIVITY	DATES
Search commences and post advertised	Monday 29 July 2019
Formal closing date for receipt of applications	Wednesday 11 September 2019
Sift of applications sent by Gatenby Sanderson to Trust	Friday 13 September 2019

Long-listing of applications to be undertaken by Governors' Nominations and Remuneration Committee	w/c 16 September 2019
Preliminary interviews of long-listed candidates	w/c 23 September 2019
Interview reports sent to the Trust	Friday 27 September
Shortlist meeting held by Governors' Nominations and Remuneration Committee	w/c 30 September 2019
Assessment / Referencing	w/c 7 October 2019
Final panel interview held by Governors' Nominations and Remuneration Committee	w/c 14 October 2019
Recommendation considered by Council of Governors	Tuesday 22 October 2019

- 3.2 The timetable will be adjusted as required to accommodate the necessary meetings of the Governors' Nominations and Remuneration Committee and the availability of Committee members. Availability of Governors is currently being established and meeting dates will be confirmed shortly.

4.0 CAMPAIGN PROMOTION

- 4.1 As part of the campaign, a microsite has been developed which will contain information for candidates and wider reading about the Trust. A candidate information pack is being developed, which will include the advertisements, a letter from the Trust Chairman and role descriptions.
- 4.2 In order to ensure the Trust receives the widest possible range of high calibre applicants, we will run a proactive media campaign. In light of the desire to attract applications from those with protected characteristics, the Trust will place adverts for both roles in the Guardian with targeted advertising on its diversity segment. In addition, the Trust will promote both roles proactively via social media, placing a LinkedIn job posting and through LinkedIn Promoted Content to target users. The roles will also feature on the Gatenby Sanderson website.

5.0 NEXT STEPS

- 5.1 Dates for meetings of the Governors' Nominations and Remuneration Committee to consider shortlisting and for the final panel interview will be finalised in the coming days. The campaign is expected to begin on 29 July 2019.

6.0 RECOMMENDATION

- 6.1 The Council of Governors is asked to note the update on the process and timetable for the appointment of the NED and Associate NED roles.

Author: Stephen Jones, Chief Corporate Affairs Officer
Date: 11 July 2019

Meeting Title:	Council of Governors		
Date:	17 July 2019	Agenda No	2.7
Report Title:	Elections to the Council of Governors 2019-20		
Lead Director/ Manager:	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Richard Coxon, Membership & Engagement Manager		
Presented for:	Approve Decision Ratify Assure Discuss Update Steer Review Other (specify)		
Executive Summary:	<p>A total of eight seats on the Council of Governors will be up for election during 2019/20, both for Staff and Public Governors. The election process will start on 15 November 2019, when nominations open, and will end on 30 January 2020 with close of election. The results will be declared on 31 January 2020. The newly elected Governors will start their three-year terms of office from 1 February 2020. The election has to be managed by an independent electoral services provider.</p> <p>The purpose of this report is to update the Council of Governors on election plans.</p>		
Recommendation:	The Council of Governors is asked to receive this report for information.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well-led		
Single Oversight Framework Theme:	Well-led		
Implications			
Risk:	Not engaging sufficiently with members and having vacant seats for elected positions.		
Legal/Regulatory:	The Trust's Constitution clearly sets out the election process following Model Election Rules in Annex 4 and additional provisions for the Council of Governors at Annex 5.		
Resources:	N/A		
Previously Considered by:	N/A	Date	
Appendices:	Appendix 1: Terms for Council of Governors		

Council of Governors Elections 2019-20 Council of Governors, 17 July 2019

1.0 PURPOSE

- 1.1 To update the Council of Governors on plans to run elections for Governor posts in both Staff and Public Constituencies during Quarters 3 and 4 2019/20.

2.0 BACKGROUND

- 2.1 Elections to the Council of Governors are governed by the Model Election Rules which are set out in Annex 4 of the Trust's Constitution.
- 2.2 The vote is conducted by secret ballot using the system of first past the post vote. The vote is overseen by a Returning Officer who must be independent of the Trust.

3.0 ELECTION

- 3.1 This is the third full-scale Governor election that the Trust has organised since being authorised as a Foundation Trust.
- 3.2 A total of eight seats will become vacant as a result of Governors reaching the end of their first three year terms.
- 3.3 The following table summarises the seats which will become available.

Constituency:	Number of Positions:
Public - Merton	Two
Public - Rest of England	Two
Public - Wandsworth	Three
Staff – Non-Clinical	One

- 3.4 All Governors will be eligible to stand for re-election and will have a three year term.

