



Council of Governors Meeting

Date and Time: Wednesday, 9 July 2020, 15:00-17:30
Venue: Via WebEx

Time	Item	Subject	Lead	Action	Format
1.0	OPENING ADMINISTRATION				
15:00	1.1	Welcome and Apologies	Chairman	-	Verbal
	1.2	Declarations of Interest	All	Assure	Report
	1.3	Minutes of Meeting – 19 February 2020	Chairman	Approve	Report
	1.4	Action Log and Matters Arising	All	Review	Report
2.0	KEY ISSUES				
15:10	2.1	CEO’s Report and COVID-19 Update	CEO	Update	Report
15:40	2.2	Diversity & Inclusion	CEO	Update	Report
3.0	COUNCIL OF GOVERNORS WORKING: POST COVID				
16:10	3.1	Council of Governors Work Programme and Engagement Activities Updates	CCAO	Discuss	Report
4.0	GOVERNANCE				
16:20	4.1	Nominations & Remuneration Committee Report	Chairman	Review	Report
16:30	4.2	External Auditors Report 2019-20	Grant Thornton	Review	Report
5.0	ACCOUNTABILITY				
16:40	5.1	Overview from Non-Executive Directors (<i>Quality Focus</i>)	NEDs	Assure	Verbal
6.0	CLOSING ADMINISTRATION				
17:20	6.1	Any Other Business	All	-	Verbal
	6.2	Reflections on meeting	All	-	Verbal
17:30	CLOSE				
Date and Time of Next Meeting: 10 September 2020, 14:00 – 17:00 Annual Member’s Meeting, 18:00 – 19:30					



Council of Governors Meeting

Council of Governors Purpose:	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and Those in Attendance		
Members	Designation	Abbreviation
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AA
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
Sandhya Drew	Public Governor, Rest of England	SD
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	MJ
Basheer Khan	Public Governor, Wandsworth	BK
Nasir Javed Khan	Public Governor, Merton	NJK
Rebecca Lanning	Appointed Governor, Merton Council	RL
Doulla Manolas	Public Governor, Wandsworth	DM
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Richard Mycroft	Public Governor, South West Lambeth	RM
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Damien Quinn	Public Governor, Rest of England	DQ
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Medical and Dental	AS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance		
Jacqueline Totterdell	Chief Executive Office (items 2.1 & 2.2)	CEO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Humaira Ashraf	Acting Chief People Officer (Workforce) (item 2.2)	ACPO(W)
Paul Dossett	Director, Grant Thornton (item 4.2)	DGT
Tamara Croud	Head of Corporate Governance & Board Secretary	HCG-BS
Secretariat		
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
Quorum:	The quorum for any meeting of the Committee shall be at least one third of the Governors present.	



Minutes of the Meeting of the Council of Governors
19 February 2020, 15:00 – 18:00, Hyde Park Room, 1st Floor, Lanesborough Wing

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AA
Mia Bayles	Public Governor, Rest of England	MB
Nick de Bellaigue	Public Governor, Wandsworth	NDB
Val Collington	Appointed Governor, Kingston University	VC
Jenni Doman	Staff Governor, Non-Clinical	JM
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Rebecca Lanning	Appointed Governor, Merton Council	RL
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Richard Mycroft	Public Governor, SW Lambeth (Lead Governor)	RM
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
Damian 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 & Dental	AS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance:		
Ann Beasley	Non-Executive Director	AB-NED
Alison Benincasa	Director of Quality Governance and Compliance (items 2.2/2.3)	DQGC
Stephen Collier	Non-Executive Director	SC-NED
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Pui-Ling Li	Associate Non-Executive Director	ANED
Ralph Michell	Head of Strategy (item 2.1)	HOS
Emily Perry	Divisional Director of Operations, Children's, Women's, Diagnostics and Therapies (item 2.1)	DDO-CWDT
Elizabeth White	Chief Information Officer (item 2.1)	CIO
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
Observers:		
Olivia Herlihy	Divisional Governance Manager (MedCard)	DGM-MedCard
Apologies:		
Anneke de Boer	Public Governor, Merton	ADB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Elizabeth Bishop	Non-Executive Director	EB-NED
Frances Gibson	Appointed Governor, St George's University	FG
Basheer Khan	Public Governor, Wandsworth	BK
Parveen Kumar	Non-Executive Director	PK-NED
Doulla Manolas	Public Governor, Wandsworth	DM
Tim Wright	Non-Executive Director	TW-NED



		Action
1.0	OPENING ADMINISTRATION	
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting and noted the apologies as set out above. She also welcomed the newly elected Governors, who had commenced their terms of office on 1 February 2020 following the elections the previous month. The Chairman expressed her thanks to former Governors, Khaled Simmons and Simon Price, for their commitment to the Council and the Trust as a whole during their service as Governors, having been unsuccessful in the recent elections. It was reported that Simon had recently been appointed as one of the new Culture Champions at the Trust.</p> <p>It was noted that Dave Woodruff, a member of staff who was also a 'Pets as Therapy' volunteer, would be bring his spaniel Rosie to meet the Governors at the close of the meeting and discuss the work of the Pets as Therapy initiative, a number of Governors having previously expressed an interest in this.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interests reported.</p>	
1.3	<p>Minutes of the meeting held on</p> <p>The minutes of the meeting held on 17 December 2019 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council reviewed the action log and agreed that action COG.17.12.19/01 (Council of Governors Effectiveness Review) could be closed as a paper setting out proposed actions and next steps following the Review was on the agenda at item 3.3.</p> <p>The one other item on the log – workforce issues including sickness absence – was not due until the Council of Governors meeting on 5 May 2020.</p>	
1.5	<p>Key Issues</p> <p><u>Jacqueline Totterdell, Chief Executive Officer</u> The Chairman reported that Jacqueline Totterdell, Chief Executive Officer, had been very unwell since mid-December 2019 and had been hospitalised for a number of weeks over the Christmas period. Her condition was improving but she remained very unwell and was currently on sick leave from the Trust. Andrew Grimshaw, Deputy Chief Executive and Chief Finance Officer, had taken on the role of Acting Chief Executive until Jacqueline was fully recovered and able to return to work.</p> <p><u>Executive Director Changes</u> The Chairman also provided an update on other changes in the executive team:</p> <ul style="list-style-type: none"> • While Andrew Grimshaw was Acting Chief Executive Officer, his deputy, Tom Shearer, would be Acting Chief Finance Officer. • Ellis Pullinger was leaving the Trust at the end of February 2020 to take up a role at another London Trust and Avey Bhatia, Chief Nurse, had agreed to take on the role of Chief Operating Officer (COO) until a permanent successor to Ellis has been appointed. • Following Avey's move to the role of Chief Operating Officer, Robert Bleasdale, Deputy Chief Nurse, had taken on the role of Acting Chief Nurse until a replacement COO was appointed. • Harbhajan Brar, Chief People Officer, would be leaving the Trust in April 2020 to join Imperial College London. 	



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	<ul style="list-style-type: none"> The Chief Operating Officer and Chief People Officer would be advertised in due course. <p><u>Quality Special Measures</u> The Chairman reported that the Trust was still awaiting formal notification from NHS England and NHS Improvement that it had been taken out of Quality Special Measures following the recommendation by the Care Quality Commission in December 2019. This was expected to be announced shortly. Confirmation of the Trust's exit from Quality Special Measures would be a significant milestone for the organisation, having been rated Inadequate and placed in special measures in November 2016. The improvements were testament to hard work of staff across the organisation. The Trust remained in financial special measures and exiting this by becoming a financially sustainable organisation was key.</p> <p><u>Coronavirus</u> The Chairman reported that the situation with Coronavirus was rapidly evolving. It was clear that the Coronavirus was expected to have a significant impact on the NHS. The Trust was working with NHS England and NHS Improvement, Public Health England and system partners across South West London to provide a coordinated response to patients infected with Coronavirus. The Trust had identified and established a dedicated location away from the Emergency Department to swab patients which meet the criteria. The Board's Quality and Safety Committee would receive an update at its meeting the following week. It was agreed that Governors would be sent a briefing on the Coronavirus by email in the coming days.</p>	CCAO
2.0	TRUST UPDATES	
2.1	<p>Strategy Development</p> <p>The Council of Governors received updates on the developing 2020-24 Digital and Outpatients strategies.</p> <p><u>Digital Strategy</u></p> <p>The Council welcomed Elizabeth White, Chief Information Officer (CIO), to the meeting. The CIO outlined the key elements of the developing Digital Strategy 2020-24. The strategy was in draft form and was due to be considered by the Trust Board at its meeting in February 2020, subject to taking on the views of the Council. The CIO reported the following key points:</p> <ul style="list-style-type: none"> In developing the strategy the Trust had sought the views of more than 500 staff and patients. The developing strategy was suitably flexible to accommodate unplanned changes in future requirements and demands of business. The strategy would also respond to the national long term plan for 'digitally enabled care'. Reflecting this, the key priorities incorporated into the plan included empowering people, supporting health and care professionals, improving population health and improving clinical efficiency and safety. The new strategy would rely on information communication technology (ICT) infrastructure and actions which: <ul style="list-style-type: none"> Improved efficiency; Improved quality of care (via interoperable clinical systems); Supported estates improvement, made the Trust a better place to work, enabled new models of care (e.g. virtual consultations); Enabled closer collaboration with the wider NHS (e.g. through appropriate 	



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<p>sharing of patient information); and</p> <ul style="list-style-type: none"> – Supported research (e.g. by enabling researchers to access appropriate data). <ul style="list-style-type: none"> • The vision for 2024 was to ensure staff and patients had access to the digital technology and information they needed, when and where they needed it. It incorporated three strategic priorities: <ul style="list-style-type: none"> – Robust Infrastructure: upgrading IT infrastructure and technology systems and strengthening cyber security; – New Models of Care for our patients: using technology to interact differently with patients sparing them the need to travel to hospital where possible; and – New ways of working for our staff: moving away from paper-based systems, enabling staff to work remotely, using technology to support staff to work more effectively and efficiently. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • The Trust, like other NHS organisations, had a limited capital budget to support investment in ICT. The Trust would therefore focus on the key priorities ('<i>must do</i>' projects) and if and when additional capital funding becomes available, other ICT projects ('<i>like to do</i>') would be considered based on their merits and alignment with the Trust's clinical strategy. Key '<i>must do</i>' projects included a new IT infrastructure, Windows 10 rollout and a major upgrade to iClip. • The Trust's IT network was a high risk area for the Trust and as such this is regularly considered at the management forums and the Finance and Investment Committee. • The Trust was adopting a delivery model which increased internal talent and capacity and moving away from the heavily outsourced staffing approach. <p>The Council noted the key elements in developing the Digital Strategy 2020-24 which would be considered by the Board in February 2020 subject to prior review by the Finance and Investment Committee.</p> <p><u>Outpatient Strategy</u></p> <p>The Council welcomed Ralph Michell, Head of Strategy (HoS), and Emilie Perry, Divisional Director of Operations, Children, Women, Diagnostics and Therapies (DDO-CWDT), to the meeting. The HOS outlined the key elements in the developing Outpatient Strategy. The strategy was in draft form and was due to be considered by the Trust Board at its meeting in February 2020, subject to taking on the views of the Council. The HoS reported the following key points:</p> <ul style="list-style-type: none"> • In July 2019, the Board agreed the vision for outpatient services: '<i>Outpatient services that fit around our patients' lives, using the latest technology.</i>' • Key drivers which were reflected in the Trust's outpatients strategy included: <ul style="list-style-type: none"> – The NHS Long-Term Plan published in early 2019 set out a commitment that digitally-enabled primary and outpatient care would be mainstreamed across the NHS. – Hospital outpatient appointments had nearly doubled over the past decade from 54 million to 94 million at a cost of £8 billion a year. – The traditional model of outpatients was outdated and unsustainable. – Across the NHS, outpatient services would be fundamentally redesigned so that over the next five years patients would be able to avoid up to a third of face-to-face outpatient visits, removing the need for around 30 million outpatient visits a year across England. – Reforms to the payment system would move away from activity-based payments 	



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	<p>and to ensure a majority of funding was population-based.</p> <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> Each outpatient speciality service would adopt changes from a 'menu' of options as appropriate to redesign their service to benefit patients and improve efficiencies. The menu was based on projects already undertaken at the Trust and on guidance published by NHS England and NHS Improvement. The Trust was working with partners in primary care on projects such as making changes in referral practice and in referral pathways. The rollout of iClip would be a key enabler to outpatient services. This would need to be underpinned by a significant culture change across the organisation and different ways of working. <p>The Council noted the key elements in developing the Outpatient Strategy 2020-24 which would be considered by the Board in February 2020 subject to prior review by the Finance and Investment Committee.</p>	
2.2	<p>Quality Priorities Update and Quality Accounts Planning</p> <p>The Council welcomed Alison Benincasa, Director of Quality Governance and Compliance (DQGC), to the meeting. The DQGC provided an update on the progress against the quality priorities for 2019-20, outlined the quality priorities for 2020-21 and outlined the process and proposals for the Council to agree local indicators which were subject to external scrutiny as part of developing the Trust's quality report. The DQGC reported the following:</p> <ul style="list-style-type: none"> As part of the process for developing the quality report each year the Council of Governors selected a local indicator which was scrutinised by the Trust's external auditors, Grant Thornton. The external auditors would scrutinise the data from the selected local indicator and provide a limited assurance opinion on the quality of the data set for the selected local indicator and the indicators mandated by NHS England and NHS Improvement for acute trusts. The Trust was required to select the following mandated indicators for data testing: <ul style="list-style-type: none"> Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period. The following areas were auditable and available for the Governors to choose as the local indicator for testing: <ul style="list-style-type: none"> Mortality Patient reported outcome measures (PROMs) scores Readmission within 28 days of discharge Patient experience Staff recommendation to friends and family Venous thromboembolism (VTE) Infection control Patient safety incidents Provide a responsive high quality complaints service Maximum waiting time of 62 days from urgent referral to first treatment for all 	



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	<p>cancers</p> <p>The Council narrowed the choice to the following two indicators and agreed that in the interests of time at the meeting Governors would be asked to indicate their preference by email, following which the Council's decision would be relayed to the External Auditors:</p> <ul style="list-style-type: none"> • Readmission within 28 days of discharge: percentage of patients readmitted within 28 days by age 0 to 14 and 15 or over; or • Infection control: rate per 1,000,000 bed days of reported <i>C. difficile</i> cases for patients aged 2 and over. <p><i>The Council chose Readmission within 28 days of discharge as their indicator to be audited.</i></p>	All Gov.
2.3	<p>Care Quality Commission Inspection Report – Action Plan</p> <p>The DQGC presented the Care Quality Commission (CQC) inspection report and the Trust's action plan. The following key points were reported:</p> <ul style="list-style-type: none"> • Five of the eight core services had been assessed as part of the inspection in July 2019 (Urgent and Emergency Care, Medical Care, Surgery, Children and Young People and Outpatients) and the assessment of Trust leadership (well-led) had been conducted in September 2019. • Surgery had been rated as <i>good</i> overall and services for Children and Young people had been rated as <i>outstanding</i>, which was an important improvement. • Despite the clear improvements documented in its inspection report, the CQC confirmed the overall rating for the Trust remained '<i>requires improvement</i>' but it nonetheless recommended to NHS England and NHS Improvement (NHSE&I) that the Trust be removed from Quality Special Measures. At the time of the Council meeting, NHSE&I were yet to decide formally on the recommendation from the CQC. <p>The Trust had received two requirement notices ('<i>must do</i>' actions), which was a significant improvement on its previous inspection report, and the detailed improvement action plan to address these had been submitted to the CQC on 16 January 2020. The two Trust-wide '<i>must do</i>' actions were:</p> <ul style="list-style-type: none"> – Make sure all patient records are stored securely, completed accurately and kept confidential; and – Make sure consent is correctly recorded in patient's notes in line with best practice. <ul style="list-style-type: none"> • There were 44 '<i>should do</i>' recommendations spread across six service areas and the Trust was developing local actions plans. <p>The Council received the CQC Inspection Report 2019, noted the action plan for addressing the '<i>must do</i>' recommendations and noted that the improvement plan for the '<i>should do</i>' recommendations was under development.</p>	
3.0	MEMBERSHIP & ENGAGEMENT	
3.1	<p>Membership Engagement Committee Report</p> <p>Richard Mycroft, Lead Governor and Chair of the Membership Engagement Committee,</p>	



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	<p>presented the report from the Committee meeting held on 28 January 2020.</p> <p>Much of the discussion had focused on the planning for the forthcoming Question Time constituency engagement events. A briefing session for Governors participating in the events had been arranged for Thursday, 5 March 2020 and was open to all Governors. The Trust Communications team were producing a presentation to support the events, which would set out at a high level an overview of the Trust's quality, performance, financial and strategic position. The presentation would be tailored to each event to build in a relevant local focus. A Governor from the relevant constituency would open and host the meeting, introduce the executive director lead and manage the question time session which followed the presentation. Governors would be provided with a Frequently Asked Questions (FAQ's) document which would cover a broad spectrum of topics that could be raised by members of the public so that Governors had guidance as to how best to respond to questions and which issues they should pass on to the executive lead. Significant work had been undertaken to promote the events and Governors were encouraged to continue to promote them through their local networks and distribute the posters in their local areas.</p> <p>The Council noted the update and agreed that Governors would continue to promote the Constituency Question Time events in their local areas.</p>	All Gov.
3.2	<p>Governor Election Report</p> <p>The CCAO provided an update on the recent Council of Governors elections which ended 30 January 2020.</p> <ul style="list-style-type: none"> The following seats were part of the January 2020 election: <ul style="list-style-type: none"> Three in Wandsworth (three year term) Two in Merton (three year term) One in Merton (one year term) Two in the Rest of England (three year term) One Non-Clinical staff governor (three year term) <p>For the first time in two years all nine seats were contested and there was good engagement in the non-clinical staff elections. The election process had started in November 2019 and closed on 30 January 2020. Civic Election Services (formerly Electoral Reform Services) had been appointed as the independent Returning Officer.</p> <ul style="list-style-type: none"> The elections had gone well and the new awareness sessions for prospective governors had been well received. It was planned to continue with these, and build on them for the 2021 Governor elections so that the Trust used these both as a means of promoting awareness of the elections and as a vehicle for engagement with members. In order to provide more opportunity for newly elected Governors to receive and participate in induction events prior to commencing their terms of office, it was proposed that the election schedule be brought forward from January 2021 to November 2020. This would mean nominations opening in September 2020 and voting closing by the end of November 2020. This would allow two months for new Governors to be inducted and potentially shadow an experienced Governor before starting their three year term in the 1 February 2021. <p>The Council noted the update on the January 2020 elections and the learning that would be used to further improve the election process for the 2021 Governor Elections.</p> <p>It was agreed that a report would to be brought to the next meeting on the 5 May 2020 with an agreed timetable for election for later this year.</p>	CCAO



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4.0	GOVERNANCE	
4.1	<p>Nominations & Remuneration Committee Report</p> <p>The CCAO presented the Nominations and Remuneration Committee report from the meeting held on 11 February 2020. The Committee had considered three new pieces of guidance issued by NHS England and NHS Improvement (NHSE/I) in relation to:</p> <ul style="list-style-type: none"> • The remuneration of NHS provider Chairs and Non-Executive Directors (NEDs) • The appraisal process for NHS provider Chairs • The competency framework for NHS Chairs <p>The Committee noted the above guidance and considered the implications for the Council's approach to the appointment and re-appointment of non-executive Board members and for the upcoming appraisal of the Chairman, the outcomes of which were due to be considered, along with those of the non-executive directors, at the Committee's next meeting on 28 April 2020.</p> <p>The Committee noted that, at present, all substantive non-executive directors at the Trust received remuneration of £14,000 per year and that this was a uniform rate across all of the NEDs. There was no system of supplementary remuneration based on additional responsibilities such as the chairing of Committees or fulfilling the role of Senior Independent Director. The Committee recognised that the changes would not impact on the remuneration of the NEDs in their current terms of office, but that the Trust was expected to implement the new levels in the course of any appointment or reappointment. For current NEDs, this would involve a £1,000 reduction in current basis remuneration, albeit up to three could receive supplementary remuneration of up to £2,000 for additional responsibilities.</p> <p>While the Committee recognised that the sums involved were relatively minor, it was concerned that implementing such a structure would create inequality in remuneration among the NED membership of the Board and ran counter to the culture of equality of endeavour the Chairman valued. The Committee agreed that the Trust should explore with NHSE&I the extent to which it would be possible to retain uniformity in remuneration across the substantive NED cohort on the Board. It recognised that deviations from the new structure were permitted on a comply or explain basis, and it agreed to consider the matter further at its next meeting.</p> <p>In relation to the Chairman's remuneration, the Committee had recognised that the current remuneration of the Chairman was already at the median point for a Trust of this size and that no changes were necessary at this time. It noted that this retained some flexibility to increase the level at the point at which the Trust exited special measures.</p> <p>The Council noted the update from the Committee and also noted:</p> <ul style="list-style-type: none"> • The new requirements relating to process for conducting appraisals of NHS provider Chairs and the new competency framework; • The requirements relating to the remuneration of Trust Chairs and Non-Executive Directors and the fact that the Committee will consider this again at its next meeting following further engagement with NHS England and NHS Improvement; and • Approved the amended policy for the appraisal of the Chairman and Non-Executive Directors set out at Appendix 4. 	
4.2	<p>Proposed Revision to Trust Constitution relating to the Trust Board</p> <p>The Chairman outlined the proposed temporary changes to the Trust's Constitution, and to the Standing Orders, in relation to the membership of the Trust Board and associated</p>	



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	<p>voting rights. Following the departure of Ellis Pullinger, the Chief Operating Officer (COO), Avey Bhatia, Chief Nurse had agreed to cover the COO role and Robert Bleasdale, Deputy Chief Nurse, would step into her role as Chief Nurse on an acting-up basis. However, unlike the role of Chief Nurse, the Chief Operating Officer role was not a voting member of the Trust Board. It was noted that Avey Bhatia would not wish to give up a voting role which was agreed as reasonable. The Council was asked to endorse the adoption of the interim arrangements to cover that role until a substantive replacement was appointed. The Board had previously considered and approved the proposed changes to the Constitution. It was noted that these changes would have effect for no longer than nine months and that the changes would need to be presented at the Annual Members' Meeting.</p> <p>The Council agreed the temporary changes to the Constitution.</p> <p>It was also noted that a comprehensive review of the Trust's Constitution would be undertaken during 2020/21. The outputs of this, and any consequential proposals for amendment, would be considered by the Board and the Council of Governors and the changes would be subject to approval by the Council and the Trust's members at an Annual Members' Meeting.</p>	
4.3	<p>Effectiveness Review Action Plan and Proposed Forward Plan</p> <p>The CCAO presented the report which set out proposed plans which address the feedback provided in the Council's 2019/20 effectiveness review.</p> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> • The Trust would utilise the services of NHS Providers to deliver some aspects of Governor training and development, including a Development Day during the year. • To increase the profile of Governors a different governor would be featured in the Trust stakeholder magazine 'the Brief'. • Governor visits' to different parts of the Trust would be arranged on the same day as informal Governor sessions/workshops, and it was agreed that such visits provided an important means of Governors developing their understanding of the Trust. • The Lead Governor would present a summary of Governor activity at every Council of Governor meeting. • As well as organised site visits Governors were invited to take part in the Ward Accreditation scheme as well as annual PLACE inspections. <p>The Council considered the proposed forward plan and programme of activities to enable the Council to be more effective and in line with action plan outlined in the effectiveness review.</p>	
5.0	ACCOUNTABILITY	
5.1	<p>Overview from Non-Executive Directors</p> <p>The Chairman reported that the following Board Committee met since the last Council of Governor meeting on 17 December 2019 and the reports had been circulated to the Council:</p> <ul style="list-style-type: none"> • Finance & Investment Committee (12 December 2019 and 23 January 2020) 	



