Council of Governors Meeting (17/12/2019)

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Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting

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

Time	Item	Subject	Lead	Action	Format
OPENING ADMINISTRATION					
15.00	**1.1**	**Welcome and Apologies**	Chairman	-	Oral
	1.2	**Declarations of Interest**	All	-	Oral
	1.3	**Minutes of Meeting held on 22 October 2019**	Chairman	Approve	Paper
	1.4	**Action Log and Matters Arising**	All	Review	Paper
15:10	**1.5**	**Key Issues**	Chairman	-	Oral
TRUST UPDATES					
15:20	**2.1**	**Staff Engagement**	CEO	Assure	Presentation
16:10	**2.2**	**Strategy Development:** • **Quality Strategy** • **Education Strategy**	CSO / CN / CMO	Review	Paper
GOVERNANCE					
16.50	**4.1**	**Council of Governors Effectiveness Review 2019/20**	Chairman & CCAO	Review	Paper
ACCOUNTABILITY					
17.20	**5.1**	**Overview from Non-Executive Directors:** • **Ann Beasley, Finance & Investment Committee** • **Tim Wright, Quality and Safety Committee**	NEDs	Assure	Oral
CLOSING ADMINISTRATION					
17.55	**6.1**	**Any Other Business**	All	-	Oral
	6.2	**Reflections on meeting**	All	-	Oral
18.00	**6.3**	**Close**	-	-	-

Date and Time of Next Meeting: 19 February 2020, 15:00 – 18:00

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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.

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
Bassey Williams	Staff Governor, Allied Health Professionals	BW
Attendees		
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Secretariat		
Richard Coxon	Membership & Engagement Manager (Minutes)	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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Tab 1.3 Minutes of the previous meeting held on 22 October 2019

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Minutes of the Meeting of the Council of Governors
22 October 2019, 16:15-18:00, GVR2.19, 2nd Floor, Grosvenor 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
Val Collington	Appointed Governor, Kingston University	VC
Jenni Doman	Staff Governor, Non-Clinical	JM
Frances Gibson	Appointed Governor, St George's University	FG
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery Designate	MJ
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Derek McKee	Public Governor, Wandsworth	DMK
Richard Mycroft	Public Governor, SW Lambeth (Lead Governor)	RM
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Khaled Simmons	Public Governor, Merton	KS
In Attendance		
Sarah Brewer	Head of Business Planning (item 2.2)	HOBP
Mark Cranmer	Director, Joint Research & Enterprise Services (item 2.2)	DJRES
Jenny Higham	Non-Executive Director (item 2.2)	JH-NED
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Ralph Michell	Head of Strategy (item 2.2)	HOS
Jacqueline Totterdell	Chief Executive Officer (until item 2.2)	CEO
Tim Wright	Non-Executive Director	TW
Apologies		
Ann Beasley	Non-Executive Director	AB-NED
Stephen Collier	Non-Executive Director	SC-NED
Kathryn Harrison	Public Governor, Rest of England	KH
Rebecca Lanning	Appointed Governor, Merton Council	RL
Doulla Manolas	Public Governor, Wandsworth	DM
Simon Price	Public Governor, Wandsworth	SP
Damian Quinn	Public Governor, Rest of England	DQ
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Medical & Dental	AS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
Sarah Wilton	Non-Executive Director	SW-NED
Secretariat		
Richard Coxon	Membership & Engagement Manager	MEM

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OPENING ADMINISTRATION		Action
1.1	**Welcome and Apologies** The Chairman opened the meeting and noted the apologies as set out above.	
1.2	**Declarations of Interest** The Council noted the register of Governors' interests. This had been been uploaded to the Trust's new online portal for logging such interests and published on the Trust's website to promote transparency. No new declarations of interests were made. In line with the communication to Governors on 12 September 2019, and the prior discussions at the Governors' Nominations and Remuneration Committee, the Chairman reported to the Council that she had taken up her new role as Chairman of Epsom and St Helier University Hospitals NHS Trust on 1 October 2019, alongside her current role at St George's, and was now 'Chair-in-Common' across both organisations. The Chairman explained that the decision had been made by NHS England and NHS Improvement. Governors had previously been briefed about this on a confidential basis, and the Chairman was ensuring that there were appropriate mechanisms in place to manage any potential conflict of interest that may emerge. The additional appointment would not impact on the Chairman's ability to fulfil her role at St George's including her ability to meet the ongoing time commitments of the role. Indeed, the appointment would enable the two Trusts to collaborate further for the benefit of the patients of both organisations and the communities they serve. DR asked whether the appointment of a Chair-in Common was permissible under existing NHS legislation. It was noted that there was no statutory or regulatory restriction placed upon the Chair of an NHS Foundation Trust simultaneously serving as the Chair of an NHS Trust. A person may not serve as the substantive Chair of two NHS Foundation Trusts, but that was not the case in this appointment. NHS England and NHS Improvement had made the appointment and supported it, and the appointment had been endorsed by Ministers. The Chairman emphasised the potential benefits to patients of greater collaboration between the two organisations as a result of the appointment.	
1.3	**Minutes of the meeting held on 17 July 2019** The minutes of the meeting held on 17 July 2019 were agreed by the Council as a true and accurate record.	
1.4	**Action Log and Matters Arising** The Council reviewed the Action Log and agreed to close the following actions: • **COG.26.03.19/03:** A new electronic calendar had been established and tested with Governors, and invitations to forthcoming meetings had been issued. An updated webportal was being developed which would also have calendar functionality.	

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	• **COG.22.05.19/04:** A development plan for the Council of Governors would be developed in light of the outcomes of the Council of Governors effectiveness review, the results of which would be brought to the Council at its meeting in December 2019. • **COG.17.07.19/01:** The CIO had discussed with the Chief Clinical Information Officer the issue of communication with junior doctors regarding options for escalating problems with iClip to the programme board. • **COG.17.07.19/04:** Marketplace stalls had been arranged in the Grosvenor Wing reception as part of the delivery of the AMM and these had generated interest among staff, patients and visitors to the Trust. • **COG.17.07.19/05:** The role descriptions for each of the Non-Executive Director appointments had been shared with the Council of Governors, and these had been re-circulated as requested. A new role description had been agreed by the Council of Governors on email circulation following the resignation of Sir Norman Williams from the Board and it had been agreed to wrap into the existing appointments process the search for a successor to Sir Norman. • **COG.17.07.19/06:** Interviews for the Non-Executive Director positions on the Board had taken place on 17 and 18 October and a report on the outcome of these was on the agenda. In line with discussions at the July 2019 Council meeting, the composition of the interview panels had been streamlined and agreed with the Governors' Nominations and Remuneration Committee. • **COG.17.07.19/07:** An informal seminar on cardiac surgery had been held and a further briefing would be scheduled at the appropriate juncture to brief Governors on the outcome of the independent external mortality review. The timing of the publication was not yet known and it was likely any briefing would need to be arranged with short notice. • **COG.17.07.19/09:** Ten members of the Council of Governors had attended the NHS Providers London Governors Network event on Monday 16 September 2019, and expressions of interest in attending had been circulated to all Governors following the July 2019 Council meeting. The remaining items on the action log remained open, the majority of which were due at the next Council of Governors meeting on 17 December 2019.	
2.0 TRUST UPDATES		
2.1	**Chief Executive's Update** The CEO reported that the Care Quality Commission (CQC) had undertaken an unannounced inspection of the Trust's core services in July 2019 which had	

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	been followed by a 'Well-Led' inspection in early September 2019. The Trust awaited the outcomes of the inspection, which would likely be published towards the end of the year. The CEO reflected that the Trust had made significant progress since it had been rated as inadequate and placed in special measures in November 2016 and although further progress needed to be made before the Trust was where it wanted to be, it was hoped that the progress made to date had been apparent to the inspection team. It was noted that there had been a Board Seminar on 2 October 2019 on the Trust's planning for the UK's exit from the European Union. The Trust was engaging with the NHS England and NHS Improvement Regional team on this, and contingency planning for various scenarios and to address the key risks had been undertaken. The CEO reported that the Trust continued to face challenges in meeting the four hour operating standard in the Emergency Department (ED). To help drive forward improvements in performance, the CEO had started chairing a weekly Emergency Care Delivery Board which was overseeing work in this area and brought together key executive directors and the divisional leadership. Staff engagement was a key priority and the Board had recently approved a new staff engagement plan. The CEO explained that she wanted ensure that staff felt supported, appreciated and engaged as this was key to the delivery of high quality patient care. An important part of effecting the cultural change required in the organisation was developing effective local leadership. The Trust had secured dedicated support from an experienced organisational development expert who would be focused on taking forward and coordinating a programme of cultural change, under the leadership of the CEO. **It was agreed that the CEO would present an update at the next Council of Governors meeting on staff engagement and cultural change.** NDB asked whether the organisation was happy. The CEO responded that this depended on which part of the organisation was being referred to; some parts were, and others less so but there were clear steps the Trust needed to take to improve its engagement with staff and address the issued highlighted in the previous NHS Staff Survey. JH asked which parts of the organisation were unhappy. The CEO reported there were some challenges in outpatients following recent changes and more needed to be done to support and develop administrative and clerical staff in the organisation. It was crucial to improve engagement with the Trust's staff and the plan approved by the Board would help with this and a wide range of actions were being implemented.	**CEO**
2.2	**Strategy Update** The Council received updates on the development of the Trust's workforce and research strategies. These were among the six supporting strategies to the Trust's Clinical Strategy which had been launched in April 2019. On the workforce strategy, it was noted that the Trust needs to re-think its future workforce model, not only in terms of the supply of staff for particular roles which are hard to recruit to but also to develop new roles and work towards a more 'multi-disciplinary workforce'. As a major Trust in South West London, St	

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	George's was also part of a wider health system and needed to be able to maximise the opportunities for collaboration. It was also recognised that more needed to be done around flexible working both to help staff have an appropriate work-life balance and as part of helping to retain them. It was noted that the three overarching priorities were retention of staff, supply and maximising new roles. The draft strategy would be presented to the Trust Board for approval on 28 November 2019. SMD asked whether apprenticeships could help fill some of the gaps in the Trust's workforce as well as help develop young people. The HOBP agreed that the Trust was not maximising the opportunities for apprenticeships and commented that it was working with local schools and colleges. RM stated that he had attended the strategy workshop on 21 October. Only eight people had attended but all were engaged. He welcomed the new workforce strategy and agreed with the vision. In relation to the research strategy, Mark Cranmer, Director of the Joint Research & Enterprise Services (DJRES), reported that the strategy had been developed by a steering group of the Trust and University staff and through public engagement events. He set out the vision for 2024 commenting that the aim was for St George's to be a thriving centre for research, offering opportunities to take part in research to patients across all of the Trust's clinical services. The ambition was to have an NIHR-funded Clinical Research Facility for early translational research and to rank in the top ten Trust for research outputs and performance. The draft strategy was due to be considered by the Board at its meeting on the 31 October 2019. VC asked about the research undertaken at other big trusts which received sponsorship and asked whether the Trust would be competing for this. KS asked whether carrying out research would attract staff to the Trust and whether improved research would help improve patient care. JH (NED) responded that research did help improve care for patients. The Chairman commented that the investment proposed was relatively modest given the anticipated benefits and noted that the NEDs had queried whether further investment was required to maximise the impact of the strategy but had been assured that the level proposed would be sufficient to achieve the goals set out in the strategy. Given the constraints on time, **it was agreed that the Associate Medical Director for Research would be invited to present to Governors a more detailed presentation on research either at a future Council meeting or as part of an informal briefing session for Governors.**	
		CCAO
3.0 GOVERNANCE		
3.1	**Appointment of new Senior Independent Director** The Chairman introduced the report on the appointment of a new Senior Independent Director (SID) following the resignation of Professor Sir Norman Williams on 30 September 2019. It was noted the appointment of a SID was a decision for the Board in consultation with the Council of Governors. The Chairman had consulted with the Lead Governor along with the Chief Executive and fellow Non-Executive Directors (NEDs) and was recommending that Ann Beasley, Vice Chair of the Trust, be appointed as the new SID. Subject to the Council's views, the Board would be asked to approve this recommendation at its meeting the following week. It was noted Stephen Collier, NED, had been appointed lead for Freedom to Speak Up.	

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		The Council of Governors agreed the appointment of Ann Beasley as the new SID and noted that Stephen Collier had been appointed as the non-executive lead for Freedom to Speak Up.	
	3.2	**Nomination and Remuneration Committee Report: Non-Executive Director appointments** The CCAO introduced the report on the Non-Executive Director (NED) appointments following the interviews for the three roles which had been held on 17 and 18 October 2019. The interview panels had made recommendations on the appointments to the Governors' Nomination and Remuneration Committee, which had endorsed these and proposed that these be agreed by the Council of Governors. It was noted that Elizabeth Bishop was currently a NED at Epsom and St Helier University Hospitals NHS Trust and, if appointed, would serve on both Boards. Subject to the Council's agreement, pre-appointment checks would be undertaken in the coming weeks. Ms Bishop would start in post from 1 February 2020 following Sarah Wilton's departure on 31 January 2020. Start dates for Professor Kumar and Dr Ling would be agreed in the coming weeks. DR stated that he could not support the recommendation to make the appointments as he considered he did not have sufficient information to take the decision. It was noted that the Council had agreed at its meetings in May and July 2019 a process for appointing new non-executive directors and the process set out in the papers reflected this and the process followed previously with NED appointments. **The Council of Governors, with the exception of DR, agree to:** • **approve the appointment of Professor Dame Parveen Kumar as the new Clinical NED;** • **approve the appointment of Elizabeth Bishop as the new Audit NED;** • **approve the appointment of Pui-Ling Li as the new Associate NED.**	
	3.3	**Council of Governors Effectiveness** The CCAO introduced a report which set out proposals to conduct a training and effectiveness survey of the Council of Governors with a view to developing an effective training programme for Governors for 2020 that was shaped by Governors' feedback and views. Undertaking an effectiveness review was good practice and would also ensure that any points raised could be considered as part of the induction programme for newly elected Governors in February 2020. It was proposed that the results of the survey be brought back to the Council of Governors at its meeting on 17 December 2019 along with the outline proposals for improving the effectiveness of the Council in 2020. **The Council of Governors agreed plans for conducting a training and effectiveness survey and agreed to delegate to the Chairman and Lead Governor authority to approve any final changes to the text of the survey. The results of the survey would be brought back to the Council of Governors at its meeting on December 2019.**	**CCAO**

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3.4	**Governor Elections Update** The CCAO presented an update on the forthcoming elections, following the report considered by the Council at its meeting in July 2019. It was noted that there were a total of eight seats on the Council of Governors that were scheduled to be contested in the next governor elections in January 2020. Seven of the seats were for public governors (three in Wandsworth, two in Merton and two in the Rest of England constituencies) and one staff governor role (in the non-clinical staff constituency). The election process, the third since the Trust became an NHS Foundation Trust in 2015, would formally start in November 2019 when nominations opened. The election would end on 30 January 2020 when the ballot closes. The results would be announced on 31 January and newly elected Governors would start their new three year terms from 1 February 2020. It was noted that under the Trust's Constitution, the election must be managed by an independent electoral services provider. Following a tender process, Electoral Reform Services (ERS), had been selected as the provider and would act as the independent returning officer. A communications plan had been developed to promote the elections and as part of this the Trust would run awareness sessions for members who were potentially interested in standing to become a Governor. It was noted that a further position on the Council of Governors had become vacant on 24 September 2019 with the resignation of Clive Studd in the Merton constituency. Mr Studd's term of office had been due to run until 31 January 2021. Under the provisions of the Trust's Constitution, it was for the Council of Governors to decide whether to hold an election for the remainder of the term of office of the governor who had stepped down, or to invite the next highest polling candidate for that seat from the previous election to fill the role for the remainder of the term. Given that the 2020 elections were imminent, it was proposed that the 2020 elections include an election for the remainder of Mr Studd's term of office. DR asked about whether membership numbers increased around the time of Governor elections and asked whether this could be considered as a form of electoral fraud. The CCAO responded that while there tended to be a slight increase in overall membership in the run-up to elections, in overall terms this remained relatively low. Members of the public were free to joins the Trust as members in order to participate in the elections and this was permissible; provided they met the eligibility criteria for membership new members were welcome to join the Trust. Further details of fluctuations in membership around elections could be provided at the next meeting. **The Council of Governors noted the update on plans for the 2020 Governor elections, including plans to hold awareness sessions with prospective Governors.** **The Council of Governors agreed that the vacant position on Council**	

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	following the resignation of Mr Studd be filled through an election timed to coincide with the scheduled 2020 Governor elections.	
4.0 ENGAGEMENT		
4.1	**Membership Engagement Committee Report** RM, Chair of the Membership Engagement Committee (MEC), introduced an update from the meeting held on 24 September 2019. The Committee had discussed the implementation of the new membership strategy which had been launched in July 2019. All of the agreed year one milestones had either been met or were on track. The new membership and stakeholder bulletin, *The Brief*, had been launched the week after the Committee, and a refresh had been undertaken of the membership pages of the Trust's website which made greater use of images and video clips to make it more interesting and engaging. It was noted that the tiered membership had been implemented and that this had gone live on the online membership forms. The hard copy membership leaflet was currently being redesigned and would incorporate the new membership tier options in the updated design, along with the new Trust branding. RM reported that the Committee had discussed plans for the three pilot Governor Constituency events which had been planned for the end of November 2019. It was noted that at least two Governors had attended every Patient Partnership Engagement Group (PPEG) meeting since the last Council meeting ensuring good Governor representation. The PPEG was not moving to bi-monthly meetings. In addition, the intention was no longer for the Trust to produce a standalone patient engagement strategy but to incorporate this into the quality strategy. The Committee had received a report analysing the membership of the Trust and noted work to increase the numbers of young people joining as members. As usual, the Committee had received a report setting out the issues members had raised with Governors at Meet Your Governor events, via the membership office, or through the membership email address. **The Council of Governors' noted the update.**	
4.2	**Annual Members' Meeting: Debrief** The CCAO introduced the report on the 2019 Annual Members' Meeting (AMM) which had been held on 26 September 2019. The paper, which was taken as read, reflected on what had gone well and drew out some 'even better ifs' with a view to building on the learning from the 2019 event in the planning of both the content and marketing around the AMM for 2020. **The report was noted by the Council of Governors.**	