4.0 CONDUCT OF ELECTION AND RETURNING OFFICER

- 4.1 The membership office will be contacting the three companies who provide independent electoral services, including acting as returning officer, to provide quotes. There are only three companies who provide this service:
- Electoral Reform Services
 - UK Engage
 - Mi-Voice

The Trust has previously used Electoral Reform Services (ERS). ERS is the UK's leading independent provider of end-to-end ballot, election and voting services and is also a sister company to Membership Engagement Services which manages the Membership Database. However the Trust will obtain quotes from all three providers and will select the best quote based on which provider sets out the most compelling case for providing a high quality service at a competitive price.

- 4.2 The table below sets out the key stages of the election timetable including the point at which the Returning Officer will declare the successful candidate(s) if seats are uncontested.

ELECTION STAGE	DATE
Article on Governor elections in new Members and Stakeholder Bulletin and in Staff newsletters	September 2019
Governor workshops and drop-in sessions	October/November – dates TBC
Trust to send nomination material and data to ERS	Wednesday, 1 November 2019
Notice of Election / nomination open	Wednesday, 15 November 2019
Nominations deadline	Wednesday, 13 December 2019
Summary of valid nominated candidates published	Thursday, 14 December 2019
Final date for candidate withdrawal	Monday, 18 December 2019
Candidate Declared if election uncontested	Tuesday, 19 December 2019
Electoral data to be provided by Trust	Monday 23 December 2019
Notice of Poll published	Friday, 3 January 2020
Voting packs dispatched	Monday, 6 January 2020
Close of election	Thursday, 30 January 2020
Declaration of results	Friday, 31 January 2020

- 4.3 Throughout September and particularly in October, the forthcoming elections will be promoted through a range of media, such as the monthly e-bulletin, staff newsletters, website, posters, intranet and social media. We also plan to publicise the elections around the Annual Members' Meeting in September and around the constituency engagement events which are being planned in October and November. This is to both encourage members to nominate themselves and to encourage as many members as possible to participate in the election. The Membership Office will work closely with the Communications Team on an election awareness campaign.
- 4.4 For potential new Governors, the Membership Office will organise Governor workshops and drop in sessions to enable prospective Governors to get a better understanding of the role and time commitment required.
- 4.5 All newly elected Governors will receive a full induction programme on taking up their roles and plans for this will be finalised in the autumn.

5.0 RECOMMENDATION

- 5.1 It is recommended that the Council of Governors receives this report for information.

Authors: Richard Coxon, Membership & Engagement Manager
Date: 8 July 2019

Appendix 1

Constituency	Governor	Start date	End date	Term
Staff - Non Clinical	Jenni Doman	01.02.17	31.01.20	2
Staff – Allied Health Professionals	Bassey Williams	01.02.18	31.01.21	1
Staff – Medical & Dental	Anup Sharma	01.02.18	31.01.21	1
Staff – Nursing & Midwifery	Marlene Johnson	01.04.19	31.01.21	1
Wandsworth	Derek McKee	01.02.17	31.01.20	2
Wandsworth	Simon Price	01.02.17	21.01.20	1
Wandsworth	Doulla Manolas	01.02.18	31.01.21	1
Wandsworth	John Hallmark	01.02.18	31.01.21	1
Wandsworth	Nick de Bellaigue	01.08.18	31.01.21	1
Merton	Hilary Harland	01.02.18	31.01.21	2
Merton	Anneke de Boer	01.02.17	31.01.20	2
Merton	Khaled Simmons	01.02.17	31.01.20	1
Merton	Dr Clive Studd	01.02.18	31.01.21	1
South West Lambeth	Richard Mycroft	01.02.18	31.01.21	1
Rest of England	Mia Bayles	01.02.18	31.02.21	2
Rest of England	Kathryn Harrison	01.02.17	31.01.20	2
Rest of England	Stephen Sambrook	01.02.17	31.01.20	1
Rest of England	Damian Quinn	01.02.18	31.01.21	1

Meeting Title:	Trust Board		
Date:	30 May 2019	Agenda No	2.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Sir Norman Williams, Chairman of the Quality and Safety Committee		
Report Author:	Sir Norman Williams, Chairman of the Quality and Safety Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 23 rd May 2019.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All CQC domains		
Single Oversight Framework Theme:	Quality of care, Operational Performance, Leadership and Improvement Capability		
Implications			
Risk:	Relevant risks considered.		
Legal/Regulatory:	CQC Regulatory Standards		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Quality and Safety Committee Report – May 2019

Matters for the Board's attention

The Quality and Safety Committee met on Thursday, 23 May 2019 and agreed to bring the following matters to the Board's attention:

1. Integrated Quality and Performance Report (IQPR) & Quality Improvement Programme 2019-20 Update

The Committee heard that there had been four cases of *Clostridium difficile* (C. difficile) in April 2019 noting that the criteria for reporting healthcare onset cases had changed from 72 hours to 48 hours and as a result the Trust may see a spike in the number of reported cases. The national threshold for 2019/20 has however increased from 30 to 48 cases. The Trust continues to conduct root cause analysis for all cases of C. difficile and there are currently no signs of lapses in care. The Committee also heard about two other infections not normally prevalent in the Trust, namely, four cases of candida auris, a yeast/fungal infection, and four cases of salmonella. The sources of these infections are being investigated and immediate actions taken including but not limited to raising staff awareness and hand washing requirements, increased patient and visitor hygiene surveillances and measures, additional decontamination of surfaces and review of food preparation areas. The Committee agreed that it would receive an update on these cases and would invite the microbiologist to provide further assurances in addition to the annual Infection Control and Prevention report.

The Committee was pleased to receive the new Quality Improvement Programme Priorities now integrated in the IQPR and noted the improved performance for the indicator on resuscitation ALS which moved from 18.6% in April 2018 to 72.7% in April 2019. The committee noted that further indicators for monitoring the quality priorities are still being finalised for inclusion into the IQPR.

The Committee also noted that response rates for complaints were not in line with agreed standards and welcomed the news that the newly appointed lead for patient experience will provide additional focus and drive improvements. A full update report on progress with complaints is due in September 2019.

On hearing that the Trust had one 12-hour trolley breach in April 2019 and that there had been eight in 2018-19 the Committee agreed that it would have a detailed review into trolley breaches focusing on the root cause analysis for cases in 2018-19.

2. Exception Report: Care Quality Commission Outstanding Actions

The Committee considered progress against the four outstanding Care Quality Commission (CQC) actions (review/improve medical records storage provisions in outpatient areas, MCA DoLS level 1 training, achieving mandatory training targets and achieving 90% appraisal rates for emergency department nurses). The committee discussed assurances around sustainability of the actions in the organisation and need for continued focus. It was noted that the MCA DoLS action had been completed. However, the Committee considered the current plan provided limited assurance for the remaining 3 actions and asked the Trust Executive Committee to revisit the dates and actions with the view of providing the Committee with a plan which provides increased assurance level.

3. Nurse Staffing Report (Planned vs Actual)

The Committee considered the nurse staffing report and noted that the overall fill rate was 94% for April 2019 and that whilst there were variations to the standard staffing ratios, these were effectively managed ensuring there were no safety issues.

4. Cost Improvement Plans (CIPs) Approval and Quality Impact Assessment Review

The Committee considered the report on the process and the number of quality impact assessments undertaken for CIPs. It heard that whilst the current process is working well and in line with the approved practice the Chief Nurse and Chief Medical Officer are reviewing how to strengthen the process further to ensure that there is rigorous review of all schemes at the appropriate point in the process (including post scheme implementation) and outlining these steps in the procedural documents.

5. Cardiac Surgery Update

The Committee also considered the Cardiac Surgery Update which is discussed later on the Board agenda.

6. Weekend Mortality Review

The Committee welcomed the report on mortality data by day of admission and was assured that based on the hospital standardised mortality ratio there was not a trend of higher mortality at the weekend.

7. Seven Day Services

The Committee considered the Trust's progress against the following key four standards for implementing seven day services for emergency care patients by April 2020:

- *Standard 2:* All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.
- *Standard 5:* Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week.
- *Standard 6:* Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.
- *Standard 8:* All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

Whilst the Trust is compliant with standards, 5, 6 and 8 it is not currently fully achieving standard 5 because it is not able to provide MRIs at the weekend. In relation to standard 2, the Trust did improve its performance from 70% to 80% against a trajectory of 90% of patients being seen and having a thorough clinical assessment by a suitable consultant at the latest, within 14 hours from being admitted to the hospital. For those specialities that are

still not compliant, they have been asked to audit their current performance for weekend and weekday provision against standard 2 in May 2019.

8. Report from Patient Safety & Quality Group (PQSG)

The Committee received the summary from the PQSG. The Committee were advised that commissioners had taken the decision to close the Clinical Harm Review process being undertaken by SWL GPs, of patients and the potential harm from delays in referral to treatment (final stage of clinical harm review process). Of the patients reviewed to date (within this cohort) no harm was found to have been caused to these patients. The Trust will now consider completing its review and producing a closure report for the clinical harm programme. This report will be presented at the relevant committees. The Committee also heard that the investment into a Critical Care Outreach Team (CCOT) will support the management of deteriorating patients with impact becoming evident 6-12 months after establishment. The Committee will receive updates on the implementation and effectiveness of the CCOT.

9. NICE Compliance

The Committee received the report on NICE Compliance noting there were gaps and requested further assurance around support, action plans and robustness of compliance.

