



## Council of Governors Meeting

**Date and Time:** Thursday, 10 December 2020, 16:00-17:45  
**Venue:** Via Office Teams

Time	Item	Subject	Lead	Action	Format
1.0	OPENING ADMINISTRATION				
16.10	1.1	Welcome and Apologies	Chairman	-	Verbal
	1.2	Declarations of Interest	All	Assure	Report
	1.3	Minutes of Meeting – 10 September 2020	Chairman	Approve	Report
	1.4	Action Log and Matters Arising	All	Review	Report
2.0	KEY ISSUES				
16:15	2.1	Chief Executive Officer’s Report	CEO	Update	Report
16:35	2.2	Culture, Diversity and Inclusion Programme Update	Culture Champion	Update	Presentation
3.0	QUALITY				
16:55	3.1	Care Quality Commission Actions Update	DQGC	Assure	Report
4.0	GOVERNANCE				
17:05	4.1	Membership Engagement Report	Lead Governor	Approve	Report
17:15	4.2	Governor Elections and Annual Member’s Meeting Update	CCAO	Discuss	Report
5.0	NON-EXECUTIVE DIRECTORS UPDATES				
17:20	5.1	Focused on: <ul style="list-style-type: none"><li>Quality &amp; Safety</li><li>Ethics/IT</li></ul>	Parveen Kumar/ Tim Wright All NEDs	Assure	Verbal
6.0	CLOSING ADMINISTRATION				
17:55	6.1	Any Other Business	All	-	Verbal
	6.2	Reflections on meeting	All	-	Verbal
18:00	CLOSE				
Date and Time of Next Meeting: 16 February 2021, 14:00 – 17:00					

<b>Council of Governors Purpose:</b>	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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## Council of Governors Meeting

### 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
<b>In Attendance</b>		
Jacqueline Totterdell	Chief Executive Office	CEO
Ann Beasley	Non-Executive Director/Vice Chairman	AB-NED
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Jenny Higham	Non-Executive Director	JH-NED
Parveen Kumar	Non-Executive Director	PK-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Tim Wright	Non-Executive Director	TW-NED
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance & Board Secretary	HCG-BS
<b>Presenters</b>		
Alison Benincasa	Director of Quality Governance and Compliance (item 3.1)	DQGC
Tom Kenward	Human Resources Programme Director (item 2.2)	HRPD
Simon Price	Culture Champion (item 2.2)	CC
<b>Secretariat</b>		
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
<b>Quorum:</b>		
	<i>The quorum for any meeting of the Committee shall be at least one third of the Governors present.</i>	



**Minutes of the Meeting of the Council of Governors (Part 1)**  
**10 September 2020, 14:00 – 16:30, via Microsoft Office Teams Videoconference**

Name	Title	Initials
<b>Members:</b>		
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
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Anneke de Boer	Public Governor, Merton	ADB
Val Collington	Appointed Governor, Kingston University	VC
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
Nasir Javed Khan	Public Governor, Merton	NJK
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Medical & Dental	AS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
<b>In Attendance:</b>		
Ann Beasley	Non-Executive Director	AB-NED
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Parveen Kumar	Non-Executive Director	PK-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Tim Wright	Non-Executive Director	TW-NED
Jacqueline Totterdell	Chief Executive Officer	CEO
Tom Shearer	Deputy Chief Finance Officer (item 3.1 only)	DCFO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance/Board Secretary	HOCG-BS
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
<b>Apologies:</b>		
Jenni Doman	Staff Governor, Non-Clinical	JM
Frances Gibson	Appointed Governor, St George's University	FG
Basheer Khan	Public Governor, Wandsworth	BK
Rebecca Lanning	Appointed Governor, Merton Council	RL
Doulla Manolas	Public Governor, Wandsworth	DM
Damian Quinn	Public Governor, Rest of England	DQ
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT



		Action
<b>1.0</b>	<b>OPENING ADMINISTRATION</b>	
<b>1.1</b>	<b>Welcome and Apologies</b>  The Chairman welcomed everyone to the meeting and noted the apologies as set out above.	
<b>1.2</b>	<b>Declarations of Interest</b>  There were no new declarations of interests reported.	
<b>1.3</b>	<b>Minutes of the meeting held on 9 July 2020</b>  The minutes of the meeting held on 9 July 2020 were approved as a true and accurate record.	
<b>1.4</b>	<b>Action Log and Matters Arising</b>  The Council reviewed the action log and the following updates noted: <ul style="list-style-type: none"> <li>• <b>COG.09.07.20/01: Discharge letters to Merton patients</b> – Alfredo Benedicto (AB) reported that he had spoken to the patients that had reported to Merton Healthwatch that they had received letters from the Trust discharging them to their GPs without being seen by the Trust. These patients have decided that they would like to deal with the matter directly with the Trust. The Council agreed that this action could be closed.</li> <li>• <b>COG.09.07.20/02: Membership Engagement Committee Membership</b> – An update on refreshing the membership of the Committee would be discussed under agenda item 4.1.</li> <li>• <b>COG.09.07.20/03: Care Quality Commission (CQC) Inspection Actions Update</b> - It was noted that the Council was due to receive an update on the CQC action plan at its meeting in December 2020.</li> </ul>	
<b>2.0</b>	<b>KEY ISSUES</b>	
<b>2.1</b>	<b>Chief Executive Officer's Report</b>  The Council of Governors received the report from Jacqueline Totterdell, Chief Executive Officer (CEO), who highlighted the following key points:  <u>Resuming Clinical Services, Winter (including Covid-19 Surge and Flu) Planning and Operational Performance</u> <ul style="list-style-type: none"> <li>• The Trust had resumed services which were paused in the first wave of Covid-19. During the pandemic the Trust had continued to treat urgent cancer patients with focus now on restoring a full operation of all cancer services. Focus was also being given to managing the elective waiting list to ensure patients received the treatment they needed as quickly and safely as possible particularly those who have waited a long time for treatment.</li> </ul> <p>Work was underway to finalise a comprehensive Winter Plan which encapsulated plans for future Covid-19 surges and Flu. The plan would reflect the learning from wave one of the Covid pandemic. The plan would include provisions to open more Intensive Care Unit (ICU) beds to support future Covid-19 surges whilst continuing elective activity for as long as possible. The plan would balance treating patients safely and effectively</p>	