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	<ul style="list-style-type: none"> • Quality and Safety Committee (12 December 2019 and 23 January 2020) • Audit Committee (30 January 2020) • Workforce and Engagement Committee (5 December 2020) <p><u>Finance</u></p> <p>The Trust Chairman reported that the Trust was in a different place on quality and that had been reflected in the recent CQC report and the recommendation that the Trust be taken out of quality special measures. The Trust's finances were £12m off target for year-end but the Emergency Department performance had improved. The NHS was moving toward system working with proposals to introduce a system budget at SWL ICS level.</p> <p>It was agreed that the Trust would seek to invite a system partner/chair to speak to the Governors at a future seminar session.</p> <p>In response to NdB's query about what would be different for next year's budget planning, AB-NED responded that each year the trust was getting better at planning. However, the learning from the current year was that forecasting needed to be started earlier in the financial year (September or October) and reporting of deviation from plan needed to be flagged and remedial action taken at an early stage. A seminar on the Annual Plan for 2020-21 would be organised for the Council next month.</p> <p>It was agreed that the new SWL ICS chair be invited to talk to the Council. In addition a seminar session, on annual planning would be arranged for the Council in March 2020.</p> <p><u>Workforce</u></p> <p>SC-NED provided the Council with some highlights from the NHS Staff Survey results which had been discussed at the Workforce and Education Committee on 18 February 2020. The key highlights were:</p> <ul style="list-style-type: none"> • The staff survey questionnaires had been sent to 8,518 eligible members of staff with 4,923 staff returning the survey. This was a 59.5% response rate which was higher than the previous years of 54%. The median response rate for acute trusts was 47.5%. • Although steady progress had been made, the Trust was still below average on staff survey question responses. • Staff had said they would be happy with the standard of care if a friend/relative needed treatment by St George's. Staff had also said they would recommend St George's as a place to work, and this score had increased from 57% in the 2018 survey to 61% in 2019 survey. • At the same time, key challenges remained, particularly in relation to bullying and harassment, diversity and inclusion, and staff feeling able to raise concerns. <p>In response to queries raised by the Council the following key points were noted:</p> <ul style="list-style-type: none"> • Where the incidence of violence against staff had improved but there was more work to do in this area. • Although the Trust had achieved a higher response rate for the survey it was disappointing that it was below average in a number of responses. <p>The Council noted the progress that had been made with the Staff Survey results and the improvement work that was ongoing.</p>	<p>CCAO</p> <p>CCAO</p>



		Action
6.0	CLOSING ADMINISTRATION	
6.1	Any Other Business It was noted that a formal response on the independent Cardiac Surgery Review would be going to the Trust Board meeting on the 26 March 2020 and that a briefing session would be arranged for the Council beforehand but would probably be at short notice.	
6.2	Reflections on meeting NA reflected that the meeting had been a very good and he was keen as new Governors to receive more background information on some of the key issues facing the Trust. He suggested that more time should be provided for Governors to read all the reports before the meeting. The Chairman explained that the aim was to circulate papers a full week prior to each Council of Governors meeting and it was important this was delivered. DR stated that there had been some thoughtful contributions by new Governors which he felt augured well for future meetings.	
	Date of next Meeting: 5 May 2020, 15:00-18:00 [meeting was cancelled as a result of COVID-19 pandemic and social distancing rules implemented in response]	

Council of Governors Action Log - 9 July 2020

Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.17.12.19/02	Workforce and Sickness	It was agreed that the CCAO would arrange for the Chief People Officer to provide an update on workforce and sickness absence as part of the Council's forward work programme for 2020/21.	09.07.2020	CCAO	Added to Council of Governor workplan as a seminar	PROPOSED FOR CLOSURE
COG 19.02.20/01	Coronavirus COVID-19 Update	It was agreed that Governors would be sent a briefing on Coronavirus by email in the coming days.	26.02.2020	CCAO	Completed - a confidential briefing was emailed out to the Council on the 26 February 2020	PROPOSED FOR CLOSURE
COG 19.02.20/02	Quality Indicator Audit	The Council narrowed the choice to the following two indicators and agreed that in the interests of time at the meeting Governors would be asked to indicate their preference by email, following which the Council's decision would be relayed to the External Auditors: • Readmission within 28 days of discharge: percentage of patients readmitted within 28 days by age 0 to 14 and 15 or over; or • Infection control: rate per 1,000,000 bed days of reported C. difficile cases for patients aged 2 and over.	02.03.2020	All Governors	Completed - The Council chose Readmission within 28 days of discharge as their indicator to be audited. However due to COVID-19 pandemic and only essential work being undertaken, these were not audited by Grant Thornton.	PROPOSED FOR CLOSURE
COG 19.02.20/03	Constituency Time Events	The Council noted the update and agreed that Governors would continue to promote the Constituency Question Time events.	09.03.2020	All Governors	Completed - the events took place on 9th and 11th March and planned event on 12th March was cancelled due to the COVID-19 pandemic.	PROPOSED FOR CLOSURE
COG 19.02.20/04	Governor Elections	It was agreed that a report would be brought to the next meeting on 5 May 2020 with an agreed timetable for election for later this year.	09.07.2020	CCAO	On agenda - See item 3.1	PROPOSED FOR CLOSURE
COG 19.02.20/05	NHS System working	The new systems chair be invited to talk to the Council at a seminar	10.09.2020	CCAO	Added to Council of Governors forward programme of work in 2020/21.	PROPOSED FOR CLOSURE
COG 19.02.10/06	Annual Planning Seminar	An Annual Planning Seminar to be arranged for the Council next month	23.03.2020	CCAO	The Annual Planning Seminar was arranged for 23 March 2020. However, this needed to be cancelled due to COVID-19 and directive from NHSE&I to suspended all non urgent work to deal with pandemic.	PROPOSED FOR CLOSURE



Meeting Title:	Council of Governors		
Date:	09 July 2020	Agenda No.	2.1
Report Title:	CEO’s Report and Covid Update		
Lead Director/ Manager:	Jacqueline Totterdell, Chief Executive		
Report Author:	Jacqueline Totterdell, Chief Executive		
Presented for:	Information/ Confidential		
Executive Summary:	Overview of the Trust activity and an update on Covid-19 and resuming clinical services.		
Recommendation:	The Council of Governors is asked to receive the report for information.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All		
Single Oversight Framework Theme:	All		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A



CEO's Report and COVID-19 Update

This report provides Governors with an overview of the Trust's management of the Covid-19 pandemic and planning for future surges, update on key the operational, financial and workforce matters and an update on the external environment.

1. Covid-19: Update and where are we now?

1.1. Covid Cases

The Trust hit the peak of Covid-19 cases 2-12 April 2020. At the onset of the national pandemic the Trust had put in place PoDs on the outskirts of the hospital to test and treat suspected Covid-19 patients, conducted testing in the community and created designated areas within its emergency department. As the crisis developed the Trust created dedicated wards for the treatment of Covid-19 patients whilst ensuring provisions were put in place to safeguard non-Covid patients. At its peak the Trust had 304 inpatients (2nd April) and 83 patients in the intensive care unit (12 April). Since then the Trust saw a continued reduction of the number of Covid-19 cases with only 30 inpatients and 6 ITU patients in June 2020. This reduction is forecast to continue.

The Trust also implemented a robust testing regime for patients. The Trust completed 10,401 patient tests of which 1,528 patients tested positive for Covid-19. Unfortunately 297 patients died from Covid-19. As at 16 June a total of 945 patients who tested positive for Covid-19 were discharged.

The Trust also implemented test regimes for staff members. In June the Trust had conducted 2287 antibody tests on staff with over 6000 referrals received. The Trust also completed circa 10,000 Covid-19 tests on staff. Both testing programmes continue.




1.2. Managing Covid-19 Risks

Like other organisations the Trust faced challenges with ensuring it had robust infection prevention and control mechanisms in place to support staff and safely care for patients. The Trust maintained adequate supplies of personal protective equipment (PPE). The Trust received stocks of PPE centrally through the NHS England procurement hub and where possible was able to procure visors from alternate approved suppliers. The Trust was pleased that during the peak it was able to adhere to the national guidelines related to PPE for staff. This was a significant task to manage given that there were daily changes and guidance from the Government and other regulatory bodies. The Trust also completed a programme of fit testing FFP3 mask.

The Trust redesigned its clinical pathways to create 'green', amber, and 'red' wards to ensure that non-Covid patients, suspected Covid-19 patients and Covid-19 patients could be safely cohorted and cared for in designated areas of the hospital. The Trust had reshaped its infection prevention and control systems to ensure that the risks to patient and staff are mitigated in as far as possible. The Trust was currently conducting the self assessment of how it manages infection and prevention and control risks against the national Board Assurance framework and guidance.

The Trust was also conducting risk assessment for all staff and 2271 had been completed as at 22 June 2020. This is a key priority for the Trust and the aim is to reach 100% of staff in July. A self-assessment against the national standards for infection prevention and control was currently being completed using the national Board Assurance Framework document, which would be presented at the Quality and Safety Committee in July, after going through an internal assurance process. Following the publication of the London Infection Prevention guidelines and national operating framework the operational group with the support of

infection prevention and control are working to ensure these are fully implemented, including the establishment of a working group to implement social distancing measures within the workplace. The hospital has implemented the national guidance regarding the need for patients and visitors to wear face coverings, and staff to wear face masks as part of its Stay Safe campaign.

Type of mask	Who should wear one?	What do they look like?
Face covering These may slow the spread of respiratory viruses, including Covid-19. We are unable to provide face coverings for staff or patients - but making your own is cheap and easy.	✓ Staff travelling to and from work on public transport ✓ Staff arriving at work and walking to their clinical area/ office ✓ Patients and relatives accessing our services (exemptions apply)	
Surgical masks Surgical masks provide barrier protection against respiratory droplets reaching the mucous of the mouth and nose.	✓ All staff, clinical and non-clinical, when at work	
FFP respirators Respirators are used to prevent inhalation of small airborne particles arising from aerosol generating procedures.	✓ Staff carrying out aerosol generating procedures. ✓ Please follow PHE guidance around use of FFP respirators and PPE.	

2. Clinical Services Resumption and Operational Performance

2.1. Activity, Capacity & Demand

Demand for services is picking back up, but there are a number of worrying trends emerging nationally. For example, national data published by NHS England recently showed that the number of patients seen by a cancer specialist fell to 79,500 in April – a drop of 60% compared to the same month last year. This drop off is reflected across other specialties nationally, and played out at a local level as well. The Trust's operational performance continued to be impacted by the Covid-19 pandemic. The Trust did run a range of services, such as trauma, maternity, neonatal, cancer, stroke, heart attack, medical and surgical take, paediatrics, imaging and pathology. Following the peak of the Covid-19 pandemic the Trust began to focus on resuming its services and taking operational measures to safeguard patients when they are in the hospital. In May 2020, the Trust's activity levels were lower than the same period, May 2019. For example elective activity was 76% lower, outpatient activity was 40% lower, emergency department attendances 54% and non-elective activity 38% lower. During the pandemic, to ensure that patients were receiving the care they needed the Trust increased its virtual appointments with 71.5% of outpatient activity conducted virtually.

There were signs of a slow increase in activity across the NHS and in the Trust. For example, the Trust was now seeing up to 300 patients a day in its emergency department, which is more patients than were accessing treatment a month ago.

2.2. Clinical Safety Strategy

In terms of healthcare delivery, elective operations are slowly coming back online across the country. The Trust was gradually increasing activity across its sites. The Trust's Clinical Safety Strategy Group and Operational Management Group oversaw the prioritisation to resume clinical services in collaboration with South West London (SWL) partners. The Trust was prioritising the resumption of services based on clinical need and in

line with national guidance. The Trust developed a clinical safety strategy which aligns with the phased approach below enshrined in the SWL Recovery Plan.



In May-late June, the Trust started the plan which resulted in the resumption of elective cardiac surgery, home birth services, increased the number of elective theatres from eight to 14, running 22 of the 29 emergency theatres, increasing the number of face to face outpatients, therapies and imaging appointments for priority two patients and restarting the elective programme across SWL programme. The resumption of services would be underpinned by Infection, Prevention and Control policy and Local Test, Track and Trace plan, estates and site management plan, workforce and training plans, and robust activity and demand plan. The Trust was assured that based on current activity the Trust had the required workforce to deliver the plan.

Across South West London, six key services had been identified as priority areas for recovery including musculoskeletal (MSK), gynaecology, urology, ophthalmology, ears, nose and throat (ENT) and orthopaedics. The Trust had been designated as the lead provider for ENT and urology. Focus was also being given to the next tranche of services that should be re-established and this was likely to include cardiology and neurosciences. The Trust was bringing back into use more theatres and was continuing to use independent sector providers to treat patients to ensure that delays in care as a result of Covid were minimised. Day surgery services were ready to restart but the Trust was first ensuring that there were robust infection prevention and control mechanisms in place.

Patients coming into the hospital for elective operations would be required to undergo the infection prevention and control (IPC) screening process (patients are tested for Covid-19 and asked to self isolate for 14 days until they come into the hospital) as outlined in the London IPC standards. In some cases, it is proving challenging to encourage patients to come into hospital for their operation which was entirely understandable and to be expected. The Trust was working hard to reassure patients and the public that they would be safe whilst under the Trust's care and clinicians were calling patients to reassure them about coming into the hospital.

2.3. Other Operational Performance

The Trust exceeded the emergency department four hour standard in May achieving 97.5% against the target of 95%. This made the Trust the second highest performing London trusts.

The Trust was focused on improving the six week diagnostic standards and 62-day cancer standards and working on reducing the number of patients waiting longer than 52 weeks. Despite suspending the use of tablets as a result of Covid-19 most services attained between 89-90 % response rates for the friends and family test survey whilst inpatient services continued to exceed the 95% target.



2.4. Financial Performance

The Board signed off the annual report and accounts for 2019/20 in June. The Trust had received an adverse opinion from external auditors in relation to its value for money position since 2014/15. This year, the external auditor, Grant Thornton, issued a qualified 'except for' value for money conclusion which demonstrates that the Trust had proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The audit opinion was predicated on the good progress the Trust had made to improve its financial position, the Trust moving out of quality special measures and reducing its annual deficit. The Trust, however, remained in financial special measures and there was material uncertainty around its financial sustainability with regards to the requirement for future cash support which is yet to be confirmed, delays in completing the income contract process for 2020/21 and unsecured capital funding.

Whilst the Trust ended 2019/20 in line with the revised financial forecast Covid-19 had impacted on month 11-12 financial position with the reduction in income as a result of stopping certain services as the Trust focused on addressing the Covid-19 pandemic and additional Covid related expenditure. The Trust was able to recoup Covid costs for 2019/20. NHS Improvement/England provided all trusts with 2020/21 month 01 and 02 block contract income cash. The Trust however incurred additional costs related to Covid-19. The Trust reported a breakeven position in month 01 and 02 in line with NHSI/E instructions.

			Full Year Budget (£m)	M2 Budget (£m)	M2 Actual (£m)	M2 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding COVID and Income Top Up	Income	SLA Income	785.4	65.4	61.9	(3.5)	130.9	123.9	(6.9)
		Other Income	164.0	13.7	11.4	(2.3)	27.4	24.5	(2.9)
	Income Total		949.4	79.1	73.3	(5.8)	158.3	148.4	(9.9)
	Expenditure	Pay	(581.1)	(48.5)	(46.3)	2.2	(96.9)	(93.0)	3.8
		Non Pay	(329.2)	(27.3)	(23.7)	3.7	(54.9)	(49.2)	5.7
	Expenditure Total		(910.3)	(75.8)	(69.9)	5.9	(151.8)	(142.2)	9.6
	Post Ebitda		(39.1)	(3.3)	(3.3)	0.0	(6.5)	(6.5)	0.0
	Grand Total		(0.0)	0.0	0.1	0.1	0.0	(0.3)	(0.3)
COVID and Income Top Up	COVID	Pay	0.0	0.0	(1.7)	(1.7)	0.0	(4.0)	(4.0)
		Non Pay	0.0	0.0	(1.6)	(1.6)	0.0	(2.6)	(2.6)
	Total COVID		0.0	0.0	(3.3)	(3.3)	0.0	(6.6)	(6.6)
	Income Top Up	SLA Income	0.0	0.0	3.2	3.2	0.0	6.9	6.9
Reported Position			(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)

The Trust incurred £6.6m of revenue costs across April and May relating to the response to Covid-19. This was largely due to additional staffing costs to support increased intensive treatment unit (ITU) capacity, cover for staff screening/isolating, and increased cleaning costs and costs on testing. The Trust also lost non-NHS income totalling £1.2m, related reduction in car parking income, catering income, and private patient income. At month 02 Covid costs were £3.3m and the Trust received £3.2m top-up from NHSI /E which resulted in a total £0.3m underlying deficit at month (£0.1m surplus in month 02).

2.5. Workforce Performance

The Trust staff, who continue to go above and beyond, despite the pressures of recent months. As always, their achievements have been many and varied. The Trust, in partnership with St George's, University of London, was leading the country for urgent public health studies into Covid-19. At the time of writing, there are 13 studies being carried out on our site, bringing together clinicians and researchers from across both organisations to improve the treatment, prevention and diagnosis of Covid-19. Along with research into developing vaccines and testing different treatments, St George's is also leading on studies to develop rapid antibody tests and understanding whether pregnant mothers can pass



Covid-19 onto their babies in the womb. This work is fantastic, and has the potential to change the way the Trust deliver care both now, and in the future.

The maternity team has created a virtual tour for women coming to give birth at the Trust. Many women are understandably more anxious about coming to hospital at the moment and the film helps women to familiarise themselves with the hospital environment without the need to physically come on site.

Whilst above the upper trajectory the Trust's sickness rates had fallen sharply and in May agency spend £0.59m favourable to budget.

2.6. Key appointments and administration

Harbhajan Brar, Chief People Officer, moved to a new role at Imperial College in May 2020. The Trust was in the process of recruiting a permanent successor for Harbhajan, but in the meantime, Elizabeth Nyawade and Humaira Ashraf - our two Deputy Chief People Officers - will provide interim cover until a substantive appointment to the executive director role is made. Elizabeth would be Acting Chief People Officer for Workforce, whilst Humaira would be Acting Chief People Officer for Organisational Development and Culture. The first recruitment campaign was not successful so the Trust had engaged a non-executive director with organisational development and workforce experience from Epsom St Helier to provide coaching and mentoring support to Elizabeth and Humaira until the second recruitment campaign gets underway.

Avey Bhatia, Chief Nursing Officer, would be leaving the Trust later this year to take up a new role as Chief Nurse at Guy's and St Thomas' NHS Foundation Trust. Avey has been Chief Nursing Officer and Director of Infection Prevention and Control at the Trust since February 2017. In February this year she took on the role of Chief Operating Officer when Ellis Pullinger left the Trust. The Trust was really sad to lose Avey, but also incredibly pleased and proud for her. Avey has been an absolutely key part of the improvements the Trust had made in recent years.

A key priority over the coming weeks and months is to make permanent appointments to the Chief Operating Officer and Chief People Officer roles on the Trust Board. In the meantime, the Board is grateful to Robert Bleasdale, who continues in his role as Chief Nursing Officer/Director of Infection Prevention and Control, plus Elizabeth Nyawade and Humaira Ashraf, who were jointly covering the Chief People Officer.

Other key appointments included Andrew Asbury as the new Director of Estates and Facilities. Andrew took up his post on Monday 25 May. Jan Bradley would also join the Trust August as Director of Midwifery.

3. Trust Strategy

In June 2020 the Board considered its Clinical Strategy and decided that:

- The case remains for the Trust's overarching strategy, including treating cancer, paediatrics, neuroscience and major trauma as strategic priorities.
- However, the changes in the external environment mean that the phasing of implementation for both the Trust's clinical strategy and its various supporting strategies may need to change. In many places, changes in the external environment give added impetus to the Trust's existing ambitions (e.g. closer collaboration with SWL acute hospitals, digital outpatients). Elsewhere new demands (e.g. COVID) might mean delivery of some strategic objectives need to be delayed to allow a focus on new priorities.

- The Trust will need to continue to manage emerging strategic risks, for example: that the London region's interest in rationalising specialist services and pursuing hospital chains is accelerated via the restart of elective work post-COVID (e.g. for paediatrics, cancer); and that COVID means money/space has to be diverted away from other strategic priorities (e.g. use of QMH for elective surgery rather than neurosciences).
- Changes to the external environment mean renal services should now also be considered a strategic priority
- Investment in the Emergency Department should be considered a strategic priority for the emerging estates strategy,
- If in July 2020 commissioners decide to proceed with Sutton as the preferred option for Epsom St Helier's specialist emergency services, the Trust should now explicitly engage a more closer relationship with Epsom St Helier as critical to delivery of the strategy.

4. External Environment

The South West London (SWL) Integrated Care System (ICS) responded to Covid-19 at the outbreak of the pandemic in March, by establishing the a number of 'cells' (clinical, acute, community, primary care, supplies and HR) to mobilise a system- wide effort to address the immediate and short term issues and challenges and to ensure there was a joined up, collective decision making process and collaboration across all parts of the system. The Trust was represented on the Clinical, Acute, Supplies and HR Cells. The Trust's CEO was programme lead for the acute cell. The SWL ICS had set out the following objective:

Our objective



- **We want to respond well to Covid and to recovery from Covid in the context of:**
 - Maintaining our shared vision for local people – that they *Start well, Live well, Age well*, and work together to adapt this.
 - We will continue to innovate and ensure services are safe and reflect best practice whilst we manage Covid-19 in our communities and organisations.
 - Renewing our commitment to working with partners, particularly at Borough level with our Local Authorities.
 - The SW London Five Year Plan and the need to set our delivery plan for the next two years which recognises the strategic ambitions set in the Five Year Plan as well as phase two of Covid 19.
 - Support our staff through and beyond recovery – making SWLondon a great place to work.
 - Building on over two years of public and clinical engagement, as well as strong partnership work in developing the six Local Health and Care Plans and the SW London Five Year Plan.
 - Making sure that Health inequalities and prevention actions are clear at borough and SWL levels and that they are effectively supported with a population health management approach.
 - Equality, inclusion and diversity is a critical system priority for our partnership over the coming years.

We believe in an inclusive and innovative approach to care.