10. Internal Audit Review Reports: Patient Engagement & Board Assurance Framework

The Committee noted the two reviews undertaken by the Internal Auditors into patient engagement and board assurance framework both of which received reasonable assurance ratings.

The Committee heard that actions were being progressed and offered that in relation to patient engagement, there had been an issue with the pace particularly in getting patients involved and hoped that the appointment of the patient experience lead will provide much needed additional focus.

Learning from Recent Never Events

The Committee considered the learning reports pertaining to two never events, one related to transfusion of ABO-incompatible blood products and the other concerned with administration of flush parenteral route. The Committee were particularly concerned with the transfusion never event and heard about the actions taken to ensure this does not occur again.

11. Risks for Escalation

The Committee heard about the following arising risks some of which are scheduled for wider discussion in Part 2 of the Board.

- Impact of Delays in National Changes to Procurement of Cervical Screening
- Water Safety

Sir Norman Williams
Committee Chair

23 May 2019

Meeting Title:	Trust Board		
Date:	27 June 2019	Agenda No	2.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Sir Norman Williams, Chairman of the Quality and Safety Committee		
Report Author:	Sir Norman Williams, Chairman of the Quality and Safety Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 20 June 2019.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All CQC domains		
Single Oversight Framework Theme:	Quality of care, Operational Performance, Leadership and Improvement Capability		
Implications			
Risk:	Relevant risks considered.		
Legal/Regulatory:	CQC Regulatory Standards		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Quality and Safety Committee Report – June 2019

Matters for the Board's attention

The Quality and Safety Committee met on Thursday, 20 June 2019 and agreed to bring the following matters to the Board's attention:

1. Deep Dive: Maternity

The Committee received a presentation on Maternity Service as part of its deep dive programme. It welcomed the divisional triumvirate leadership team and heard that the service was in the midst of a huge transformation project focusing on quality improvement. There are local and national drivers for change including the regulatory and wider stakeholder engagement. Areas of good performance and practice include the number of compliments outweighing the reducing numbers of complaints and increase in friends and family test responses, although it was recognised there was more to do in relation to improving the response rate. The service is also managing and implementing the new regulatory framework effectively. The service is cognisant of the change in its patient population and the impact on its activity and performance. For example, people are waiting longer to have children and with older mothers there can be greater complexities, more patients with comorbidities i.e. obesity and diabetes the success of IVF treatments resulting in more multiple births. The Committee however recognised that the service faced challenges around effective succession planning, recruiting to key roles especially in fetal medicine and improving staff engagement and empowering the current team to work differently. Whilst the Committee noted the plans in place to address some of these issues it felt that there was more for the service to do in particular around how it manages its workforce and building in more flexibility in working patterns to match the current labour force and market.

In addition, reflecting on the discussions at the Board in May 2019, the Committee queried the rise in the number emergency caesarean sections (C-Secs), which is above the 8% target, and heard that this related to increased referrals from other hospitals and the fact that the Trust is a tertiary hospital. It was also reported that this was, in part, due to the complexities in the patient cohort outlined above and the increase in C-Secs with no labour. It was also reported that that the 8% was a local target which was set based on the previous year's performance where the Trust had seen very few emergency C-Secs. The national benchmark is 14% and given this spike the service will revisit the internal target.

2. Integrated Quality and Performance Report (IQPR)

The Committee heard that there had been eight cases of *Clostridium difficile* (C. difficile) since the start of the reporting year and on investigation there were no lapses in care found. The Trust is meeting its duty of candour response targets which recently changed from 10 days to 20 days for a written apology to relatives. The Committee noted that the Trust continues to meet the requirement for a verbal duty of candour response in 10 days. The friends and family test responses are steadily increasing but the Committee recognised more work is required to bring the Trust in line with other organisations. The Committee noted that there were eight serious incidents in May, which is more than is usual, and will review the investigation findings as part of its work programme to seek assurance that if there are any new themes, any relevant learning has been identified.

3. Exception Report: Care Quality Commission Outstanding Actions

The Committee considered progress against the four outstanding Care Quality Commission (CQC) actions (review/improve medical records storage provisions in outpatient areas, MCA DoLs level 1 training, achieving mandatory training targets and achieving 90% appraisal rates for emergency department nurses). The Committee were pleased to note that actions around MCA/DoLs level 1 training had been completed and the target of 90% was exceeded at 91.8%. In addition the Nursing Appraisal action was completed with the target of 90% was surpassed with 94% of nurse appraisal achieved. The Committee noted that this result was very good and focus should now move to embedding and maintaining this performance. The Committee also noted that whilst there were plans in place there are risks around the achievement of the actions related to medical records and the resuscitation training. The Committee noted the actions and asked that concerted effort is made to complete these two actions.