	Action
<p>managing and reducing the elective activity waiting list. The Winter Plan, Covid-19 Surge and Flu Plan would be reviewed by the Trust Board on 24 September 2020.</p> <ul style="list-style-type: none"> <li>• There had been no new Covid-19 patients in the past six weeks at the Trust and there had been no new Covid-19 related patient deaths since July.</li> <li>• In terms of the resumption of normal activity, the Emergency Department (ED) daily attendances had been increasing (451 at a peak) and the Trust was achieving the 4-hour standard and was among the best performing organisations (fifth out of 132 trusts in England).</li> <li>• 62% of outpatient appointments were now virtual and the Trust had more work to do to improve its outpatient services.</li> <li>• Whilst the Trust was one of the better performing trusts in London the 52 week waiting list performance had deteriorated with 1,500 patients currently waiting and the Trust was carrying out work in this area including utilising services of the independent sector in line with Government guidelines.</li> <li>• A majority of theatres had re-opened (28 out of 29) with one requiring refurbishment work. The Trust was also utilising additional theatre capacity through the Joint Referral Unit in South West London and from the independent sector.</li> <li>• The Trust had implemented a robust programme for conducting Covid-19 risk assessments for staff. The Trust would continue to utilise the risk assessment in the event of a second Covid wave. The Trust was also managing all the actions to support staff that were shielding or returning to work under special adjustments to working arrangements. The Trust had implemented additional health and wellbeing support for staff which included counselling and psychological support. At present the health and wellbeing hubs would remain open and the Winter Plan would include the framework for ongoing support for staff.</li> <li>• The staff winter flu vaccinations would start in October 2020 and the Trust had been the best in London for staff vaccinations last year. The Trust would also be reviewing which patients could be offered flu vaccinations.</li> </ul> <p><u>Diversity and Inclusion</u></p> <ul style="list-style-type: none"> <li>• The Board agreed the Diversity and Inclusion plan in July 2020 and good progress was being made on implementing the actions. The Chairman and CEO had taken a leading role to drive the programme of work forward with the Acting Chief People Officer (Culture).</li> <li>• Thirty representatives from the Black Asian Minority Ethnic staff group had been trained to date to participate in the interview panels for staff post band 8a and above. The next phase would be rolling out the same programme for posts at band 7 and below. These representatives would support the process of ensuring that the best person was hired for the role regardless of ethnicity.</li> <li>• The Trust had developed and rolled out a toolkit to facilitate conversation about race in divisions and departments. This initiative had been very successful and a number of managers had made use of the toolkit to have meaningful discussions.</li> <li>• A dedicated intranet page would be developed to share all the resources, tools and information around diversity and inclusion. Training modules for unconscious bias would also be developed along with the organisational framework of mentoring and</li> </ul>	



	Action
<p>coaching of staff.</p> <ul style="list-style-type: none"> <li>The Trust would publish its Workforce Race Equality Standard Action Plan shortly and the action plans would be measured monthly through the executive People Management Group and the Board Workforce and Education Committee.</li> </ul> <p><u>Executive Director Changes</u></p> <ul style="list-style-type: none"> <li>Anne Brierley would join the Trust as interim Chief Operating Officer (ICOO) in October 2020 for six months. She would replace Avey Bhatia who was due to leave on 16 October 2020. Avey would start her new role as Chief Nurse at Guy's and St Thomas's Hospitals NHS Foundation Trust from 1 November 2020. Anne had been very effective as Director of the Acute Provider Collaborative in South West London and knew the Trust well. Plans for the recruitment of a permanent COO post were being developed and the substantive Chief People Officer interviews would take place in October 2020. Robert Bleasdale would continue in the role of Acting Chief Nurse/Director of Infection Prevention and Control until the recruitment of a substantive replacement.</li> </ul> <p>The following key points were raised by Governors and noted in discussion:</p> <ul style="list-style-type: none"> <li>In response to a question from Richard Mycroft (RM) about the Trust getting back to previous levels of activity, it was noted that six clinical networks had been established across SWL to work collaboratively to improve elective activity in musculoskeletal (MSK), gynaecology, urology, ophthalmology, ears, nose and throat (ENT) and general surgery. Each SWL acute trust was taking a lead or leads for networks and the medical directors and clinicians were overseeing this work and ensuring that best practice was implemented across the sector. The Trust was the network lead for Ear, Nose and Throat (ENT) and Urology. The networks were following best practice to manage waiting lists and elective activity and applying the 'Getting it Right First Time' (GIRTH) methodology to drive efficiency.</li> <li>In response to a question from John Hallmark (JH) on ICU bed capacity, it was noted that the Trust had returned to its original ICU bed capacity of 66 beds from 150 beds at the peak of the first Covid-19 surge. The Trust had been provided with £35m funding from NHS England and NHS Improvement to increase its ICU bed capacity to 120 beds so that it could become the centre for future Covid-19 surges in SWL and be able to respond to the needs of the local system.</li> <li>Sarah McDermott (SMD) queried how the Trust had kept the 1,500 patients waiting more than 52 weeks updated about their care. It was reported that a majority of these patients had been offered appointments and despite reassurances from clinicians, many patients were still refusing to access services out of fears about Covid-19. The Trust was working closely with SWL partners, local communities and General Practitioners (GPs) to agree next steps and encourage people to come into the hospital and access the treatment they needed.</li> <li>In response to a question from Sandhya Drew (SD) it was noted that in the event of a 'super surge' of Covid-19 patients the Trust would need over circa ICU 200 beds to cope with the demand. If this happened the Trust would need to consider ceasing elective services to safely manage clinical services and care for Covid-19 patients.</li> </ul> <p>The Council of Governors received and noted the update.</p>	