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5.0 ACCOUNTABILITY	
5.1	**Overview of Non-Executive Directors and Board Committees and Feedback from Committee Chairman**
	Tim Wright (TW), NED lead for estates gave an update on the work of the Finance and Investment Committee (Estates) (FIC(E)). He reported that there had been two FIC(E) meetings since the last Council of Governors meeting in July. The Committee was now well established, as was the Estates Management Group (EMG) at Executive level. The Estates team were working well together despite the challenges. Progress had been made in understanding the risks the Trust faced and the extent to which the Board could take assurance in relation to the Trust's position on these. There was a dashboard setting out all estates risks and mitigations and detailed plans were being put in place in many areas. It was reported that the Chief Finance Officer had commissioned an external review of estates governance, which had identified areas where the Trust needed to focus. TW also noted that reports from the engineers, which were very detailed and technical now included summaries for FIC(E) which were more useful to the Committee. KS stated that it was very encouraging that a NED had been appointed to help oversee the Trust's work on improving assurance on estates. He suggested that the Trust should concentrate on creating a part of the estate that was really excellent which could be something everyone could be proud of and aspire to. TW reflected that a balance needed to be struck as essential repairs and maintenance were required across the Trust and these needed to take priority. He noted that the refurbishment of Dalby Ward had provided a better experience for both patients and staff and provided a model for future ward refurbishments. The Chairman commented that the Trust needed to make better use of the available space on the Tooting site. ADB asked whether the Trust undertook any work to triangulate the results of the staff survey with common estates complaints and whether this could help to identify work that would have an impact in terms of staff morale. It was noted that the estates staff were now feeling better supported. During the Board visits across the site in July, staff had been more positive about this. AB asked about the additional capital funding announced by the Government in August 2019 and whether the Trust would benefit from this. The Chairman replied that St George's was not a beneficiary of this additional funding. While the Trust was in need of significant capital investment, it also needed to be recognised that there were other Trusts with even greater estates challenges.
6.0 CLOSING ADMINISTRATION	
6.1	**Any Other Business** There were no issues raised under any other business.

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6.2	**Reflections on meeting**
	The Chairman reflected on the size of the agenda and suggested that it had not been possible to have as full a discussion on some items as the Council may have wished. It was challenging to discuss detailed strategy documents in such as the Council in a way that enabled Governors to ask all of the questions they had. It may be that a programme of Council seminars in the new year may help in future. KS agreed that elements of the meeting felt rushed and suggested establishing additional sub-committees of the Council. The Chairman commented that this would place additional demands on Governors' time and that it may be better to hold regular briefing meetings outside the formal Council meetings to ensure topical matters could be discussed informally. JD suggested holding the NED accountability at the start of the meeting. The Chairman observed that this had been tried previously and that a number of solutions could work. RM proposed that another Governors away day be held in 2020 and it was agreed that this would be considered. The CCAO added that the Council effectiveness review would provide an opportunity for Governors to reflect on these points and offer suggestions about how to improve the Council's ways of working.
6.3	**Close**
	The Chairman closed the meeting by thanking everyone for their comments. The meeting closed at 18:10.

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

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Tab 1.4 Action log and matters arising

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Council of Governors Action Log - December 2019					
Action Ref	**Section**	**Action**	**Due**	**Lead**	**Commentary**	**Status**
COG.22.05.19/03	Getting it Right First Time (GIRFT) and Model Hospital	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.	17.12.19	CMO	To be added to the programme of Council of Governors workshops in 2020, which is currently in development.	**PROPOSED FOR CLOSURE**
COG.17.07.19/02	Information Technology Update	The CIO to bring a presentation on the Digital Strategy to the Council in 2020.	19.02.20	CIO	The ICT strategy is currently being developed and is scheduled to be presented to the Board in February 2020. Ahead of this, the strategy will be brought to the Council of Governors and has been added to the Council agenda for its meeting on 19 February 2020.	**PROPOSED FOR CLOSURE**
COG.17.07.19/03	Volunteer Update	HPEP to present the new volunteering strategy to the COG in 2020, once agreed.	10.12.20	HPEP	Added to the Council of Governors forward plan for 2020/21	**PROPOSED FOR CLOSURE**
COG.22.10.19/01	Chief Executive's Update	It was agreed that the CEO would present an update at the next Council of Governors meeting on staff engagement and cultural change.	17.12.19	CEO	On agenda	**PROPOSED FOR CLOSURE**
COG.22.10.19/02	Strategy Update	It was agreed that the Associate Medical Director for Research would be invited to present to Governors a more detailed presentation on research either at a future Council meeting or as part of an informal briefing session for Governors.	TBC	CCAO	Added to the Council of Governors forward plan for 2020/21.	**PROPOSED FOR CLOSURE**
COG.22.10.19/03	Council of Governors Effectiveness	The Council of Governors agreed plans for conducting a training and effectiveness survey and agreed to delegate to the Chairman and Lead Governor authority to approve any final changes to the text of the survey. The results of the survey would be brought back to the Council of Governors at its meeting on December 2019.	17.12.19	CCAO	On agenda	**PROPOSED FOR CLOSURE**

Tab 2.2 Strategy Update - Quality and Education Strategies

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St George's University Hospitals
NHS Foundation Trust

Quality and Safety Strategy
2019 – 2024

Council of Governors Meeting 17 December 2019

Alison Benincasa, Director of Quality Governance and Compliance

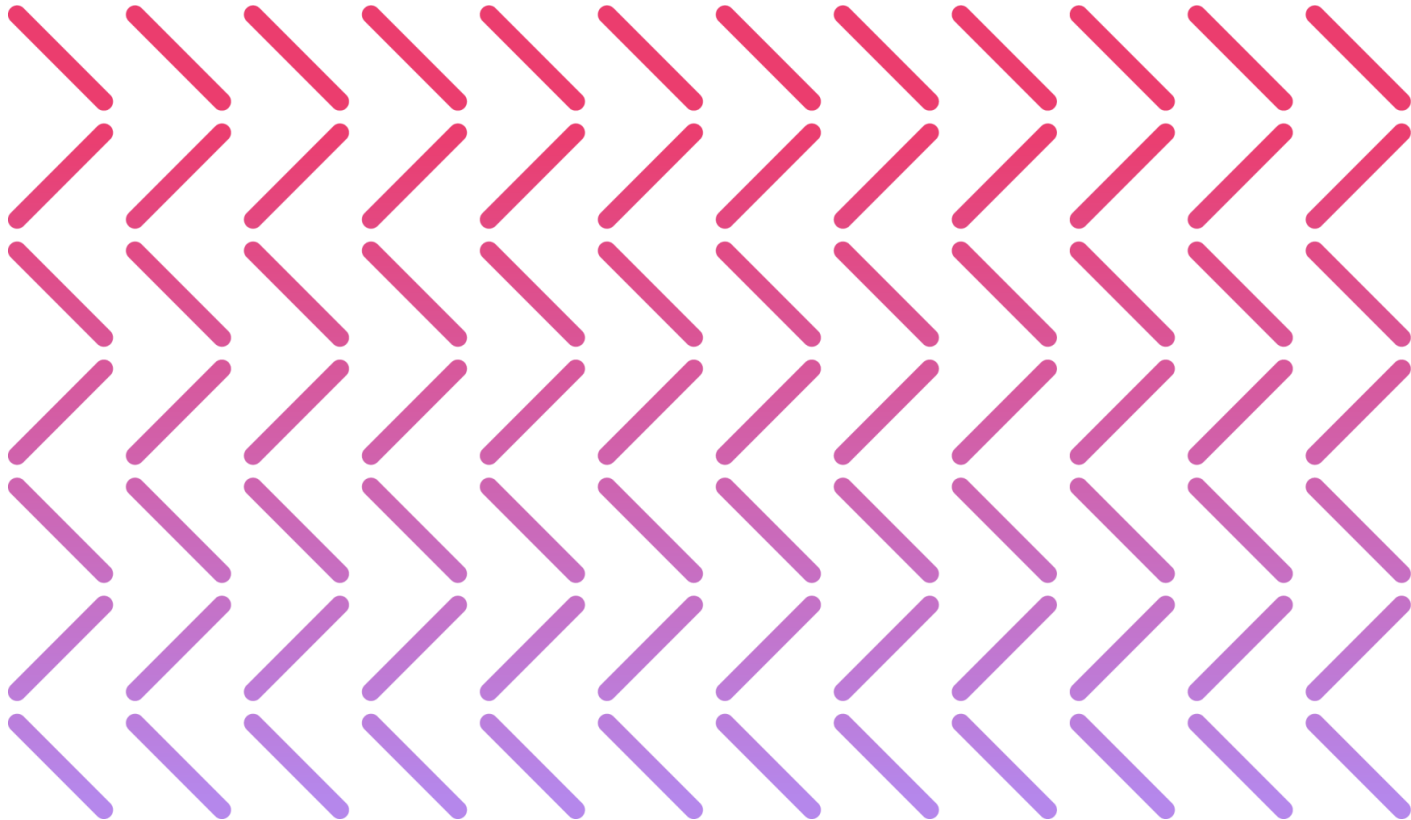Tab 2.2 Strategy Update - Quality and Education Strategies

2.2

Purpose of the session

We are developing a five-year quality and safety strategy to be signed off by the Board on 30 January 2020.

The purpose of this session is to present the proposed strategic quality and safety priorities for 2019 – 2024, and to seek the views on a range of key questions.

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Tab 2.2 Strategy Update - Quality and Education Strategies

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Where we have come from, and where we are now

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Tab 2.2 Strategy Update - Quality and Education Strategies

2.2

Progress in recent years

Our **Quality and Improvement Plan 2017-18:** a broad range initiatives across *3 quality themes: Safe and Effective care, Flow and Clinical Transformation, Quality and Risk* supported by focussed improvement plans for Estates and IT, Leadership and Staff Engagement.

We *stabilised and improved performance* in some areas e.g. provision of antibiotics for patients with sepsis within 1 hour in ED, appropriate EWS response to deteriorating patients, VTE risk assessment, hand hygiene and avoidable grade 3&4 pressure ulcers (see annex). However, more work to do in achieving patient discharge before 11am to improve flow, improving compliance with MCA, improving compliance with complaint response times and improving efficiency in our outpatients, theatre services and in unplanned and admitted care.

Our Quality Improvement Programme for 2017-18 was aligned with our **Quality Account 2018-2019:** focussed on *3 quality themes – patient safety:* treatment escalation plans, mental capacity act assessments, deteriorating patients, *patient experience:* improved complaints service, building patient partnership, improving FFT and *clinical effectiveness:* mental health needs in acute setting, discharge processes and clinical governance. We are seeing some improvement against KPIs – see IQPR in annex

Our focus on improving quality and safety has seen our CQC inspection rating improve from *Inadequate in 2016* to *Requires Improvement in 2018*

Assurance was provided using a range of sources e.g. monitoring a series of KPIs, learning from serious incidents, external inspections, ward and departmental, accreditation, patient feedback

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Key drivers and external environment

National Patient Safety Strategy 2019

Two foundations:
Patient safety culture and *Patient safety system*

Three strategic aims

➤ **INSIGHT:** adopt and promote *key safety measurement principles and use culture metrics* to better understand how safe care is; and use *new digital technologies* to support learning from what does and does not go well, by replacing the National Reporting and Learning System with a *new safety learning system*; and introduce the *Patient Safety Incident Response Framework* to improve the response to and investigation of incidents

➤ **INVOLVEMENT:** the *whole healthcare system* is involved in the safety agenda; create the first *system-wide and consistent patient safety syllabus, training and education framework* for the NHS; establish *patient safety specialists* to lead safety improvement across the system; and *equip people to learn* from what goes well as well as to respond appropriately to when things go wrong

➤ **IMPROVEMENT:** designing and supporting programmes that *deliver effective and sustainable change* in the most important areas Constitution: commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population

The *patient safety incident response framework* to improve the response to and investigation of incidents

Start using PSIRF Autumn 2020, all NHS using PSIRF by summer 2021

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Stakeholder feedback

In developing this strategy, we:

➢ Surveyed our staff
➢ Held staff events
➢ Engaged with a range of patient groups

We also reviewed:

➢ NHS Staff Survey results for 2017/18
➢ Findings of inpatient patient survey July 2018
➢ Findings of ward and departmental accreditations 2019
➢ CQC draft inspection report 2019

Staff Feedback

• **Want to see a quality and safety culture and a change towards 'Always Events'**
• **Reduce avoidable harm**
• **Improve patient flow to improve patient safety and experience**
• **Health and wellbeing initiatives need to be more accessible for staff**
• **Enable provision of high standard compassionate consistent care**
• **Enable consistent communication which is clear and timely both internally and externally for patients and colleagues that we work with**
• **Provide suitable environments to care for our patients**
• **Improve care through learning**
• **Enable patient centred care and shared decision making**
• **Want all staff groups to be included**
• **Want to get the basics right**
• **Want more visibility of the Quality Improvement Academy and how it can support us to make improvements**
• **Want to improve care through learning and to exploit external opportunities for system learning**
• **Need the right staff at the right time with the right skills**
• **Want improved systems for triage and responsiveness to referrals**

Patient feedback

• **Want to see safety first and a clear commitment to reduce avoidable harm**
• **Want easily available and clear information for staff and patients on known risks and what help is available to reduce incidence**
• **Want to see continual learning, make SGUH more resilient to risks and clinical incidents**
• **Want to extend the reported outcome measures, co-produced with patients**
• **Want honest and transparent interaction/ Duty of Candor**
• **Want a culture in which staff never hesitate to raise a concern if they feel safety is compromised**
• **Want compassionate care provision**
• **Need to get the workforce right, in terms of the numbers and skills required**
• **Need an estates strategy- fundamental to safety and quality ambitions**

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Our strengths, weaknesses, opportunities, and threats

Strengths
- Established a **Quality Improvement Academy**
- **Strong governance processes** for reporting, declaring and investigating serious incidents
- Good demonstration of privacy and dignity
- Improved infection control management
- Improved patient experience
- Improved discharge arrangements
- High performing major trauma centre
- Stroke and renal services, **top performing in London**
- Improved complaints response rate