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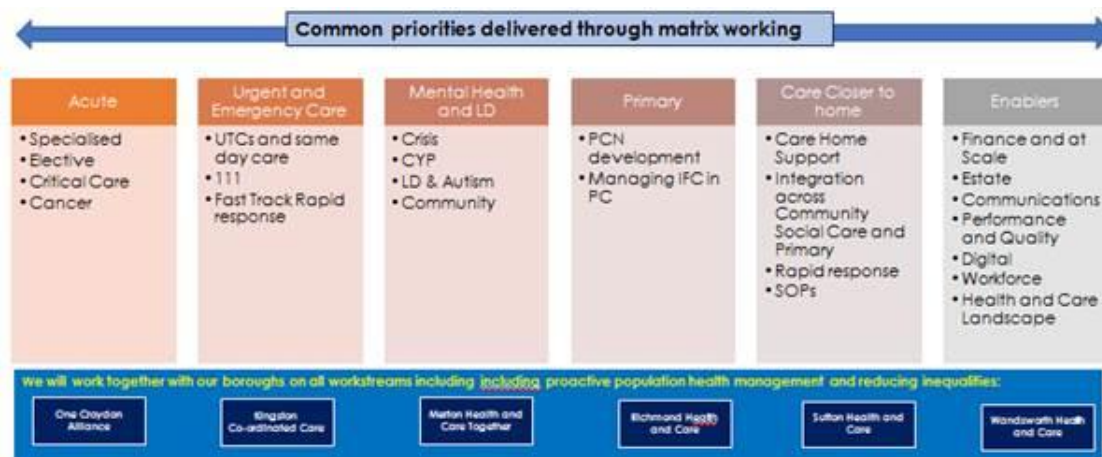
All partners across SWL have been working hard to re-start elective activity safely, whilst also ensuring that there is, for example, sufficient ITU capacity across the patch in the medium and long-term. This joint working should ensure that the sector is ready for any future surges in Covid-19 cases. The Trust and the system will need to remain agile and flexible in our ability to respond going forward. This joint working is in keeping with one of the four pillars of the clinical strategy: closer collaboration with our partners

The SWL ICS has enhanced its governance structure with the establishment of a South West London Recovery Board and Steering Group as outlined below.

Governance of Recovery



The SW London Recovery Plan is being developed and some of the key priorities for the recovery programme are outlined below. The programme will review and align the Trust's plans, local health and care plans. The recovery plan will build on the good work carried out in response to Covid-19. This joint working will ensure that the sector is ready for a future surge in Covid-19 cases.



DIVERSITY AND INCLUSION PROGRESS UPDATE

30th June 2020



Diversity and Inclusion (D&I) - Our Objectives

Our D&I strategy is underpinned by our aspiration to be recognised as an advocate. Our ambition is to go further than the letter of the law and create a culture where our equality commitments are:-

- Embedded into every aspect of our business;
- Our workforce truly represents all sections of our community;
- There is zero tolerance for behaviours and attitudes that have an adverse effect, exclude and are unfair.



D&I - St Georges - Workforce Context

- Approximately 47% of our staff are from Black and Minority Ethnic (BaME) backgrounds;
- The majority of the BaME staff are in the lower banded grades: band 2 to band 5, the percentage of BaME staff in higher bands 8a and above falls considerably;
- Our Workforce Race Equality Statistics show:
 - That White staff are 1.47 times more likely to be appointed from shortlisting than BaME staff
 - BaME staff are 2.54 times more likely to enter the formal disciplinary process than white staff
- Our Staff Survey results for 2019 show that the Trust has a below average D&I score in comparison to an average score of 9.0 for similar Acute Trusts
- Specifically the staff survey highlighted that the areas to address within the D&I agenda are in relation to:-
 - Career progression
 - Experiences of discrimination at work from patients/service users
 - Experiences of discrimination at work from managers, team leaders or colleagues
 - The Trust making adequate adjustments to enable staff who identified as having a disability to carry out work.



D&I - St Georges - The Covid Context

- Disproportionate impact of Covid-19 on staff from BaME backgrounds
 - Not simply referring to patients and communities
 - Many NHS Staff front line staff that died during the pandemic with Covid-19 were from the BaME community
- Delay in progression of the D& I action plan due to Covid-19;
- The events surrounding George Floyds death in the USA, also heightened the sense of inequalities in the UK;
- The subsequent momentum of black lives matter movement has also reinforced the need for the Trust to address issues of inequalities;
- No D&I Lead in post (recruitment process is now complete and appointment made).



Progressing the D&I Agenda - What we did prior to Covid-19

- Established Executive Sponsored Staff Networks, with appointed chairs and agreed terms of reference
 - BaME Network;
 - Women's Network;
 - LGBTQI+ Network;
 - Disability and Well-being Network.
- Established a D&I Steering Group that is chaired by Gillian Norton, The Trust Chair;
 - First meeting was scheduled to take place in March 2020 but was cancelled due to covid-19 and rescheduled to June
- Implemented an awareness raising and celebration of diversity, through the following events:-
 - Held the Trust's first Black History month celebrations;
 - Celebrated Diwali, Chanukah and Chinese new year;
 - LGBTQ+ day to raise awareness of sexual orientation and developed initiatives to provide support to LGBTQ+ staff in the form of the Rainbow NHS Badge and Pledge Form
- Trained 30 staff to become BaME recruitment representatives for all posts Band 8a and above;
- A review of 25% of disciplinary cases from 2018/19 has taken place and recommendations put forward;
- Conducted an ethnicity pay gap analysis;
- Developed a D&I Action Plan.



Progressing the D&I Agenda - What we Did During Covid-19

- How we responded to the disproportionate impact of covid-19 on our BaME staff
 - Developed a risk assessment framework that has two stages to it; individual and manager assessment;
 - The framework consists of matrix that is designed to consider individual risk factors, including health conditions, as well as race, age and pregnancy.

Refer to Appendix (A) for Risk Assessment Flow Chart
- How we supported our staff's health and well-being during the pandemic
 - Our Clinical Health Psychologist (CHP) team provided support to staff through a variety of means and channels. Some examples of support delivered are provided below:-
 - Establishing and staffing the COVID staff support email and phone line;
 - Facilitating daily (during week) drop in staff support sessions at the Phoenix Centre;
 - Setting up the "Link Psychologist" project to allocate a psychologist to each ward and large team. Link psychologists have offered
 - reflective groups / check-ins to wards and teams a point of contact for team leaders with any concerns about staff wellbeing
 - an opportunity for team leads to identify with the link psychologist any additional actions that can be put in place to support staff wellbeing e.g. end of shift debriefs
 - Delivering training on managing the psychological impact of redeployment to COVID work ("psychological PPE") and common dilemmas encountered e.g. moral injury

Progressing the D&I Agenda - What we Did During Covid-19

- Raised awareness of the Islamic faith and provided support to our Muslim workforce during the month of Ramadan which fell during the covid-19 pandemic.
- What did we listen to the concerns of our BaME staff
 - Held four BaME Listening events that were attended by an Executive Director and facilitated by our Clinical Health Psychologist team;
 - Held a conference call for members of our BaME Network during which the Chief Executive, Executive Director of Corporate Affairs and Acting Chief People Officer for Culture and OD also attended;
 - Held the D&I Steering Group which was chaired by the Trust Chair and attended by Deputy Chief Executive and Acting Chief People Officer for Culture and OD.
- How have we responded to the concerns of our BaME staff
 - By challenging discrimination and bullying behaviour through the Chief Executive all staff message in May 2020 – refer to extract from CEO all staff message in [Appendix B](#);
 - By challenging discrimination and bullying behaviour and outlining expectation of leaders within the Trust to call out and confront discrimination - refer to extract from Chair and CEO all staff message in [Appendix B](#).
 - In a symbolic gesture of support to the Black Lives Movement the Trust Board, posed for a photo of themselves kneeling, Refer to [Appendix \(C\)](#).

What is The Trust Doing Now & What Are The Plans to Improve D&I in The Workplace?

The Trust Board has a renewed focus and commitment to create an organisational culture that is inclusive and where diversity thrives. Specifically, the Board will take action to eradicate the discrimination experienced by many of the BaME staff. This will be achieved by the following:-

1. Improving the Career Progression of BaME Staff

- Outlining the actions that we are going to take now, the medium and long term to ensure that the Trust acts fairly in respect to career progression

2. Improving the development opportunities and ensuring equal access to development opportunities for all staff

- Outlining what action we are going to take to improve development opportunities for our staff and ensuring that access to opportunities is fair

3. Creating an organisational culture that is inclusive and one that values diversity

- Outlining the actions that we are going to take to:-
 - develop the awareness of our leaders of race and inequalities and the skills and capabilities to challenge and eradicate discrimination and poor behaviour;
 - Support our leaders to create an environment where staff feel comfortable raising issues and concerns.



What is The Trust Doing Now & What Are The Plans to Improve the Career Progression of BAME Staff?

The following actions are only a sample of the actions that we are going to undertake to make improvements:-

Immediate Action - Within the next few weeks

- 1) Ensure that all recruitment panels for band 8a and above are ethnically balanced;
- 2) Scope out the feasibility to implement similar process for bands 2 to 7.

Medium Action - Within the next 6 months

- 1) Train an additional 30 BAME staff to sit on recruitment panels;
- 2) Develop a mandatory unconscious bias for recruitment training programme for all recruiting managers;
- 3) Put a coaching and mentoring process in place to support the career progression of BAME staff.

Longer Term Action - Within the next 18 months

- 1) Integrate with the longer term culture change programme;
- 2) Develop and implement a Trust wide inclusive talent management and succession planning process.



What is The Trust Doing Now & What Are The Plans to Improve the development opportunities and ensure equal access to opportunities for all staff

The following actions are only a sample of the actions that we are going to undertake to make improvements:-

Immediate Action - Within the next few weeks

- 1) Review access to education and learning opportunities for all staff to ensure that processes are equitable;
- 2) Create a panel process for application to longer term/higher value programmes.

Medium Action - Within the next 6 months

- 1) Develop and implement a development coaching and mentoring framework;
- 2) Review of the Performance Development Review process.

Longer Term Action - Within the next 18 months

- 1) Integrate with the longer term culture change programme;
- 2) Development programmes available that are aligned to meet the individual, team and organisational needs.



What is The Trust Doing Now & What Are The Plans to create an organisational culture that is inclusive and one that values diversity

The following actions are only a sample of the actions that we are going to undertake to make improvements:-

Immediate Action - Within the next few weeks

- 1) Encouraging staff to raise concerns & seek support through the CPO channel;
- 2) Signalling senior commitment – Taking the Knee – see appendix (c);
- 3) Raise awareness of issues by discussing D&I at every meeting.

Medium Action - Within the next 6 months

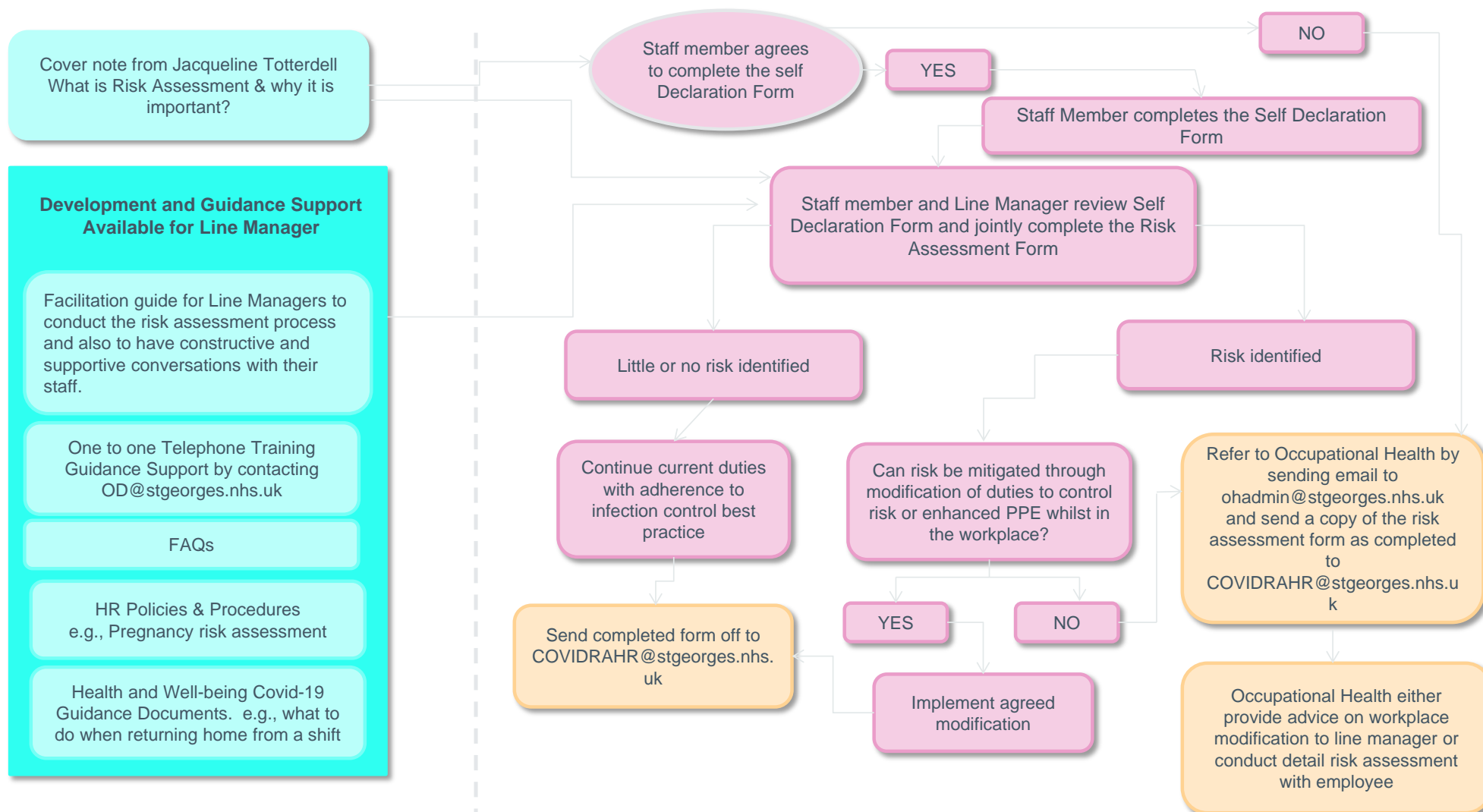
- 1) Scope out and deliver a senior leader led, Trust wide D&I Awareness session;
- 2) Ensure inclusive leadership capability development is incorporated in all leadership development programmes;
- 3) Design and deliver a reverse mentoring programme.

Longer Term Action - Within the next 18 months

- 1) Integrate with the longer term culture change programme;
- 2) Design and deliver inclusive leadership development programme.



APPENDIX (A) Completion of the Covid-19 Risk Assessment Process



APPENDIX (B) Chair and CEO All Staff Messages

Extract of the CEO May 2020 All Staff Message



Message to staff from Jacqueline Totterdell,
Chief Executive – Challenging unacceptable
behaviours



Dear all, I have always been incredibly proud of our diverse workforce here at St George's. But we mustn't take it for granted - and this is the focus of my message today. Nearly half of our staff are from Black, Asian, or Minority Ethnic (BAME) groups - and they are all a key part of what makes St George's a special place to work, and for patients to be treated. It is for this reason that I am deeply disturbed by some reports of racist and discriminatory behaviour against our BAME staff – particularly as the majority of these behaviours are from colleagues. uncertainty that surrounds the Covid-19 virus, and the disproportionate and devastating impact it appears to be having on certain groups, and ethnicities.

Extract of the Trust Chair and CEO June 2020 All Staff Message



Message from Gillian Norton, Chairman and
Jacqueline Totterdell, Chief Executive: Diversity and inclusion - an uncomfortable truth



Gillian Norton, Chairman and Jacqueline Totterdell, Chief Executive
Message to staff

Dear all, Several weeks ago, Jacqueline used a staff message to highlight discrimination experienced by our Black, Asian and Minority Ethnic (BAME) colleagues, and the need to change how we treat each other. Since then, there has been international outrage at the needless killing of George Floyd in the United States, and the consequential Black Lives Matter protests across the globe. This - and the clear disproportionate impact of Covid-19 on our BAME staff and communities - has brought into sharp relief the inequalities, prejudices and risks some of our society face; both around us, and closer to home within our own organisation. We hope that, like us, everyone (particularly our leaders and managers) is thinking hard about their responsibilities in this situation. As a Trust Board, we have been asking ourselves difficult questions; most importantly, have we done enough? As leaders, have we truly strived to understand this properly, challenge bad behaviours and drive real change? An uncomfortable truth Last Wednesday, Gillian chaired the first meeting of the Trust's new diversity and inclusion steering group. Representatives from each of our staff network groups were in attendance - covering BAME staff, women, LGBTQ+ colleagues, plus those with disabilities. Andrew Grimshaw, Deputy Chief Executive, also attended, as did Humaira Ashraf, Acting Chief People Officer (Culture and Organisational Development).

standing care
every time

Appendix C - St Georges Trust Board Supporting Black Lives Matter.



Our Trust Board - Black Lives Matter





Council of Governors Work Programme and Engagement Activities Updates

Presenter: Stephen Jones
Chief Corporate Affairs Officer

Author: Tamara Croud
Head of Corporate Governance/Board Secretary

09 July 2020



Introduction

Summary:

This is the first formal meeting of the Council of Governors since February 2020. The report provides the Council of Governors with an update and plans to deliver the forward work plan and meeting schedule, plans for delivering the Annual Members Meeting and Governor Elections and updates on membership and engagement activity including the Membership Strategy objectives.

Recommendation:

The Council of Governors is asked to note the update included in the report.

Resuming Council of Governors Work Programme



Council Of Governors Meetings

- In the wake of the Covid-19 pandemic the decision was taken to pause Council of Governors meetings with the exception of a Governor Nominations & Remuneration Committee held on 28 April 2020. The Trust Chairman also held an informal briefing for Governors on the 20 May 2020 to provide an update on the Trust's management of the Covid-19 pandemic. These meetings were held virtually to accommodate social distancing measures put in place by the Government.
- The following is the schedule of meetings for the remainder of the year which would continue to be delivered virtually until social distancing measures cease to be in place. The Site Visits programme have been removed until further notice. The Governor Development Day has also been changed to a training day.
- The Council's amended workplan for 2020/21 is overleaf.

Meeting	Time	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Council of Governors Meetings										
Council of Governors	15:00-18:00	9		10			10		16	
Training & Development	10:00-16:30		18							
Workshops/Seminar Session (Informal)	15:00-17:00				20			12		16
Council Sub-Committee Meetings										
Governors Pre-Meeting	14:00-15:00			10			10		16	
Nomination & Remuneration Committee	15:30-17:00	Last met on 28 April 2020 - future meetings dates to be confirmed as and when required								
Membership & Engagement Meeting	14:00-16:00	27				12 (13:00-15:00)		18		
Other Meetings										
Annual General Meeting	17:30-20:30			10						

Scheduled, Standing Agenda Item	Frequency	Lead	Author(s)	09/07/2020	10/09/2020	10/12/2020	16/02/2021
STRATEGY & ANNUAL PLAN							
Digital Strategy	Annual	CSO	CSO				
Outpatient Strategy	Annual	CSO	CSO				
Volunteer Strategy	Annual	CSO	CSO		√		
Trust Clinical Strategy Update	Annual	CMO	CMO	√ (*1)			√
Draft Trust Annual Plan	Annual	CSO	CSO				√
MEMBERSHIP & ENGAGEMENT							
Governor Engagement & Involvement Report	Standing	Lead Governor	Secretariat	√ (*2)	√	√	√
Membership Engagement Strategy (Implementation/Forward Plan Update)	Annual	CCAO	CCAO	√ (*2)			
Membership Engagement Committee Report	Standing	Committee Chairman	Secretariat		√	√	√
Governor Election (Results 2020 and Forward Plan 2021) (as required)	Standing	CCAO	CCAO	√ (*2)		√	
Annual Members Meeting (Plan and Debrief)	Annual	CCAO	CCAO	√ (*2)		√	
Patient Experience include updates from PPEG/Complaints etc	Annual	CN	CN			√	
TRUST QUALITY, PERFORMANCE, WORKFORCE							
Care Quality Commission Update	Annual	CN	CN				√
Quality Priorities, Quality Indicator Testing & Draft Quality Account Update	Annual	CN	CN				√
Final Quality Account and External Auditor's Report Quality Indicator Testing	Annual	External Auditors	External Auditors	√			
Quality Improvement & Transformation Update	Annual	CTO	CTO				
Financial Update	Annual	CFO	CFO		√		
Trust Workforce, Staff Engagement and Culture/Leadership Update	Annual	CPO	CPO	√ (*3)			√
BOARD/LEADERSHIP							
Outcome of Chairman and Non-Executive Director Appraisals	Annual	SID/Chairman	CCAO				
Nominations and Remuneration Committee Report (as required)	Standing	Chairman	Secretariat	√ (*3)	√	√	√
COUNCIL GOVERNANCE							
Annual Report on Council Activities	Annual	CCAO	Secretariat			√	
Council Training & Development - Self-Assessment against Foundation Trust Licence	Annual	CCAO	Secretariat				
Effectiveness Review (Update/Plan/Review Results)	Annual	Chairman	Secretariat	√		√	
Constitution Review and Update	Annual	CCAO	Secretariat		√		
Council Terms of Reference	Annual	Chairman	Secretariat		√		
Council Sub-Committees Terms of Reference and Annual Review	Annual	Chairman	Secretariat		√		
*1 = Update provided in CEO's Report (agenda item 2.1)							
*2 = Included in combined Council of Governors Work Programme and Engagement Update (agenda 3.1)							
*3 = This update will be provided as part of the Governor Seminar Session in October 2020							
*4 = Update on Non-Executive Directors and Trust Chairman appraisals (agenda item 4.1)							



Training and Informal Seminar Sessions

It was not currently possible to deliver face to face Development and Informal Seminar Sessions. The following was the outline of the proposed programme for delivering Informal Seminar Sessions and training to Governors. In addition the trust was working on securing a senior member of the SWL Integrated Care System to come and speak to the Governors.

Date	Topics/Theme	Presenters
18 August 2020 (2.5 hours - exact time to be confirmed but between 10:00-16:30)	Governor Core Training Session <ul style="list-style-type: none"> NHS – Landscape & Framework Governance & Role of Governors (accountability, assurance/reassurance) Effective Questioning & Challenge 	NHS Providers
20 October 2020 (15:00-17:00)	Strategic Update and NHS System Working Trust Workforce, Staff Engagement and Culture/Leadership Update Risk Management	Chief Strategy Officer Acting Chief People Officers (Workforce and Culture) Chief Nurse and Chief Corporate Affairs Officer
12 January 2021 (15:00-17:00)	Governor Training Session <ul style="list-style-type: none"> NHS Finance and business skills: Quality Matters: An Insight Membership Engagement Review of 2020/21 Quality Priorities and Developing 2021/22	NHS Providers Chief Nurse/Director of Quality Governance and Compliance
16 March 2021 (15:00-17:00)	Trust Financial Position Overview Annual Planning & Strategic Update	Deputy Chief Financial Officer Head of Strategy/Deputy Chief Financial Officer

Council of Governor Programme of Work

The following is an update on the actions outlined in effectiveness action plan agreed by the Council of Governors in February 2020.