4. Safeguarding Adults Annual Report

The Committee also considered the Safeguarding Adults Annual Report which is discussed later on the Board agenda.

5. The Looked After Children's Report

The Committee received an interesting report on the 'Looked After Children' service and noted that the team are exploring how to increase its nursing capacity to enable seeing children in their care homes as opposed to in the hospital environment.

6. Nurse Staffing Report (Planned vs Actual)

The Committee considered the nurse staffing report and noted that the overall fill rate was 95% for May 2019 and that whilst there were variations to the standard staffing ratios, these were effectively managed ensuring there were no safety issues.

7. Quality Improvement Academy Update

The Committee were presented with an update on the work of the Quality Improvement (QI) Academy which is also presented later on the Board agenda. The Committee welcomed the progress made but recognised the need to develop measures to assess impact. There also needed to be consistent engagement to QI across the Trust and its services which must be reflected at the senior level of the organisation. The Committee endorsed the suggestion that a Board Seminar be used to focus on QI so the Board can drive and own the methodology.

8. Cardiac Surgery Update

The Committee also considered the Cardiac Surgery Update which is discussed later on the Board agenda.

9. Clinical Governance Review

The Committee considered the Clinical Governance Review in depth. Although this will be discussed later on the Board agenda it is worth noting that the committee regarded this review as pivotal and if its recommendations are fully implemented it should make a significant impact on the quality of care within the Trust.

10. Report from Patient Safety & Quality Group (PQSG)

The Committee received the summary from the PQSG. The Committee noted that the Trust continues to review patients in relation to potential clinical harm caused by delays in referral to treatment. This work will be completed over the next four months when the relevant committees will receive a closure report for the clinical harm programme. The Committee also heard about four radiation incidents and the robust actions taken.

11. Recent Infection Control Incidents

The Committee were pleased to hear from the Consultant Microbiologist/Infection Control Doctor about the root cause analysis in the recent infection control cases of candida auris and *Salmonella typhimurium* and the unique circumstances that gave rise to these incidents. The in-depth report gave the Committee assurance that the incidents were managed effectively and robust mechanisms put in place to limit these incidents re-occurring.

12. Reflections on the Meeting

The Committee agreed, on behalf of the Board, and on the suggestion of Healthwatch colleagues to look at how to enhance its reports, for example the IQPR, to increase visibility of the patient voice.

Sir Norman Williams
Committee Chair

20 June 2019

Meeting Title:	Trust Board		
Date:	30 May 2019	Agenda No	3.1.1
Report Title:	Finance and Investment Committee report		
Lead Director/ Manager:	Ann Beasley, Chairman of the Finance and Investment Committee		
Report Author:	Ann Beasley, Chairman of the Finance and Investment Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 23 May 2019.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Finance and Investment Committee – May 2019

The Committee met on 23 May and in addition to the regular items on strategic risks, operational performance and financial performance, it also considered a paper on CIP progress, a business case on Cardiology Cath Labs, a report on the self-assessment of Committee Effectiveness, a review on the range and quality of information provided to the committee, and the latest progress on the Improving Healthcare Together project.

It was a good meeting, in which all attendees participated in a mature discussion of issues, based on reliable data. Reflections at the end of the meeting included a thank you that concerns raised at a council of governors meeting regarding the clinical systems upgrade had been recognised by the Committee.

The Committee wishes to bring the following items to the Board's attention:

1.1 ICT Risks- the Chief Information Officer (CIO) introduced a paper on the quarterly deep dive of ICT risks. She updated on some of the key risks that have been addressed and outlined new risks that will need to be tracked until mitigated. The Committee thanked the CIO for the clarity in the report and the Chief Operating Officer (COO) advised on the work being done with the operations' teams to ensure collaboration in all forthcoming ICT projects.

1.2 Activity- the Director of Delivery, Efficiency & Transformation (DDET) updated the Committee on the positive performance against activity targets in elective and daycase areas in April which was not fully captured in the Integrated Quality & Performance Report. He noted that updated performance was 4,795 operations against a target of 4,893 with a potential 50 extra still to come. The Committee agreed to produce a monthly reconciliation of activity and the finance report.

1.3 RTT- the COO updated the Committee on Referral to Treatment (RTT) targets. Performance of 86.1% against the 92% Incomplete Pathway target was within agreed trajectory and April is expected to be on trajectory as well. Committee discussion focussed on the size of the waiting list (currently at c40,000 patients), by specialty, and how regularly this should be monitored by the committee.

1.4 Diagnostics The COO updated the committee on the Diagnostic performance in April, where the 1% breach limit was exceeded (1.6% actual). This was mainly owing to adverse performance in Echocardiography following an administrative error. He confirmed that patients affected have all now been seen and compliance against target is expected again in May.