Weaknesses
- Need a *quality and safety culture*
- Need to improve *Quality and safety governance*
- Need to **improve flow** to improve patient safety and experience
- Need to **triangulate quality and safety information** – we need to own, understand and use data more systematically to achieve better patient outcomes and results
- *Parity of esteem* - safe care of mental health patients
- Outpatients services
- NHS Staff Survey results – reoccurring themes
- Capacity to implement change as part of usual business
- Lack of visibility - quality improvement academy
- Evidence of tracking actions from complaints investigations
- Evidence of compliance with NICE guidance
- Condition of estates, back log maintenance and health and safety
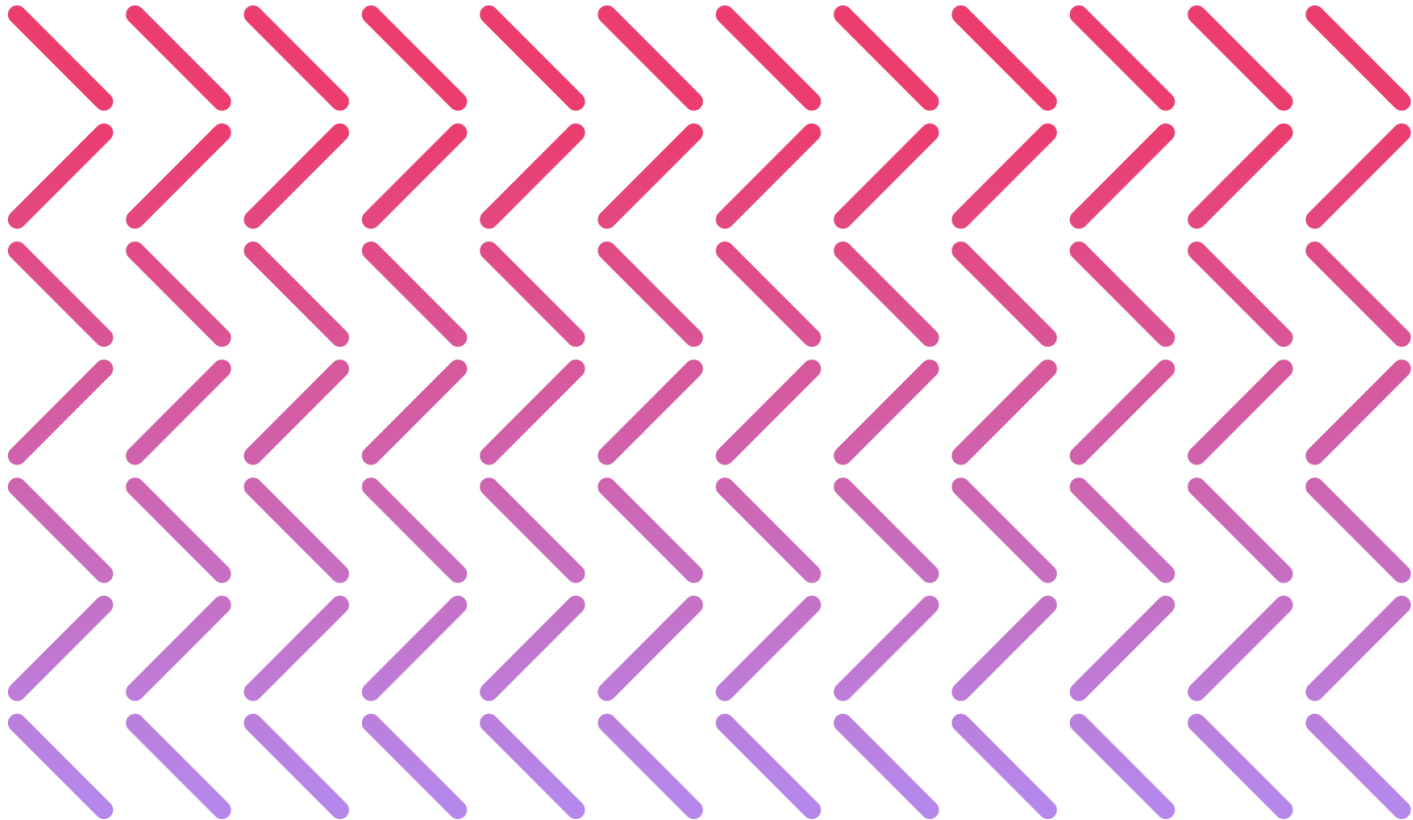
Opportunities
- *Clinical governance review* – recommendations for improvement for *quality and safety governance*
- *Reduce avoidable harm* – strengthen current processes : falls, pressure ulcers, VTE and learning from deaths
- *Improve patient experience*
- *Culture for learning, quality and safety*
- *Role of business intelligence to improve QI*
- *Mentorship & career development programme*, include admin staff
- *Improved staff satisfaction* and NHS Staff Survey results
- *Engage in innovative practices with links to research to improve patient outcomes*
- Develop networks/ centres of excellence with clinical and academic partners to *improve outcomes for patients*
- Bring *health and wellbeing initiatives for staff* to the wards and departments
- CQC rating and progress with improvement plan
- Financial – improve efficiency and productivity
- NHSI capital investment to improve estate

Threats
- **Financial** constraints
- Workforce constraints
- **Culture shift** does not happen, or does not happen quickly enough
- Reputation of speciality services and impact on business

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Where we go next: proposals for strategic quality priorities 2019-24

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Proposed strategic quality and safety priorities for 2019 – 2024

1. We will **minimise avoidable harm across** our organisation, utilising the developments in technology and embedding further, robust quality, learning and governance processes

2. We will **improve outcomes for patients** through timely diagnosis, exceptional care and treatment

3. We will **offer patients an excellent experience** through their journey with us, monitoring and acting on feedback to ensure continual improvements in the areas that matter the most to our patients

4. We will develop further our approach to **improving staff experience**, enabling staff to feel valued, supported, and equipped to deliver high quality safe care

5. We will provide **equitable access to patients** we service, proactively reaching out with system partners to our communities to achieve this

6. We will be at the forefront of **providing and developing pioneering and leading edge treatments** for today and in the future

We will do this by:
- ➤ Creating **business intelligence capability and capacity** at divisional and directorate level: *INSIGHT*
- ➤ Creating a **quality and safety culture**: *INVOLVEMENT*
- ➤ Improving **quality and safety governance**: *IMPROVEMENT*

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Strategic priority 1: reduce avoidable harm

Why are we focussing on this?
Patients are safer when there is a safety culture that is fully embedded in our everyday business. All staff have a responsibility to identify and intervene to prevent an event or chain of events that may cause patient harm.

Proposal: It is everyone's responsibility to take all necessary steps to avoid harm to our patients, to learn from best practice and deliver the best possible outcomes

➤ We will focus on the *six key priorities* of *falls, pressure ulcers, infection control, VTE, learning from deaths* and *patient flow*

➤ We will drive improved performance through *existing processes* e.g. safety thermometer, ward and departmental accreditation scheme, quality observatory and through the introduction of the *new patient safety incident response framework* and *new medical examiner system*

➤ We will *review each year* as we make progress to ensure we are sighted on other forms of harm that may emerge

➤ We will also monitor the impact of *clinical systems* and our *estate*

What will success look like?
We will see a **year on year improvement** against our agreed KPIs

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Strategic priority 2: Improve outcomes for patients

Why are we focussing on this?

We want to be an organisation that supports continuous learning and drives through healthcare innovations and improvement

Proposal: We want to make it easier to do the right thing, demonstrate measurable improvement in patient outcomes and participate in research

➢ We will use **our data** to focus our improvement where evidence shows patients do less well e.g. BME patients, patients with a learning disability, older people

➢ We will engage with the **national patient safety improvement programme**, building on the existing focus on preventing avoidable deterioration and adopting and spreading safety innovations

➢ We will drive improved performance through *existing processes* e.g. safety thermometer, ward and departmental accreditation scheme, quality observatory and through the introduction of the *new patient safety incident response framework* and revised **corporate quality and safety governance structure**

What will success look like?

Our **clinical audit programme** and the **external quality surveillance programme** will demonstrate a year on year improvement in patient outcomes. We will continue to recruit patients to clinical research trials

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Strategic priority 3: Improve patient experience

Why are we focussing on this?
We want to provide the fundamentals of care that matter to our patients meeting both their emotional and physical needs - communication, privacy, dignity, safety, nutrition & hydration, comfort, warmth

Proposal: We will use patient feedback for continuous improvement

➢ We will build on our existing patient partnerships to ensure that patients are involved in improvement projects at the earliest stage

➢ We will focus on improving the experiences of care to our most vulnerable patients and their carers, including children, and those living with dementia, a learning disability, mental health issues and our homeless patients

➢ We will focus on tracking the delivery of actions in response to complaints investigation and on improving the dissemination of learning from complaints and feedback from FFT

➢ We will focus on improving patient flow

➢ We will drive improved performance through *existing processes* and through the introduction of the *new patient safety incident response framework*

What will success look like?
We will see year on year improvement in FFT, inpatient survey results and a reduction in formal complaints

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Strategic priority 4: Improve staff experience

Why are we focussing on this?
We want our staff to feel valued, supported and safe and equipped to deliver high quality safe care

Proposal: We will ensure all staff have the training, development and resources needed to deliver outstanding care every time, and we will take positive action to encourage and celebrate the diversity of our workforce

➢ We will continue to embrace the diversity of our workforce and embed staff networks

➢ We will drive this through the delivery of the key objectives of the workforce strategy and the diversity and inclusion strategy

What does success look like?
We will see improved scores in the NHS Staff Survey, improved feedback from FFT, improved engagement with staff networks

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Strategic priority 5: Improve equitable access for patients

Why are we focussing on this?
All patients have a right to access services that does not very in quality due to a person's characteristics

Proposal: We will ensure all patients irrespective of their characteristics have equitable access to services

➢ We will use **our data** to focus our improvement where evidence shows patients do less well e.g. BAME patients, older people

➢ We will engage with the **national patient safety improvement programme**, building on the existing focus on preventing avoidable deterioration and adopting and spreading safety innovations

➢ We will drive improved performance through *existing processes* e.g. safety thermometer, ward and departmental accreditation scheme, quality observatory and through the introduction of the *new patient safety incident response framework* and revised **corporate quality and safety governance structure**

What does success look like?
Our clinical audit programme will demonstrate a year on year improvement in patient outcomes

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Strategic priority 6: Create a quality and safety culture

Why are we focussing on this?
We want our patients and staff to recognise that quality and safety comes first and is at the heart of everything we do. Patients are safer when there is a safety culture that is fully embedded in our everyday business. All staff have a responsibility to identify and intervene to prevent an event or chain of events that may cause patient harm.

Proposal: We will develop and embed a culture of quality and safety to enable our staff to deliver outstanding care every time, and we will take positive action to encourage our staff to report and learn from patient safety incidents

➤ We will raise awareness of psychological safety and encourage staff to speak about their concerns

➤ We will continue to train and coach our staff in quality improvement

➤ We will encourage our staff to develop quality and safety improvement projects and to access our quality improvement academy for support

➤ We will drive this putting 'quality and safety first' everyone's responsibility, through increasing the visibility of our Freedom to Speak up Guardian (FTSU) and staff champions, surrounding our patients and staff with quality and safety messages Trust wide, implementing the patient safety incident response framework and developing quality improvement plans at care group level aligned to the clinical outcomes in our quality and safety strategy

What does success look like?
We will see increased incident reporting at low and no harm, increased use of FTSU, and year on year improvement in our agreed metrics

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Education Strategy 2019 – 2024

Council of Governors 17 December 2019

December 2019

Richard Jennings, Chief Medical Officer

Tab 2.2 Strategy Update - Quality and Education Strategies

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Purpose of the session

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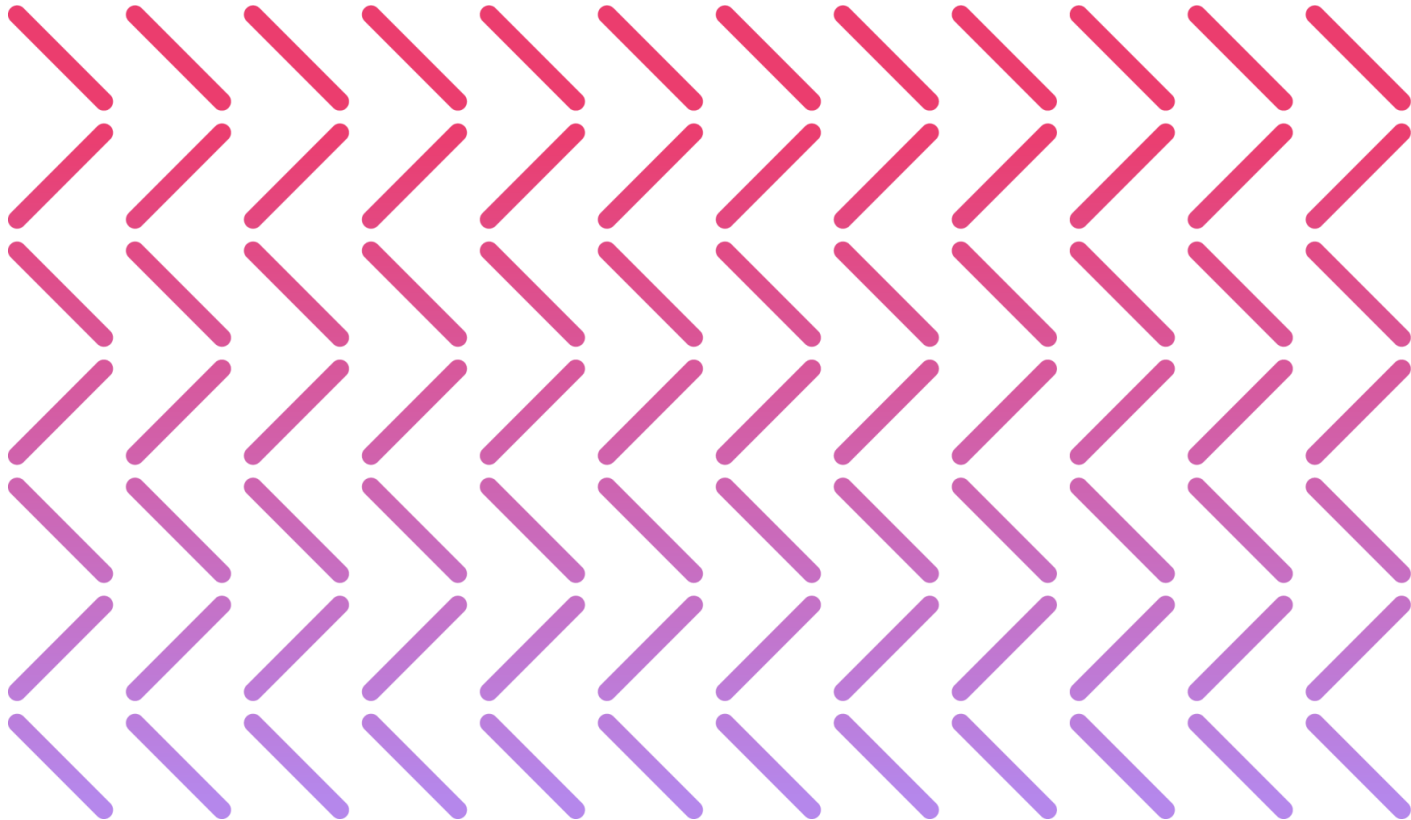Tab 2.2 Strategy Update - Quality and Education Strategies

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Purpose of the session

We are developing a five-year education strategy to be signed off by the Board early Quarter 4 2019/20.

The purpose of this session is to present the proposed education strategy vision and priorities for 2019 – 2024, and to seek the views on a range of key questions.

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Where we have come from, and where we are now

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Tab 2.2 Strategy Update - Quality and Education Strategies

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Context: Where we are now-

The Trust as a partner in education:

- We partner with **St George's University of London** (SGUL) to provide placements for students reading Medicine, Biomedical Science, Healthcare Science, Physiotherapy and Radiography
- **Undergraduate courses** (foundation level) in Healthcare Practice, Paramedic Science and Breast Imaging Postgraduate training for a wide range of clinical specialties:
  - ➢ Local education provider for a wide range of clinical specialties
  - ➢ Wide range of Allied Health Professional degrees (via the Joint faculty)
- Undergraduate placements for medical students and pre-registration training for, nursing, midwifery and allied health professional students
- We have partnered with **South Thames College** and Westminster Kingsway to provide a level 4 apprenticeship in mammography and pharmacy retrospectively
- We host and provide placements for **Project Search** students
- We provide over 600 **work experience** placements annually
- We provide Undergraduate **placements** and pre-registration training for nursing, midwifery, pharmacy and allied health professional students from a variety of universities, our main partner is Kingston
- We are the **Lead Employer** for the South West London consortium for **Trainee Nursing Associates**
- Pharmacy provides training to 20 post graduate trainee pharmacists and pharmacy technicians annually. We provide training to 12 post graduate independent prescribing pharmacists

The Trust as an employer :

- We offer **Apprenticeship routes** into employment
- All staff should have an **annual performance development** review, where development for the short and long term are discussed
- **Training and development** for our staff, including access to **simulation facilities**
- We provide employment and training for a range of Clinical Scientists
- We also host and train clinical staff for Royal College Fellowship (such as Radiologists).
- We support a wide range of postgraduate and **Continued Professional Development** opportunities
- We Support staff to transition into **new or enhanced roles** such as Advanced Clinical Practitioners, Prescribing Pharmacists, Nursing Associates
- Education and training courses to the open market
- **Education for patients**
- Provide Parity of Esteem training across both sites in conjunction with SWL and St George's Mental Health NHS Trust
- Through our **in-house Leadership Academy** we provide comprehensive set of programmes at every level of the leadership journey including Masters programme
- We have established a pool of accredited in-house **coaches** who each coach 3 other members of staff each year
- We have established a pool of accredited in-house **mediators** who help staff to have difficult conversations to resolve workplace conflict

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The Trust's current education priorities

Undergraduate education

Increase in placement provisions for non medical students

Providing a positive student experience across all professions

Postgraduate education

GMC Trainer and Trainee Surveys

Key Performance Indicators; Overall satisfaction, Patient Safety, Educational and Clinical Supervision, Workload

Educate the workforce of the future

Meeting the public sector target of employing 2.3% of the workforce as apprentices

Our partnerships with local schools and Further Education Institutions
Our work experience offering

Career pathways and CPD

Good progress in delivering Nursing Associates

Establish training pathways for the new emerging workforce e.g. Physician Associate, Advanced Clinical Practitioner, Independent Prescribing Pharmacists.
Progress with higher level apprenticeships

Parity of esteem

The NHS parity of esteem agenda means that patients should be able to access services which treat both mental and physical health conditions equally and to the same standard.