3.1

Actions	Plan
Forward Schedule of Meetings for Governors includes a development day which will include a session from on how to effectively hold NEDs to account and ask challenging questions.	As a result of social distancing measures the Council of Governor Development Day has been replaced by a training session delivered by NHS Provider on 18 August 2020.
Introducing new template to standardise feedback from Governors observing Board Committee meetings in order to help dissemination of information to other Governors.	This has been completed and is attached in appendix 1. The template would be circulated by email to all Governors.
Forward programme includes informal Governor sessions/workshops which would be used to provide information on key issues such as Finance, Estates, Quality, Strategy and Workforce.	This has been completed. The topics covered are outlined in the previous slide and will be delivered virtually until further notice.
Governor Portal being developed and enhanced to provide a library of information such as relevant guidance, meeting papers, information about the Trust and key communications – will be launched April 2020.	We have identified a solution for developing the website for governors. We were not able to do this within the current ICT framework. We have however identified an off the shelf solution and we are exploring some positive funding opportunities.
Governor Bulletin will be developed and issued each month starting from April 2020. The bulletin would be for Governors include a range of updates and information on Trust issues. The bulletin will include up to date information which would support Governors when they engage with Members and the public.	We have a draft Governor bulletin in place but given the overarching focus on Covid and governors receiving daily staff bulletins we have not launched the bulletin. We will launch this in September 2020.
Refreshed templates for papers to the Council of Governors and its sub-committees.	Completed. New Council of Governors report templates rolled out in February 2020.
Develop a comprehensive programme of work for the Council which will help with planning and timely circulation of meeting papers for Council meetings.	Completed and available overleaf. Some changes would be made to respond to Covid and system changes.
Informal Governor Sessions/Workshops launched from April 2020 which would provide training and development on risk management, assurance and accountability, interpreting data and other issues requested by Governors.	Completed. The programme has been adjusted to deliver the meetings virtually to accommodate social distancing measures.

Council of Governor Programme of Work...continued

8

3.1

Actions	Plan
Governor Development Day scheduled each year facilitated by NHS Providers and/or other external provider and will include core training for governors and other specific areas such as effective challenging and questioning, holding NEDs to accounting, chairing of meetings, membership engagement etc.	Completed. Scheduled for 18 August 2020. Virtually delivered by NHS Providers. Full development day to be scheduled once social distancing measures cease.
Governors will have a regular feature in the Trust's stakeholder newsletter, 'The Brief' which is sent to Members and other stakeholders.	This is ongoing and a list of Governors that have not been featured with contact details have been sent to Michael Reynolds to contact. Stephen Sambrook has been interviewed and will feature in May edition of The Brief.
Council Governors forward plan include programme of site visits where Governors can hear first-hand from staff, patients and the public.	Currently suspended until safe to organise. Governors have been copied into the regular COVID-19 bulletins to staff that were daily and which are now sent every other day. These have kept them in the loop on the rapidly changing situation and also giving an insight how members of staff are coping in their different areas.
Membership and Engagement Committee endorsed the programme of engagement and involvement activities which will be monitored at each Committee and reported to the Council. This will help the Council track how effective it is engaging with Members and the public.	This will continue to be updated with any questions submitted by email to the Governors. The next meeting of MEC is scheduled for 27 July 2020.
Lead Governor would present as a standing item at each Council meeting a report on all activities outside Council meetings that Governors have been involved in. This will commence at the start of the new financial year 2020/21.	This will be a standing item of the Council agenda however with social distancing measures impacting on engagement activity it was envisaged that this would start end Q2 beginning of Q3..
An annual report on Council activities would be presented each year which would map out activities undertaken by governors and the degree to which this has increased the engagement of Members and the public – i.e. attendance levels at AMM, Members Talks and elections turnout.	This would be completed at the end of the year.
Governors will have a regular feature in the Trust's stakeholder newsletter, 'The Brief' which is sent to Members and other stakeholders.	Stephen Sambrook and Mia Bayles featured in May and June editions of the Brief. There was a programme in place with identified governors for each edition.

Delivering
Membership &
Engagement



Membership Engagement

- The Council agreed to a number of membership engagement initiatives and actions as part of delivering the Membership Strategy year one and two objectives. This work was limited in Quarter 4 of 2019/20 and Quarter 1 of 2020/21 with the onset of Covid-19. The following is an update on progress against the strategic objectives:

Actions	Plan
The Council approved a Membership Strategy and the Trust is putting in place a number of initiatives to enable Governors to engage and involve Members and the public. Governors can use these activities to hear from Members and the public and ensure these form part of their contemplation when asked to make decisions or inform Trust activities. Activities include, Constituency Question Time Events, Members Talks, Meet Your Governor, Annual Members Meeting, Corporate Induction and other engagement activities in the Trust and with stakeholder organisations.	<p>Members continue to be invited to feedback to Governors. This is publicised in the monthly Brief on the Trust website and in communications with the members.</p> <p>Constituency Events: are on hold as these were developed as face to face sessions in local areas. Members will be reminded that they can contact Governors with any feedback about the Trust through the 'governors@stgeorges.nhs.uk' email address.</p> <p>Members Talks: clinician speakers have been contacted about providing a user friendly presentation on topics which would be uploaded and signposted on website. Any questions or feedback would then be invited and questions themed with either a video of clinician speaker going through the Q&A or posting Q&A document plus providing responses direct to each of questions raised.</p> <p>Annual Members Meeting: It is proposed to hold a virtual Annual Members Meeting on the 10 September with questions requested in advance. A full update is provided on slide 14.</p> <p>Corporate Induction: The induction for staff has been pared back to only essential items for the foreseeable future. Once this is reviewed and full programme is restored, contribution from staff Governors will be included. This may be in format of pre-recorded filmed item from all four staff Governors.</p> <p>Membership Survey: it is proposed that the Trust proceed with the Membership Survey. Other organisations have reported that engagement of Members have improved during lockdown and the Trust believe this would be an opportune time to complete the Membership Survey. It had been previously agreed that the Trust would use the same survey questions used in previous years and the Membership and Engagement Committee would consider the final survey before it was issued at the end of July 2020.</p>

Resuming Members Talks Programme – 2020/21

- The Trust was able to deliver the full Member Talk remit but have identified the following topics which could be delivered virtually. The proposal is to either host live virtual sessions or to record presentations and ask member to submit questions ahead of the presentation going live so the questions can be addressed as part of the presentation. The final programme would be predicated on Trust priorities and therefore the programme may be adjusted.

Date	Theme/topic	Presenters
30 September 2020	Dementia	Dr Jeremy Isaacs, Consultant Neurologist
26 October 2020	Prostate Cancer	Dr Chris Anderson, Consultant
11 November 2020	How to change your diet after lock down	Scott Lonnee, Dietician
December 2020/January 2021 (To be confirmed)	Annual Planning & Strategy update	Head of Strategy
27 January 2021	Diabetes	Dr Arshia Panahloo Consultant, Diabetes & Endocrinology
24 February 2021	Skin Cancer	Dr Victoria Akhras, Lead Dermatology Consultant
08 March 2021	Quality – an overview of the Trust's Quality Priorities	Alison Benincasa, Director of Quality Governance and Compliance



Governor Elections 2020/21

- With many organisations reporting increased engagement from the general public it is propose that the Trust proceed with the original timetable for delivering the 2020 Governor elections. The Trust would use all means to increase engagement with members and link into other initiatives from local stakeholders to promote the election.
- The following Governors would be part of the 2020/21 election:

Governor	Constituency	Term/Re-standing
Mia Bayles	Rest of England	Second - No
Nick de Bellaigue	Wandsworth	First - Yes
Anneke de Boer	Merton	Second - No
John Hallmark	Wandsworth	First - Yes
Hilary Harland	Merton	Second – Yes
Marlene Johnson	Nursing & Midwifery	First – Yes
Doulla Manolas	Wandsworth	First – No
Richard Mycroft	South West Lambeth	First – Yes
Damian Quinn	Rest of England	First – Unknown
Dr Anup Sharma	Medical & Dental	First - Unknown
Bassey Williams	Allied Health Professionals	First - Yes



Governor Elections 2020/21

- The following is the proposed timetable:

Election Timetable	Dates
Start Promoting Forthcoming Elections through all media channels and at events	10 July 2020
Send out formal notice of forthcoming elections as part of the posting of membership survey. This notice would also invite members to provide email addresses to reduce postal voting. This is likely to be more successful than in previous years with many people at home and using more electronic means of communicating because of social distancing. Members would also be provided the option to vote by telephone and invited to provide correct telephone vote.	01 August 2020
Launch of timetable for elections at Annual Members Meeting 2020.	10 September 2020
Launch virtual video recording of governors and Board members talking about the role of Governors on Trust website including. Links will be sent to members with electronic emails and posters will be circulated around the Trust subject to infection prevention and control restrictions. Posters and flyers would also be distributed to Governors and stakeholders to publicise the event.	11 September 2020
Open Nominations and Issue Formal Notice of Election (by email and by post and published on Trust website and stakeholder publications).	14 September 2020
Host series of virtual Governor Awareness Sessions	28 September 2020
Close Nominations	12 October 2020
Deadline for Candidates to Withdraw their Nominations	16 October 2020
Notice of Poll published	30 October 2020
Voting packs dispatched	2 November 2020
Close of election	27 November 2020
Declaration of Results	November 2020
Governors induction during December and January including observing Governor meetings (format would be subject to social distancing measurements)	December 2020/January 2021
New Governors start three year term	Monday, 1 February 2021




Annual Members Meeting 2020/21

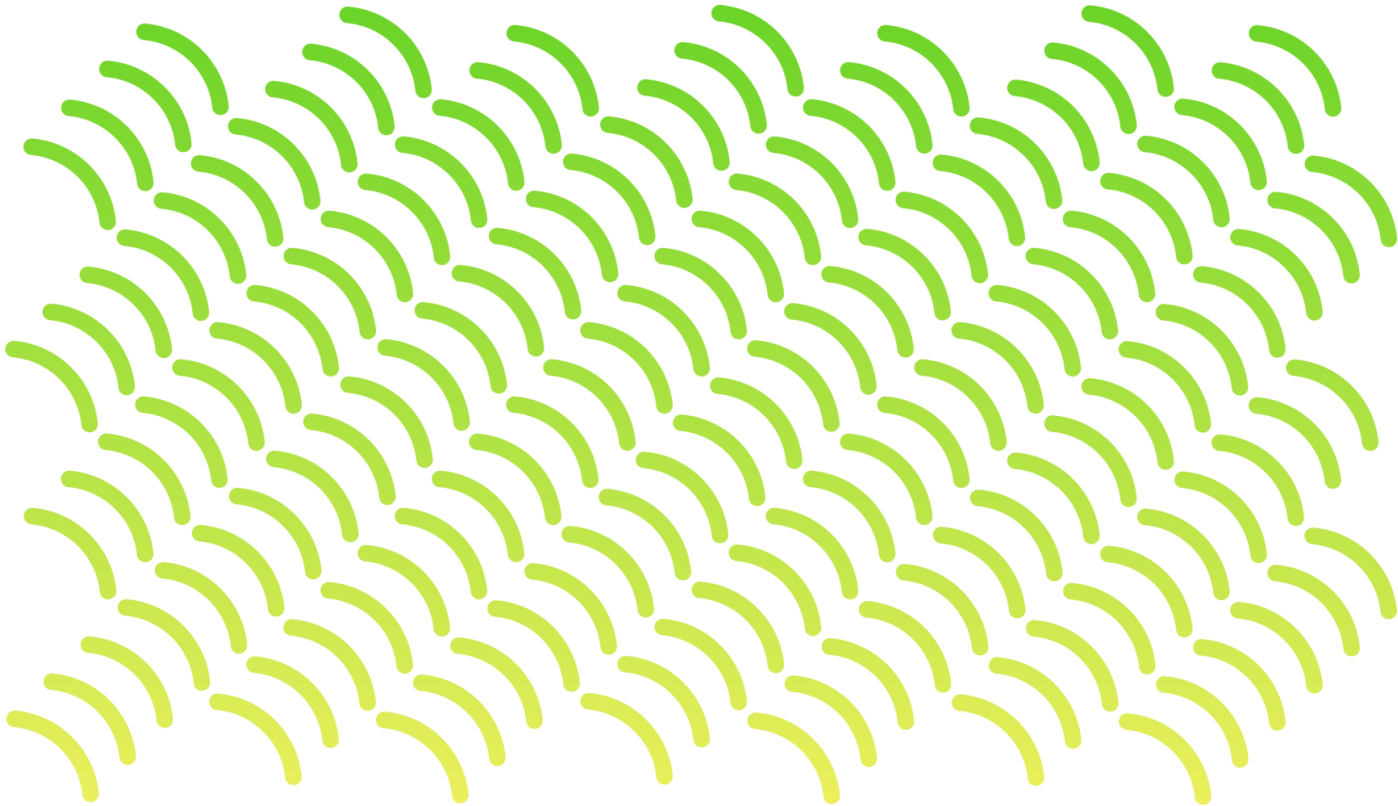
- Whilst there was still some uncertainty about the social distancing the Trust has developed plans to delivery the Annual Members Meeting virtually. Provisions would of course be made to ensure that the Trust can host a physical meeting in the event that social distancing measures cease. The timetable is overleaf .
- The promotion of the events would begin mid-July 2020 and the Trust would combine promotion with Governor Elections and Membership Survey promotion programme .
- All members, stakeholders and public would be invited by email and social media and directed to webpage to view and asked to submit any questions by email or phone. A virtual web meeting would then be hosted with questions responded to with some additional live questions. Any live meeting would probably be through WebEx so would be invitation only, so anyone wishing to join would have to register in advance.
- No provisions have been made for a market place given current social distancing measures.
- The programme for the AMM would include, presentations from the CEO, (Overview of Trust Performance and Strategic Update) CFO (Annual Report and Accounts) , Lead Governor (Overview of Council of Governors activities, membership and engagement and proposals for changing the Trust Constitution), a patient/staff story (topic to be confirmed but currently looking into a story around responding to national health crisis and working in different ways locally and across the wider health sector) and Q&A session.



Action	Completed by
Annual Review/Presentation on Trust Website	15
Create specific web page for AMM	13/07/2020
Confirm details on webpage how people can join videoconference and/or submit questions in advance	17/08/2020
Upload Annual Review, Agenda, Minutes from last year	17/08/2020
Upload presentation to webpage	01/09/2020
Confirm Calendar Invite to key presenters, Trust Chairman, Executive Team, Non-Executive Directors, Leader Governor, External Auditors, Council of Governors	10/07/2020
Internal/external promotion	
Email invites to the executive and non-executive directors	13/07/2020
Email invites to the Governors	13/07/2020
Email invites to members (Tier 2 & 3)	13/07/2020
Send poster copy and image to designer	w/c 27/07/2020
Article in The Brief	w/c 27/07/2020
e.g. St George's - save the date	w/c 27/07/2020
Email invitation from Trust Chairman	w/c 27/07/2020
Posters designed and printed	w/c 27/07/2020
e.g. St George's - invite to all, including more detail about speakers/presentations	w/c 27/07/2020
Article in The Brief	w/c 24/08/2020
Send advert to all local Healthwatch organisations for newsletters	w/c 24/08/2020
September edition of By George?	w/c 01/09/2020
Intranet news story	w/c 01/09/2020
Story on website homepage	w/c 01/09/2020
Ongoing social media presence - Facebook and Twitter	w/c 01/09/2020
e.g. St George's - reminder for staff including agenda and staff/patient stories	w/c 01/09/2020
Email Reminder invites to all members	01/09/2020
e.g. St George's - AMM next week	w/c 01/09/2020
Other Preparations	
Confirm online etiquette and login details	w/c 01/09/2020
Confirm Agenda	w/c 01/09/2020
Meetings re presentation requirements (JT, AG,)	w/c 01/09/2020
Rehearsal/run through of AMM	w/c 01/09/2020
Draft presentations for speakers approval (JT, AG) GN/SJ	w/c 01/09/2020
AMM Event	
Set up hashtag and tweet throughout day	07-10/09/2020
Final briefing to executive team	07/09/2020

3.1

 Outstanding care every time





Meeting Title:	Council of Governors		
Date:	9 July 2020	Agenda No	4.1
Report Title:	Nomination and Remuneration Committee Report		
Lead Director/ Manager:	Gillian Norton, Chairman		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Approval		
Executive Summary:	<p>This report updates the Council of Governors on the meeting of the Governors' Nomination and Remuneration Committee held on 28 April 2020.</p> <p>The Committee considered the annual appraisals of the Chairman and other Non-Executive Directors, which were conducted in line with the updated process and policy agreed by the Council of Governors at its meeting on 19 February 2020. It noted the outcomes of the appraisals and concluded that, individually and collectively, the Chairman and Non-Executive Directors were performing effectively. The Committee also considered and gave feedback on the draft 2020-21 objectives for the Non-Executive Directors.</p> <p>It also agreed to recommend to the Council of Governors that Tim Wright be appointed to a second three-year term as a Non-Executive Director at the Trust (starting on 26 September 2020).</p>		
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none">• Note the outcome of the 2019/20 appraisals of the Chairman and Non-Executive Directors.• Agree to the reappointment of Tim Wright as a Non-Executive Director for new three-year term of office starting on 26 September 2020 on the basis of the current Non-Executive Director remuneration rate of £14,000 per year, subject to clarification with NHSE&I of the scope for local variation in remuneration rates in the light of the new guidance previously reported to the Council.		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-Led		
Single Oversight Framework Theme:	Leadership and improvement capability		
Implications			
Risk:	Performance of the Chairman and Non-Executive Directors is fundamental to the effective leadership of the Trust		
Legal/Regulatory:	Foundation Trust Code of Governance section B.6		
Resources:	As set out in the paper.		
Previously	Council of Governors Nomination and	Date	28 April 2020



Considered by:	Remuneration Committee		
Appendices:	Appendix A: Chairman and Non-Executive Directors Objectives 2020/21		



Nomination and Remuneration Committee Report

Council of Governors, 9 July 2020

1.0 PURPOSE

- 1.1 This report updates the Council of Governors on the meeting of the Governors' Nomination and Remuneration Committee held on 28 April 2020.

2.0 BACKGROUND

- 2.1 The Council of Governors is responsible for the appointment and re-appointment of the Chairman and Non-Executive Directors and for agreeing a process for their evaluation. The Nomination and Remuneration Committee approved an updated appraisal process and policy on 11 February 2020, which brought the pre-existing policy and process into line with new national requirements, and commended this to the full Council. Subsequently, at its meeting on 19 February 2020, the Council of Governors approved the process for appraising the Chairman and Non-Executive Directors. The Foundation Trust Code of Governance (section B.6) requires that the outcomes of the appraisals be reported to the Council of Governors.

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

- 3.1 At its meeting on 28 April 2020, the Committee considered a report on the outcomes of the appraisals of the Chairman and Non-Executive Directors. The appraisals process was conducted in line with the updated process and policy agreed by the Council of Governors, which reflects the new national requirements established by NHS England and NHS Improvement (NHSE&I). This was the third time the Trust has conducted such an appraisal since its establishment as an NHS Foundation Trust in February 2015. At its meeting in February 2020, the Council of Governors agreed some minor changes to the policy and process for conducting the NED appraisals. These included: in the case of the Chairman's appraisal seeking feedback from the NHSE&I London Regional Director, using the new competency framework for NHS provider chairs as the basis for the multi-source feedback, and reporting the outcomes to the Chair and Chief Operating Officer of NHSE&I. The 2019/20 NED appraisals reflected these changes.
- 3.2 The Chairman conducted appraisal discussions with each of the Non-Executive Directors and the Senior Independent Director (Ann Beasley) conducted the appraisal of the Chairman. To inform each appraisal, 360 degree feedback was sought from all members of the Trust Board (Executive and Non-Executive Directors, voting and non-voting) and all members of the Council of Governors. Feedback was provided through a secure online survey. All comments were anonymised and were used to inform the appraisal discussions and write-ups.
- 3.3 Engagement with the feedback process was positive overall, given that the appraisal period overlapped with the start of the COVID-19 pandemic and coincided with the commencement in office of six new Governors, who did not feel able to participate in the process. For these reasons, the response rate across the board was lower than for the previous year's appraisals. However, between 14 and 17 individuals completed feedback on each of the NEDs and 26 individuals completed feedback on the Chairman. Excluding the newly appointed Governors and newly appointed NEDs, the average response rates by type of respondent was:
- Governors: 42%
 - Non-Executive Directors: 44%
 - Executive Directors: 40%

4.1



- 3.4 The full response rate for each NED is set out in the table below:

Response rate to NED appraisals 2018/19*				
Name	Governors	NEDs	Executives	Other
Gillian Norton	15/20 (75%)	3/5 (60%)	3/9 (33%)	5
Ann Beasley	9/20 (45%)	1/5 (20%)	4/9 (44%)	N/A
Stephen Collier	10/20 (50%)	3/5 (60%)	4/9 (44%)	N/A
Jenny Higham	10/20 (50%)	2/5 (40%)	4/9 (44%)	N/A
Tim Wright	11/20 (55%)	2/5 (40%)	3/9 (33%)	1

* Excludes newly elected Governors and newly appointed NEDs

- 3.5 In the case of the Chairman, feedback was also sought from a number of external stakeholders including the Chairs of the South West London Acute Provider Collaborative, the Chair of the South West London Health and Care Partnership, the Chairs of Wandsworth and Merton Clinical Commissioning Groups, and from Wandsworth and Merton local authorities. Feedback was also sought from the NHSE&I London Regional Director. Given Tim Wright's roles in relation to the Clinical Ethics Committee and the St George's Hospital Charity, feedback from the Chair of the Clinical Ethics Committee and Charity Chair were also sought.
- 3.6 Respondents provided free text comments to help inform each appraisal discussion. Overall, there was a lower level of free text feedback in 2019/20 compared with 2018/19. In part this reflects the lower overall response rates and, in the case of the Chairman, it may reflect the fact that the structure of the questionnaire was different, with respondents only able to provide free text comments to the final question.
- 3.7 The Committee discussed and noted the outcomes of each of the appraisals, which it supported. In addition, it noted the success of the NEDs individually and collectively in performing their roles effectively. The Committee agreed to commend to the Council of Governors the outcome of the NED appraisals process 2019/20.
- 3.8 **The Council of Governors is asked to note the outcomes of the Chairman and Non-Executive Director appraisal process 2019/20.**

4.0 CHAIRMAN AND NON-EXECUTIVE DIRECTOR OBJECTIVES 2020-21

- 4.1 The Committee heard that the Chairman had agreed with each of the NEDs draft objectives for 2020/21 and the Senior Independent Director had agreed the objectives for the Chairman. The objectives had been drafted to reflect the discussions at each of the NEDs' end-of-year appraisals and the 360 degree feedback gathered as part of this process. The Committee heard that all of the NEDs had been very engaged in defining the objectives.
- 4.2 The Committee noted that the Chairman's objectives for 2020-21 included reference to the implementation of the new clinical strategy and supporting strategies and emphasis on greater collaboration with Epsom and St Helier University Hospitals NHS Trust, to realise the benefit to the patients and communities served by both organisations.
- 4.3 The Committee discussed the emphasis on improving the culture of the Trust and focus on external engagement across the region in working with partners in delivering a South West London Integrated Care System. It was also noted that Ann Beasley had requested an objective on encouraging greater collaboration and engagement with South West London and St George's Mental Health NHS Trust and Elizabeth Bishop supporting collaboration with Epsom and St Helier University Hospitals NHS Trust.