		Action
<b>3.0</b>	<b>FINANCE</b>	
3.1	<p><b>Trust Finance Update</b></p> <p>Tom Shearer, Deputy Chief Finance Officer (DCFO) joined meeting and gave a presentation with an update on Trust Finance's over the last six months. The highlights included:</p> <ul style="list-style-type: none"> <li>The Trust's financial position had been impacted by the response to Covid-19. The Trust exited 2019-20 with a £13.3m deficit which was £9m adverse to the Trust's original plan. Of this, £5.1m was spent addressing Covid-19 which in the main was funded by NHSE/I with the exception of £1.3m related to cancelled staff annual leave and carrying over unused leave which was unfunded.</li> <li>The formal 2020-21 budget process had been suspended by NHS England/Improvement (NHSE/I) and was yet to be implemented. The Trust had developed a 2020-21 internal financial plan to ensure that it could manage its financial performance but currently NHSE/I was funding the Trust to a breakeven position each month. The Trust was required to demonstrate good governance and justify any spending.</li> <li>The Trust was currently waiting for confirmation from NHSE/I about funding for months 7-12 and it was expected a sector control total would be applied as opposed to a control total for individual trusts in South West London.</li> <li>The Trust had been given a one-month £50m cash block income until the forward funding arrangements for the remainder of the financial year had been agreed.</li> <li>The Trust had spent £12.5m addressing Covid-19 in the first four months of 2020-21 which included additional costs on ICU capacity, staff costs, additional cleaning, extra transportation, IT and infrastructure investment.</li> </ul> <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> <li>In response to a question from Nasir Akhtar (NA) it was noted that the finance team was supporting operational teams with initiatives to benefit patient care which required funding and they had reprioritised investment particularly around IT infrastructure and supporting virtual outpatients.</li> <li>SMD asked about the additional costs in relation to Covid-19 and it was reported that the Trust continued to incur additional cost such as for the purchase of additional personal protection equipment (PPE), enhanced cleaning and ICT infrastructure cost to support virtual services and staff working from home.</li> <li>In response to RM's question it was reported that the Trust had £320m of its debt converted to a public dividend capital which would result in a net benefit to the Trust of £300k per year.</li> </ul> <p>The Council of Governors noted the report.</p>	
<b>4.0</b>	<b>GOVERNANCE</b>	
4.1	<p><b>Membership Engagement Report and Terms of Reference</b></p> <p>Richard Mycroft (RM), Chair of Membership Engagement Committee (MEC) presented the update from the MEC meeting on 27 July 2020. The highlights from the report included:</p>	



		Action
	<ul style="list-style-type: none"> <li>The Trust had successfully implemented the key deliverables of the year one Membership Engagement Strategy implementation plan. Communication with members had improved with the launch of the stakeholder newsletter, the Brief, which featured interviews with governors, more engagement activities were organised and work had been carried out to improve the Trust's membership and governor internet pages.</li> <li>Question Time Constituency Events had been held in Streatham and Earlsfield in March 2020 at the onset of the Covid-19 pandemic. This resulted in a less than ideal turnout and the Merton event was cancelled due to increasing concerns around the spread of the virus and the appropriateness of going ahead with social gatherings in that context.</li> <li>The Trust had developed an overview of its achievement against the key milestones in the Membership Engagement Strategy which despite Covid-19 reflected some good progress.</li> <li>The Committee also considered the programme of work for the remainder of the year with greater emphasis on delivering more virtual activities to sustain membership engagement.</li> </ul> <p>Tim Wright, Non-Executive Director (TW-NED), commented that the report from the Committee was very helpful and enquired if members were asked for suggested topics for Members Talk. It was reported that the Members Talks programme had previously focused on health issues but this programme had been expanded to include other areas and members were being routinely asked to suggest topics of interest.</p> <p><b>The Council of Governors noted the update on the outcomes of the Membership Engagement Committee meeting on the 27 July 2020 and approved the revised Terms of Reference for the Membership Engagement Committee.</b></p> <p>The Council also endorsed the Annual Membership Engagement Activity report which would be published on the Trust's website.</p>	
<b>5.0</b>	<b>ACCOUNTABILITY</b>	
<b>5.1</b>	<p><b>Overview from Non-Executive Directors</b></p> <p><u>Finance &amp; Operational Performance</u></p> <p>Ann Beasley, Non-Executive Director (AB-NED), Chair of the Finance and Investment Committee (FIC) highlighted the following:</p> <ul style="list-style-type: none"> <li>The Trust had made good progress and had met was maintaining the ED four-hour standard of 95%. The Trust was focused on improving its delivery of elective activity targets mindful that winter would present additional challenges.</li> <li>It was noted that the Trust remained in Financial Special Measures and due to current uncertainty would remain so and that all trusts are underfunded which remained an area of concern.</li> <li>The Trust was developing a number of business cases in anticipation of receipt of and approval of capital funding spend. Work to develop the Estates Strategy was underway and FIC recognised the complexity of the Trust's physical footprint and the implication any short-term capital spends may have on delivering longer-term strategic goals.</li> </ul>	