Newly qualified nurses

Healthcare support worker pathway
Band 5 Career Pathway
Bands 5-7 Career pathway
Band 5 Development Programme

- We need to ensure that in those areas we are doing well, we mainstream activity so it becomes 'business as usual' e.g. our collaboration across South West London as the pilot site for Trainee Nursing Associates

- For the areas that we are making less progress we need to understand the reasons behind this and how these can be addressed in the future strategy e.g. ensuring that all clinical staff have appropriate supervision

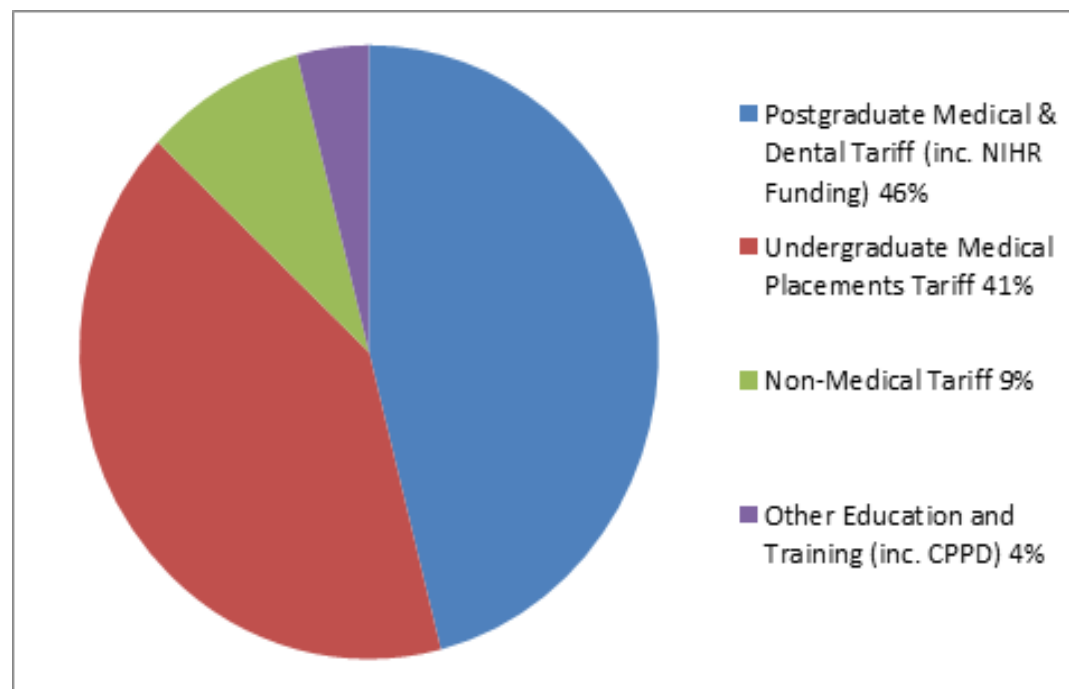- We also need to consider those priorities which will help deliver our future workforce strategy 2019-24

Progress against each current priority areas is set out at appendix 1

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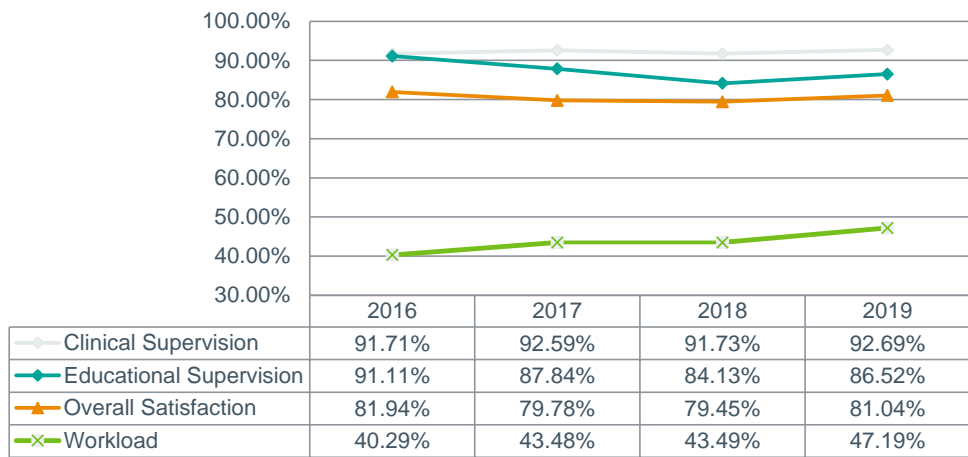# Health Education Funding Opportunities

- Health Education England funding through the **Learning and Development Agreement** is circa £32 million for SGUH per year.

- Funding remains central to SGUH's ability to develop its current and future workforce

- Opportunities to **increase income:**
  - ➢ influence student choice and increase Trust placements to accommodate the Special Study Component (SSC). Only 39% of T year and 26% F year choose SGH last year
  - ➢ Offer community hospital placements for Early Years to increase tariff for SGUH

- **Apprenticeship Levy-** opportunity to maximise the benefit of this available investment

- Consideration how wider cooperation with the sector could achieve efficiency of scale and benefit from others experience

Learning and Development Agreement Income %

- Postgraduate Medical & Dental Tariff (inc. NIHR Funding) 46%
- Undergraduate Medical Placements Tariff 41%
- Non-Medical Tariff 9%
- Other Education and Training (inc. CPPD) 4%

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Student/Staff satisfaction is important to addresses

GMC National Trainee Survey- average of key indicators (all specialties)

	2016	2017	2018	2019
Clinical Supervision	91.71%	92.59%	91.73%	92.69%
Educational Supervision	91.11%	87.84%	84.13%	86.52%
Overall Satisfaction	81.94%	79.78%	79.45%	81.04%
Workload	40.29%	43.48%	43.49%	47.19%

GMC Trainee Survey Results:

The graph above shows trainees at SGUH benefit from good levels of clinical and educational supervision.

6/58 specialities that are rated green outliers (excellent) for out of hours clinical supervision.

Trainees overall satisfaction across all but 2 of the specialty/grade areas surveyed is within the average scores.

Workload for the majority is rated within the average range, but it continues to be negatively experienced by some trainees with 5/58 of the specialty/grade areas surveyed being red outliers (very poor).

However, a low average workload score, does not usually have a direct impact on the overall satisfaction rate

Student survey results - average of key indicators (all specialties)

Medical Student overall satisfaction good or excellent
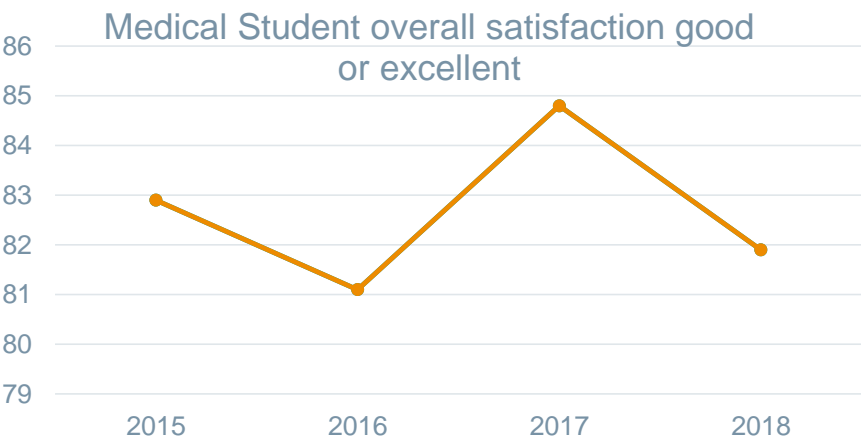
Student Survey Results

Overall the clinical teaching results are excellent, with 83% of students reporting good or excellent experience.

However these figures do not demonstrate the pockets of poorer learning environments that also exist in the Trust. Consistency of excellence is required with real accountability.

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Where we go next: proposals for strategic quality priorities 2019-24

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Tab 2.2 Strategy Update - Quality and Education Strategies

2.2

Our education strategy vision 2019-2024:

Vision links back to the priorities: Career pathways and CPD, Optimising new ways of working, Educating new roles, Joint education across South West London

We aspire to be a learning organisation by investing in:

- Educating our current workforce now and in the future with highly skilled educators and technological advances

- Ensuring we embed protected time for all our staff to develop and progress in ways that support fulfilling career development and patient safety

- We will be the leaders in South West London as an innovative and high quality education partner for staff and patients, through this we will be the employer of choice.

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Tab 2.2 Strategy Update - Quality and Education Strategies

2.2

Priorities for the Education Strategy

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In developing this strategy, we have identified a wide range of challenges, issues and opportunities which we need to be able to address to ensure we deliver the vision.

We recognise that we cannot tackle everything at once and will need to prioritise those areas are within our gift to deliver and those that will have the biggest immediate impact. We also need to focus on those areas which will support delivery of the Trust Workforce Strategy 2019-24 which has recently been approved by the Board.
We will embed protected time for continuous education, development and knowledge sharing throughout the Trust

The areas being proposed for prioritisation are:

PRIORITY	WHY IT IS IMPORTANT
Continued Professional Personal Development	Achieving the required workforce will partly depend on retaining the staff we have, by '**enabling great development and fulfilling careers**' (NHS Interim People Plan 2019). Key to success is St George's as a Trust where all staff are supported in their career development. This will attract excellent staff, retain those who want to progress, support those who are struggling. We need to **embed learning from risk management systems and safety priorities to 'delivering outstanding care every time'.**
Optimising new ways of learning	We need to offer staff **career progression** that motivates them to stay within the NHS and, just as importantly, equips them with the skills to operate at advanced levels of professional practice and to meet patients' needs of the future. Our education strategy needs to **optimise the range of evolving methodologies** which best meet learners needs.
Education for new roles	As new roles emerge, we need **to ensure staff are educated to operate within the scope of practise**, allowing all professionals to operate at the top of their licence.
Joint education across South West London	The South West London Workforce Board aspires to make South West London a great place to work. Our vision is **to be seen among the leaders in South West London** as an innovative and high quality education partner.

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Tab 2.2 Strategy Update - Quality and Education Strategies

2.2

Education Priorities – where we will focus action

Strategic Priority	What we will focus on
Career Pathways & Continued Professional Development : We will provide opportunities to all our staff to develop and progress in ways that support fulfilling career development	• We will guarantee **all** staff, both non clinical and clinical, have an individual **personal professional development plan** • We will continue the expansion of the **Leadership Development Programme** to cover all areas, supporting the inclusive open and engaged culture we strive for • We will enable **protected time for staff development** and supervision to support career development • We will maximise opportunities for staff to access training, above mandatory requirements, by **optimising use of funding** e.g. apprenticeship levy, Health Education England specialist funding • We will enable protected time for experienced staff to **supervised and support newly qualified** Nursing, Allied Health Professional, Pharmacy, Physician Associate and Clinical Science staff ensuring organisational parity with medical supervision processes • All undergraduate and post graduate medical trainees will be provided with the appropriate **educational supervision in line with HEE guidance** with a continuing programme of development for supervisors • We will continue to work collaboratively with SGUL to raise the prestige of education roles to attract and retain high quality educational leaders • We will ensure our educators are supported to deliver high quality and effective learning experience • Attracting a full complement of staff to core Trust and SGUL leadership roles • We will design education programmes to be **evidence based, dynamic, capturing best practice examples and shared learning** from incidents by continuing to develop our in-house training provision

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Tab 2.2 Strategy Update - Quality and Education Strategies

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Education Priorities – where we will focus action

Strategic Priority	What we will focus on
Optimising new ways of learning: We will embed continuous learning and improvement throughout the Trust	• We will **prioritise getting the 'basics** ' right in year 1-2 to establish the foundation for an optimal learning environment i.e. estates infrastructure, technology support, central room booking, central directory of all education opportunities (SGUH/SGUL) - aligned to the wider emerging support strategies • We will develop further the model for **patient education** to be co-designed with our users (year 1-2) • We will maximise the use of and access to **St. George's Advanced Patient Simulation & Skills Centre** (year 1) • We will maximise opportunities for **Outreach Education** – Healthcare Educators, using mobile technology (patient simulators/role play) as an educational tool to provide needs sensitive training in all multidisciplinary clinical areas (year 1-2) • We will developing **technology advance** aligned to IT strategy and funding opportunities e.g. mobile cameras providing Trust wide 'in-situ' live links and recorded film to enhance learning (year 2-5) • We will support roll out of local **low fidelity simulation programmes** e.g. mental health awareness for porters and security staff with actors (year 1-2) • We will develop **online communities of practice** using available e-learning management platforms (year 2-3) *Further details see appendix 2*

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Tab 2.2 Strategy Update - Quality and Education Strategies

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Education Priorities – where we will focus action

Strategic Priority	What we will focus on
Future workforce and Educating for new roles: We will educate the workforce we need now and in the future	• We will source appropriate **educational provider partners** to develop a critical mass of the emerging workforce, including; Advanced Clinical Practitioners, Extended Scope Practitioners, Nursing Associates, Physician Associates, Independent and Supplementary Non-Medical Prescribing, Non-Medical Consultants across all relevant professions, aligned to the workforce strategy priorities • In line with workforce strategy we will ensure that staff have proceed time whilst in a training role • We will develop a **programme of continued professional development** for the established **new roles** • We will horizon scan over the next 5 years for **new roles and ways of working** across the health and social care system, **aligning our education and training requirements** to these, working in partnership with other South West London organisations and HEE • We will invest in the quality of education through the use of education leads e.g. education fellows • We will optimise the use of our funding from HEE to support students and staff • We will promote and celebrate excellence in emerging new roles • We will utilise the apprentice levy to train more qualified professionals particularly Allied Health Professionals where there are national shortages • We will provide an excellent learning environment for all students • We will expand our work experience offering to the community by providing placements across SWL to meet the needs of the new T level qualification (alternative to A levels)

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Education Priorities – where we will focus action

Strategic Priority	What we will focus on
Joint education across South West London: We will be seen among the leaders in South West London as an innovative and high quality education partner for staff and patients	• We will work across the piece to recruit and train more **apprentices.** • We will **maintain our status as Supporting Education Provider Organisation for Apprenticeships**. The Trust Breast Screening Apprenticeship programme is our first apprenticeship standard being provided to both internal and external apprentices • We will add more apprenticeship standards in subject areas where we are expert in delivering training • Where there is the opportunity we will 'gift' up to 25% of our apprenticeship levy into the system to smaller organisations such as GP practices and Care Homes • We will work with the **Acute Provider Collaborative** to ensure viable courses are available from Higher Education Institutions such as radiology, sonography and radiography • We will enhance the joint work with South West London and St George's to build workforces competent in **physical and mental health needs of our patients** in line with parity of esteem national agenda • We will ensure robust in-house training records and work collaboratively to drive transfer of training records between SWL Trusts. • We will bid for Lead Employer status from HEE for further medical training specialities • We will explore providing additional apprenticeship standards in order to generate income, and meet future workforce requirements

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

3.1

Council of Governors Effectiveness Review 2019/20

December 2019

Stephen Jones
Chief Corporate Affairs Officer

15 December 2019

Tab 3.1 Council of Governors Effectiveness Review 2019-20

1. Introduction
Purpose and context

Purpose

This paper sets out the results of the Council of Governors effectiveness review 2019/20 and proposed actions to address the issues and feedback provided.

Background and context

At its meeting on 22 October 2019, the Council of Governors agreed to conduct an effectiveness review of the Council.

A draft set of questions for the survey of effectiveness were considered by the Council and it was agreed that these were in the right place, and that delegated authority would be given to the Chairman and Lead Governor to agree and sign off the questions for the survey.

The survey was conducted during November and early December, and it closed on 10 December 2019. Responses to the survey were provided via an online survey tool.

Engagement

All Governors were invited to participate in the effectiveness review, as were the Non-Executive Directors and the Chief Corporate Affairs Officer (as the Executive responsible for providing support to the Council). The response rate was high: out of the 30 members and others eligible to participate, 25 responded to the survey, meaning the response rate was 83%.

Respondent type	Number of respondents*
Public Governor	11 (13)
Staff Governor	3 (4)
Appointed Governor	5 (6)
Other (inc. NEDs)	6 (7)

* Figure in brackets indicates total number eligible to participate in the survey in each category

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

2. Key findings from Council of Governors Effectiveness Review 2019/20
Views on overall Council effectiveness – current effectiveness

3.1

Overall, how effective would you say the Council of Governors is in fulfilling its roles?