- 4.4 The 2020/21 objectives for the Chairman and Non-Executive Directors are attached at Appendix A.

5.0 NON-EXECUTIVE DIRECTOR REAPPOINTMENT

- 5.1 The Committee noted that Tim Wright would reach the end of his first term of office on 25 September 2020 having taken up his appointment as a NED on 26 September 2017. The Committee considered the proposal for the reappointment of Tim Wright to a further three-year term of office starting on 26 September 2020.
- 5.2 Decisions regarding the reappointment of Non-Executive Directors are reserved to the Council of Governors. Under its terms of reference, the Nomination and Remuneration Committee is charged, among other matters, with overseeing the process for the appointment and reappointment of Non-Executive Directors and making recommendations on this to the Council.

5.3

In considering the proposed reappointment of Tim Wright Non-Executive Director, the Committee considered the following issues:

- a) **Outcome of appraisal:** Tim Wright has undergone annual appraisals in 2018/19 and 2019/20. Feedback on these and the Chairman's appraisal of Tim demonstrates that Tim is performing well as a NED, and indeed demonstrated his ability to step up to chair one of the principal Committees of the Board effectively during 2019. The Committee was assured that the proposed reappointment of Tim Wright as Non-Executive Director would meet the requirement set out in the Trust's Constitution that any NED considered for reappointment should have had a satisfactory appraisal.
- b) **Time commitment requirements:** All directors at NHS Foundation Trusts are expected to allocate sufficient time to the Trust to discharge their responsibilities effectively. Non-Executive Directors are expected to undertake that they will have sufficient time to meet what is expected of them (4 to 6 days a month) and their other significant commitments should be disclosed. Tim's attendance at Board, Committees, seminars, and his ongoing commitments to the St George's Charity and to the Clinical Ethics Committee means that, in practice, Tim invests considerably more time at the Trust than this appointment requires. There have been no changes as to his ability to devote sufficient time to his role as NED. On this basis, the Committee was assured that Tim would continue to meet the time commitments required of the role.
- c) **Length of term:** As noted above, the FT Code of Governance states that typically a non-executive director should not serve for a total of more than six years, unless there are exceptional reasons for this. Tim will have served three years as NED by September 2020 and is therefore well within this maximum period.
- d) **Skills mix on the Board:** In taking a decision over re-appointment, the Council of Governors should consider the implications of this for the skills mix on the Board and whether the Board has any skills gaps that need to be addressed. The Board currently has a good mix of skills among the NED cohort, and this has been supplemented through recent appointments to the Board by the Council of Governors. Tim Wright continued to bring significant experience of IT and major projects to the Board. After almost three years in post, he also brings experience of the Trust, the Charity and the Clinical Ethics Committee. The Committee considered that reappointing Tim Wright would maintain the



existing skills of the Board, which has recently undergone a refresh with the appointment of two new NEDs and an Associate NED in January and February 2020.

- e) **Independence:** Governors should also take into account any changes in the independence of the Non-Executive Directors prior to re-appointment. This also relates to the length of time any Non-Executive Director has served on the Board. There are no changes in the position of Tim Wright that pose questions as to his independence on the Board.
- f) **Fit and Proper Person requirements:** All directors on the Board, including Non-Executive Directors, must be “fit and proper” to meet the provisions of the provider licence. For the purposes of the licence, “fit and proper” persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not undischarged bankrupt. The Committee was assured that the Trust was fully compliant with the Fit and Proper Person regulations for directors.

5.4 The Committee considered these points and agreed that Tim Wright had met the requirements necessary to be considered for reappointment and that he is performing to a high level and is an asset to the Board. On that basis, the Committee recommends to the Council that Tim Wright is appointed to a second term of office as a Non-Executive Directors for a period of three years starting on 26 September 2020.

5.5 Should the Council of Governors agree with the recommendation to reappoint Tim Wright as a NED, a letter confirming the reappointment will be issued to Tim confirming this and NHSE&I will be notified. The decision to reappoint would also be recorded in the Trust's Annual Report and Accounts 2020/21 as part of a description of the work of the Committee during the current year.

4.2 Subject to the ongoing discussions with NHSE&I regarding the application of the new guidance regarding NED remuneration, it is proposed that the Council provisionally agree to reappoint Tim at the same level as now, £14,000 per annum NED. It may be necessary to revise this depending on the advice provided by NHSE&I and the Council will be asked to review this if appropriate

6.0 RECOMMENDATION

6.1 The Council of Governors is asked to:

- Note the outcome of the 2019/20 appraisals of the Chairman and Non-Executive Directors.
- Agree to the reappointment of Tim Wright as a Non-Executive Director for new three-year term of office starting on 26 September 2020 on the basis of the current Non-Executive Director remuneration rate of £14,000 per year, subject to clarification with NHSE&I of the scope for local variation in remuneration rates in the light of the new guidance previously reported to the Council.

Non-Executive Director Objectives and Measures 2020-21

All objectives need to be seen in the context of Covid 19 which will change healthcare provision over the next year and beyond in ways we are only just beginning to contemplate

4.1

Gillian Norton, Chairman					
To lead and develop the Trust's Unitary Board to provide effective leadership of the Trust and delivery of improved quality, performance and finances whilst holding the Executive to account.	To lead the Board in the implementation of the agreed clinical strategy, supporting strategies and greater collaboration with ESTH..	To work with the Chief Executive to continue to improve the Trust's governance to ensure effective assurance mechanisms.	To maintain an effective partnership with the Chief Executive providing both support and challenge and together engage with staff to further improve the organisational culture.	With the Chief Executive to work collaboratively with key stakeholders in the SWL HCP and London region to ensure St George's plays its full role in delivering a SWL integrated care system.	To work with the Council of Governors to enable it to carry out its role of holding NEDs to account and engaging the wider membership.
<i>Measure: CQC and NHSI assessment Exiting financial special measures 360 degree feedback</i>	<i>Measure: Progress on strategy delivery and ESTH collaboration 360 feedback</i>	<i>Measure: Audit and CQC judgement 360 feedback</i>	<i>Measure: Improved staff engagement scores 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>

Ann Beasley, Vice Chairman, Senior Independent Director and Finance & Investment Committee Chair						
To make a positive contribution to the development and effectiveness of the Unitary Board in providing leadership to the Trust, whilst holding the Executive to account.	To work with the Chief Finance Officer to chair and lead the Finance and Investment Committee, provide assurance to the Board in relation to those topics within the Committee's purview and improve Committee effectiveness.	To maintain knowledge of the Trust's services and people to enable constructive challenge at Committees and Board across the range of topics.	To contribute to Audit Committee to assist its effective operation	To work with other Non Executives to support the Council of Governors.	As Vice Chairman to deputise for the Chairman and provide a sounding board for her and other NEDs. As SID to carry out the Chairman's appraisal and report to Governors and NHSE/I	To support and encourage further collaboration with SWL St Georges
<i>Measure: 360 degree feedback</i>	<i>Measure: Feedback from annual Finance & Investment Committee effectiveness review ("good" rating achieved)</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: Chairman and NED feedback Completion of appraisal</i>	<i>Measure: progress achieved</i>

Stephen Collier, Workforce & Education Committee Chair				
To make a positive contribution to the development and effectiveness of the Unitary Board in providing leadership to the Trust, whilst holding the Executive to account.	To work with the Chief People Officer to chair and lead the Workforce and Education Committee, provide assurance to the Board in relation to those topics within the Committee's purview and improve Committee effectiveness	To maintain knowledge of the Trust's services and people to enable constructive challenge at Committees and Board across the range of topics.	To contribute to Finance & Investment and Committee and assist its effective operation.	To work with other Non Executives to support the Council of Governors.
<i>Measure: 360 degree feedback</i>	<i>Measure: Feedback from the annual Workforce & Education Committee effectiveness review ("good" rating achieved)</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>

Jenny Higham, Appointed NED, Principal, St George's University			
To make a positive contribution to the development and effectiveness of the Unitary Board in providing leadership to the Trust, whilst holding the Executive to account.	To assist the Board in maximising its relationship with University to the benefit of both	To contribute to the Quality & Safety Committee and assist its effective operation.	To maintain knowledge of the Trust's services and people to enable constructive challenge at Committees and Board across the range of topics.
<i>Measure: 360 degree feedback</i>	<i>Measure: Board views</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>

Dame Parveen Kumar , Quality & Safety Committee Chair					
To make a positive contribution to the development and effectiveness of the Unitary Board in providing leadership to the Trust whilst holding the Executive to account.	To work with the Chief Medical Officer and Chief Nurse to chair and lead the Quality & Safety Committee, provide assurance to the Board in relation to those topics within the Committee's purview and improve Committee effectiveness.	To get to know the Trust's services and people and acquire the knowledge to enable constructive challenge at Committees and Board across the range of topics.	To contribute to Workforce and Education Committee to assist its effective operation.	To work with other Non Executives to support the Council of Governors.	To challenge and support actions to improve medical engagement.
<i>Measure: 360 degree feedback</i>	<i>Measure: Results of the annual Quality & Safety Committee Effectiveness review ("good" rating achieved)</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure :improved medical engagement</i>

Elizabeth Bishop, Audit Committee Chair					
To make a positive contribution to the development and effectiveness of the Unitary Board in providing leadership to the Trust whilst holding the Executive to account.	To work with the Chief Finance Officer and Chief Corporate Affairs Officer to chair and lead the Audit Committee, provide assurance to the Board in relation to the topics within the Committee's purview and improve Committee effectiveness.	To get to know the Trust's services and people and acquire the knowledge to enable constructive challenge at Committees and Board across the range of topics.	To contribute to Finance and Investment and Quality Committees and assist their effective operation.	To work with other Non Executives to support the Council of Governors.	To support and encourage further collaboration with ESTH
<i>Measure: 360 degree feedback</i>	<i>Measure: Internal and External Audit views Results of the annual Audit Committee effectiveness review ("good" rating achieved)</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: progress in collaboration</i>

Tim Wright, Trustee of Hospital Charity						
To make a positive contribution to the development and effectiveness of the Unitary Board in providing leadership to the Trust whilst holding the Executive to account.	To work with the Chief Finance Officer and CIO to provide challenge and support in the delivery of the IT strategy, the improvement of the IT risk profile and implementation of key projects.	As Trustee of the Charity to encourage and support the alignment of the Charity's vision and objectives with the strategy and priorities of the Trust.	To be the Non Executive presence on the Clinical Ethics Committee.	To maintain knowledge of the Trust's services and people and to further develop skills to enable constructive challenge at Committees and Board across the range of topics.	To contribute to Finance, Audit and Workforce and Education Committees to assist their effective operation and to be NED lead on Estates.	To work with other Non Executives to support the Council of Governors.
<i>Measure: 360 degree feedback</i>	<i>Measure: Progress in delivery of IT strategy and risk mitigation to agreed timescales</i>	<i>Measure: Quality of relationship between Trust and Charity; Charity Chair's feedback</i>	<i>Measure: Committee Chair's feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>

Pui-Ling Li , Associate Non-Executive Director				
To make a positive contribution to the development and effectiveness of the Unitary Board in providing leadership to the Trust whilst holding the Executive to account.	To get to know the Trust's services and people and acquire the knowledge to enable constructive challenge at Board across the range of topics.	To contribute to Quality and Safety, Workforce and Education and Audit Committees to assist their effective operation.	To be the Non-Executive representative on the End of Life Care Group.	To work with other Non-Executives to support the Council of Governors.
<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>	<i>Measure: 360 degree feedback</i>



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

4.2

Year ended 31 March 2020

9 July 2020



Contents



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- 2. Audit of the Accounts
- 3. Value for Money conclusion

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- A Reports issued and fees

Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at St George’s University Hospitals NHS Foundation Trust (‘the Trust’) for the year ended 31 March 2020.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)’s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – ‘Auditor Reporting’. We reported the detailed findings from our audit work to the Trust’s Audit Committee as those charged with governance in our Audit Findings Report on 11 June 2020.

Our work

Materiality	We determined materiality for the audit of the Trust’s financial statements to be £13m, which is 1.5% of the Trust’s prior year gross expenditure.
Financial Statements opinion	<p>We gave an unqualified opinion on the Trust’s financial statements on 25 June 2020.</p> <p>We included a going concern material uncertainty paragraph in our report on the Trust’s financial statements to draw attention to the note which explains the basis on which the Trust has determined that it is still a going concern.</p> <p>We included a Key Audit Matter in our report emphasising the uncertainty over asset valuations as at 31 March 2020 given the pandemic.</p> <p>This does not affect our opinion that the statements give a true and fair view of the Trust’s financial position and its income and expenditure for the year.</p>
NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to the National Audit Office with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We did not identify any matters which required us to exercise our additional statutory powers.

Respective responsibilities

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

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

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

Executive Summary

Value for Money arrangements	<p>We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for in relation to financial sustainability. We therefore qualified our value for money conclusion in our audit report to the Directors of the Trust on 25 June 2020.</p> <p>It should be noted that this is the first year the Trust has not received an adverse opinion since 2014/15. This represents a significant step forward in the context of the Trust demonstrating appropriate value for money arrangements albeit with more work to do to achieve financial sustainability.</p>
Quality Report	<p>Due to the Covid-19 pandemic, the Department of Health and Social Care suspended the requirement for the Trust's Quality Report to be certified.</p>
Certificate	<p>We certified that we have completed the audit of the financial statements of St George's University Hospitals NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 25 June 2020.</p>

Working with the Trust

We discussed the potential impact of Covid-19 on key balances in the accounts and disclosures with management. This included the impact of Covid-19 related restriction son the year end accounts production process and the need for remote working both by the finance team and the audit team.

The process for remote working during the year end audit was challenging and resulted in new ways of working including more extensive use of the Inflo system and regular conference calls with the finance team.

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

Grant Thornton UK LLP
July 2020

Audit of the Financial Statements

Our audit approach

Materiality

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

We determined materiality for the audit of the Trust's financial statements to be £13m, which is 1.5% of the Trust's prior year gross expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

We also set a lower level of specific materiality for related party disclosures and senior officer remuneration.

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

The scope of our audit

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

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

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

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

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

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

4.2

Audit of the Financial Statements

Key Audit Matters

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

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
Covid - 19 The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expected current circumstances to have an impact on the production and audit of the financial statements for the year ended 31 March 2020	We worked with management to understand the implications the response to the Covid-19 pandemic had on the organisation's ability to prepare the financial statements and update financial forecasts and assess the implications for our materiality calculations We liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arise. Our audit work included: <ul style="list-style-type: none"> • Evaluated the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic. • Evaluated whether sufficient audit evidence can be obtained in the absence of physical verification of assets through remote technology • Evaluated whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances • Evaluated management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment • Discussed with management any potential implications for our audit report if we have been unable to obtain sufficient audit evidence 	We were able to report that this risk was sufficiently mitigated.

4.2

Audit of the Financial Statements

Key Audit Matters - continued

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

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Revenue recognition</p> <p>Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue.</p> <p>We rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We determined these to be income from:</p> <ul style="list-style-type: none"> Block contract income element of patient care revenues <p>We did not deem it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue.</p>	<p>Our audit work involved:</p> <ul style="list-style-type: none"> evaluating the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20 updating our understanding of the Trust's system for accounting for income from patient care and other operating revenue, and evaluate the design of the associated controls For patient care income, agreeing, on a sample basis, income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners and evaluating the Trust's estimates and the judgments made by management with regard to corroborating evidence in order to arrive at the total income from contract variations recorded in the financial statements. For other operating revenue, agreeing, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence Agreeing PSF income to supporting evidence 	<p>We were able to report that this risk was sufficiently mitigated.</p>
<p>Going concern material uncertainty disclosures</p> <p>It has been a challenging year due to the Covid-19 pandemic. The Trust is facing significant financial challenges and has reported a deficit position for 2019/20 in excess of its budgeted deficit of £3m with a plan for break even in 2020/21. Due to the unprecedented response to the Covid-19 pandemic, there have been delays to agreement of contract income for 2020/21.</p>	<p>We have reviewed management's going concern assessment and considered the reasonableness of the key assumptions expressed.</p> <p>We have assessed the completeness and accuracy of the disclosures in the going concern. Management have reflected a material estimation uncertainty reflecting the continued , but reducing need for cash support.</p>	<p>Our audit opinion makes reference to the material uncertainty related to going concern</p>

4.2

Audit of the Financial Statements

Key Audit Matters - continued

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

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Valuation of land and buildings</p> <p>The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions.</p> <p>The effects of the COVID-19 virus affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances.</p>	<p>Our audit work involved:</p> <ul style="list-style-type: none"> evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work. This included considering if the impact of Covid-19 had been considered for impact on valuations. evaluating the competence, capabilities and objectivity of the valuation expert writing to the valuer to confirm the basis on which the valuations were carried out challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding engaging our own valuer to assess the instructions to the Trust's valuer, the Authority's valuer's report and the assumptions that underpin the valuation testing, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register <p>As, disclosed in notes to the financial statements, the outbreak of Covid-19 has caused uncertainties in markets. As a result, the Trust's valuer has declared a 'material valuation uncertainty' in their valuation report which was carried out with a valuation date of 31 March 2020. The values in the valuation report have been used to inform the measurement of property assets at valuation in the financial statements.</p>	<p>The Trust disclosed the estimation uncertainty related to the year-end valuations of land and buildings in the notes to the financial statements.</p> <p>The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates</p> <p>As a result of the material uncertainty being identified on the valuation of Property, Plant and Equipment, our audit opinion included a Key Audit Matter, drawing attention to the material uncertainty identified.</p>

4.2

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the Trust's financial statements on 25 June 2020.

Preparation of the financial statements

The Trust presented us with draft financial statements in accordance with the national deadline and pandemic lockdown restrictions that existed at the time, and provided a working papers to support them. The finance team responded promptly and efficiently to our queries remotely during the course of the audit.

Due to the impact of the pandemic, it was necessary to adapt working practices and this resulted in additional time being incurred in the completion of the audit. This is reflected in absorption of the fee for the audit of the Quality Report, which was not required in 2019/20, into those charged for the Trust Audit to offset the additional considerations required in respect of uncertainties and modifications to our approach in light of the Covid-19 pandemic.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the Trust's Audit Committee on 11 June 2020.

In addition to the key audit risks reported above, we identified the following issues/adjustments throughout our audit that we have asked the Trust's management to address for the next financial year:

- Improvements to the bank reconciliation process
- Review of the fixed asset register
- Improvements in the payables reconciliations process

Annual Report, including the Annual Governance Statement

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

Whole of Government Accounts (WGA)

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

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of the Trust in accordance with the requirements of the Code of Audit Practice on 25 June 2020.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in April 2020 which specified the criterion for auditors to evaluate:

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

Key findings

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

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

Overall Value for Money conclusion

We are satisfied that, in all significant respects, except for the matter we identified below, the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020.

4.2

Value for Money conclusion

Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
Financial sustainability	We reviewed the Trust's arrangements for putting together and agreeing its budget, including identification of savings plans; and its arrangements for monitoring and managing delivery of its budget and savings plans for 2020/21, including the impact on service delivery.	<p>Overall the Trust's financial position has improved during the year with a £32.2m reduction in the deficit compared to 2018/19, significant further improvements are required to restore the Trust to financial balance. The Trust remains in financial special measures.</p> <p>A key area of risk highlighted by the Trust within the financial plan approved for 2020/21 is around achieving the plan and being in receipt of the expected funding streams and the identification and delivery of CIPs. The resolution of these issues will have a significant bearing on whether the Trust is able to achieve its forecast.</p>
Care Quality Commission (CQC) inspection	We reviewed how the Trust is implementing and monitoring delivery of the action plan agreed to address the findings of the CQC inspection. We reviewed correspondence from the CQC in relation to their findings from inspection visits during the year.	A further CQC inspection was carried out in July to September 2019. The report was published in December 2019 and whilst the rating remain as 'requiring improvement' the CQC recommended that the Trust is taken out of special measures. We have been informed that the Trust has now been removed from quality special measures.

4.2

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and provision of non-audit services.

Reports issued

Report	Date issued
Audit Plan	21 January 2020
Audit Findings Report	11 June 2020
Annual Audit Letter	9 July 2020

Fees

	Planned £	Actual fees £	2018/19 fees £
Statutory audit	78,750	86,750	68,500
Total fees	78,750	86,750	68,500

As a result of the removal of the requirement for the Trust to obtain external assurance over its Quality Report for 2019/20, the proposed fees for this work have been absorbed into those charged for the Trust Audit to offset the additional considerations required in respect of uncertainties and modifications to our approach in light of the Covid-19 pandemic as well as an increased in the planned audit fee which reflected regulatory requirements which has led to increased testing and the use of an auditor expert.

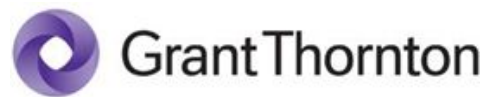
Fees for non-audit services

Service	Fees £
Audit related services	Nil
- None	
Non-Audit related services	Nil
- None (see note below regarding the Quality Account fee)	

Non-audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust. The table above summarises all non-audit services which were identified.
- We have considered whether non-audit services might be perceived as a threat to our independence as the Trust's auditor and have ensured that appropriate safeguards are put in place.

The above non-audit services are consistent with the Trust's policy on the allotment of non-audit work to your auditor.





Meeting Title:	Trust Board		
Date:	Thursday, 26 March 2020	Agenda No	4.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Dame Prof. Parveen Kumar, Chairman of the Quality and Safety Committee		
Report Author:	Dame Prof. Parveen Kumar, 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 February 2020.		
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		



Quality and Safety Committee Report

Matters for the Board's attention

The Quality and Safety Committee met on 19 March 2020 and agreed to bring the following matters to the Board's attention:

1. Novel Coronavirus (Covid-19)

The Committee received a comprehensive update on Covid-19, testing regimes for patients and staff, cohorting patients, communication, system plans and planning for the peak of cases. The Committee appreciated that the situation was evolving with daily changes in national guidance. The Committee were assured that, as the situation stood, the Trust had, the right senior leadership engagement internally and externally, had adopted robust plans to cohort inpatients and individuals coming into the emergency department and there were plans to address the forecast increase in the number of intensive treatment unit (ITU) beds and co-opting staff from other areas to provide support in ITU. However, there was much work still to be done and the Committee asked to be kept updated.

2. Deep Dive: Maternity Services Improvement Programme

This month, the Committee's deep dive focused on the improvement work being carried out in Maternity Services. A majority of the immediate operational actions have been closed and focus was now being given to the cultural workstream. The Board will be discussing this report in its part 2 meeting but the Committee would like to convey that it was encouraged by the positive signs that the team dynamics had changed, there was better cohesion and communication in the team, and there was a greater degree of triangulation of quality and soft workforce metrics. Key service improvements, in the past five months, include 31% of women who had given birth were on the 'Continuity of Care' pathway (this was above the national threshold), the number of induced labours had reduced and the number of instrumental deliveries had decreased. The Committee noted, however, that the improvement plan was in the early stages and warranted close and continuous scrutiny.

3. Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality performance at month 11. At month 11 the Trust had 45 clostridium difficile cases against a year-end threshold of below 48. Of the 42 reported in month 10 the number of cases attributable to lapses in care provided by the Trust was eight. The additional three cases reported in month 11 were now subject to root cause analysis and scrutiny by the local commissioners to identify any lapses in care. Unfortunately, the Trust also had an additional case of methicillin-resistant staphylococcus aureus (MRSA). The Committee welcomed the news that the Trust's venous thromboembolism (VTE) compliance had increased to 95% following a long period of being below 90%. The Committee were equally pleased that the Trust had completed the building and testing phase of the treatment escalation plan (TEP) on the electronic patient pathway management system, iClip. The Trust had escalated the electronic TEP to support care for patients in light of Covid-19.

4. Nurse Staffing Report (Planned vs. Actual)

The Committee considered the nurse staffing report for February 2020. The overall fill rate was 94.62%. Although lower than previous reporting periods, the fill rate was within the normal limits. Any exceptions were effectively managed to ensure that there were no



outstanding patient safety issues. The Trust did see an increase in the number of red flags which were attributed to staff taking annual leave, increased acuity of patients and the need to provide more '*specialling*' care to patients. These safe staffing red flags were effectively managed and mitigated with no harm to patients.

5. Cardiac Surgery Update

The Committee noted the monthly Cardiac Surgery Update. The Committee were apprised of the timeline for publishing the NHS Improvement mortality review report and how the Trust had been discharging duty of candour requirements in relation to report findings.

6. Serious Incident Reporting

The Committee noted that five serious incidents had been declared in February 2020 and two investigations closed. The Trust had also provided its response to the Coroner in relation to the Prevention of Future Deaths order related to a patient fall.

7. Patient Safety & Quality Group (PSQG) Report

The Committee received and noted the report from the February 2020 meeting of the Patient Safety and Quality Group. The Committee welcomed the news that the Trust's Anaesthesia Clinical Services had retained its accreditation. The Committee had previously reported concerns about the backlog and lack of robustness of the process that the Trust had in place to complete assessments against new NICE guidelines. Accordingly, the Committee had been closely monitoring performance and was pleased to learn that since November 2019, 57 assessments had been completed. The Trust still needed to complete assessment of 34 NICE guidelines however none of these were older than August 2019. This was a significant step forward and the Committee commended the work of the team.

8. Board Assurance Framework & Corporate Risk Registers

The Committee received the Board Assurance Framework (BAF) and Corporate Risk Register which focussed on the four strategic risks (SR) which fall within its remit. The Committee heard that the risk related to the seven-day services had been realised therefore the Trust would not be fully compliant by 01 April 2020. This should, however, be taken in the context of the current environment around Covid-19. The Committee also discussed the risk rating for Covid-19, noting that it should be reflective of the current situation, and also the risk rating should reflect that much of the current situation was outside the control of the Trust. The Committee also reflected that the Covid-19 risk was a Board level risk which needed to be adequately captured.

Dame Parveen Kumar
Committee Chair
March 2020



Meeting Title:	Trust Board		
Date:	26 March 2020	Agenda No	5.1
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 19th March 2020.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



Finance and Investment Committee (Core) – March 2020

The Committee met on 19 March and in addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on the 2020/21 Financial Plan, Commercial Strategy and Financial Policies.

Committee members discussed the BAF risks on finance and ICT in respect of the COVID-19 virus, although noting no change in risk scoring at present. The Committee noted performance in Diagnostics, Cancer, RTT and Emergency Flow as well as outlining recovery processes in each area. The Committee discussed current financial performance, cash management and capital expenditure, in view of the forecasted year end position, as well as the implications for the annual plan in 2020/21.

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

1.1 Finance & ICT Risks – the Acting Chief Financial Officer (ACFO) and the Chief Information Officer (CIO) gave updates on their respective BAF risks. They noted no change in risk scoring although noting the emerging risk on COVID-19 would have financial and ICT implications.

1.2 Activity Update – the performance against activity targets was discussed, in particular reduced attendances in ED, lower than planned First Outpatient Appointments and reduced 'Did Not Attend' rates. The Committee also discussed theatre utilisation trends by Consultant being reviewed.

1.3 Referral to Treatment (RTT) Update – the performance against the RTT target was discussed, where performance in January of 82.2% was below the incomplete target trajectory of 87.2%, and the number of 52 week waits of 10 was more than the trajectory of 0. The size of the waiting list (including QMH patients) was 47,089 patients. The Chief Operations Officer (COO) noted performance in February, where 11 52 week waits had been observed. She noted that under the current situation with COVID-19, clinical urgency was changing the prioritisation of these patients. She also noted performance in February against the incomplete target (revised to 83.3%) of 82.3%, and a waiting list size of 48,061. The Committee discussed the importance of elective treatments at this unprecedented time and the need for system-wide working wherever possible.

1.4 Emergency Department (ED) Update – the performance of the Emergency Care Operating Standard was recorded at 82.6% in February, which is adverse to the Trust's trajectory in the month, although better than January's performance of 81.7%. The COO noted the current situation with respect to COVID-19, with the footprint of the department increased, and separate 'red' and 'green' areas for those with respiratory and non-respiratory symptoms respectively. The Committee discussed psychological and wellbeing support for staff, as well as ensuring staff that are able to cross cover in high demand areas are given training where appropriate. The Committee also discussed safeguarding and DBS checks as important considerations.

1.5 Cancer Performance – the COO noted that the Trust met 4 of the 7 Cancer performance targets in January, and that the Trust continues to prioritise Cancer treatment as much as possible in the current circumstances.

1.6 Diagnostics Performance – the COO observed the continued challenge in Diagnostics performance in February, where 4.9% of patients had a Diagnostic wait over 6 weeks compared with a target of 1% (and London performance of 3.4%). The Committee noted that demand in this area may reduce as the focus continues to be on COVID-19, and discussed the adequacy of laboratory capacity at this time.

1.7 Financial Performance – the ACFO noted performance to date at Month 11 was adverse to plan by £7.5m (which was in line with the £9m adverse forecast), showing a £46.4m Pre-PSF/FRF/MRET deficit. He noted that all divisions met their forecast in-month, and that cash remained well-managed based on current requirements of capital and revenue expenditure. He also noted the capital



expenditure position as the Trust approaches year end, with the impact of COVID-19 being factored in as well.

1.8 2020/21 Planning Update (COVID-19) – the ACFO introduced the Committee to the paper providing an update on the financial plan for 2020/21 following a letter received from Sir Simon Stevens (NHS CEO) and Amanda Prichard (NHS COO) on 17th March. He noted that the traditional operational planning round had been suspended and that block contract arrangements were being put in place for the first four months of the new financial year. The Committee agreed that in order to sign off annual budgets ahead of 1st April, a review would be required with selected non-executives before this date. This review would look to agree on a Trust budget for these first four months, as well as a plan for the remaining 8 months.

1.9 Commercial Strategy – the Director of Financial Planning (DFP) introduced a paper on the draft Commercial Strategy, which outlined some of the key considerations ahead of a final strategy document, requiring input by the committee. The Committee agreed that the proposed approach was appropriate.

1.10 Policies Update – the ACFO introduced 5 financial policies for approval following endorsements at the Financial Systems Monitoring Group (FSMG). These were the Financial Planning, Treasury Management, Credit Management, Asset Valuation and Transactions Management Policies. The Committee approved these policies.

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,
March 2020



Meeting Title:	Trust Board		
Date:	26 March 2020	Agenda No	5.2
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 19 March 2020.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



Finance and Investment Committee (Estates) – March 2020

This Part 2 FIC meeting has been set up on a monthly basis to provide more comprehensive assurance on Estates risks in the Trust. Good progress continues to be made and the Committee agreed to subsume the current meeting into the regular 'core' agenda from next month. The Committee emphasised the importance of the Estates & Facilities area in the months ahead that should be maintained through regular structured review at FIC.

The March FIC E meeting was constructive and helpful, at which members received updates from the Deputy Director of Estates & Facilities (DDE&F) on the divisional overview, progress made in the management of the COVID-19 virus, responses to the HSE requirements and the latest on the Estates Strategy.

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

1.1 Divisional Overview Report – the DDE&F noted some of the key updates in the department, in particular in terms of recruitment of senior staff members and a recent connector valve break affecting St James's Wing which caused hot water to leak into the hospital. She noted that the London Fire Brigade were pleased with the efforts made by the department. The Committee also praised the work done in respect of the Lanesborough Wing generators, which is now complete.

1.2 Response to COVID-19 - the DDE&F highlighted key updates from the department's response to COVID-19. She noted that she is the department lead for this and her second in command is the Assistant Director- Health & Safety and Fire Safety (AD-HSFS). She noted the use of the Bence Jones portacabin as office space for commissioning staff in relation to the non-emergency patient transport (NEPT) service. The Committee also noted the plans for ward refurbishment may need to be postponed while bed capacity is more in demand, and the importance of the Trust Board being available to support frontline staff at this challenging time.

1.3 Estates Strategy - the Committee discussed the Estates strategy and the business cases currently being worked up with capital requirements. It was noted that these cases would be part of the update to the next committee meeting.

1.4 Responses to HSE requirements - the Committee noted the various HSE improvement notices and progress being made to address each one. The Committee praised the impact of the AD-HSFS for his efforts in this area, as well as the DDE&F.

2.0 Recommendation

2.1 The Board is recommended to receive the report from the Finance and Investment Committee (Estates) on 19 March 2020 for information and assurance.

Tim Wright
Lead Non-Executive Director, Estates
March 2020



Meeting Title:	Trust Board		
Date:	Thursday, 30 April 2020	Agenda No	3.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Prof. Dame Parveen Kumar, Chairman of the Quality and Safety Committee		
Report Author:	Prof. Dame Parveen Kumar, 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 April 2020.		
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		



Quality and Safety Committee Report

Matters for the Board's attention

The Quality and Safety Committee met on 23 April 2020 and in line with the discussions at the March Board focused on only some key matters of business.

The Committee agreed to bring the following matters to the Board's attention:

1. Novel Coronavirus (Covid-19)

The Committee received a comprehensive report on Covid-19. The report included updates on capacity and demand, measures to safely stand down other activities, workforce and staff testing updates, ethical decision making and the revised Complaints and Patient Advisory Liaison processes and related clinical risk assessments and risk management. The Committee was assured by the robustness of the governance systems to manage the Trust during the Covid-19 pandemic and measures in place to manage communication into and from the organisation and internal staff communication. The Trust had responded to the crisis effectively and adapted its systems and practice in the first peak phase of the Covid-19 pandemic. Work was underway to ensure that these revised working arrangements were embedded over the next 12-18 months, although recognising that this would be subject to regular review. Staff have been flexible and stepped up to the challenge with many redeployed to care for the Covid-19 patients. The Trust had scaled up its critical care provision from 66 to 123 fully equipped intensive care beds. The Trust had identified capacity up to 150 intensive care beds with the potential to increase further to 500 beds with additional support from the wider-NHS system. There were dedicated wards for non-Covid-19 patients, patients tested positive for Covid-19 and those that present with Covid-19 related symptoms. The Trust had also refined the patient pathway through the Trust to ensure patients are cared for safely, for example patients coming in for diagnostics. The Committee were also assured by the provisions in place to ensure that there were rigorous risk assessment processes for any change to business as usual services including impact on patients and staff. The Trust stock of personal protective equipment (PPE) was comparatively sufficient given wider supply challenges. The Trust continues to rely on central stocks of Covid-19 related equipment and supplies. The Trust continued to provide maternity, neonatal, emergency endoscopy, heart attack, urgent diagnostic, emergency services, continuing therapies (dialysis, chemotherapy etc.) and other core services to non-Covid-19 patients. The Trust staff testing provisions had been increased with around a third of staff tested and testing available to all symptomatic staff and members of their household. The Committee welcomed the provisions in place to support staff including health and wellbeing hubs, clinical psychological support and counselling services and noted that staff sickness had reduced to 6% from a peak of 12%. The Committee heard about the impact of the Covid-19 lock down with many people choosing to stay away from the hospital and shared the executive concerns about the challenges with managing the waiting lists for non-Covid-19 patients. The Trust was conducting clinical assessments of patients on the waiting lists and whilst it was conducting urgent, emergency lifesaving treatments and operations the Trust was not carrying out elective activity in line with the national guidance. The Trust had also developed ethical protocols (aligned with national guidance) in the event that demand for critical care provision outstripped capacity but fortunately this scenario did not materialise and the Trust continues to be able to support its patients. The Trust was also supporting families and friends in the best way it could in relation to end of life care but recognised the difficulties and distress social distancing causes to people who have family members in

5.1



hospital. The Committee also noted that whilst the Government had agreed that the Trust could 'pause' its normal complaints process the Trust continues to respond to complaints within the compliance framework and timelines.

The Committee recognised the scale of the challenge, applauded the Trust robust response but asked that focus be given to the clinical impact of harm for non-covid-19 patients waiting too long for treatment and further work be done to reassess and increase the risk score.

2. Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality performance at month 12. At month 12 the Trust had 51 clostridium difficile cases against a year-end threshold of below 48. All cases were subject to root cause analysis validated by local commissioners to ascertain if there were any lapses in care. As of month 10 only eight of the 42 cases were attributable to lapses in care provided by the Trust. The Committee also noted that the Trust continued to comply with the venous thromboembolism (VTE) target and the electronic treatment escalation plan (TEP) was being fully utilised across the Trust and helping to support care for patients in light of Covid-19.

3. Serious Incident Reporting

The Committee noted that four serious incidents had been declared in March 2020 and six investigations closed. The learning and actions from the closed serious incidents, including the two never events related to the insulin overdose and the retained foreign object in the eye of a paediatric patient, was also noted. The Committee asked the executive team to revisit the clinical pathway for managing patients that attend the emergence department with a headache given that the Committee had awareness of at least one previous serious incident related to care of a patient who presented with headache .

4. Care Quality Commission Action Plan

The Committee welcomed the news that the NHS Improvement/England had approved the Care Quality Commission's (CQC) recommendation to take the Trust out of '*quality special measures*' in March 2020. The Committee and the Board had approved the action plan and Trust response to the two must do actions in January 2020 following the 2019 inspection. The Committee considered and endorsed the comprehensive action plan that responded to the 44 'should do' actions from that inspection. The Committee noted that the implementation of the action plan would be monitored on a monthly basis by the Patient Safety and Quality Group and a report would come to the Committee quarterly with any significant exceptions reported as and when required. The Committee also noted that whilst the CQC had suspended its inspection regime and some actions could not be progressed during the Covid-19 pandemic progress was being made on others. The governance systems, which included local care group and divisional scrutiny, would continue with executive leads signing off completion of assigned actions following review of relevant evidence that these actions had been completed.

5. Patient Safety & Quality Group (PSQG) Report

The Committee received and noted the report from the March 2020 meeting of the Patient Safety and Quality Group. The Trust had provided its response to the Regulation 28 Prevention of Death Order. The Trust had implemented additional protocols to ensure staff providing '*specialling*' care to patients were clearly identified and not utilised in any other ways on the wards. Following completion of the paediatric diabetes national audit the Trust



was no longer an outlier and the evidence from external review of the Trust action plan was submitted to the Care Quality Commission in March 2020. The Committee also noted the progress being made on developing the draft 2020/21 Clinical Audit Plan. The Trust continues to make good progress on completing the assessment on NICE guidelines having closed most of the 2018/19 backlog and recognised the plan to ensure on-going monitoring of the Trust position

6. Cardiac Surgery Report

The Board would consider the cardiac surgery report later on the agenda but the Committee noted that following the publication of the independent mortality review in March 2020 the Trust continued to engage with family members. The Trust cardiac surgery service performed only one operation in March 2020 as a result of Covid-19.

7. Board Assurance Framework & Corporate Risk Registers

The Committee received the Board Assurance Framework (BAF) and Corporate Risk Register which focussed on the four strategic risks (SR) which fall within its remit. The Committee noted that more work was required to have the quality improvement methodology embedded in the organisation despite the responsive work with quality improvement in relation to Covid-19. The Committee also noted that the Covid-19 pandemic was impacting on all risks on the Board Assurance Framework and reiterated the need to clearly codify the Board's assessment of the Covid-19 risk on the BAF.

8. Committee Forward Plan

The Committee received and approved its business as usual 2020/21 annual workplan noting the interim measures to give due focus on key quality, safety and experience issues during the Covid-19 pandemic. The Committee would present the workplan, updated terms of reference and annual report to the Board in May 2020.

Dame Parveen Kumar
Committee Chair
April 2020



Meeting Title:	Trust Board		
Date:	30 April 2020	Agenda No	4.1
Report Title:	Finance and Investment Committee report		
Lead Director/ Manager:	Ann Beasley, Chairman of the Finance and Investment Committee		
Report Author:	Ann Beasley, Chairman of the Finance and Investment Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 23rd April 2020.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



Finance and Investment Committee – April 2020

The Committee met on 23 April, combining the 'Core' and 'Estates' committee meetings that have been held since May 2019. In addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on the 2020/21 Financial Plan and Procurement Contracts.

Committee members discussed the BAF risks on finance and ICT in respect of the COVID-19 virus, although noting no change in overall risk scoring at present. The Committee noted performance in Diagnostics, Cancer, RTT and Emergency Flow as well as outlining recovery processes in each area. The Committee discussed current financial performance, cash management and capital expenditure, as the Trust was in the process of completing its draft accounts for 2019/20. Implications for the annual plan in 2020/21 were also discussed, in view of new funding arrangements. **The Committee wishes to bring the following items to the Board's attention:**

1.1 Finance & ICT Risks – the Acting Chief Financial Officer (ACFO) and the Chief Information Officer (CIO) gave updates on their respective BAF risks. They noted no change in risk scoring although noting the emerging risk on COVID-19 would have financial and ICT implications. Discussions on financial risk focussed on the risk as it stood before COVID-19, in delivering a balanced financial position. ICT discussions included the impact of current arrangements on cyber security.

1.2 Estates Report – the Deputy Chief Executive Officer (DCEO) introduced the paper on Estates. The Committee commended the efforts of the department in responding to COVID-19, and discussed possible scenarios of how the Trust could organise itself to treat elective patients once this is a viable option again.

1.3 Emergency Department (ED) Update – the performance of the Emergency Care Operating Standard was recorded at 79.1% in March, which is adverse to the Trust's trajectory in the month. The Chief Operations Officer (COO) noted the challenges of sickness and self-isolation of staff in the month, although the Trust compares well against London peers. The COO also noted the current situation with respect to COVID-19, where attendances have dropped by as much as 57%, and 66% in paediatrics. The Committee discussed the importance of patients using the hospital if they need to clinically and the use of the Orchid facility at South West London & St George's Mental Health Trust which is having a positive impact on the Trust's ED performance.

1.4 Cancer Performance – the COO noted that the Trust met 3 of the 7 Cancer performance targets in February, noting challenges in patient choice and capacity in Diagnostics from previous months that continue to have an impact. She also noted primary care concerns, where referrals are lower than expected despite all referral pathways remaining open. The Committee discussed the different categories of cancer in terms of the urgency of surgical intervention.

1.5 Diagnostics Performance – the COO noted the pause in all non-urgent diagnostics owing to COVID-19. Diagnostics performance was therefore challenged in March, with 18.5% of patients having a Diagnostic wait of over 6 weeks compared with a target of 1%. The Committee discussed the use of Queen Mary's and St Anthony's Hospitals, and patients choosing not to come in owing to COVID-19 (even though they are entitled to).

1.6 Referral to Treatment (RTT) Update – the performance against the RTT target was discussed, where performance in February of 82.3% was below the incomplete target trajectory of 87.7%, and the number of 52 week waits of 11 was more than the trajectory of 0. The size of the waiting list (including QMH patients) was 48,061 patients. The COO noted performance in March, where 32 52-week waits had been observed (5 owing to patient choice from COVID, 20 through a consultant decision related to COVID, and 7 for non-COVID related reasons). She also noted performance in March against the



incomplete target (revised to 84.5%) of 79.0%, and a waiting list size of 47,100 against a trajectory of 43,750. The Committee discussed the use of the independent sector for elective care as the restrictions begin to be lifted from COVID-19 in the coming months.

1.7 Workforce Performance – the Chief People Officer (CPO) noted that the Trust ended the financial year with agency expenditure of £18.5m against an internal target of £15m, although the external target was £20.6m. He also noted staff sickness of 8.9%, which included 5.8% of COVID-19 related sickness. The committee discussed the use of volunteers, and progress with staff testing. On the latter subject, the Trust is offering a testing service to other trusts in South West London following challenges with their original testing provider.

1.8 Financial Performance – the ACFO noted performance in the draft accounts for 2019/20 (due to be submitted on April 27th) was adverse to plan by £10.3m (which was in line with the £9m adverse forecast- owing to an allowed control total adjustment for untaken COVID annual leave of £1.3m). The Trust is therefore expecting to show a £48.0m Pre-PSF/FRF/MRET deficit, or a £13.3m deficit after PSF/FRF/MRET. He noted that £5.1m of COVID-19 revenue costs were submitted for external funding, including the £1.3m annual leave value and £1.3m of lower SLA income not covered by year end settlements or block contracts. He also noted £1.7m of capital COVID-19 costs, and that all COVID-related costs were expected to be signed off by the regional NHSI/E team. The Committee discussed the different COVID cost submissions of other trusts in South West London.

1.9 2020/21 Planning Update (COVID-19) – the ACFO introduced the Committee to the paper providing an update on the financial plan for 2020/21, which included a paper that was shared with the Chair of FIC, Chair of the Audit Committee, Chair of the Trust, CEO and CFO for formal budget sign off prior to the 1st April. Discussion was had on the gap of £36.2m and the dialogue with the regional NHSI/E team on this subject. Capital funding was also discussed, where the South West London STP would have an overall capital pot that the Trust would need to bid against.

1.10 Procurement Update – the ACFO introduced an update on Procurement which looked at steps taken to maintain the supply of Personal Protective Equipment (PPE) and an update on 3 large contracts due for extension. The Committee noted this update.

2.0 Recommendation

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

Ann Beasley
Finance & Investment Committee Chair,
April 2020



Meeting Title:	Trust Board		
Date:	Thursday, 28 May 2020	Agenda No	3.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Prof. Dame Parveen Kumar, Chairman of the Quality and Safety Committee		
Report Author:	Prof. Dame Parveen Kumar, 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 May 2020.		
Recommendation:	The Board is asked to: <ul style="list-style-type: none">• Note the update in the report; and• Receive the Annual Committee Report;• Approve the proposed changes to Committee’s Terms of Reference; and• Endorse the Committee’s 2020/21 Work plan		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All CQC domains		
Single Oversight Framework Theme:	Quality of care, Operational Performance, Leadership and Improvement Capability		
Implications			
Risk:	Relevant risks considered.		
Legal/Regulatory:	CQC Regulatory Standards		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



Quality and Safety Committee Report

Matters for the Board's attention

The Quality and Safety Committee met on 21 May 2020 and agreed to bring the following matters to the Board's attention:

1. Novel Coronavirus (Covid-19)

The Committee received a comprehensive report on Covid-19. The report included updates on demand and activity, effective pathway management and resuming clinical services safely, enhanced infection prevention and control measures and testing of patients and staff.

On examination of the quality and safety dashboard the Committee was assured that the numbers of cases were on a downward trajectory. The Committee heard about the plans to resume clinical services and in order to start treating non-Covid patients safely in the hospital the Trust was developing robust standard operating procedures to ensure the risk of infection was minimised, through the implementation of dedicated pathways.