		Action
	<ul style="list-style-type: none"> <li>FIC had undertaken a more systematic approach to managing its Board Assurance Framework (BAF) risks especially in relation to IT and estates. There had been some significant work to drive ICT programmes forward, for example implementing iClip (single patient records management system) across both major sites and all the work to implement remote access for staff working at home and virtual outpatients' clinic in response to Covid-19. Like many organisations cyber security remained a constant threat but the Trust had mitigations in place to manage these which were subject to scrutiny by FIC.</li> <li>TW-NED added that the IT department had done a good job with performance and ensuring that there was sufficient resilience in the IT infrastructure. The Trust IT systems were not designed to accommodate this level of remote working and the IT department was currently running the entire back-end of the infrastructure. The Trust was in the process of moving to cloud based working and storage. This was in part driven by suppliers, such as Cerner which looks after iClip which held the patient records. The Trust was also now migrating staff to Microsoft Office 365 which was also cloud based and provided real time monitoring.</li> </ul> <p>In response to a question from Governors on Cyber Security, Elizabeth Bishop, Non-Executive Director (EB-NED) Chair of the Audit Committee responded. An annual report had been received on cyber security tool kit which had been submitted by TIAA, the Trusts internal auditors. The audit had been carried out an audit in July 2020 and gave only limited assurance. There were a number of reasons for this including lack of evidence as to whether internal controls were in place. The report had also been interrupted by Covid-19 as the report was usually submitted in March. Improvements had now been seen and delivered and the Committee was waiting on the view of the internal auditor.</p> <p>In response to a question from Alfredo Benedicto (AB) regarding the redesign and expansion of the emergency department (ED) AB-NED explained that the project was in the early stages with key consideration including space restrictions and accommodation of ambulatory care services.</p> <p><b>It was agreed that a presentation of the emergency floor development plans would be provided to the Council of Governors in due course.</b></p> <p>John Hallmark (JH) asked if the Trust had a Cost Improvement Project (CIP) target for 2020-21. It was reported that there was no CIP target for the current financial year. However it had been discussed at FIC whether to stand up the CIP target for pharmacy and procurement where savings were feasible.</p> <p>In response to a question from Afzal Ashraf (AA) it was noted that the auditors had access to cyber experts and carried out audits with many NHS trusts so had a great deal of knowledge and experience. In relation to real time threats monitoring the Trust used WEB monitoring tools and much of work is now moving to cloud based system.</p> <p>Bassey Williams (BW) raised a question regarding staff training on Office 365 and configuration issues. It was noted that Office 365 was relatively intuitive and users were likely to have some familiarity with the system. There were individual cases of configuration issues which the IT department would need to resolve with individual staff.</p> <p><u>Workforce and Organisational Development</u></p> <p>Stephen Collier, Non-Executive Director (SC-NED) and Chair of Workforce and Education Committee (WEC) gave an overview of the work of the committee. It was noted that WEC was undertaking additional focused meetings on culture and diversity</p>	ICOO