- Extremely effective
- Very effective
- Somewhat effective
- Not so effective
- Not at all effective
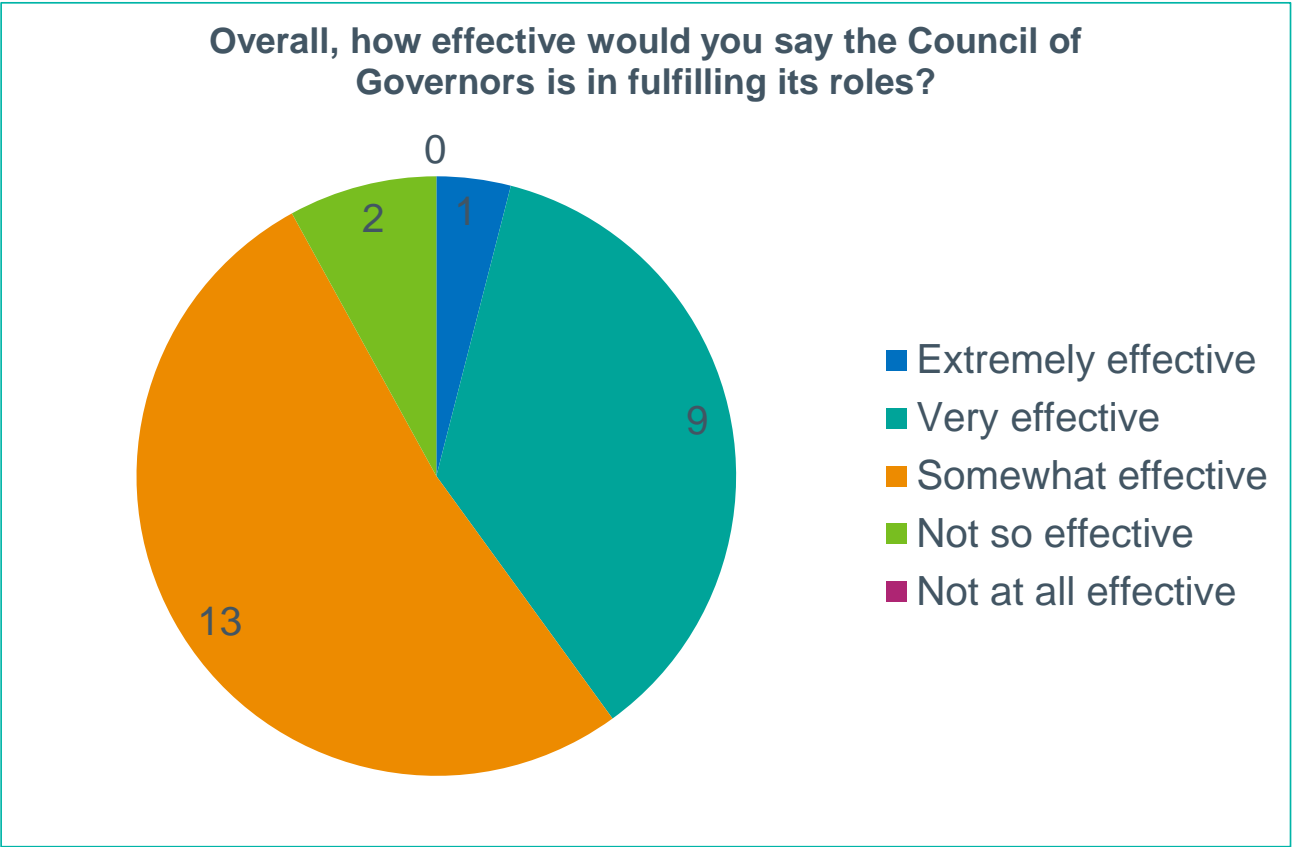
In terms of the overall rating of effectiveness, the survey suggested that the Council was reasonably effective. A majority of respondents suggested the Council was somewhat effective, and a significant minority (10 out of 25 respondents) saying the Council was either very effective or extremely effective. No respondents rated the Council as ineffective, and two out of 25 respondents rated it as not so effective.
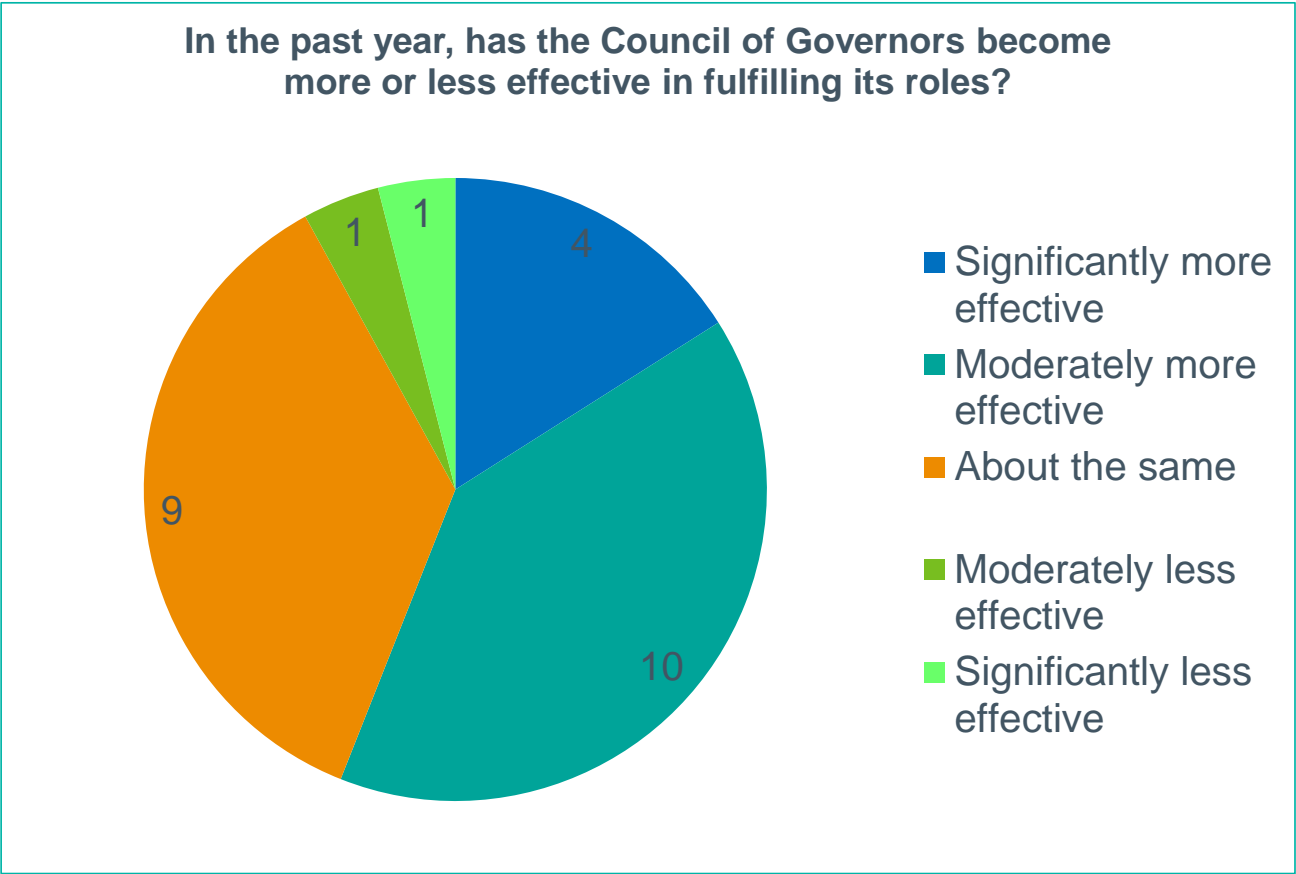
The results suggest that there is significant scope for the Council to become more effective. Later in the paper, a number of actions are set out based on the feedback to increase the effectiveness of the Council.

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

2. Key findings from Council of Governors Effectiveness Review 2019/20

Views on overall Council effectiveness – changes in effectiveness over the past year

4

3.1

In the past year, has the Council of Governors become more or less effective in fulfilling its roles?

1

1

4

9

10

- Significantly more effective
- Moderately more effective
- About the same
- Moderately less effective
- Significantly less effective

A majority of respondents believed that the Council of Governors had become more effective over the past year, with 14 of 25 respondents saying it had become significantly or moderately more effective. Just over a third of respondents said that the Council's effectiveness was about the same compared with a year ago. Two respondents fed back that the Council had become moderately or significantly less effective in the past year.

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

3. Key findings from Council of Governors Effectiveness Review 2019/20
Views on what's going well?
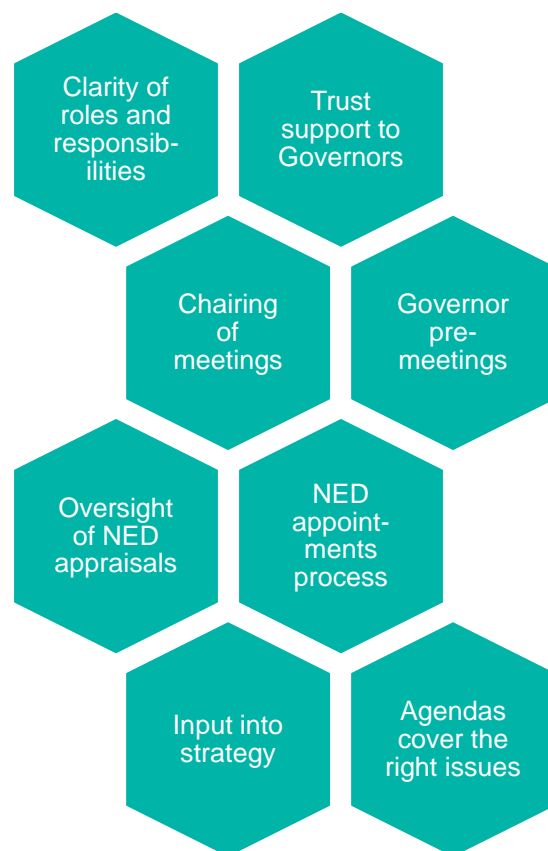
The survey identified a number of areas where respondents, overall, fed back positive messages:

- **Role and responsibilities:** 100% of respondents either agreed or strongly agreed that they had a clear understanding of the role of Governors and of the Council collectively.

- **Trust support to Governors:** 84% (21 of 25) of respondents agreed that the Trust supports Governors in their role and supports the role of the Council of Governors as a whole. Three respondents neither agreed or disagreed.

- **Chairing of Council meetings:** 96% (24 of 25) respondents agreed or strongly agreed that Council meetings were chaired effectively.

- **Agendas for Council meetings:** 80% (20 of 25) of respondents agreed or strongly agreed that agendas for Council of Governors meetings covered the issued that mattered to them and provided a balance of items. Three respondents neither agreed or disagreed, and two disagreed.

- **NED appointments:** 76% (19 of 25) of respondents agreed that the arrangements for NED appointments and re-appointments were effective, with a further 20% saying these were somewhat effective. One respondent disagreed, saying the process was not at all effective.

- **Input into Trust strategy:** 76% (19 of 25) of respondents said that the Council had the opportunity to input appropriately into the development of the Trust's strategies. 20% disagreed (5 of 25).

- **NED Appraisals:** 64% (16 of 25) of respondents agreed that the Council was effective in overseeing the NED appraisal process, with a further 36% saying the Council was somewhat effective in this area.

Hexagon diagram labels:
- Clarity of roles and responsib-ilities
- Trust support to Governors
- Chairing of meetings
- Governor pre-meetings
- Oversight of NED appraisals
- NED appoint-ments process
- Input into strategy
- Agendas cover the right issues

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

3. Key findings from Council of Governors Effectiveness Review 2019/20
Views on areas for development

Effective challenge to NEDs

Being well equipped to hold NEDs to account

Information needed to hold NEDs to account

Representing members and the public

Quality of papers

Training and develop-ment

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

The survey highlighted a number of areas in which there was mixed feedback, with some respondents providing very positive feedback and others suggesting these were areas in which significant improvement was needed:

- **Effective challenge to NEDs:** 40% of respondents (10 of 25) considered the Council to provide either very effective or extremely effective challenge to NEDs. 48% (12) considered the Council to be somewhat effective in this area. Two respondents said the Council was not so effective and one said the Council was not at all effective in this regard.

- **Well-equipped in holding the NEDs to account:** Almost half of all respondents (48%) said that the Council was moderately well equipped in holding the NEDs to account for the performance of the Board. 28% (7) considered the Council to be well equipped or very well equipped, and 24% said the Council was only partially equipped to do this.

- **Information to hold the NEDs to account:** 44% of respondents said that the Council had the information it needed to hold the NEDs to account. 36% provided a neutral response, and 16% either disagreed or strongly disagreed that such information was available to the Council.

- **Representing members and the public:** 32% regarded the Council as either very or extremely effective in representing members and the public. 44% thought that the Council was somewhat effective, and a fifth (20%) felt that the Council was not so effective at this.

- **Training and development:** 40% of respondents (10 of 25) were either satisfied or very satisfied with the training and development offered to Governors. 48% were neither satisfied or dissatisfied. A total of 12% were either dissatisfied or very dissatisfied with training and development opportunities.

- **Range of skills on Council:** Just over half of respondents (56% - 14 of 25) agreed that the Council had the range of skills needed to ensure the Council receives the assurance it needs to fulfil its role effectively. 28% of respondents (7) were neutral on the issue. Two disagreed, and one respondent strongly disagreed.

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

3. Key findings from Council of Governors Effectiveness Review 2019/20

Views on areas for improvement

Sufficient time for discussion

Holding itself to account for quality of engagement with members

Engagement on the annual plan

There were also areas where feedback through the survey highlighted clear-cut areas for improvement:

- **Time for discussion:** Only a quarter (24% - 6 of 25) respondents believed there was sufficient time on agendas to explore issues in sufficient depth. 40% (10) disagreed or strongly disagreed that this was the case, with a further 36% (9) providing a neutral answer.

- **Holding itself accountable for the effectiveness of its engagement with members:** A fifth of respondents considered the Council to be very effective at holding itself to account for the effectiveness of its engagement with members and the public. 36% regarded the Council as somewhat effective, and a further 40% regarded the Council as either not so effective or not at all effective in holding itself to account for the quality of its membership and public engagement.

- **Annual plan:** 64% of respondents (16 of 25) felt the Council had the opportunity to input appropriately into the development of the Trust's Annual Plan, 28% disagreed.

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

5. Actions to address feedback from Council effectiveness review
(a) Briefing sessions: Suggested topics and themes

Overall, the proposition that the Trust should, from 2020, start providing a series of informal briefing sessions for Governors on topical issues was well-received and supported. The survey asked Governors to suggest possible topics and themes for these sessions. A wide range of suggestions were received, which are set out in the table opposite. Several respondents suggested that this would go a significant way to addressing the issues they raised and improving the effectiveness of the Council.

Subject to discussion at the Council of Governors at its meeting on 17 December, it is proposed that these topics are integrated into a wider programme of tailored and topical briefing sessions for Governors during 2020.

Questions for discussion:

- **Do Governors agree with the issues proposed for briefing sessions?**

- **Are there any other areas you would want to cover?**

High-level theme	Suggested topic
NHS structures	The national, regional and local structure of the NHS
	NHS governance
	Bigger picture issues
Finance	NHS finance and funding
	How contracts / bloc contracts / payments / provision of services work between CCGs and Trusts
Estates	Purchasing of equipment and contract management
Quality	CQC inspection criteria
	Quality assurance
Strategy	Strategy and long term plans for the Trust
	Annual Plan
Workforce	Workforce planning
	Staff employment and recruitment

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

5. Actions to address feedback from Council effectiveness review
(b) Training and development: Suggested areas of focus

The survey asked Governors which specific areas they felt that the Council as a whole or Governors individually would benefit from further training.

Again, Governors put forward a wide range of suggestions. By far the most common suggestion was further training in holding NEDs to account: what this meant and how it could be achieved most effectively in practice.

Questions for discussion:

- **Do Governors agree that a training programme for 2020 covering the points highlighted would address the development needs of the Council?**

- **Are there any other areas you would wish to cover?**

Holding Non-Executive Directors to account

Effective questioning and challenge

Effective chairing of meetings

Assurance and accountability

Interpreting data quality

Risk management

Membership engagement

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

5. Actions to address feedback from Council effectiveness review
(c) Practical steps to improve the operation of the Council

Alongside feedback as to what should be included on a programme of informal briefings and Governor development, the survey also highlighted a number of additional areas where action could be taken to improve the overall effectiveness of the Council.

The list opposite sets out the key areas on which feedback was provided. There was more general feedback around Governors' interest in working more closely with the Non-Executive Directors.

Some respondents suggested it may be helpful to consider whether Governors should specialise in certain areas e.g. finance, quality etc.

Some respondents proposed reducing significantly the size of the Council of Governors as a means of making it more effective. This has not been included in the list opposite due to the restrictions on Council composition set out in primary legislation.

Questions for discussion:

- **Does the Council agree with the steps proposed for improving Council effectiveness?**

- **Are there others that should be considered?**

Ensure more active engagement by a wider range of Governors – beyond "the usual suspects"

Establish expectations around minimum participation by Governors, beyond attendance at Council meetings

Standardise process and format for reporting by Governors on Board Committee meetings, with a focus on performance of the NEDs

Introduce programme of Governor visits across the Trust throughout the year

Introduce quarterly constituency surgeries, and hold Meet your Governor events off-site and in the community.