The Trust had completed a review of the patients currently waiting to use its services and had developed the clinical safety strategy to ensure a risk managed process for the resumption of services. This includes the need for patients undergoing elective care to isolate prior to presentation, and undergo Covid19 testing prior to their procedure.

The Trust was also working closely with South West London partners to encourage people to attend their appointments and access the Trust services if required.

Whilst much work was underway to develop the Trust's infection prevention and control measures the Committee heard about the current provisions in place to ensure that there were designated areas for Covid and non-Covid patients coming in to the hospital for elective surgical procedures, urgent and emergency care and general infection prevention and control measures related to personal and protective equipment, social distancing and criteria for nosocomial transmissions.

The Committee, at its next meeting, would consider the detailed self-assessment of the Trust's enhanced infection prevention and control measures against the national standards for infection prevention and control for Covid19.

The Committee also considered and endorsed the Trust's risk based approach to undertaking staff fit testing for FFP3 masks, acknowledging that the use of different types and models of FFP3 equipment added a different level of challenge for the Trust.

The Committee were assured the Trust was taking the right approach but encouraged the management team to ensure that sufficient focus was given to ensure that the Trust was fully compliant with national guidance by the end of June 2020 and noted that the Trust was already a week ahead of its trajectory to be fully compliant.

The Committee also noted that now that the trajectory of patients with Covid19 was reducing the Trust was very aware that staff need additional support and care as they process the impact of operating in a heightened environment and staff were being encouraged to take annual leave and look after their mental health and wellbeing.

The Committee were also apprised of the work of the Clinical Ethics Committee noting that there was a tool in place to support effective decision making should the need arrive.



Fortunately, during the peak the Trust and the wider NHS had sufficient respiratory resources to care for all patients and this decision making support tool was not used. The Clinical Ethics Committee and the Chief Medical Officer was now working on refining and finalising the framework in the event that there were future peaks of Covid-19. The Trust was seeking legal advice to ensure that the framework for withdrawing care was within legal boundaries and adheres to national standards and guidance. The Committee was also assured to learn that the Trust had at the peak of Covid cases a rota of senior clinicians to be called upon if required to participate in effective decision making on a case by case basis and this pool of people would be maintained in the event of future rises in cases.

The Board would have noted much of the same updates as discussed above but the Committee wanted the Board to be mindful of the level of complexity of delivering safe hospital services and shielding non-Covid patients will add to how the Trust's infection prevention and control mechanisms and systems operate.

5.1

2. Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality performance at month 01 (2020/21). At month 01 the Trust's treatment escalation plan (TEP) were now available for completion electronically as part of the patient record. As a result of this the improved position of 40% of inpatient and 60% of covid-19 patients have a TEP in place with numbers increasing daily was noted.

The number of Datix reports had decreased in month, with most rated as low or no harm. The committee heard how a review of the incident pattern for month one had been completed to ensure that there had not been a significant change in reporting due to the operational impact of Covid19. Whilst there had been a reduction in Datix incidents a review showed that the reduction correlated to areas where services had stopped or reduced, such as breast screening and endoscopy. There was also a reduction noted in areas where there had been reduced occupancy, but an increase, was noted in intensive care units (ITU) areas where the service had expanded the bed base. It was noted that there was no concerning trends or soft signals or that there were any underlying safety issues.

The Trust also experienced an increase in the number of category two pressure ulcers which on early review is considered to relate to tissue viability nurses being redeployed to intensive care units, and other staff members were temporarily responsible for assessing pressure ulcers. The redeployment of the tissue viability nurses to support ITU has prevented the validation of correct categorisation of skin damage, and based on historical data it is anticipated that some of these cases have incorrectly been recorded as pressure ulcers.

The Committee was pleased to learn that whilst the complaints performance had dipped in month 01, there was a plan to increase performance in month 02 which was currently delivering.

The Trust's response rates for friends and family had increased significantly for the Emergency Department (ED) to 22.6% against the target of 20% with 93.9% of respondents indicating that they would recommendation the Trust services to their friends and family. The Committee recognised that whilst the ED survey was conducted by text, there were challenges in other areas with conducting the survey's whilst achieving social distancing and infection control measures.



3. Safe Staffing Report

The Trust's overall fill rate (registered nurses and healthcare assistances combined) was 83% in April 2020 compared to 93.85% in February 2020. However in April 2020, nursing staff had more time to spend on patient related activities in comparison to previous months mainly due to low occupancy in the wards as evidenced through the increase in Care Hours Per Patient Day. The Committee noted that all red flags raised in month had been safely mitigated.

4. Serious Incident Reporting

The Committee noted that four serious incidents had been declared in April 2020 and two investigations closed.

5. Learning from Deaths Report (Quarter 4)

The Committee also discussed the learning for deaths which is also presented below under agenda item 3.3. The Committee noted that many of the deaths in the quarter related to Covid-19 patients. The Committee would also conduct a deep dive into mortality with a focus on how the organisations processes mortality alerts and signals into the organisation as part of its programme of work during 2020/21.

6. Draft Quality Report 2019/20

The Committee received and endorsed the draft version of the Trust's quality report which would be issued to stakeholders for comments. In light of the national health crisis NHS Improvement/England had written to trusts to defer the Quality Report (Account) beyond the date specified in the regulations, and for external audit/assurance of the report to be ceased. The Trust, however, was at an advanced stage in the process and would produce the document which following consideration by the Audit Committee would be presented for approval by the Board on 25 June 2020. The Committee also noted that because the document was not required to undergo the scrutiny of the external audit, for this reason the document would be taken to ensure adequate internal assurance were made around the content and the assurance statements within the document appropriately caveated.

7. Patient Safety & Quality Group (PSQG) Report

The Committee received and noted the report from the April 2020 meeting of the Patient Safety and Quality Group. The Trust continues to make good progress on completing the assessment of NICE guidelines and the Committee noted that 17 new guidance documents in relation to Covid-19 had been received and 10 had been subjected to the required assessments, with a trajectory requested for review of those elements outstanding. The Group was actively managing divisional progress on implementing serious incident action plans and any areas that were not performing had been asked to provide a trajectory of when actions would be completed.



8. Board Assurance Framework & Corporate Risk Registers

The Committee received the Board Assurance Framework (BAF) and Corporate Risk Register which focussed on the four strategic risks (SR) which fall within its remit and endorsed the partial assurance rating contained within the quarter four BAF presented for consideration by the Board below under agenda item, 6.4.

Committee Annual Report and Deep Dive Programme

The Committee considered its draft annual report attached in Appendix 1 for the Board's endorsement. The Committee also reviewed its Terms of Reference and propose the Board adopts the revised version which have been revised to bring these into line with the new template and the majority of changes are minor, intending to improve drafting and tidy up aspects of the terms of reference. The duties of the Committee have been reworked in order to clarify its responsibilities and simplify how these are set out. No substantive changes have been made to the role or scope of work of the Committee. The Committee was also pleased to approve a robust deep dive programme which addressed many of the key quality and safety issues the Committee would like to give focus to, including the two must do actions from the Care Quality Commission, divisional reviews and key risks mapped across the board assurance framework.

The Board is also asked to endorse the Committee's work plan for 2020/21.

Recommendation

The Board is asked to:

- **Note the update in the report; and**
- **Receive the Annual Committee Report; and**
- **Approve the proposed changes to Committee's Terms of Reference; and**
- **Endorse the Committee's 2020/21 Work plan.**

Dame Parveen Kumar
Committee Chair
May 2020



Meeting Title:	Trust Board		
Date:	28 May 2020	Agenda No	5.1
Report Title:	Finance and Investment Committee report		
Lead Director/ Manager:	Ann Beasley, Chairman of the Finance and Investment Committee		
Report Author:	Ann Beasley, Chairman of the Finance and Investment Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 21 st May 2020.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



Finance and Investment Committee – May 2020

The Committee met on 21 May. In addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on the 2020/21 Financial Plan, the Renal Dialysis Tender and an update to the Committee Terms of Reference.

Committee members discussed the BAF risks on finance and ICT in respect of the COVID-19 virus, although noting no change in overall risk scoring at present. The Committee noted performance in Activity, Diagnostics, Cancer, RTT and Emergency Flow which have been affected to varying degrees by the pandemic. The Committee discussed current financial performance, cash management and capital expenditure, as the Trust reports the first month of the new financial year. Implications for the annual plan in 2020/21 were also discussed, in view of what was experienced in month 1. **The Committee wishes to bring the following items to the Board's attention:**

1.1 Finance & ICT Risks – the Acting Chief Financial Officer (ACFO) and the Chief Information Officer (CIO) gave updates on their respective BAF risks. They noted no change in risk scoring. Discussions on financial risk continue to focus on the underlying financial position, which remains a paused risk while the trust is under the temporary funding arrangements of COVID-19. ICT discussions focussed on the strain on the network from, in particular, the use of audio-visual technology, for example in outpatient settings.

1.2 Estates Report – the Deputy Director of Estates & Facilities (DDE&F) introduced the paper on Estates. The Committee discussed staff morale in the Mitie team, the latest on the Procure-22 (P22) contract and the impact of staff from changes to parking rules that may be put in place in June.

1.3 Activity Update – the Chief Operations Officer (COO) updated the committee on the Trust's performance against activity targets for first month fully affected by the COVID-19 pandemic (April). She noted that against plan or previous year, volumes of elective and daycase activity is lower by c80% and outpatients by c50%, following guidance released from the government to cancel non-essential patient care. She observed that virtual outpatient appointments are more prevalent and that chemotherapy appointments continue to be provided, relocated to the Day Surgery Unit.

1.4 Referral to Treatment (RTT) Update – the performance against the RTT target was discussed, where performance in February of 79.3% was below the incomplete target trajectory of 88.1%, and the number of 52 week waits of 32 was more than the trajectory of 0. The size of the waiting list (including QMH patients) was 47,048 patients. The COO noted performance in April, where 129 52-week waits had been observed (11 owing to patient choice from COVID, 113 through a consultant decision related to COVID, and 5 for non-COVID related reasons). She also noted the reduction in referrals from primary care which is evidenced by the waiting list not growing, although the backlog of patients (those waiting over 18 weeks) has grown by 3,506 since February.

1.5 Cancer Performance – the COO noted that the Trust met 2 of the 7 Cancer performance targets in March, noting challenges in patient choice and capacity in Diagnostics from previous months that continue to have an impact. She also noted good work done to get Cancer Surgery started at St Anthony's Hospital.

1.6 Diagnostics Performance – the COO noted the continued pause in all non-urgent diagnostics owing to COVID-19. Diagnostics performance was therefore challenged in April, with 63.6% of patients having a Diagnostic wait of over 6 weeks compared with a target of 1%, and a longest wait of 17 weeks.

1.7 Emergency Department (ED) Update – the performance of the Emergency Care Operating Standard was recorded at 88.3% in April, following a reduction in A&E attendances to below 200 per calendar day owing to COVID-19. The COO noted that year to date performance was now 92.29%, and that in the last 3 weeks the Trust was the top performing in London, and 11th of 123 in the country.



She also observed that performance did not include the (currently closed) QMH minor injuries unit, so only type 1 activity was counted, which made performance more impressive.

1.8 Financial Performance – the ACFO noted performance in month 1 of breakeven, following a £3.7m top-up accrual to offset the deficit position as per central guidance. He noted that £3.3m of COVID costs had been incurred, with a £3.4m shortfall in block income and £3.0m of underspends due to significantly reduced 'business as usual' activity owing to COVID. He also noted that the cash balance at the end of April was £50.3m against a plan of £3.0m owing to receipts of both the April and May block values, and that capital expenditure was over the £55.0m plan by £1.6m owing to COVID costs as yet unconfirmed by NHSI/E. The committee discussed the provision of expenditure required to 'catch-up' on activity not undertaken owing to COVID.

1.9 2020/21 Planning Update (COVID-19) – the ACFO introduced the Committee to the paper providing an update on the financial plan for 2020/21, where a gap of £42.7m in terms of income shortfall has been observed. A review of financial reporting will be required in quarter 1 as COVID cost, 'business as usual' underspend and block income shortfalls affect the financial performance of the Trust. He also noted that the Trust's capital plan was at risk based on current estimates of the shortfall of STP CDEL compared to South West London plans. The Committee discussed the implications of these shortfalls on the Trust's revenue and capital plans.

1.10 Renal Dialysis Tender – the Associate Director of Procurement (ADP) introduced a document outlining the outcome of the Satellite Renal Dialysis Services Tender, following work undertaken jointly by the Trust and Epsom & St Helier University Hospitals NHS Trust. The Committee discussed the risks associated with moving to a new provider and the experiences from the recent re-tendering of the Trust's catering and cleaning contract which could provide lessons to learn. **The Committee agreed to recommend the outcome of the paper to the Trust Board, subject to receiving positive feedback from clinicians involved as well as reviewing the recent re-tendering of the catering and cleaning contract for any lessons to learn.**

2.0 Recommendation

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

Ann Beasley
Finance & Investment Committee Chair,
May 2020



Meeting Title:	Trust Board		
Date:	28 May 2020	Agenda No	
Report Title:	Audit Committee Report		
Lead Director/ Manager:	Elizabeth Bishop, Chair of the Audit Committee		
Report Author:	Elizabeth Bishop, Chair of the Audit Committee		
Presented for:	Assurance/Approval		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on 07 May 2020.		
Recommendation:	The Board is asked to: <ul style="list-style-type: none">• Note the update in the report; and• Receive the Annual Committee Report;• Approve the proposed changes to Committee’s Terms of Reference; and• Endorse the Committee’s 2020/21 Work plan		
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		



Audit Committee Report – May 2020

Matters for the Board's attention

The Audit Committee met on 07 May 2020 and agreed to bring the following matters to the Board's attention:

1. Annual Reporting and External Audit Reports

1.1. External Audit Report

The Committee received the External Auditors' progress report. The Committee noted that the Covid-19 pandemic had impacted on the audit process and NHS Improvement/England (NHSI/E) delayed the deadline for submission of the annual report and accounts from May 2020 to 25 June 2020 and trusts were no longer required to submit a quality report but could do so voluntarily. The Trust will be preparing a quality report.

In addition the Covid-19 would be treated as a material risk for all NHS trusts, the accounts may include a caveat around asset valuation as a result of the current uncertainties on the market and NHSI/E have asked all NHS trusts with a cumulative deficit to continue to make the disclosure as part of its going concern statements. In addition external auditors expected that the Trust's value for money assessment may be positively impacted by the Trust's overall performance during the financial year and the NHSI/E conversion of the all NHS trusts debt to public dividend capital.

1.2. Annual Report, Financial Accounts and Quality Accounts Plan and Annual Policies 2019/20

The Committee also considered and endorsed the internal reports which outlined the plan and timetable for completing the annual report, financial accounts and the quality accounts/report. The Committee were pleased to see the progress made on producing the early drafts of the documents and offered some drafting comments ahead of the final consideration and approval in June 2020. The Committee considered and were comfortable with the accounting judgements in the draft financial accounts and that the year-end statements were in line with reports presented to the Board each month with no surprises.

Whilst the Committee endorsed the Trust's decision to voluntarily produce the quality report given the advanced state of the draft, it raised concerns that the document would not receive external scrutiny by external auditors and the Committee asked the Quality and Safety Committee to consider the implications of not having external assurance and report to the Board. It should be noted that the external auditors have indicated it would not be possible to complete the external audit of the quality report by the June 2020 submission date.

2. Internal Audit Report

The Committee considered the following reports from the Internal Auditor:

- Draft Annual Head of Internal Auditors Report
- Internal Audit Review Progress Report and Recommendation Tracker
- Draft Internal Audit Plan 2020-21 and 2020-30 Audit Strategy
- Final Internal Audit Report:
 - Use of NHS Staff Survey (Reasonable Assurance)
 - Key Financial Controls (Substantial Assurance)
 - Declaration of Interest (Substantial Assurance)
 -



The Committee welcomed the good progress made on the internal audit plan for 2019-20 and noted that only one internal audit review was deferred as a result of Covid-19. The draft Head of Internal Audit Opinion concluded that the Trust had **reasonable and effective risk management, control and governance processes in place**. The reasonable assurance rating was underpinned by the fact that of the 19 internal audit reviews completed in 2019/20, 10 were rated *reasonable assurance*, five *limited assurance* and four *substantial assurance*. Unlike in previous years none of the internal audit reviews received a *no assurance* rating. The Committee was very pleased to note the reasonable assurance ratings for the aforementioned internal reviews in particular that the key financial controls review had received better than reasonable assurance two years in a row.

The Committee asked the Workforce and Education Committee to also review the use of the NHS Staff Survey audit report.

The Committee were cognisant of the impact of Covid-19 on the internal audit programme 2020/21 and agreed to consider internal audit priorities at its next meeting.

3. Internal Compliance and Assurance

3.1. Revised Scheme of Delegation and Standing Financial Instructions

In line with the previous action from the Board, the Committee endorsed and approved the proposed changes to the Scheme of Delegation and Standing Financial Instructions to reflect recommendations from the estates review.

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

3.2. Counter Fraud Report

The Committee considered the annual Counter Fraud report, annual self-assessment for 2019/20 and the proposed work programme for 2020/21. Based on the counter fraud work conducted during the year the Committee endorsed the Trust's '*amber*' self-assessment rating against the standards for Providers: Fraud, Bribery and Corruption issued annually by the NHS Counter Fraud Authority (NHSCFA). The rating reflects the additional work the Trust needed to around processes and proactive prevention work and the Committee noted the 2020/21 work programme had been enhanced to ensure that the Trust could meet the highest standards. The Committee also note that Audit First would be supporting the Trust to develop and deliver its counter fraud work.

3.3. Aged Debts & Losses & Compensation Payments

The Committee noted that there had been a slight increase in the bad debt provision and that as a result of Covid-19 the Trust had not been able to complete the work to recoup outstanding debts in quarter four. The Committee were however pleased with the demonstrable impact of the additional controls and measures in place which had resulted in proactive debt management and improved losses and compensation processes.

3.4. Committee Annual Report, Revised Terms of Reference and Forward Plan

The Committee considered its draft annual report attached in Appendix 1 for the Board's endorsement. The Committee also reviewed its Terms of Reference and propose the Board adopts the revised version which includes largely minor changes to update outdated aspects and the following key changes:

- A reference to the role of the Committee in supporting the Trust in delivering its strategy



- Explicitly drawing out the role of the Committee in relation to the Board Assurance Framework
- A reference to the Committee living the Trust values
- Clarification of how the Chairmanship of the Committee should be decided in the absence of the Chair
- Clarification about the regular attendees at the Committee

The Board is also asked to endorse the Committee's work plan for 2020/21.

Recommendation

The Board is asked to:

- **Note the update in the report; and**
- **Receive the Annual Committee Report; and**
- **Approve the proposed changes to Committee's Terms of Reference; and**
- **Endorse the Committee's 2020/21 Work plan.**

Elizabeth Bishop
Audit Committee Chair, NED
May 2020



Meeting Title:	Trust Board		
Date:	Thursday, 25 June 2020	Agenda No	4.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Prof. Dame Parveen Kumar, Chairman of the Quality and Safety Committee		
Report Author:	Prof. Dame Parveen Kumar, 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 June 2020.		
Recommendation:	The Board is asked to note the update in the 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		



Quality and Safety Committee Report

Matters for the Board's attention

The Quality and Safety Committee met on 18 June 2020 and agreed to bring the following matters to the Board's attention:

1. Novel Coronavirus (Covid-19)

The Committee received a comprehensive report on Covid-19 which included the following updates:

- The number of Covid-19 cases coming into the Trust and occupying the bed base continued to reduce. With this continued reduction, the Trust had returned to its original intensive treatment unit bed base.
- The Trust introduced antibody testing for staff during the month. The Trust had completed 2000 tests and received 6000 referrals.
- The Trust had continued to deliver trauma, maternity, neonatal, cancer, stroke, heart attack, medical and surgical take, paediatrics, imaging and pathology services during the peak of the Covid-19 pandemic. The Trust, (May 2020) had commenced the process to resume other services including urgent elective cardiac services.
- The Trust had completed a review of the patients currently waiting to use its services and was now in the process of resuming services that had been stopped to manage the peak of the Covid-19 pandemic.
- The phase two plan and provided assurance to the Committee that the programme of work to resume services was aligned with the South West London recovery plan, met the NHS London eight tests for restarting services safely underpinned by the Trust's guiding principles for patient safety and protecting staff welfare. Like other hospitals, the Trust was aware of the challenge of getting patients into the hospital. Whilst, some patients were accepting appointments for elective procedures others were deterred by concerns about getting infected with Covid-19 or the national requirement to self-isolate for 14 days after being tested for Covid-19. The Trust's clinicians were contacting patients who had refused appointments for urgent elective activity to help alleviate any concerns.
- The Committee was also reassured to learn that as the Trust resumed services there was sufficient staff in the Trust to deliver the services. Work would continue internally and with system partners across South West London to develop the appropriate workforce model which would support the NHS to deliver normal services in addition to managing any future peaks in Covid-19 cases.
- The Trust had adhered to the national guidelines on screening patients and had implemented robust operational systems and mechanisms to safeguard non-Covid-19 patients when they come into the hospital.
- The Trust also implemented the staff risk assessment process and 2071 had risk assessments had been completed as at the date of the meeting.
- The Trust continued to implement measures to support staff with social distancing as far as possible within the confines of the clinical areas and across the hospital sites. These measures included rotating staff breaks, the number of people in break rooms, continued communication and education of staff, and conducting periodic spot checks to reinforce the messages around social distancing.

5.1



The Committee noted the scale and complexity of the infection prevention and control (IPC) challenge, accordingly the Trust:

- Had implemented the London Infection Prevention guidelines and national operating framework. Patients, visitors and staff to wear face coverings and masks whilst in the hospital as part of the Trust 'Stay Safe' campaign.
- Continued with the development of the IPC Board Assurance Framework and following and internal 'test and challenge' session. The Committee would consider the framework at its July 2020 meeting and consider the evidence that the Trust was meeting the national standards.

2. Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality performance at month 02 (2020/21). The Committee heard about the material challenges around delivering life support training whilst social distancing measures were in place. The Trust's performance had dropped to 75% for basic life support training. The Trust had developed e-learning tools to deliver this training and that the focus continued in areas where life support training was lowest.

Diagnostic services were a key area of challenge for the Trust, as is the case for other NHS organisations. The Trust was working with South West London partners to develop a system plan to improve performance and the Trust's Finance and Investment Committee was closely monitoring progress and performance.

The Committee was very assured by the good performance in the Emergency Department. The Trust performance was best in London, as evidenced by the Trust achieving 97.5% against the four hour standard.

The Committee also noted that the Trust's use of agency staff had fallen as a result of the reduction in activity across the Trust, more agency staff moving to the Trust bank, and increase in the recruitment programme.

3. Serious Incident Reporting

The Committee noted that four serious incidents had been declared in May 2020 and five investigations closed. The Committee raised concerns and heard about some of the initial steps taken in relation to the incident declared in May related to the wrong dose of medication. The Committee would consider the outcome of the full investigation which would include the importance of building in systems to reduce human variations which lead to such errors.