		Action
	<p>and inclusion between the normal Committee meetings to ensure these important areas that required more detailed focus were reviewed. He highlighted the following:</p> <ul style="list-style-type: none"> <li>It was noted that 97% of staff had completed the Covid-19 Risk Assessment which was a very high proportion. Sick leave peaked at 6% at the height of the Covid-19 Pandemic and was currently 3% and decreasing. Staff turnover had dropped by 3%, unfilled duty hours by 2% which was a manageable level. The Committee had asked for further work on the number of staff shielding where there is no plan or fixed date to bring them back to work as well as the number of staff working between home and the Trust and how this would be managed.</li> <li>The Culture change programme which the CEO was leading on had moved from the discovery stage to planning implementation from January 2021. It was noted that there were 600 staff involved and it was recognised that there needed to be a sensible plan with sufficient time and adequate resources.</li> <li>It was noted that the Trust's Freedom to Speak Up function had moved from Human Resources to the Chief Corporate Affairs Officer's team in June 2020 following an external review by NHSE/I. This brought greater independence to the function and the move had brought new energy and focus on supporting staff to speak up.</li> <li>It was noted that the annual Staff Survey would be sent out to all staff in October 2020 and an internal quarterly staff survey would begin next year.</li> </ul> <p>RM asked about the implementation of the of culture change in the organisation. It was noted that this would centre on day to day behaviour of staff and all management staff will have to go through unconscious bias training.</p> <p>Professor Dame Parveen Kumar (PK-NED), Chair of the Quality and Safety Committee, explained that the committee had three BAF risks (SR1 on safety, SR2 on clinical governance, and SR10 on research). The latter related to collaboration between St George's University and the Trust. It was noted that there was very good research collaboration and patient admittance into clinical trials programme was currently excellent and research reports were of good quality.</p>	
<b>6.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>6.1</b>	<p><b>Any other business</b></p> <p>SMD asked if the Trust had received any feedback from staff or patients from the recent traffic calming measures taking place in Wandsworth. The CEO had not directly heard anything from staff but was keen to get more staff back on site encouraging them to use public transport, cycling or walking rather than driving. The Chairman noted that she had received feedback from staff on the delays getting to the hospital due to high levels of traffic in Wandsworth.</p>	
<b>6.2</b>	<p><b>Reflections on meeting</b></p> <p>The Chairman asked everyone if the virtual meetings were working well enough for the Council. SMD thought everyone was getting used to taking part in virtual meetings and being able to submit questions in advance.</p>	
	<p><b>Date of next Meeting:</b> <b>10 December 2020, 15:00-18:00</b></p>	

Council of Governors Public Action Log - 10 December 2020						
Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.09.07.20/03	CQC Actions Update	It was agreed that an update on the CQC inspection actions would be arranged for the Council of Governors.	10.12.20	CCAO	This has been added to the agenda for the meeting on the 10 December 2020. On agenda at item 3.1.	PROPOSED FOR CLOSURE
COG.10.09.20/01	Emergency Floor Proposal	A presentation on emergency floor proposals to be arranged for a future meeting of the Council of Governors.	16.02.21	ICOO	This has been added to the agenda for the meeting on the 16 February 2021.	NOT YET DUE



## Chief Executive's Report to Council of Governors 10 December 2020

**Jacqueline Totterdell**  
Chief Executive Office

10 December 2020



## Introduction

### Purpose

The purpose of this report is to provide the Council of Governors with an update on key developments in the Trust and an overview of how wider external factors were impacting on the Trust deliver o the best care and services to patients.

### Recommendation

The Council is asked to receive and note the report.

## Trust Corporate Objectives 2020-21

- The development of the corporate objectives was paused in the midst of the first surge of Covid-19.
- The Trust took a new approach to developing the corporate objectives with:
  - Significant engagement and feedback from staff
  - Closer alignment with the Trust's clinical strategy and supporting strategies
  - Alignment with the Board Assurance Framework
  - Reducing in the number of objectives
- In September 2020 the Trust Board approved the new corporate objectives for remainder of 2020-21:
  - Clear engagement and communication plan to cascade the objectives across the Trust
  - Translated in a way that 'speak' to all staff
  - Linked to staff personal objectives and appraisals
  - Designed to ensure ownership and empowering staff to play their part.

St George's University Hospitals NHS Foundation Trust

### The 3 C's:

- **CARE:** *Patients and staff feel cared for when accessing and providing high quality timely care at St Georges; in how the Trust starts to recovers from Covid-19 and in how we respond to any future wave.*
- **CULTURE:** *Transform our culture to create an inclusive, compassionate and enabling place to work where staff feel respected and understand their role in the delivery of high quality clinical care for our patients and service users.*
- **COLLABORATE:** *We will engender an ethos of collaborative working across our teams within St George's and with our system partners to achieve the best outcomes for patients, building on the spirit of collaboration developed internally and externally through Covid-19 response.*

#### Strategic priorities (2019-24):

The infographic displays the three strategic priorities of St George's Trust, each represented by a colored box with a staff member's photo and specific objectives.