Governors to propose specific issues for consideration as part of the Council agenda

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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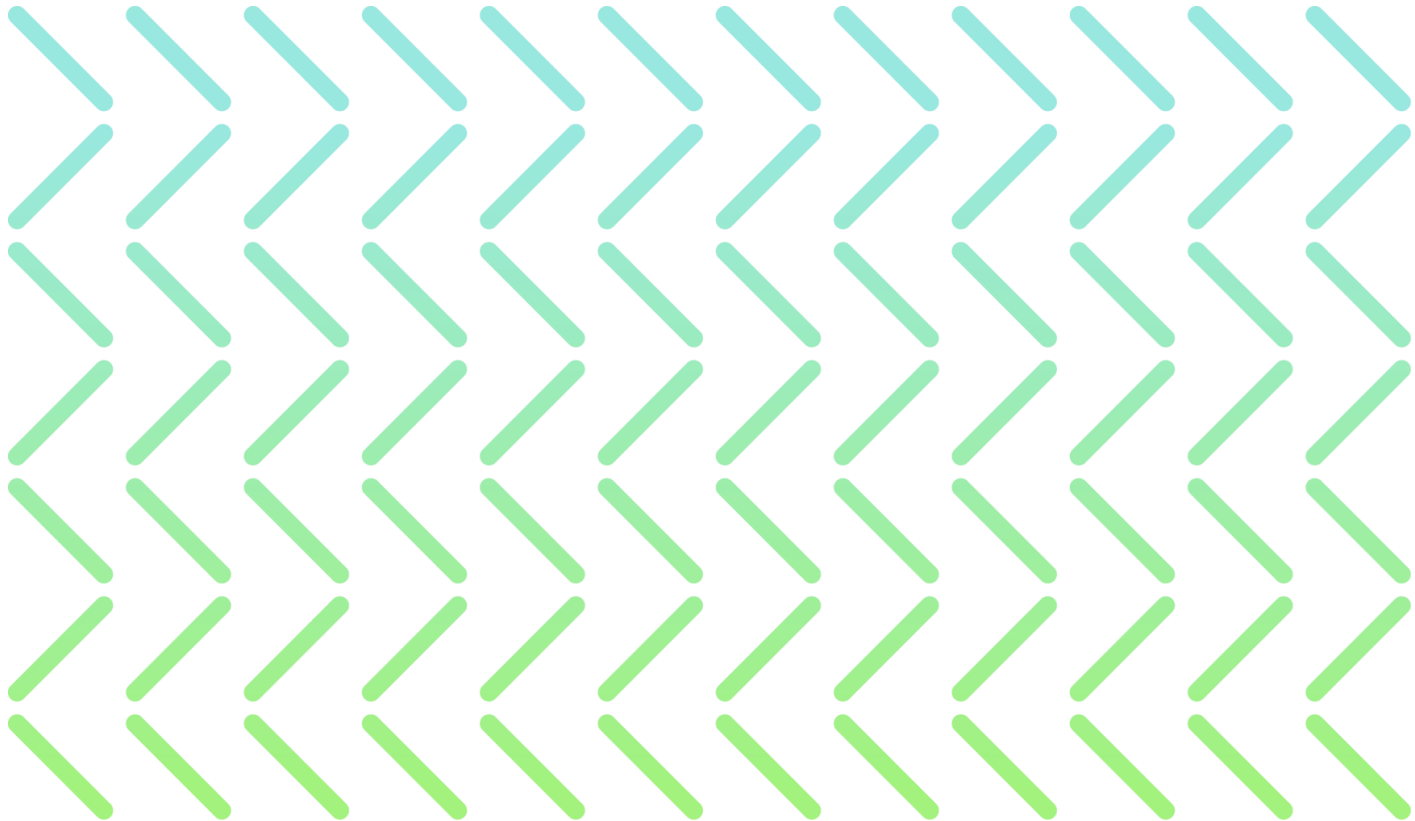Tab 3.1 Council of Governors Effectiveness Review 2019-20

5. Actions to address feedback from Council effectiveness review

(d) House keeping

In addition to the areas set out above, there are a number of house-keeping matters that can be addressed to improve the operation and effectiveness of the Council of Governors, including:

- **Forward plan:** Create a more robust forward business plan for the Council of Governors. This will be prepared and brought to the Council for agreement at its meeting in February 2020 covering the 2020/21 financial year.

- **Agendas:** Provide further opportunities for Governors to suggest items for consideration on Council agendas – to be achieved in part through development of the forward plan and by seeking views from Governors about items for consideration as well as through established processes of proposing agenda items through the Lead Governor. Agendas to ensure, wherever possible, time for more detailed consideration of agenda items – to be achieved in part through the establishment of a programme of informal Governor briefings throughout the year, meaning that time is freed-up on Council agendas.

- **Minutes:** More timely circulation of minutes of meetings, with draft minutes circulated to all members of the Council of Governors for comment (following review by the Chair and Lead Governor), within 3 weeks of a meeting. This will be implemented from the December 2019.

- **Programme of informal briefings:** Dates to be planned and tested with Governors prior to implementation. To be finalised in January 2020 with calendar invites issued.

- **Governor portal:** A re-launched Governors' web portal is in development, which will provide Governors with access to a range of corporate documents (including Constitution, Licence, CQC reports, strategies), confidential briefings, Board and Committee papers, and a calendar of events. To be launched in Q42019/20.

Question for discussion – Are there any other house-keeping matters which you would like to be addressed?

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Tab 3.1 Council of Governors Effectiveness Review 2019-20

Council of Governors Effectiveness Review 2019/20
St George's University Hospitals NHS Foundation Trust

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

4.1

Meeting Title:	Trust Board		
Date:	31 October 2019	**Agenda No**	4.1
Report Title:	Finance and Investment Committee (Core) 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 24 October 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:	Finance and Use of Resources Operational Performance Strategic Change Leadership and Improvement Capability (Well Led)		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	**Date:**	N/A
Appendices:	N/A		

1

Tab 4.1 Overview of Non-Executive Directors: Q&A Session

Finance and Investment Committee (Core) – October 2019

The Committee met on 24 October and in addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on 5 year Financial Planning, Costing, Procurement and an SWLP report.

Committee members discussed the BAF risks on finance and IT. A review of financial risk recommended a new functional risk on unsupported financial systems as well as other functional risk changes that left the over-arching strategy risk unaltered. IT risk discussion mainly focussed on the data centre, and QMH IClip deployment with risk scores that have changed following implementation. The Committee also noted encouraging performance on metrics reported in the IQPR (including RTT, Diagnostics and Cancer Targets). Emergency Flow was the exception, where a specific paper outlined next steps following a review by ECIST. Agency Expenditure was noted as continuing to be above internal cap and that led into discussions regarding the financial forecast for 2019/20. The Committee discussed actions being undertaken to improve the current financial performance in view of the scenarios presented in the forecast paper and the impact on the financial plan for 2020/21.

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

1.1 Finance Risks- the Deputy Chief Financial Officer (DCFO) introduced a paper on financial risks. He observed the formal recognition that the functional risk 'Managing Income & Expenditure in line with budget' would need to increase to a '20', as well as noting changes to 'Maintaining a five year forward view' (decreasing the score from 12 to 9) and the introduction of the new risk 'Unsupported finance and procurement system' as an '8'. The Committee agreed with this assessment and the overall finance risk assurance rating at quarter 2 remained 'limited'.

1.2 ICT Risks- the Chief Information Officer (CIO) introduced a paper on ICT risks. The Committee welcomed the assurance provided and the closure of risk associated with the QMH deployment of IClip. Discussion also focussed on the risk of the trust having a single data centre, and the committee also agreed that while progress has been made, the overall assurance remained 'limited' for quarter 2.

1.3 Activity- the Chief Transformation Officer (CTO) updated the Committee on the positive performance against activity targets in elective and daycase procedures in September. The Committee welcomed this information.

1.4 Cancer update – the Trust has met all 7 standards met in August. The Committee was encouraged by this information.

1.5 RTT Update- the CTO updated the Committee on Referral to Treatment (RTT) targets. Performance of 85.0% in August against the 92% Incomplete Pathway target was behind agreed trajectory although this was owing to the early closure of data in preparation for the QMH migration to Cerner. He noted the September performance was expected to be ahead of trajectory, at 86.1%. He also noted the 52 week performance as being higher than trajectory in August, at 6 52 week waiters compared to a target of 5. This was expected to be

2

Tab 4.1 Overview of Non-Executive Directors: Q&A Session

repeated in September. The Committee noted the impact of the QMH migration expected in September, with a total PTL expected to rise to 47,500 patients.

1.6 Emergency Department (ED) update - the Divisional Chair of the Medicine and Cardiovascular Division introduced a paper updating on the ED performance in September and noted an Emergency Care Delivery Board (ECDB) weekly meeting chaired by the Chief Executive that is accountable to the Trust Executive Committee that has been established. The Committee welcomed this development and looked forward to seeing improvements in performance.

1.7 Agency Performance- the Chief People Officer (CPO) outlined some of the challenge in Agency expenditure that continues in September. He also noted some of the other performance metrics, for example flu vaccination and staff survey progress.

1.8 Financial Performance- the Chief Financial Officer (CFO) noted performance to date at month 6 was in line with plan showing a £34.8m Pre-PSF/FRF/MRET deficit. The Committee reviewed the underlying position and discussed the impact of a 'straight line' performance in the coming months.

1.9 Financial Forecast- the CFO provided an update for the committee on the trust's financial forecast. The Committee discussed the scenarios outlined in the financial forecast paper and the impact of CIP performance. The Committee discussed methods for improving financial performance and the role of management to drive these changes.

1.10 SWLP report – the Managing Director of SWLP introduced an update to the committee on SWLP. He noted the move to cost per case, the LIMS project and the work undertaken with Epsom & St Helier University Hospitals. The Committee welcomed this update.

1.11 Procurement Update & SWL partnership – the Head of Procurement introduced the two papers, second of which was the Outline Business Case (OBC); to support closer working with other procurement departments in South West London. The Committee supported this development with the trusts in the Acute Provider Collaborative (APC).

1.12 5 year Planning update – the Director of Financial Planning (DFP) introduced the Committee to the paper providing a final update on the STP submission to be submitted in November. In particular he outlined the impact of the current year's scenarios on the plan for the next 5 years.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee (Core) for information and assurance.

Ann Beasley
Finance & Investment Committee Chair
October 2019

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

4.1

Meeting Title:	**Trust Board**		
Date:	28 November 2019	Agenda No	3.1
Report Title:	**Finance and Investment Committee (Core) 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 21st November 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		

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

NHS
St George's University Hospitals
NHS Foundation Trust

Finance and Investment Committee (Core) – November 2019

The Committee met on 21 November and in addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on 5 Year Financial Planning and an SWLP report.

Committee members discussed the BAF risks on finance and IT. A review of financial risk noted a change in the function risk 'Managing Income & Expenditure in line with budget' to a '25'. The Committee noted encouraging performance on metrics reported in the IQPR (including RTT and Cancer Targets). However, targets were not met in Diagnostics and Emergency Flow. The Committee also noted the reduction in Theatre Productivity levels. Agency Expenditure was noted as continuing to be above the internal cap. The Committee discussed actions being undertaken to improve the current financial performance in view of the forecasted year end position. **The Committee wishes to bring the following items to the Board's attention:**

1.1 Finance Risks – the Chief Financial Officer (CFO) gave an update on financial risks. He noted the intention to increase the functional risk 'Managing Income & Expenditure in line with budget' to the maximum score of '25', due to the forecasted year end position.

1.2 ICT Risks – the Chief Information Officer (CIO) noted that there were no material changes to the ICT risks and a task finish group was in place to look at the problems associated with the QMH deployment of iClip.

1.3 Activity – the Chief Transformation Officer (CTO) updated the Committee on the reduction in Theatre Productivity levels, particularly with the average cases per session. The Committee expressed disappointment at the lack of sustained progress following previous improvement groups and were frustrated that senior resources were required to intervene in order to improve productivity.

1.4 Cancer Update – the Trust has met all 7 standards in September. The Committee was encouraged by this information.

1.5 RTT Update – the Trust has exceeded its RTT incomplete trajectory in September with a performance of 86.1% against a target of 85.8%, which includes QMH for the first time following the Patient Administration System migration. The 52 week performance was higher than trajectory in September, at six 52 week waiters compared to a target of five.

1.6 Emergency Department (ED) Update – the performance of the Emergency Care Operating Standard is currently at 84.50%, which is under the Trust's commitment of a 90% delivery in 2019/20. The Committee were concerned at the continued deterioration in performance. The Chief Operating Officer (COO) noted the actions in place to improve performance. This included a Perfect Site Process Week to look at the site operations.

1.7 Agency Performance – the Chief People Officer (CPO) outlined some of the challenges in Agency expenditure that continues in October. The Committee discussed the work underway to ensure the external agency cap was not breached for the financial year. The CPO noted some of the positive performance metrics, for example flu vaccination and staff survey progress.

2

Tab 4.1 Overview of Non-Executive Directors: Q&A Session

1.8 Financial Performance – the Deputy CFO (DCFO) noted performance to date at Month 7 was in line with plan showing a £33.2m Pre-PSF/FRF/MRET deficit.

1.9 Financial Forecast – the DCFO provided an update for the Committee on the Trust's financial forecast, which had not materially changed. The Committee expressed deep disappointment at the forecast year end Pre-PSF/FRF/MRET variance of £13m to plan. The CFO updated the Committee on the introduction of weekly financial recovery meetings, which have Executive leads, and improvements should be seen in Month 8. The Committee discussed methods for improving financial performance and the role of management to drive these changes. The Committee requested the Executive team consider the actions required to deliver a balanced financial position.

1.10 5 Year Planning Update – the Director of Financial Planning (DFP) introduced the Committee to the paper providing a final update on the STP submission, which was submitted in November. The SWL position is showing a material gap to the system control total.

1.11 SWLP report – the DCFO introduced an update to the committee on SWLP. The Committee welcomed this update.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee (Core) for information and assurance.

Ann Beasley
Finance & Investment Committee Chair,
November 2019

4.1

3

Tab 4.1 Overview of Non-Executive Directors: Q&A Session

St George's University Hospitals NHS Foundation Trust

Outstanding care every time

NHS

Meeting Title:	**Trust Board**		
Date:	**Thursday, 24 October 2019**	Agenda No	2.1
Report Title:	**Quality and Safety Committee Report**		
Lead Director/ Manager:	**Tim Wright, Chairman of the Quality and Safety Committee**		
Report Author:	**Tim Wright, 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 meetings in October 2019.		
Recommendation:	The Board is asked to note this report.		
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		

4.1

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

4.1

Quality and Safety Committee Report

Matters for the Board's attention

The Quality and Safety Committee met on 24 October 2019 and agreed to bring the following matters to the Board's attention:

1. Deep Dive

The deep dive was the third in the series of Thematic Serious Incident Analyses conducted by the Trust. These reviews were identified and agreed in conjunction with commissioners looking at themes, root causes or contributory factors in completed serious incident investigations.

This review focused on serious incidents in the Cardiology Clinical Academic Group during 2017-18 and the Committee discussed the material emergent themes arising from the analysis including communications within the Cardiology service and with other teams across the Trust.

The Committee noted the depth of the analysis and it was demonstrable that the team understood what the key issues were and the actions which are required to address the key themes to prevent recurrence of the related serious incidents. The team have a number of material actions underway such as increasing daily ward rounds, developing standard operating procedures and sourcing new resources and notably have rolled out the 'human factors' programme within the cardiac catheter laboratories in order to improve communication and quality. Given many of the actions are at the early stages and ongoing, the Committee could not easily ascertain the level of impact of the learning and has therefore requested a further report which provides evidence that the appropriate actions have been implemented and the lessons learnt.

The Committee also noted the *Make A difference Alert* from GPs and was reassured that in parallel with the thematic reviews there is an additional review of quality alerts and a robust system is in place to support learning.

2. Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality performance at month 6 and noted that the Trust achieved all seven Cancer standards in August. The Committee were pleased to hear that the Trust had recorded no MRSA cases for the last 12 months and noted that the Trust currently screens everyone for MRSA. This procedure is outside NICE guidance which states that Trust's should risk assess which patients should be screened. The Trust is reviewing its practice in light of the NICE guidelines to access the best approach locally and to support justification for any deviation.

The Committee reviewed the maternity dashboard and noted that the performance for the percentage of women booked by 12 weeks and 6 days fell below the upper control limit. The Committee were reassured that the dip in performance was related to room availability and that this issue was being addressed.

The Committee noted the importance of increasing the number of VTE assessments undertaken and were reassured that the use of iClip will improve data capture and that the targeted work in Maternity and the Clinical Decision Unit (CDU) will further improve performance. In relation to the echocardiogram performance trends the Committee heard that performance issues related to capacity constraints, staff sickness and vacancies and asked that the Finance & Investment Committee (Core) receives an activity report. The Trust Emergency Department Friends and Family Test performance whilst on par with other London trusts needs to be improved. The Committee agreed to conduct a further review in this area to ensure there are no adverse trends.

2

Tab 4.1 Overview of Non-Executive Directors: Q&A Session

3. Exception Report: Care Quality Commission Outstanding Actions

The Committee noted that the Care Quality Commission (CQC) action related to achieving mandatory training targets remained below target as a result of not being able to achieve 85% on resuscitation training. The Committee were assured that the Trust has sufficient resources to deliver the required training. The key factor to meeting the December 2019 deadline will be managing the 'did not attends' (DNAs) and a robust process of daily scrutiny and engagement with divisions is underway and a daily CommCell will be established to manage attendance at training sessions.

The Committee revisited the issue of doctors on rotation bringing their resuscitation certificates with them when commencing employment with the Trust. This would alleviate the issues with retraining these members of staff so shortly after they had completed their medical training. The CN agreed to follow this up with the Medical Education Department.

4. Nurse Staffing Report (Planned vs Actual)

The Committee considered the nurse staffing reports and noted the overall fill rate for September of 94.1%. These fill rates were within the normal limits with any exceptions effectively managed to ensure there were no safety issues.

5. Cardiac Surgery Update

The Committee considered the monthly Cardiac Surgery Updates which is discussed later on the Board agenda.

6. Gosport Action Plan

The Committee considered the report which responds to the Department of Health and Social Care review into Gosport War Memorial Hospital where the avoidable deaths of 450 patients were identified as a result of excessive use of palliative medicines. The review sets out three key areas for trusts to consider:
- Listening to patients, families and staff
- Ensuring care is safe
- Identifying and addressing problems in care

The Committee were assured by the actions developed by the Trust under each area which include, for example, promoting the culture of raising concerns and freedom to speak up, introducing electronic prescribing, enhancing the governance and reporting framework and aligning care standards with the Care Quality Commission's Key Lines of Enquiry. The Committee was assured by the level of work completed to date and agreed that it would next consider progress against the individual actions in six months.

7. Report from Patient Safety & Quality Group (PSQG)

The Committee received a summary report from the PSQG meeting held in September 2019. The Committee noted that although the Trust had reduced the number of patient falls there was an increase in the number of those rated moderate. This is being closely monitored by the Trust. Another area of concern is the Trust's compliance with the completion of lying and standing blood pressure checks and whilst the Trust is not an outlier when benchmarked nationally it has put in place local action plans which are being monitored as part of the matron checks. The Committee were pleased to note in the report that compliance with duty of candour targets had improved substantively following local actions put in place by the MedCard division which brought the divisions compliance to 100% completed in 20 days as at 16 October 2019 compared with 58% in September.