1.5 Emergency Department (ED) update - the COO noted the continued challenge with Emergency Flow performance (85.4% in April) and outlined some of the actions undertaken to improve performance. These included a change in the oversight of the site management team and changes in the approach of cubicle management for medical staff.

1.11 Financial Performance & CIP- the Deputy CFO noted performance in month 1 was in line with plan with an £8.8m Pre-PSF/FRF/MRET deficit. This performance included only £1.0m of CIP which would increase in the months to come. CIP progress had led to the identification of £35.5m of the £45.8m targeted schemes as Green (78%). The Committee was encouraged by the latest position and was assured by the expectation that 100% of schemes would be Green by the end of June (end of quarter 1).

1.14 Improving Healthcare Together – The Director of Strategy updated the committee on the latest progress with the Improving Healthcare Together project. **The Committee recommended the proposed submission to the Trust Board** which would then be received by the Improving Healthcare Together Board for their Pre-Consultation Business Case (PCBC) ahead of submitting this to NHS England and NHS Improvement.

1.15 Refurbishment of the Cardiac Catheter Laboratories – The Director of Financial Planning (DFP) introduced the outline business case to refurbish the Cardiac Cath Labs. The Committee discussed some of the elements that would need to be addressed in the full business case. **The Committee recommended the outline business case to the Trust Board, including the proposed immediate actions to progress the refurbishment** while the full business case is written.

1.16 Committee Effectiveness – the Committee reviewed the self-assessment of its effectiveness and noted some actions that would be led by the Chief Financial Officer (CFO) and Committee Chair.

1.16 Range & Quality of Information provided to the Committee– the Committee reflected on the information presented and suggested areas that they would like to be covered. This included more trend information including the underlying financial position and seasonally adjusted prior year information.

1.17 SWLP Report – the Committee noted the latest financial report from SWLP.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee on 23 May 2019 for information and assurance.

Ann Beasley
Finance & Investment Committee Chair,
May 2019

Meeting Title:	Trust Board		
Date:	30 May 2019	Agenda No	3.2
Report Title:	Finance and Investment Committee (Estates) Report		
Lead Director/ Manager:	Tim Wright,		
Report Author:	Tim Wright,		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 23 May 2019.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Finance and Investment Committee (Estates) – May 2019

The Committee met for the first time on 23 May. This meeting has been set up on a monthly basis to provide more comprehensive assurance on Estates risks in the Trust.

It was a constructive meeting, where members discussed a range of issues relating to Water Systems, Fire Systems and Ventilation, as well as Violence and Aggression. The Terms of Reference and new Estates' governance arrangements were agreed in principle while they were given time to be trialled. The Estates Management Board (EMB) has been formed to provide operational oversight of all Estates related matters and will report to TEC and to Finance and Investment Committee (Estates) (FIC (E)) to provide assurance.

The Committee reflected on the challenges the Trust is currently experiencing with Estates risks and recognised that much work was required to address the issues that exist. The Committee thanked the Estates team for their work done to rectify a number of the previously outstanding risk actions.

The Committee wishes to bring the following items to the Board's attention:

1.1 Governance- the Chief Financial Officer (CFO) outlined the proposed changes to enhance Estates governance, with the setting up of this committee and the Estates Management Board. The Committee accepted the changes proposed accepting that they would need time to bed in and can be adjusted if necessary.

1.2 Authorising Engineer (AE) Reports Overview- the CFO summarised the level of AE assurance that existed in each of the Estates' disciplines.

1.3 P22 Tender- the CFO introduced the procurement proposal 'ProCure 22' which is a Department of Health procurement framework, which has a number of pre-qualified prime estates contractors who can source the required trades and skills. The Committee asked about the interdependencies of the projects listed in the paper and the CFO agreed to address these. **The Committee recommended the procurement approach to be approved at the Trust Board.**

1.4 Workplan of the subgroup- the Committee discussed how the EMB workplan would be constructed. The reporting of this committee to the Trust Board was also discussed.

1.5 Reflections on meeting- The Committee heard how the detailed work plans for each Estates discipline were coming together and welcomed sight at this first meeting of the drafts. The detailed plans will be considered by FIC (E) at future meetings.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee (Estates) on 23 May 2019 for information and assurance.

Tim Wright
Lead Non-Executive Director, Estates
May 2019

Meeting Title:	Trust Board		
Date:	27 June 2019	Agenda No.	4.1
Report Title:	Finance and Investment Committee report		
Lead Director/ Manager:	Ann Beasley, Chairman of the Finance and Investment Committee		
Report Author:	Ann Beasley, Chairman of the Finance and Investment Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 20 June 2019.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Finance and Investment Committee (Core) – June 2019

The Committee met on 20 June and in addition to the regular items on strategic risks, operational performance and financial performance, it also considered a paper on CNST, and updates on both the development of the Financial Strategy and the CQC's planned review on 'Use of Resources'.