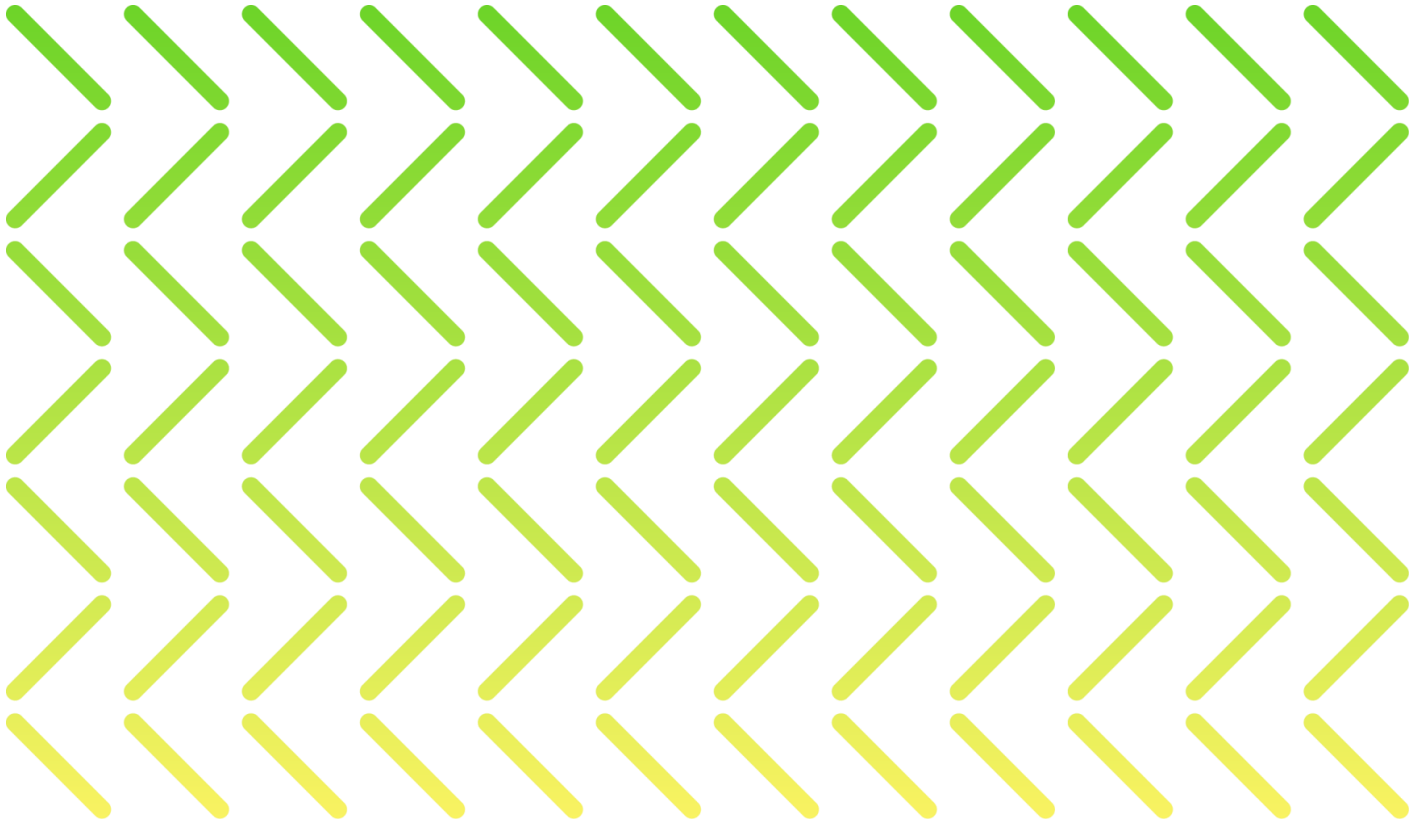
Strategic priority	Our organisational objectives (October 2020 - March 2021):
Strong foundations	<b>CARE</b> "We will provide safe, high quality care" - Rafik, doctor 1. We will keep staff safe, and invest in their health and wellbeing 2. We will make sure we are prepared to meet the demands of Covid-19, flu, and winter 3. We will provide routine and planned care, and keep patients safe during their stay
Excellent local services	<b>CULTURE</b> "We will make St George's a better place to work, and champion diversity" - Adeola, receptionist 1. We will share the findings of our culture discovery project, so we understand how staff feel about working at St George's 2. We will develop a plan with staff to improve our culture, and measure the impact it is having 3. We will celebrate diversity, and support our leaders to be more inclusive
Closer collaboration	<b>COLLABORATION</b> "We will work with the wider NHS to improve patient care" - Hannah, nurse 1. We will work more closely with local hospitals and partner organisations in south west London 2. We will overcome challenges together, rather than as individual organisations 3. We will work with St George's, University of London to build our research, training and teaching expertise
Leading specialist healthcare	

At the bottom, there are social media links for @StGeorgesTrust on Facebook and Twitter, and the website www.stgeorges.nhs.uk.



# CARE

*Patients and staff feel cared for when accessing and providing high quality timely care at St Georges; in how the Trust starts to recovers from Covid-19 and in how we respond to any future wave*



## Operational Performance & Delivering Clinical Services

### Where are we now?

- We have continued to provide emergency, urgent and planned care over recent weeks and months and it is vital that patients.
- We continue to make good progress in relation to elective care - with current activity similar to the same period last year.
- Our emergency care performance is also strong, despite the building works in our Emergency Department at St George's currently. The works will enhance our ability to provide safe and effective care, and improve infection prevention and control measures within the department.
- Our teams continue to work exceptionally hard, particularly given the demands placed on everybody since March this year. The support from the public - and partner organisations we work with – is also greatly appreciated.
- We are working closely with other hospitals in south west London to ensure a co-ordinated response to the elective care challenge – and over 500 patients previously under our care have had their operations carried out at Croydon and Kingston Hospitals in recent weeks.
- Our Emergency Department is now a pilot site for 111 First, which is designed to help manage capacity in our ED, and further prevent the spread of Covid-19 and flu.

- We will also open a new Enhanced Primary Care Hub at Queen Mary's, which will provide an important service for local people, particularly given the decision we took jointly with commissioners earlier this year to close the Urgent Care Centre at QMH.
- We are focussed on recovering the trajectory for 104 day cancer patients however this would be impacted by continued prioritisation of urgent patients.
- Our Winter Plan provides that we sustain elective activity whilst managing the next wave of Covid-19. The Trust cannot stop clinical services without instructions from the Government.