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

8. Learning from Deaths Quarterly Report

The Committee considered the quarter two report from the Mortality Monitoring Committee on Learning from Deaths. The Trust is on track with the implementation of the Learning from Deaths Framework and the Medical Examiner system. Dr Nigel Kennea has been appointed to the role of Medical Examiner and the office will be located next to the bereavement office. The Committee heard that the Trust's Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HMSR) mortality rates are banded better than expected and the Trust is enhancing its reporting around learning disability patients' deaths. The Committee discussed the report and that the Trust had no deaths with an avoidability of death judgement score which was classified as either one (definitely avoidable), two (strong evidence of avoidability), or three (probably avoidable) within the last two quarters. The Committee debated these findings and were assured that the methodology used for classification was both consistent and robust.

9. Human Tissue Act (HTA) Designated Individual Report

The Committee received an update on the Trust's progress against implementing the recommendations from the HTA inspection of the Trust's Mortuary in December 2018. The Committee was reassured that the Trust will address the five outstanding minor issues by 31 October and continue to meet the licencing requirements of the HTA.

10. Referral to Treatment (RTT)

The Committee considered the quarter two update on RTT performance. The Trust is performing well against the RTT trajectory with September data including Queen Mary's Hospital following the roll out of iClip at QMH in mid-September.

11. Strategy

11.1. Quality Strategy Development

The Committee noted that the development of the Quality Strategy is on track with the Board to receive an update at its Seminar on 26 November 2019**.**

11.2. Research Strategy

The Committee received the draft Research Strategy which outlines how the Trust proposes to maximise its research footprint and secure funding from the National Institute of Health Research. The Committee noted that the draft strategy has already been the topic of a Board Workshop and propose that the Board approves the strategy minded that funding arrangements would be subject to the Trust's normal business and governance processes.

12. Board Assurance Framework & Corporate Risk Registers

The Committee received the Board Assurance Framework (BAF) and Corporate Risk Registers which focused on the four strategic risks which fall within its remit. The Committee endorsed the proposal to split the risk related to learning from incidents and complaints to reflect the different positions. In light of the challenges in the Trust's emergency department the Committee again discussed the corporate risks pertaining to patient safety and experience and the Trust's reputation which fall under strategic risk SR3. Whilst the Committee felt the current rating was appropriate it noted that ED performance required scrutiny which already takes place at Finance and Investment Committee. The Committee agreed that in relation to strategic risks SR1, SR2, SR3 and SR16 it was content with the partial assurance rating given to these risks.

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

13. Recommendation 5

The Board is asked to note the contents of this report and the matters raised for its attention and in the following reports which were discussed by the Committee at its September and October Meetings:
- Learning Disability Services – September 2019
- Infection Prevention and Control Annual Report – September 2019
- Learning from Deaths Quarter 2 Report – October 2019

Tim Wright
Committee Chair
24 October 2019

4.1

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

St George's University Hospitals

NHS Foundation Trust

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4.1

Meeting Title:	Trust Board		
Date:	Thursday, 21 November 2019	Agenda No	2.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Tim Wright, Chairman of the Quality and Safety Committee		
Report Author:	Tim Wright, 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 in November 2019.		
Recommendation:	The Board is asked to note this report.		
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		

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

St George's University Hospitals
NHS Foundation Trust

4.1

Quality and Safety Committee Report

Matters for the Board's attention

The Quality and Safety Committee met on 21 November 2019 and agreed to bring the following matters to the Board's attention:

1.   Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality performance at month 7. In relation to infection control and prevention the Committee noted that there was one patient who acquired MRSA bacteraemia at the end of October 2019 which was disappointing given there had been no cases in the previous 12 months. The number of clostridium difficile cases in October 2019 was 31 against the threshold of 48 cases for 2019/20. The Committee noted that this is higher than expected even with the implementation of the new national definitions for recording hospital acquired and community associated infections. The Committee was encouraged to learn that from initial reviews there were no significant themes and the Trust is focusing on this area and conducting a root cause analysis for each case to determine if there have been any lapses in care.

The Committee were advised that the Trust carries out quarterly audits and audits as part of the ward accreditation programme to assess compliance with the Early Warning Score (EWS) indicator but there is an issue related to appropriate responses which resulted in a dip in performance. The Committee noted that the Critical Care Outreach team would help manage compliance with appropriate response relating to the EWS indicator but the Committee asked for further assurance on any variances to compliance out of hours which would be provided in future reports.

The Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) level 2 training performance had plateaued and the Committee was reassured to hear about the enhanced communication to divisions and monitoring that is currently underway to ensure that the Trust can improve performance. The Committee also noted the work underway to develop a South West London standard audit tool which will ensure there is consistency and effective benchmarking. The Committee will continue to closely monitor the above areas to ensure that as training compliance is increased that quality is maintained.

2.   Exception Report: Care Quality Commission Outstanding Actions

The Committee noted that action related to achieving mandatory training targets remained below target as a result of not being able to achieve 85% on resuscitation training. The Committee were assured that the Trust has sufficient resources to deliver the required training. The key factor to meeting the December 2019 deadline involves managing the 'did not attends' (DNAs). A robust process of twice weekly scrutiny and engagement with divisions is underway using the commcell approach to track and manage attendance at training sessions. It was agreed that staff members who DNA without a valid reason would receive a letter from Chief Medical Officer and/ or Chief Nurse outlining the importance of completing the training and identifying any support required and next steps.

3.   Nurse Staffing Report (Planned vs Actual)

The Committee considered the nurse staffing reports and noted the overall fill rate for October 2019 of 94.8%. These fill rates were within the normal limits with any exceptions effectively managed to ensure there were no outstanding safety issues. Whilst safe staffing red flags related to increased acuity and dependency of patients were raised in October 2019, these were effectively managed and mitigated.

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

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4. Cardiac Surgery Update

The Committee considered the monthly Cardiac Surgery Updates which is discussed later on the Board agenda.

5. Report from Patient Safety & Quality Group (PSQG)

The Committee received a summary report from the PSQG meeting held in October 2019. The Committee heard about the results from the PSQG'S deep dive into the Surgery, Neurosciences, Cancer and Therapies division performance and were advised that the Cancer team's annual cancer peer review reflected that the team were 100% compliant with 13 out of 15 of the measures required to enable the team to sign-off against the NHS England Quality Surveillance Team tool. The Trust along with other London trusts face challenges with cancer performance. Nationally the Trust's overall score is 8.7 (with zero being very poor and ten being very good) which is above other peer organisations in London.

6. Research Annual Report (2018-2019)

The Committee considered the annual report for research which is covered later on the Board agenda (item 2.1.2). The Committee was pleased to note the demonstrable progress made on patient recruitment to clinical trials.

7. NICE Compliance (Bi-Annual) Report

The Committee received the report which provided an update on the Trust's implementation and assessment of all relevant NICE guidance. The Committee noted its limited assurance on the level of compliance across the Trust. The Committee was advised that from further review it was evident that the Trust is complying with relevant NICE guidance but there is an issue with teams not completing the appropriate assessment documentation. Additional processes to ensure that there are named individuals responsible for completing the assessments and that there is increased visibility at Divisional Governance Boards are being put in place to improve performance. The Committee reiterated the importance that the Trust can identify areas of compliance, audit compliance and gain assurance and that the Committee expects the next report to reflect a marked improvement in performance.

8. Medication Incident and Controlled Drugs Management

The Committee considered the quarter 1 and 2 review into Medication Incident and Controlled Drugs Management. This report will be discussed under agenda item 2.1.1. The Committee, in particular, noted that of the 904 incidents recorded on Datix (the Trust's incident reporting system) there were 41 instances of low harm and one of moderate harm, all of which have been fully investigated with none declared as serious incidents. The Committee was pleased to note that there have been no never events related to medication incidents. The Committee reflected that the barcode scanning rates of medication and patient wristbands were low. The issue relates in part to the absence of barcodes on the packaging of some medicines and in some areas a lack of barcode scanning equipment. There is also a need to encourage more staff to use barcode scanning routinely as their normal practice. The Trust is proactively promoting the use of barcode scanning and is currently piloting new drug trollies which it is hoped will help improve performance.

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

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9. Seven Day Services – Self Assessment

The Trust's seven day services autumn self-assessment will be presented under agenda item 2.1.3 for the Board's consideration and approval before it is submitted to NHS Improvement on 29 November 2019. The Committee endorsed the current self-assessment for submission noting the improvement in patients being seen within 14 hours by a consultant from the time of admission on weekdays and noted the challenge related to the weekends. The Committee noted that the Trust must be fully compliant with all standards by April 2020 and will receive a follow-up report in January 2020 to ensure that the Trust has the required level of traction to meet all the standards.

10. Friends and Family Test – Updated National Guidance

The Committee heard about the national changes to the Friends and Family Test survey which included a change to the mandatory question, the addition of a free text response, and the removal of the restrictions to only take the survey at point of discharge or 48 hours thereafter and at four specific points in midwifery services. This will mean response rates can no longer be uniformly tracked. The Trust is looking at how to refine its processes to meet the national guidance.

11. Board Assurance Framework & Corporate Risk Registers

The Committee received the Board Assurance Framework (BAF) and Corporate Risk Registers focusing on the four strategic risks (SR) which fall within its remit. The Committee agreed that in relation to strategic risks SR1, SR2, SR3 and SR16 to accept the partial assurance rating, the risk reduction schedule and risk scores but noted that some updates where required on the risk reduction schedule.

12. Other matters

The Committee did not consider a deep dive review this month but instead, focused discussion on how to develop a robust deep dive programme to ensure that the Committee is examining those areas which require the greatest focus in order to provide the Board with assurance. As part of the discussion, the Committee also considered how to best synthesise its forward plan and provide guidance to authors to improve the quality of reports presented for consideration. The Committee agreed to review its forward plan for the last quarter of 2019/20 agreeing that a more detailed report on serious incidents would be included in the forward planner with the view that a report is presented to the Board periodically. It was also agreed that a detailed forward programme of deep dives on alternate months would be presented to the Committee for approval in January 2020.

Tim Wright
Committee Chair
21 November 2019

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

Meeting Title:	Trust Board		
Date:	31 October 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 24 October 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:	Leadership and Improvement Capability (Well Led)		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	**Date:**	N/A
Appendices:	N/A		

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

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Finance and Investment Committee (Estates) – October 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 October meeting was constructive and helpful, at which members received updates from the Assistant Directors (ADs) of Estates on their respective domains. In addition, the committee received a number of papers including a review on Divisional Engagement, an update on the Premises Assurance Model (PAM), a Water Safety summary and a BAF risks document. Committee members praised the good quality of papers produced and thanked the Estates team for their continued efforts in challenging circumstances.

The Committee welcomed updates from the ADs that included information on the Mitie contract, the Non-Emergency Patient Transport contract, the Procure 22 (P22) project, Fire Safety and Health & Safety.

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

1.1 Risk Review - the Chief Financial Officer (CFO) began the meeting by introducing a paper on overall Estates BAF risks. He noted no major changes to individual or strategic risks and a discussion was had on medical equipment, where the specific high risk for the MRI scanner was considered alongside the overall medical equipment risk.

1.2 Water Safety Update - the CFO noted the paper that outlined details of the Trust's improved assessment of 'limited assurance' in water safety. The Committee welcomed this update and noted that further work continues.

1.3 Policy Update - the CFO introduced a policy update which noted the focus on ensuring particular policies are reviewed and stay 'in date'. The Committee welcomed the approach which prioritised those policies closest to expiry.

1.4 AD Report - Overview - the Deputy Director of Estates & Facilities (DDE&F) noted the increased stability following the changes in the Mitie contract implemented in August. The Committee welcomed assurance from the Chief Nurse that the quality of ward cleaning was satisfactory and noted that this would be further tested by the change to the new model of cleaning in teams. The Committee observed that further work was required to improve theatre turnaround times and to improve consistency of cleaning in non-patient areas.

1.5 AD Report - Estates - the Assistant Director of Estates (ADE) introduced a paper on the key forward plans in some of the Estates areas. The Committee discussed the persistent issues around leaking roofs and sewage that are dealt with by the Estates team.

1.6 AD Report - Facilities - the DDE&F introduced a paper which included an update on Non-Emergency patient transport, demand for which remains high. The Committee also discussed the use of space on the Tooting hospital site and the progress being made on uploading space usage data to the Insight system which will help optimise space utilisation in the future.

1.7 AD Report – Capital Projects - the Assistant Director of Capital Projects (ADCP) introduced an update on Capital projects which noted further progress on the P22 project with more surveys completed. The Committee welcomed the progress made and noted that

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

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the contractor, Interserve, were now in a position to prepare detailed plans and costings which will inform agreement of a delivery timetable. Although the 2019/20 delivery window is tight the team are confident that the majority, if not all, programmed spend can be achieved in-year.

1.8 AD Report- Medical Physics & Clinical Engineering – the DDE&F noted further progress made in Medical Physics and that there are now no non-compliant Medical Physics areas. This news was welcomed by the Committee.

1.9 AD Report- Health & Safety –The AD- Health & Safety introduced a paper which focussed on Fire, as well as other elements of Health & Safety. The discussion on fire focussed on evacuation testing and the Health & Safety conversation concerned patient safety on roof terrace areas and on Sharps incident management. The Committee noted that the Trust was well prepared for the forthcoming HSE inspection on 7th November.

1.10 PAM update- The Committee noted an update on the Premises Assurance Model and welcomed the quality of the paper. The DDE&F noted that she was looking for a more summarised presentation for the committee and was looking at software solutions for this. It was agreed that the Committee would receive a further update in 2 months' time with a view to quarterly review thereafter.

1.11 Divisional Engagement – The Committee welcomed an update on how the department was looking to improve the effectiveness of engagement with clinical divisions to report upon Estates performance and to get feedback on what divisions wanted most urgently from the estates teams.

1.12 Estates Strategy – The CFO introduced a paper on the Estates strategy, which is expected to be completed by the end of the financial year. The Committee took comfort that this was progressing to the expected timescales and supported a proposal that specialist external support should be investigated to ensure that all Estates options are fully considered.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee (Estates) on 24 October 2019 for information and assurance.

Tim Wright
Lead Non-Executive Director, Estates
October 2019

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

Meeting Title:	**Trust Board**		
Date:	25 November 2019	**Agenda No**	**3.2**
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 21 November 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		

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

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Finance and Investment Committee (Estates) – November 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. It should be noted that the November meeting was shortened as the Part 1 (Core) FIC meeting had been extended to allow more time to discuss the Trust's financial position.

The November FIC E meeting was constructive and helpful, at which members received updates from the Assistant Directors (ADs) of Estates on their respective domains. In addition, the committee received papers on overall Estates risk, the progress of the HV and LV (High Voltage and Low Voltage) Infrastructure Project and a report on Health and Safety. Committee members praised the good quality of papers produced and thanked the Estates team for their continued efforts in challenging circumstances, noting that progress was being made.

The Committee welcomed updates from the ADs that included information on the Mitie contract, the Non-Emergency Patient Transport contract, the Procure 22 (P22) Project, and a recent HSE inspection visit.

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

1.1 Risk Review - the Chief Financial Officer (CFO) began the meeting by introducing a paper on overall Estates BAF risks. He noted no major changes to individual or strategic risks and the committee noted that we now have a helpful and complete dashboard on overall Estates risk position. Discussion focused on the two key areas of Fire and Water (both with risk scores of 20) and the plans to reduce theses to 15/16 in the near future. Progress has been made in both areas with the water risk improving particularly in terms of infection control. The key issue with respect to fire is around compartmentalisation which was highlighted as a key focus of the P22 capital programme.

1.2 AE Report HV and LV Infrastructure Project - It was noted that progress remained slow but that additional temporary resource had been recruited to support delivery of this Project. It was recognised that the installation of additional medical equipment (particularly MRI scanners) would add significantly to the Trust's current electricity requirement potentially exceeding the capacity that is currently available from the grid. Upgrading the local supply infrastructure will be expensive and the Trust will explore options to share costs with neighbouring organisations (eg Local Council).

1.3 External Health and Safety Governance Review – Matura Health were commissioned to assess the Trust's Health and Safety arrangements and the report was summarised for the committee. 48 recommendations were made, 11 classified as "urgent" and a response and action plan is being developed. It was agreed that good Health & Safety governance needs to be instilled across the organisation and clear performance indicators developed that are accessible to the Trust Board.

1.4 AD Report – Divisional Overview - the Deputy Director of Estates & Facilities (DDE&F) highlighted improvements in current staffing KPI's, particularly vacancy turnover and sickness management. The financial pressure of scoping large scale capital Projects from the existing Capital Budget was also highlighted.

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

1.5 AD Report – Capital Projects - the Assistant Director of Capital Projects (ADCP) introduced an update on Capital Projects. The P22 Programme continues to progress with detailed costings now received for individual Programme Projects and a £10 million budget approved by TEC. Confidence remains high that the budgeted programme can be delivered by FY end and the impact upon hospital operation of disruptive works are being worked through. Progress on the Cath Labs Project remains slow and the major work is now expected to commence in March/ April once the infrastructure alterations have been signed off by the PFI Provider.

1.6 AD Report - Estates - the Assistant Director of Estates (ADE) introduced a paper on current performance, highlighting the absence across disciplines of accurate as-built documentation which hampers the Estates Team's operations. 10 operating theatres do not currently have a satisfactory UPS (Uninterrupted Power Supply) and whilst procedures and contingencies are in place a detailed survey is underway and consultation with clinical leads to ascertain what is required. Some concerns were expressed over recent increase in backlog of reactive maintenance caused by the focus on statutory compliance. Resourcing levels are under review.