4. Maternity Improvement Plan

The Committee received an update on the improvement plan which was put in place in quarter three of 2019/20 in the maternity services area. The Committee was encouraged by the good progress made and how in responding to the Covid-19 pandemic. The staff had come together and worked collaboratively across all areas (Delivery Suite, Ante-Natal Clinic, Post-Natal Ward), finding new ways of working to maintain the safety of both mothers and staff. The Committee, whilst reassured by the progress, noted that the key was ensuring that these practices and changes were embedded. The Trust would continue to monitor progress.

5. Patient Safety & Quality Group (PSQG) Report

The Committee received and noted the report from the May 2020 meeting of the Patient Safety and Quality Group. The Group highlighted that:



- The Trust continued to make good progress on completing the assessment of NICE guidelines.
- The number of complaints the Trust received in 2019/20 had decreased by 13.7% compared with 2018/19.
- The Trust was not making the required level of progress against the action plan to address the 'must do' and 'should do' Care Quality Commission recommendations due to the impact of Covid19. The Trust was recalibrating the delivery dates with service areas and this would be shared with the Committee and CQC.
- The Committee also noted that duty of candour compliance had also improved since the last report. Whilst the report from the Group provided the Committee with some reassurance it would consider the annual complaints report, progress on the CQC action plan and the annual duty of candour reports at future meetings.

5.1

6. Draft Quality Report 2019/20

The Committee received and endorsed the draft version of the Trust's quality report which was also approved by the Quality and Safety Committee. Subject to any outstanding information being included, the Committee would recommend that the Board adopts the 2019/20 Quality Report which was a discretionary requirement this year.

7. Medicine Management (Bi-annual) Report

The Committee considered the bi-annual medicines management report which is presented below under agenda item 4.1.1. The Committee was pleased to learn about the steps taken to ensure that patient medication was dispensed locally so that patients can be discharged with at least two weeks of their medication in a timely way, to minimise delays. The Trust improved use of e-prescribing was supporting this work however the Committee noted that more was needed.

8. Research Strategy Update

The Committee received an update on the progress against implementing the Trust's research strategy.

- The Committee was assured to learn that despite Covid-19 pandemic progress had continued to implement the research strategy.
- The Institute Steering Committee had been established with eight clinical and clinical academic researchers in the Trust and the University agreeing to join the Committee.
- The Trust continued with other actions to strengthen its research infrastructure in order to develop bids to gain funding from the NIHR Clinical Research Facility (CRF).

9. Board Assurance Framework & Corporate Risk Registers

The Committee received the Board Assurance Framework (BAF) and Corporate Risk Register. As agreed by the Board in May 2020 the Committee was responsible for the following strategic risks (SR):

- **SR1:** Our patients do not receive safe and effective care built around their needs because we fail to build and embed a culture of quality and learning across the organisation.



- **SR2:** We are unable to provide outstanding care as a result of weaknesses in our clinical governance.
- **SR10:** Research is not embedded as a core activity which impacts on our ability to attract high calibre staff, secure research funding and detracts from our reputation for clinical innovation

The Committee welcomed the new format of reporting which outlines the areas assurance and mitigations gains these risk areas. The Committee endorsed the risk ratings and assurance rating.

Recommendation

The Board is asked to note the update in the report.

**Dame Parveen Kumar
Committee Chair
June 2020**



Meeting Title:	Trust Board		
Date:	25 June 2020	Agenda No	6.1
Report Title:	Finance and Investment Committee report		
Lead Director/ Manager:	Ann Beasley, Chairman of the Finance and Investment Committee		
Report Author:	Ann Beasley, Chairman of the Finance and Investment Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 18 th June 2020.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



Finance and Investment Committee – June 2020

The Committee met on 18 June. In addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on Cash & Capital, Costing and Financial Policies.

Committee members discussed the BAF risks on finance and ICT in respect of the COVID-19 virus, although noting no change in overall risk scoring at present. The Committee commended the achievement of the Emergency Flow 4 hour target and noted performance in Diagnostics, Cancer and RTT which have been affected to varying degrees by the pandemic. The Committee discussed current financial performance, cash management and capital expenditure, as the Trust reports the second month of the new financial year. **The Committee wishes to bring the following items to the Board's attention:**

1.1 Finance & ICT Risks – the Acting Chief Financial Officer (ACFO) and the Chief Information Officer (CIO) gave updates on their respective BAF risks. They noted no change in risk scoring. Discussions on financial risk were based on the paper produced, which noted scope for some risks to reduce in score in the coming months owing to work being done in the finance department. ICT discussions focussed on the strain on the network from the increased use of working from home facilities.

1.2 Estates Report – the Director of Estates & Facilities (DE&F) introduced the paper on Estates, noting the work undertaken so far in his first weeks in the role. The Committee discussed a new building information model that would help support understanding the current estate and what could be done to improve it.

1.3 Referral to Treatment (RTT) Update – the performance against the RTT target was discussed, where performance in April of 71.5% was below the previous month's value of 79.3%, and the number of 52 week waits of 129 was more than the previous month's 32. The size of the waiting list (including QMH patients) was 43,643 patients. The COO noted performance in May, where 274 52-week waits had been observed and the performance percentage was 63.8%, as the continued reduction in elective activity was seen owing to COVID.

1.4 Cancer Performance – the COO noted that the Trust met 4 of the 7 cancer targets in April, including the two week target in Cancer performance. Performance was still challenged against the 62 day target, where COVID related constraints on theatre capacity remain.

1.5 Diagnostics Performance – the COO noted the continued pause in all non-urgent diagnostics owing to COVID-19. Diagnostics performance did however improve in May, with 47.8% of patients having a Diagnostic wait of over 6 weeks compared with a last month's 63.6%.

1.6 Emergency Department (ED) Update – the performance of the Emergency Care Operating Standard was recorded at 97.5% in May, following a reduction in A&E attendances to below 240 per calendar day owing to COVID-19. The Committee commended this excellent performance.

1.7 Financial Performance – the ACFO noted performance in month 2 of breakeven, following a £3.2m top-up accrual to offset the deficit position as per central guidance. He noted that £3.3m of COVID costs had been incurred, with a £3.4m shortfall in block income and £3.5m of underspends due to significantly reduced 'business as usual' activity owing to COVID. He also noted that the cash balance at the end of April was £60.3m against a plan of £3.0m owing to receipts of both the April, May and June block values, and that capital expenditure was over plan by £1.4m owing to £3.0m COVID costs as yet unconfirmed by NHSI/E. The committee discussed concern at the continued gap in the revenue and capital plans as yet unconfirmed by NHSI/E.



1.8 Cash & Capital – the ACFO introduced the Committee to the paper providing an update on cash and capital, which presented a median case and worst case on how capital could be afforded in 2020/21. The committee discussed the implications of the paper, including prioritisation for a reduced programme, and agreed on the spend at risk of £3.6m requested.

1.9 Costing Update – the Director of Financial Planning (DFP) introduced the paper asking that the Committee approve the costing assurance statement and the extension of the contract with the costing supplier IQVIA for 12 months. The Committee agreed.

1.10 Policies Update – the DFP introduced the paper on financial policies. Policies relating to Overseas Visitors and Private Patients have been reviewed and no changes are proposed at this time, however both policies will be kept under review and may need revision within the next 12 months. The Committee approved these policies.

2.0 Recommendation

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

Ann Beasley
Finance & Investment Committee Chair,
June 2020



Meeting Title:	Trust Board		
Date:	25 June 2020	Agenda No	2.1
Report Title:	Audit Committee Report		
Lead Director/ Manager:	Elizabeth Bishop, Chair of the Audit Committee		
Report Author:	Elizabeth Bishop, Chair of the Audit Committee		
Presented for:	Assurance/Approval		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on 11 June 2020.		
Recommendation:	The Board is asked to: <ul style="list-style-type: none">• Note the update in the report; and• Consider and approve the year-end 2019/20 Annual Report, Financial Statements and Quality Report for submission to NHS Improvement (see agenda item 2.2);• Consider and adopt the Head of Internal Audit Opinion for 2019/20 (see agenda item 2.3); and• Receive and approve the letter of representation letter (see agenda item 2.4) authorising the Chief Executive Officer and Trust Chairman to sign the document on behalf of the Board.		
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		



Audit Committee Report – June 2020

Matters for the Board's attention

The Audit Committee met on 11 June 2020 to consider the year-end reports including the Annual Report, Financial Statements and Quality Report for 2019/20. The Committee also received the external audit findings and the head of internal audit annual opinion. At the date of the meeting the year reports and the external auditors reports were still in draft with some minor work to be completed before the reports could be made final.

1. Annual Report, Financial Statements and Quality Accounts Plan

As reported to the Board in May 2020 the audit process was impacted by the national focus on the Covid-19 pandemic. This resulted in the extension of the timeline to produce and submit the year-end reports, trusts were not required to produce a quality report and there would be no external assurance from auditors on the quality report.

The Trust had received an adverse opinion from external auditors in relation to its value for money position since 2014/15. This year, the external auditor, Grant Thornton, was anticipating issuing a qualified 'except for' value for money conclusion which demonstrates that the Trust had proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The audit opinion was predicated on the good progress the Trust had made to improve its financial position, the Trust moving out of quality special measures and reducing its annual deficit. The Trust, however, remained in financial special measures and there was material uncertainty around its financial sustainability with regards to the requirement for future cash support which is yet to be confirmed, delays in completing the income contract process for 2020/21 and unsecured capital funding. The Trust along with other NHS organisations would also make a disclosure related to the uncertainty in the valuation of land and buildings. As a result of the Covid 19 pandemic, the Trust's external property valuers have identified a material estimation uncertainty relating to market conditions and build costs which affect the year-end valuation of the Trust's land and buildings portfolio.

The Committee received the advanced draft versions of the Annual Report, Financial Statements and Quality Report. Whilst each report required only minor drafting amendments the Committee noted that these would not impact on the final documents or change the materiality of the assumptions. A note about fines imposed by the Guardian of Safe Working would be included in the financial statements and also reflected in the quality report, as required by the 2016 contract for doctors in training. The Trust had also revised the statements in the quality report to reflect the fact that the document was not scrutinised by the external auditors this year.

The Committee recognised the significant level of good work to produce these reports and ensure, in unprecedented times, that the audit was completed effectively and thanked staff for all their hard work.

The Committee recommends that the Board consider and approve the year-end 2019/20 financial statements and reports for submission to NHS Improvement (*see agenda item 2.1*).

The Committee also noted and endorsed the letter of representation and the report the Council of Governors.

The Committee received and endorsed the Head of Internal Audit Opinion which concluded that the Trust had reasonable and effective risk management, control and governance processes in place. As reported at the last meeting the reasonable assurance rating was underpinned by the fact that of the 19 internal audit reviews completed in 2019/20, 10 were



rated *reasonable assurance*, five *limited assurance* and four *substantial assurance*. Unlike in previous years none of the internal audit reviews received a *no assurance* rating.

The Committee recommends that the Board consider and adopt the Head of Internal Audit Opinion for 2019/20 (see *agenda item 2.1*).

2. Revised Internal Audit Plan 2020-21

The Committee considered the revised 2020-21 internal audit plan. The management team had reviewed the original audit plan and reassured the Committee the plan remained sound and appropriate. The Committee agreed the changes to the sequencing of internal audits, which were proposed as a result of the operational pressures of responding to Covid-19 on particular parts of the Trust, and noted that the management team reserved the option to add other areas for internal examination should the need arise and these would be raised with the Committee.

The Committee also noted that it was likely that the NHS Improvement would conduct reviews into how Trusts had managed the impact of focusing on Covid-19 later in the year and, as a result, it did not consider that the inclusion of such a review was appropriate at this time, but this would be revisited in the event that a national review did not take place.

The Committee recognised that with the focus on Covid-19 the Trust had not made as much progress on the recommendations of previous audits. The Committee sought assurance on progress against the recommendations and agreed that internal auditors would engage with the management team to recalibrate the audit tracker.

3. Internal Compliance and Assurance

3.1. Breaches and Waivers

The Committee received assurance that the value and number of breaches and waivers had reduced in 2019/20. The number of waivers reduced to 58 in 2019-20 compared to 158 in 2018-19. Similarly there were only 24 breaches in 2019-20 compared with 142 in the previous year. The values of breaches and waivers reduced to £6.1m comparing favourably with £13.4 in 2018-19. The Committee also heard that the Covid-19 pandemic and the year-end capital position would marginally impact on the breaches and waivers in quarter four 2019-20 and quarter one of 2020-21.

3.2. Board Assurance Framework

The Committee is responsible for ensuring there are robust internal control mechanisms and systems in the Trust. The Board had recently adopted a new approach to its Board Assurance Framework and approved new strategic risks. The Committee examined the process for developing, providing assurance and evidencing rigorous risk management processes to the Board that the agreed key strategic risks were effectively managed across the Trust and cascaded to the relevant governance forums. The Committee also previewed the new template for reporting on the BAF, which sought to draw out explicitly the controls, assurances, gaps and actions in relation to each strategic risk defined by the Board. It agreed that this provided a better insight into the management of each strategic risk, though also recognised that the calibration of these would be key. An internal audit review was planned for quarter four 2020-21 which would consider the BAF.

Recommendation

The Board is asked to:



- **Note the update in the report; and**
- **Consider and approve the year-end 2019/20 financial statements and reports for submission to NHS Improvement (*see agenda item 2.2*);**
- **Consider and adopt the Head of Internal Audit Opinion for 2019/20 (*see agenda item 2.3*); and**
- **Receive and approve the letter of representation letter (*see agenda item 2.4*) authorising the Chief Executive Officer and Trust Chairman to sign the document on behalf of the Board.**

Elizabeth Bishop
Audit Committee Chair, NED
June 2020

5.1



Meeting Title:	Trust Board Meeting		
Date:	25 June 2020	Agenda No.	5.1
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:	Information		
Executive Summary:	<p>This paper sets out the key risks and issues reviewed by the Committee at its meeting on 11 June 2020 including commenting on assurance to the Board on key risks allocated to the Committee.</p> <p>The landscape in which the Trust is operating is very different from that prevailing at the start of the calendar year. Those changed circumstances had prompted an internal review of whether the Trust's Workforce and Education Strategy (set in 2019) remained valid and appropriate in our new circumstances. The response is that it does, although additional attention needs to be given to our retention and educational activities.</p> <p>There is clear evidence that our management of our Freedom to Speak Up processes is sub-standard, and renewed effort and commitment to this is required. We were briefed on how this is being addressed.</p> <p>The Committee reviewed the Trust's new Covid-19 Risk Assessment process, being undertaken for all staff. This individual staff-member risk assessment contains reference to a number of risk factors, including ethnic group, and creates a risk score. The Committee was assured that the risk factor weighting, and the risk stratification derived from it, was based on national guidance rather than being locally set.</p> <p>As part of a refresh of the BAF, the Board has agreed that the five risks previously allocated to the Committee be consolidated into two separate risk domains and reported at Trust-level as two separate risks. The Committee agreed that this was sensible and appropriate when considered at Trust level. However, the Committee also agreed to continue to monitor the individual components of those risks under the four thematic domains with which it had previously been working, and which underpin the Committee's work.</p> <p>In relation to the risk-rating allocated to the two new risk areas, the Committee agreed with the proposal from the Chief Corporate Affairs Officer that the rating allocated to the new Strategic Risk 8 was underweight (at 12) and has recommended that the Trust executive re-assess this and report back to the July Board meeting with its assessment.</p>		
Recommendation:	<p>The Board is asked to:</p> <ul style="list-style-type: none">• Note the update in the report; and• Receive the Annual Committee Report;• Approve the proposed changes to Committee's Terms of Reference; and• Endorse the Committee's 2020/21 Work plan		
Supports			
Trust Strategic Objective:	Valuing our staff		
CQC Theme:	Are services at this Trust well-led		
Single Oversight Framework Theme:	Board Assurance, Risk management		



1. Committee Chair's Overview

This was the first meeting of the Committee since its activities were suspended as part of the Trust's response to the Covid-19 pandemic. That the Committee is now able to meet is an indication that whilst the pandemic is not over, a greater sense of predictability and longer-term planning has started to emerge across the Trust. We had a good overall attendance (though some gaps from divisions), with some present in person, and others joining via a video-conferencing link. This technology worked well, and the discussion and reporting moved easily between the two.

The landscape in which the Trust is operating is very different from that prevailing at the start of the calendar year. That change is exacerbated by a number of additional factors, including changes within the Trust and the Committee, notably: the departure of the Trust's Chief People Officer to a role at Imperial College; the acting-up to the CPO role being undertaken jointly by Humaira Ashraf and Elizabeth Nyawade, both acting as Chief People Officer but with separate responsibilities¹; the emergence of data suggesting that BAME NHS staff might be disproportionately impacted by Covid-19; the changes in role, duties and work location for a number of Trust staff; and the recent communication to all staff from the Trust's Chief Executive on some of the feedback she had received from BAME staff about their treatment by colleagues during the Covid-19 pandemic.

Those changed circumstances had prompted a review by Elizabeth and Humaira of whether the Trust's Workforce and Education Strategy (set in 2019) remained valid and appropriate in our new circumstances. Their response was that it does, although they also recommend that additional attention needs to be given to our retention and educational activities. The Committee has accepted their conclusion, and this recommendation.

This was a good meeting, given the discontinuity of the enforced break from the planned meeting cycle. The timing was helpful in that it allowed the Committee to review and gain an early assurance around a number of workforce-oriented initiatives recently introduced by the Trust as part of its response to Covid-19, and the welfare of staff. The longer-term implications on the Trust's workforce will be with us for some time to come.

There is clear evidence that our management of our Freedom to Speak Up ('FSU') processes is sub-standard, and renewed effort and commitment to this is required. The Committee heard that the Trust had made changes to both strengthen the role of the FTSU Guardian and executive responsibility for FTSU had been taken on by the Chief Corporate Affairs Office, Stephen Jones, from 8 June 2020. Although having just taken on the reporting line for this and, with support from other colleagues, Stephen is sighted on the need for improvement in this area and is committed to material improvement here. The Committee will monitor the situation and look for progress, once the revised Trust Strategy for FTSU is brought forward, approved and implemented.

The Committee agreed a provisional set of areas for Deep Dive review.

2. Key points:-

Board Assurance

The Committee previously had five Trust-level risks² allocated to it as part of the Board Assurance Framework ('BAF').

¹ Elizabeth, workforce; and Humaira, culture, diversity, well-being, leadership and education.

² 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 - new roles and ways of working.



As part of a refresh of the BAF, the Board had agreed that the five risks be consolidated into two separate risk domains and reported at Trust-level as two separate risks. The Committee discussed this and agreed that this was sensible and appropriate when considered at Trust level. However, the Committee also agreed to continue to monitor the individual components of those risks under the four thematic domains with which it had previously been working, and which underpin the Committee's work. Helpfully, the division of responsibilities between Humaira and Elizabeth broadly reflects the two risk domains now being adopted. Certainly the segmentation of the Committee meeting agenda along these lines was helpful.

In relation to the risk-rating allocated to the two new risk areas, the Committee agreed with the proposal from the Chief Corporate Affairs Officer that the rating allocated to the new Strategic Risk 8 was underweight (at 12) and has recommended that the Trust executive re-assess this and report back to the July Board meeting with its assessment.

The Board will recall that one basis on which the Committee moved to its more assurance-focused approach was the establishment of a People Management Group to provide direction and executive oversight of the operational aspects of workforce management. We received a report from the PMG, and noted its current focus areas and revised membership. We look forward to receiving further updates on progress as these provide a rounded picture of developments across the Trust in the workforce and education area.

Theme 1 - Engagement

We were briefed on the work of the Education OD and health and Wellbeing Departments and the support provided to staff as part of the Trust's Covid-19 response. This included the delivery of redeployment and refresher training, psychological support, in-team resilience development, counselling and HR and well-being support – all under the direction of a Staff Support and Wellbeing Working Group which was stood up at short notice and appears to have really gripped this area. Trust induction and accreditation processes were shortened to enable rapid deployment of new and existing staff.

A series of listening events was held for BAME staff at which a number of concerns were raised to the Chief Executive. As an immediate corrective action Jacqueline wrote a bulletin to all staff highlighting that discriminatory behaviour goes against our Trust values and is unacceptable. Further actions were being taken to address the concerns raised and the Committee will closely monitor progress in this area.

Work on the culture change programme had been partially paused, but progress continues to be made. The paused activities are being re-scheduled to re-start from June.

The Committee was briefed on the comments received from members of staff as part of the NHS Staff Survey, and the focus areas that these identify. It was agreed that, despite Covid-19, these should remain the areas of focus for the Trust.

Theme 3 - Workforce Planning and Strategy

The Committee received a detailed update on a number of operational and workforce changes which had been introduced to help manage the Trust's response to Covid-19. This had involved wholesale changes to the work location, duties and team membership of a number of staff. Others had been directed to work from home. For some, routine seven-day working has become the norm – even in traditionally support functions such as HR and Occupational Health. In addition, certain employment terms and conditions had been varied, in line with national guidance. Some of these changes are in the process of being unwound, others will remain in place for the foreseeable future. Support to staff through a wide range of preparation, re-training and advanced patients simulation (GAPS) was provided as part of the Trust's response to the situation. The Committee noted that it will clearly take some time for any longer-term new



ways of working to become embedded, and the wider long-term implications of those changes to become clear.

The Committee was briefed on and discussed in detail the Trust's new Covid-19 Risk Assessment process, being undertaken for all staff. This individual staff-member risk assessment contains reference to a number of risk factors, including ethnic group, and creates a risk score. The Committee was assured that the risk factor weighting, and the risk stratification derived from it, was based on national guidance.

We reviewed a number of workforce KPIs, noting the impact of Covid-19 in areas such as staff sickness (materially increased) and the appraisal completion rate and MAST compliance (both declined). The Committee will carefully monitor performance here as the pandemic passes.

The Committee also noted the reported increase in unfilled rota hours, and accepted the assurance of Rob Bleasdale, Acting Chief Nurse, that this was a data artefact rather than a cause for concern. The rotas against which the measure was taken was the pre-Covid position, rather than the changed reality – against which unfilled duty hours were materially lower. The Committee accepted this assurance.

The Committee reviewed and endorsed the proposed implementation plan for the Trust's Workforce Strategy.

Theme 4 – Compliance.

Freedom to Speak Up – we were joined by Karyn Richards-Wright, the Trust's Freedom to Speak Up Guardian, and received her progress report. This followed a change of the reporting line for FTSU into Stephen Jones, as the Trust's Chief Corporate Affairs Officer. Karyn's report included a rating of the Trust's performance in this area, by comparison to other NHS hospital Trusts. Karyn was direct that whilst there is still progress being made by the Trust, it is nowhere near good enough and we are now ranked 209th out of 230 NHS Trusts in the national FTSU Index. Karyn advised in addition that the National Guardian's office has been in direct contact with Karyn as a result of their concerns about our inability to manage this activity effectively.

Safe Working – we were joined by Dr Serena Haywood, our Guardian of Safe Working and received a very comprehensive report covering the 19-20 Trust year. The number of exception reports was down on the prior year, and doctors are generally more willing to report (although some encouragement is still needed in some cases). Rota gaps are still the key driver of exception reporting. Richard Jennings, Medical Director, continues to address these. The Committee noted that the Safe Working reporting regime had been suspended during the Covid-19 pandemic.

Other – we sought and received assurance from Humaira and Elizabeth that neither was aware of any areas where there had been or was any non-compliances by the Trust.

Stephen J Collier

June 2020

5.1