Committee members welcomed the introduction into the Integrated Quality and Performance report of Statistical Process Control (SPC) charts with thanks to the information team for their hard work to deliver this. There was a thoughtful discussion on 'what good looks like' to determine the level of ambition for the Financial Strategy and members commended the Director of Financial Planning (DFP) for the Financial Strategy paper. In response to an update from the chief finance officer on issues across the SWL Health and Care Partnership, members noted the potential for redistribution of capital funding and recognised the need to monitor the inherent risk this presented.

The Committee wishes to bring the following items to the Board's attention:

1.1 Finance Risks- the Chief Financial Officer (CFO) gave an oral update on financial risks. He noted the discussions in South West London regarding a potential reduction in 2019/20 capital expenditure budget for the Trust following national pressures against the current limit set by the Department of Health. The Committee noted the importance of current schemes in the programme that relate to patient safety and emphasised the importance of being able to address these as planned.

1.2 ICT Risks- the Chief Information Officer (CIO) gave an oral update on ICT risks. She noted the latest progress with the Queen Mary's Hospital (QMH) Cerner project, where 'go live' is expected in September. The Committee welcomed the update.

1.3 SPC charts- the Director of Delivery, Efficiency & Transformation (DDET) introduced the committee to the new SPC charts used in the Integrated Quality and Performance Report. The Committee discussed some of the statistical implications and welcomed the new information.

1.4 Activity- the DDET updated the Committee on the positive performance against activity targets in elective and daycase procedures in May. He noted that updated performance was 5,166 operations against a target of 5,134.

1.5 RTT- the Chief Operating Officer (COO) updated the Committee on Referral to Treatment (RTT) targets. Performance of 85.8% against the 92% Incomplete Pathway target was within agreed trajectory and May is expected to be ahead of trajectory as well (86.6%). He also noted 52 week performance as being ahead of trajectory, with 22 patients waiting more than a year in April (against a trajectory of 23) and May expected to be 16 (against a trajectory of 16). Committee discussion focussed on the size of patient waiting list and specialty level performance.

1.6 Diagnostics The COO noted that Diagnostic performance was back on track in May following administrative challenges in April. The Committee welcomed this information.

1.7 Cancer update - the COO noted the challenge on both 62 day and two-week rule cancer targets in April, which is expected to continue into May. The Committee discussed the challenge from internal administrative processes that needed to be fixed, as well as issues from external organisations needing to ensure referrals are made on a timely basis. The COO noted his expectation that performance against both metrics would be back in line with target for June reporting.

1.8 Emergency Department (ED) update - the COO noted the slightly improved Emergency Flow performance (86.5% in May).

1.9 Workforce update - the Director of HR & OD (DHROD) noted the improvements in vacancy levels, sickness rates and appraisals. He also observed the deterioration in agency spend performance in month. The Committee discussed being more explicit about the areas where this increase has been incurred in order to develop action plans through the Trust Executive Committee (TEC).

1.10 Financial Performance- the Deputy CFO noted performance to date at month 2 was in line with plan showing a £14.5m Pre-PSF/FRF/MRET deficit. This performance included only £2.2m of CIP which would increase in the months to come. He explained some of the challenges on income estimation, from activity yet to be coded and the impact of the block contract with some commissioners. The Committee reviewed the impact of QIPP, demand & capacity, CIP performance, the use of contingency, cash and capital performance.

1.11 CNST report – The Deputy CFO introduced a paper with further information on CNST. The Committee welcomed the paper and discussed the interaction with Getting It Right First Time (GIRFT), and the Quality and Safety Committee (QSC) - the latter in relation to specialty level information that drives the CNST premium.

1.12 Financial Strategy Update – The Director of Financial Planning (DFP) introduced a paper on the 5 year financial strategy. The Committee welcomed the paper and noted some of the key elements to add in slide 7 (what might “good” look like). Discussion was also had on efficiency requirements in future years, exiting financial special measures (FSM) and the impact of a system control total.

1.15 Use of Resources (UOR) Update – the Committee thanked the DFP for the update on UOR.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee on 20 June 2019 for information and assurance.

Ann Beasley
Finance & Investment Committee Chair,
June 2019

Meeting Title:	Trust Board		
Date:	27 June 2019	Agenda No	4.2
Report Title:	Finance and Investment Committee (Estates) report		
Lead Director/ Manager:	Tim Wright, Lead Non-Executive Director, Estates		
Report Author:	Tim Wright, Lead Non-Executive Director, Estates		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 20 June 2019.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Finance and Investment Committee (Estates) – June 2019

This Part 2 FIC meeting has been set up on a monthly basis to provide more comprehensive assurance on Estates risks in the Trust. The Committee met for the second time on 20 June.