1.7 AD Report - Facilities - the DDE&F introduced a paper which included an update on Non-Emergency patient transport, confirming that the tender documents had been released. An update on Mitie Contract Performance was given with improvement noted in clinical areas, whilst some issues in public areas require resolving.

1.8 AD Report- Medical Physics & Clinical Engineering – The Assistant Director of Medical Physics and Clinical Engineering (ADMPCE) presented a summary on statutory compliance noting that there are no areas of non-compliance although in some areas full compliance can only be achieved with cooperation with other Trusts. We now have a detailed breakdown of maintenance priorities for medical equipment. It was noted that 11% of current equipment is flagged as overdue for maintenance however the team have a clear view of item criticality and are working through the backlog. An interesting graphic showing the expected end life of current equipment was reviewed and the potential productivity gains that could be realised through new equipment discussed.

1.9 AD Report- Health & Safety –The AD Health & Safety (ADHS) had previously discussed the external Health and Safety Report. It was noted in this abridged section that the HSE visit in November had confirmed that significant progress had been made and the Inspector had granted an extension in recognition of the extent of the task being remedied. It was concluded that this should be viewed as a positive, rather than a missed deadline, as extensions are rarely afforded.

A water leak from the fire hydrant main which occurred on 6 November was discussed and an investigation to understand the root cause is underway.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee (Estates) on 21 November 2019 for information and assurance.

Tim Wright
Lead Non-Executive Director, Estates
November 2019

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

St George's University Hospitals
NHS Foundation Trust

4.1

Meeting Title:	Trust Board		
Date:	31 October 2019	Agenda No	5.1
Report Title:	Audit Committee Report		
Lead Director/ Manager:	Sarah Wilton, Chair of the Audit Committee		
Report Author:	Sarah Wilton, Chair of the Audit Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on 10 October 2019.		
Recommendation:	The Board is asked to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Finance and use of resources, Leadership and Improvement capability		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

Audit Committee Report – October 2019

Matters for the Board's attention:

1. External Audit – Progress Report

The Committee received the External Auditors progress report which included an outline of the issues that will feature in the annual audit for financial year-end 2019/20 and some useful information on key emerging national and NHS economic matters which will impact on the Trust.

2. Internal Audit Report

The Committee considered the following reports from the Internal Auditor:
- Progress Report against the Internal Audit Plan 2019/20
- Internal Audit Review Recommendation Tracker
- Refreshed Internal Audit Plan 2019/20
- Final Internal Audit Report:
    - Safeguarding Adults (Reasonable Assurance)
    - Diagnostic Test Reporting (Limited Assurance)
    - Financial Reporting: Board Budget Setting (Substantive Assurance)
    - Estates and Facilities Reactive Maintenance (Limited Assurance)
    - ICT Review of Cyber Security (Limited Assurance)

The Committee noted that the Trust was broadly on plan with the internal audit plan however was disappointed with the delay in some audits. The Committee heard from executive directors the rationale for some of the delays however agreed to discuss the key issues with internal auditors at its next meeting to understanding if there were any underlying issues which would benefit from Committee engagement. The Committee considered and approved the updated version of the plan following the Trust Executive Committee review to ensure that it was fit for purpose and responsive to the current risk environment. The Committee were concerned at the delay in the Diversity and Inclusion internal audit review and heard that the Chief People Officer, in lieu of a substantive D&I resource, would meet with the internal auditors to progress the audit as a matter of priority.

Good progress continued to be made on completing internal audit recommendations and the Committee noted that of the five outstanding recommendations the Trust Medical and Dental Staff Appraisal Policy was completed and the finance team were on track to complete the management training for budget holders by 01 November 2019.

The Committee welcomed the substantial assurance rating for the financial reporting board budget audit review noting that this is a step change and reflected the significant improvement in the financial planning processes. Whilst the Committee were also pleased to note the reasonable assurance rating for the Safeguarding Adults audit review it queried what else the Trust needed to do to ensure that it received an assurance rating of substantive given that of the three recommendations, two were routine, one important and none were urgent of materiality. Internal Auditors agreed to reflect on the feedback on Safeguarding Adults and respond to the Committee at its next meeting. The Committee recognised that the audit review of estates and facilities reactive maintenance was completed before the Trust had put in place the enhanced governance processes for estate management acknowledging that these issues are now being regularly scrutinised by the Estate Management Group and at the Finance & Investment Committee (Estates). The Committee asked management to review the management responses to include more specificity and also revisit the timelines. The Committee suggested that FIC (E) regularly the backlog of reactive maintenance jobs on the system. The Committee also heard that the

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

Trust is given priority to completing the actions from the Diagnostic Waits and ICT Review of Cyber Security audits reviews.

3. Internal Compliance and Assurance

The Committee received and discussed the following reports pertaining to the Trust's internal governance mechanisms.

3.1. Freedom Speak Up Guardian

The Committee considered the Freedom to Speak Up (FTSU) Guardian report which outlined the number FTSU concerns raised during July-September 2019. Of the 19 concerns raised 15 had elements of bullying and harassment related to culture and leadership. The Committee noted that a new electronic system is will be put in place and that the Trust will respond to these concerns within the agreed timeframe. The Committee requested that future reports include details on trends analysis and information response rates. The Committee welcomed the plans for currently being explored to centralise the process and create more independent support.

3.2. Counter Fraud Report

In considering the Counter Fraud Update the Committee recognised the magnitude/volume of work that is going into managing counter fraud activities in the Trust with limited internal resources supported by the TIAA, Internal Auditors. Accordingly the Committee will consider a report which sets out the plans for resourcing counter fraud activity and an enhanced report which details work around detecting and deterring fraudulent activity, any key trends or hotspots and the monetary value of these cases.

3.3. Aged Debts, Losses & Compensation Payments and Breaches & Waivers Reports

The Committee were pleased to note the evident grip on the management of the Trust's aged debts, losses and compensations and breaches and waivers processes with marked improvement in all three areas. It also noted that the procurement team have worked hard and engaged with the organisation to ensure that breaches and waivers are being robustly managed. The Committee heard that the planned implementation of the new '*Agresso*' system did not proceed as planned and there are some significant lessons learned which the Trust will address internally and with the suppliers and the project report would be presented to the Finance & Investment Committee (Core) (FIC(C)). The Committee welcomed the news that the management team would be enhancing the aged debts report to reflect accrued debts and percentage change in performance.

3.4. Review of Internal Audit Effectiveness

The Committee agreed that the timeframe for reviewing the effectiveness of the internal auditors now that the new contract has been issued. The Committee also asked management to ensure that Internal Auditors are circulating the internal audit surveys to service users.

Recommendation

The Board is asked to note the update on the key issues considered by the Audit Committee at its meeting on 10 October 2019.

Sarah Wilton
Audit Committee Chair, NED
October 2019

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Tab 4.1 Overview of Non-Executive Directors: Q&A Session

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Meeting Title:	Trust Board Meeting		
Date:	31 October 2019	**Agenda No.**	**3.1**
Report Title:	Workforce and Education Committee Report		
Lead Director/ Manager:	Stephen Collier, Chair of Workforce and Education Committee		
Report Author:	Stephen Collier, Chair of Workforce and Education Committee		
Presented for:	Assurance		
Executive Summary:	This paper sets out the key risks and issues reviewed by the Committee at its meeting on 10 October 2019, including commenting on assurance to the Board on key risks allocated to the Committee. There are three points that need to be drawn to the attention of the Board:- 1. Whilst the overall requirement of the Trust for staff has been increasing, this has not led to a material increase in the level of unfilled shifts (a concern we previously had), and certainly not to a position where we are unable to deliver safe staffing. 2. Our review of staff deployed across the Trust in the context of the Trust's cost improvement plans (CIPs) has highlighted a material difference between the Trust establishment identified through the HR system, (ESR), and the Trust establishment identified via the finance system (Agresso). Whilst we are confident from previous experience that this can and will be resolved, the criticality here is the speed of resolution. 3. We noted with some concern that the Q2 Staff Survey which should have been undertaken internally by the Trust has not been as it had been hoped this information would have been captured via the Go-Engage tool. We characterise this as disappointing, rather than fatal.		
Recommendation:	The Board is asked to receive this report.		
Supports			
Trust Strategic Objective:	Valuing our staff		
CQC Theme:	Are services at this Trust well-led		
Single Oversight Framework Theme:	Board Assurance, Risk management		

Tab 4.1 Overview of Non-Executive Directors: Q&A Session

NHS

St George's University Hospitals

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Workforce and Education Committee
REPORT to Trust Board, 31 October 2019

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1. Committee Chair's Overview

This was the second meeting of the Committee under its new Terms of Reference (TORs), and with the re-direction of certain more operationally-oriented matters to the new People Management Group (PMG), which has also met twice. The arrangement appears to be working well with a good flow of information coming from PMG which keeps the Committee sighted on operational developments.

Committee attendance dipped at our meeting and I will pick this up with those individuals who did not manage to attend (though I acknowledge that the Trust's operational pressures are a factor in this).

The areas of focus at this month's meeting were: a deep-dive on total staff levels across the Trust and the use of flexible staff; the accuracy of internal measures of the Trust's staffing establishment, in the context of changes to this as a consequence of cost improvement plans (CIPs); the measures to be used to assess the success of the Staff Engagement Plan; updates from the Speak-Up Guardian and the Safe Working Guardian; and an assessment of the risk-levels applicable to certain Trust-level risks allocated to the Committee for assurance.

2. Key points:-

Board Assurance

There are three points that need to be drawn to the attention of the Board. First, having previously asked for more detail around the level of unfilled shifts, we were pleased to be able to review a very helpful pack of analysis prepared by Sion Pennant-Williams showing total whole time equivalent (WTE) staff deployed across the Trust. An extract from this is set out in Appendix 1 for information. This demonstrated that whilst the overall requirements of the Trust for staff was increasing, this was not leading to a material increase in the level of unfilled shifts. Chief Nurse Avey Bhatia was also able to describe to the Committee the real-time processes used in ward nursing to flag any situations that would breach safe staffing levels, and we accepted her assurance that this received significant focus to ensure that safe staffing was maintained at all times.

Second, the review of staff deployed across the Trust has highlighted a material difference between the Trust establishment identified through the HR system, (ESR), and the Trust establishment identified via the finance system (Agresso). This had been an issue in the past, but one that was addressed by regular updating and reconciliation. The sense we had was that this practice had fallen away, leading now to a significant three-figure variance between the two systems. Given the importance to our CIP delivery of a reduction in establishment, it is critical that there is a single and agreed dataset against which staff cost reduction can be measured. Harbhajan Brar agreed to seek a rapid resolution of this point with the Trust's finance team. Whilst we are confident from previous experience that this can and will be achieved, the criticality here is the speed of resolution.

Third, we noted with some concern that the Q2 Staff Survey which should have been undertaken internally by the Trust over the summer, has not been. The Committee probed into this, and were advised that it arises is as a result of a delay of the new GoEngage system. The 'Go-Engage tool is going to be used as the new means of the delivery of the internal staff survey as evidence from other Trusts shows that it is able to deliver a significantly improved response rate, which had fallen significantly in prior months. The consequence though is that (a) the Trust has therefore missed one quarter's measurement of what is a critical indicator of staff opinion and sentiment, and (b) the next staff survey will be that for Q3, which is the NHS National Staff Survey. We characterise this as disappointing, rather than fatal – but it does reinforce a view of a busy team under continuing pressure.

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The Committee has five Trust level risks[1] allocated to it by the Board as part of the Board Assurance Framework, and the Committee's assessment of two of these risks was discussed in detail. The Committee concluded that it would recommend to the Board that risk ratings for these should remain as currently set.

These are:

SR12 – **Diversity and Inclusion**, despite the encouraging progress seen on implementation of the Trust's programme around WRES, the risk rating should remain at 12, reflecting the early stage at which progress remains.

SR14 – **Recruitment and Retention**, the Committee concluded that this risk should have a new risk factor added to it, the impact of leaving the EU - given the current uncertainty over both the timing and the manner of this. The overall risk rating should remain at 16.

Strategic Themes

Theme 1 - Engagement

Staff Engagement Plan 2019-21 – we reviewed and endorsed the proposed measures suggested by Liz Woods to be used to evaluate the implementation success. We endorsed the measures proposed, and agreed with Liz that we would receive a progress report in December and then February. At the February report back, the measures will be used to set targets for 2020-21.

WRES - Given the continuing sickness of the Trust lead, the Trust has brought in interim support from Epsom and St Helier and this has been to good effect. We reviewed a WRES update setting out a programme of action to be implemented over the six-month period to the end of March 2020. The programme is ambitious in both content and timescale, and the initial indications are that there is very tangible support for this from Trust staff. We were encouraged by these early indications and the enthusiastic support reported, and will continue to monitor the position here.

Workforce Disability Equality Standard – The WDES standard is not something that has had particular focus within the Committee, so it was good to receive a proposed Action Plan for review. We had a full discussion on the logic underpinning the plan and the apparent under-reporting by staff with a disability – suggesting that self-reporting a disability within the Trust was not seen as psychologically safe space. The Action Plan begins to address this. We endorsed the proposal and look forward to regular updates on its implementation.

Theme 2 – Leadership and Progression

Mentorship and coaching – we received a helpful report from Sarah James on the progress of this initiative. The Trust has also set up an arrangement whereby staff who apply for an internal role, for which they are unsuccessful are to be offered support/coaching to help them prepare for future applications. In parallel, we have trained a further 12 internal mediators and 40 coaches who, it is hoped, will support less formal resolution of matters that might otherwise be run as disciplinary proceedings. We have asked to be kept updated on progress here, and in parallel Jacqueline McCullough will be updating us regularly on data relating to the use of formal disciplinary processes, so we can assess whether these initiatives are having an impact.

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[1] SR 11 – cultural shift (staff feel engaged, able to raise concerns) ;SR12 diversity and inclusion; SR13 failure to address culture of bullying and harassment; SR14 recruit and retain the right workforce; and SR15 unable to deliver new and innovative roles and ways of working.

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Theme 3 - Workforce Planning and Strategy

We reviewed a number of **workforce statistics**, with the caveat from Sion Pennant-Williams that as there was some uncertainty around the establishment number these data should be viewed as directional rather than absolute. Against that background we noted that sickness levels had fallen, but some areas of the Trust (Admin and Clerical, and Additional Clinical Services) both had sickness levels in excess of 5%. Turnover in some clinical areas (Nursing, AHP, and PST) stood at 20%, against Trust-average turnover of c 17.5%.   Appraisal levels were somewhere between static and reducing.   Whilst some of this movement in appraisal might be attributable) the move in the Trust's overall establishment, there is clearly also an underlying performance issue.

The Committee reviewed the variance in **time to recruit** across different divisions. In the absence of representatives from SNTC and MedCard, we were left with a number of unanswered questions – which we will have to carry forward to our next meeting.

In the light of the fact that the Trust Board had only recently held a workshop on **Workforce Strategy**, and that the final internal workshop was yet to be held, we did not further discuss the developing Workforce Strategy.

Theme 4 – Compliance.

Freedom to Speak Up – we reviewed a progress report from Liz Wood on the Trust's Guardian programme, and noted that the processes appeared to be working, with concerns being raised and escalated. The network of SGH internal Champions is now fully trained.

We reviewed the Trust's position and practices against a report which had been published by the National Guardian's Office the previous day. The conclusion reached was that, whilst there was still work to do to embed Freedom to Speak-Up in the Trust's DNA, good progress was being made and there was active support for this. The results of the NHS National Staff Survey will be a good barometer of the Trust's position.

Safe Working – Junior Doctors – we reviewed a detailed report from the Trust's Guardian, Dr Serena Haywood. The overall picture is of a continuing reduction (against prior comparative quarter, or PCQ) in exception reports. To be data-specific, the Q2 trend against PCQ is 2017-202; 2018-164; and 2019-97. However, two years into this reporting framework we should expect better, and Serena's Report highlighted a number of areas that should be of real concern to the Trust.

On the positive side, Serena's assessment is that our junior doctors are more willing to flag and report concerns, which suggests a positive shift in the divisional culture on this subject. On the negative side, there are still instances of negativity and cultural insensitivity to the wellbeing of our junior doctors, and a pattern of rota gaps going unresolved.
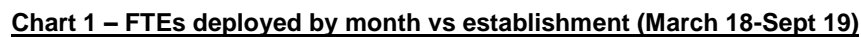
In parallel, one factor that emerged from the Committee's discussions was that, whilst internal concerns to the Guardian are being made on a timely basis, there may be an unwillingness for junior doctors to make a parallel notification through the operational line, and allow the situation to be addressed in real time.   Offline from the Committee, Divisional Directors will assess how this situation can sensibly be addressed so as to ensure that they receive early notice of rota gaps and situations likely to lead to exception reports, so they can attempt to resolve them.

Other – we sought and received assurance from Harbhajan Brar that he was not aware of any areas where there had been or was any **non-compliances by the Trust**.

Stephen J Collier

11 October 2019

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Appendix 1 – Whole Trust WTE and Fill charts (see over)

Chart 1 – FTEs deployed by month vs establishment (March 18-Sept 19)

Chart 2 – Fill rates by flexible staff, by month (Aug 18 – Sept 19)

(NB – this covers flexible staff only, so the red and the light blue areas in the chart above)