It was a constructive and helpful meeting at which members reviewed the developing detailed action plans for Water Systems, Fire Systems and Ventilation, as well as reviewing the current status of risks in Medical Gases, Electrical HV & LV (High Voltage & Low Voltage) and Lifts.

The Committee reflected on the progress made over the past month on Water, Fire and Ventilation systems and it was clear that the team now have a better understanding and grip on the actions necessary to improve safety in these areas. The emphasis of planning on short, medium and long terms actions was welcomed and it was acknowledged that the capacity of the Estates department to deliver these changes is a critical factor in making progress. .

The Committee wishes to bring the following items to the Board's attention:

1.1 Estate Management Group (EMG – formerly referred to as EMB) - the CFO introduced the EMG terms of reference **which the committee approved**. Summary notes from the first EMG meeting were also available demonstrating the wide range of activity ongoing and under consideration.

1.2 Authorising Engineer (AE) Reports Overview- further AE reports were available at this meeting which together with AE reports reviewed last month have enabled the team to produce summarised assurance levels for each Estates discipline. An overview paper also provided useful information on the regulatory and legislative environment, and definitions of the roles and duties of each person involved. It was noted that AE reporting formats vary significantly and that the scale and complexity of tasks to address identified risks is not always easy for a lay audience to interpret.

The meeting reflected that Board members would find it helpful to familiarise themselves with the Health Technical Memorandum 00 (HTM 00) which outlines the policies and procedures applicable to Healthcare Engineering.

1.3 Water Action plans- the CFO introduced a paper with a detailed action plan on Water Safety. The Committee discussed the work done to support staff in escalating to Estates' teams where 'Point of Use' filters are not in place, and welcomed the responsiveness of Estates in addressing situations where filters need to be adjusted or replaced.

1.4 Fire Action plans- the CFO introduced a paper with a detailed action plan on Fire Safety. Concern was expressed that some fire stopping works had previously been halted due to budget constraints noting that such circumstances should be immediately escalated so that such constraints can be resolved. The Committee discussed the importance of completing surveys in order to understand areas that require action, and noted the learning that the fire safety team have taken from this.

1.5 Ventilation Action plans- the CFO introduced a paper with a detailed action plan on Ventilation. The Committee reviewed the Ventilation programme and agreed that a broader front of improvement is appropriate for the time being rather than over focussing on specific areas to the detriment of others.

1.6 Medical Gases- the CFO introduced a paper on the latest AE report for Medical Gases. The committee discussed the importance of being able to question the content of the AE report ahead of final publication (in the similar way to an audit) to ensure the report narrative is clear.

1.7 Electrical HV & LV- the CFO introduced a paper on the latest AE report for Electrical HV & LV. The committee discussed the differences in managing risk in both high and low voltage areas noting that low voltage (LV) systems are pervasive across the estate whereas high voltage (HV) systems are contained to secure areas.

1.8 Lifts- the CFO introduced a paper on the latest AE report for Lifts. The Committee discussed the inspection regime for lifts and whether usage of a particular lift has changed since it was built. The report concluded that the lifts inspected were satisfactorily maintained though the sample size was not specified.

1.9 P22 Tender- the CFO introduced a paper that noted Chair's action had been provided on confirming the contract award following the P22 contract paper submitted to the Trust Board in May. Two bidders had compliantly tendered, both being of a good standard but with one tenderer scoring marginally higher in all aspects. The Committee supported the paper.

1.10 Health & Safety - the new Assistant Director of Estates - Health & Safety introduced a Health and Safety update for the committee. Discussions focussed on key actions recommended that covered H&SE aspects in all areas with a number of immediate and straightforward actions (such as reviewing the provision of window opening restrictions and the securing of medical gas cylinders) that would improve our current position.

1.11 External Governance Review – Interim Report - the CFO introduced an interim report on Estates Governance, noting a final report in July. The Committee noted the update.

1.12 Estates Strategy Update- the CFO updated the committee on the Estates strategy which would start to become clearer once the FIC (E) was more established and would feed into the annual planning cycle at future FIC (Core) meetings.

1.13 Reflections- the Committee discussed the latest Estates risks in the Board Assurance Framework (BAF) and agreed that the wording would be updated once the component risks that make up the BAF scores had been fully reviewed. A formal BAF update will be provided at the July Trust Board.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee (Estates) on 20 June 2019 for information and assurance.

Tim Wright
Lead Non-Executive Director, Estates
June 2019