### October/November 2020 Performance

The performance for October 2020 is over leaf but some key highlights are below:

- **ED – lower attendance, higher acuity, bed occupancy was at 92% (November 2020)**
- **4-hour standard was at 94.5% (October 2020) slightly below the 95% target still better than same time last year**
- **Outpatient activity increasing currently at 82% (October 2020).**
- **Winter pressure activity similar to previous years for both emergency intake and with increased length of stay for frailty patients**
- **2 week wait referrals increased and above same period last year. Contrasts sharply with significant reduction in all elective referrals during the April COVID surge.**



## Operational Performance & Delivering Clinical Services

- We rolled out the lateral flow tests for Covid-19 test for asymptomatic patient-facing staff last two weeks ago.

- Limited number of tests supplied by NHSE/I
- Only available for patient-facing staff
- Staff must volunteer
- Staff must record findings
- Staff must test themselves twice each week
- Tests for 12 weeks provided for each staff

### Eligible staff (first phase)

Allied Health Professionals (AHP)
Health Care Assistants
Doctors and medical staff
Midwives
Nurses (including dental nurses)
Operating Department Practitioners (ODPs)
Pharmacists and Pharmacy technicians
Phlebotomists
Porters and security staff

- We continue to offer testing to all staff (including contractors) who have Covid-19 symptoms can continue to access our on-site testing service at St George's. The same applies to symptomatic people you live with.
- We know that the potential for nosocomial infections is higher in hospitals, and the clear message from NHS England is, as providers, we must be doing everything we possibly can to reduce the spread of infection.
- NHS England has announced the creation of 40 'long Covid' clinics to help the thousands of patients who are suffering the debilitating effects of the virus. We will partner with other providers in south west London to play a key part in delivering one of these clinics.

- There are now two Covid-19 vaccines that have shown positive results following initial trials. There is a huge amount of work still to do and we are developing robust plans to vaccinate large numbers of staff when the time comes. The Trust would be a vaccine hub for South West London.

- Storage and distribution of the vaccines presents significant logistical challenges.



### Covid-19 Statistic

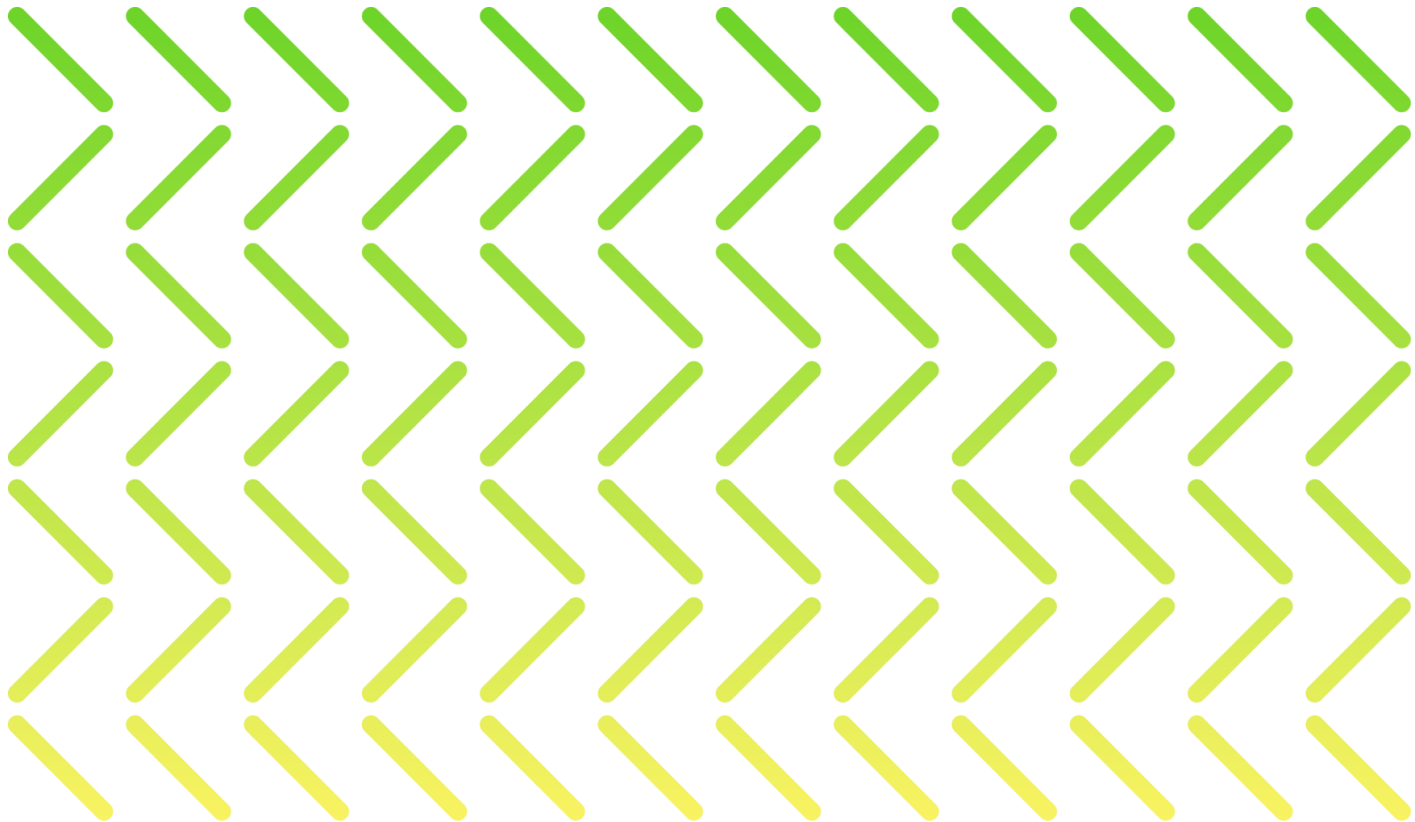
As of 26 November 2020 we had:

- 50 COVID+ patients in acute beds (McEntee, Amyand and Rodney Smith)**
- 17 COVID+ patients in Intensive Treatment Unit (Ben Weir)**
- COVID+ patients in medical bed numbers at George's is lower than all of the District General Hospitals in South West London**
- NHSE modelling suggests we should expect a COVID surge in the next 2-3 weeks**



# CULTURE

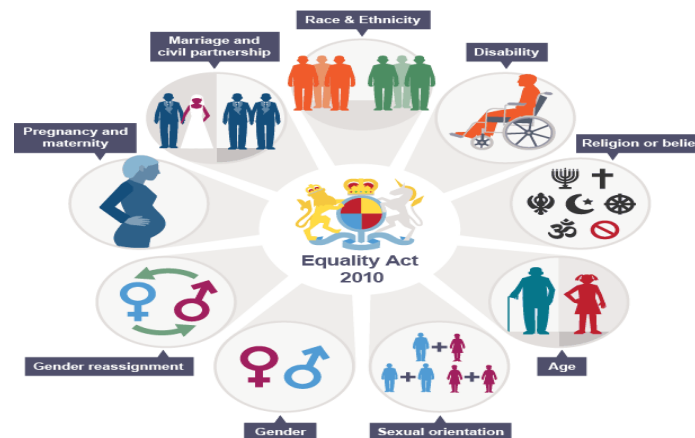
*Transform our culture to create an inclusive, compassionate and enabling place to work where staff feel respected and understand their role in the delivery of high quality clinical care for our patients and service users.*



## Culture, Diversity & Inclusion

- We have made good progress on our culture work programme and in October, we shared the results of our culture discovery with Governors, the Trust Board and in November, the detailed findings were shared with our 9,000 staff.
- Our team of culture champions have been pivotal to the discovery phase of the work and vital in helping the Trust realised it goals and objectives. Work is now underway to clearly define the culture we want to create and take steps to establish it.
- We continue to celebrate our staff and give focus to key initiatives and despite managing operational challenges staff still put in their time and energy to delivery Black History Month and Freedom to Speak Up Month.
- We held activities including a large number of virtual events and awareness raising did take place, with cultural dress days and staff profiles for Black History Month, and a #SpeakUp campaign for Freedom to Speak Up Month.
- We were also fortunate to receive a visit from Dr Henrietta Hughes, who has been the National Guardian for Freedom to Speak Up since July 2016, and to discuss with her the work we are doing to strengthen our own arrangements for supporting staff to raise concerns without fear or detriment.
- We continue to make good progress on delivering out D&I action plans with key milestones include training 102 BAME staff representatives to sit out interview panels, all band 8 and 9 interviews had an inclusion representative, lots of teams having constructive conversations about race (the Board heard a good staff story from the Speech & Language Therapist who used the tool designed by the Trust.

## Diversity & Inclusion



## Black History



## Freedom to Speak Up

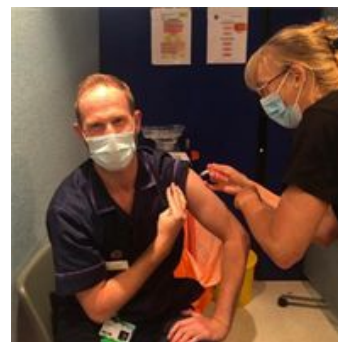




## Celebrating our staff

- Our staff survey closed on 27 November 2020 and the completion rate was 55.3 which was lower than the 59.5% response rate last year. We want to be among the best performing Trust and achieve 69.6% or above.
- We continue to conduct Covid-19 risk assessment for staff members and monitoring implementation of any adjustments for staff. With over 300 new doctors joining us in August/September 2020 we were doing our best to conduct new risk assessments.
- We have recently appointed three new Deputy Chief Medical Officers who will take up their new roles in early December. James Uprichard will take on the role of Deputy CMO for Safety and Clinical Effectiveness, Carolyn Johnson will become Deputy CMO for Innovation and Improvement, and Lucinda Etheridge will take on the role of Deputy CMO for Workforce and Professional Standards. These appointments are an important step in strengthening our corporate medical directorate and wider clinical governance. Luci was also appointed as the new Responsible Officer (RO) to succeed Karen Daly who will retire this month.
- We are closely monitoring any developments in our workforce while at the same time assuring our EU staff, who make up around 9% of our workforce, how much they are valued by us. The deadline for EU employees to apply for settled status is 30 June 2021.
- Paul da Gama appointed as our new Chief People Officer

### Staff flu rates – 76.5%



### Staff Survey – 55.3%

**Date night? Sorry, I'm doing my NHS Staff Survey!**



Ok, we know it's not worth the dog house. But the NHS Staff Survey is important, because we do listen, and act on your feedback.

### Free Car Parking Extended



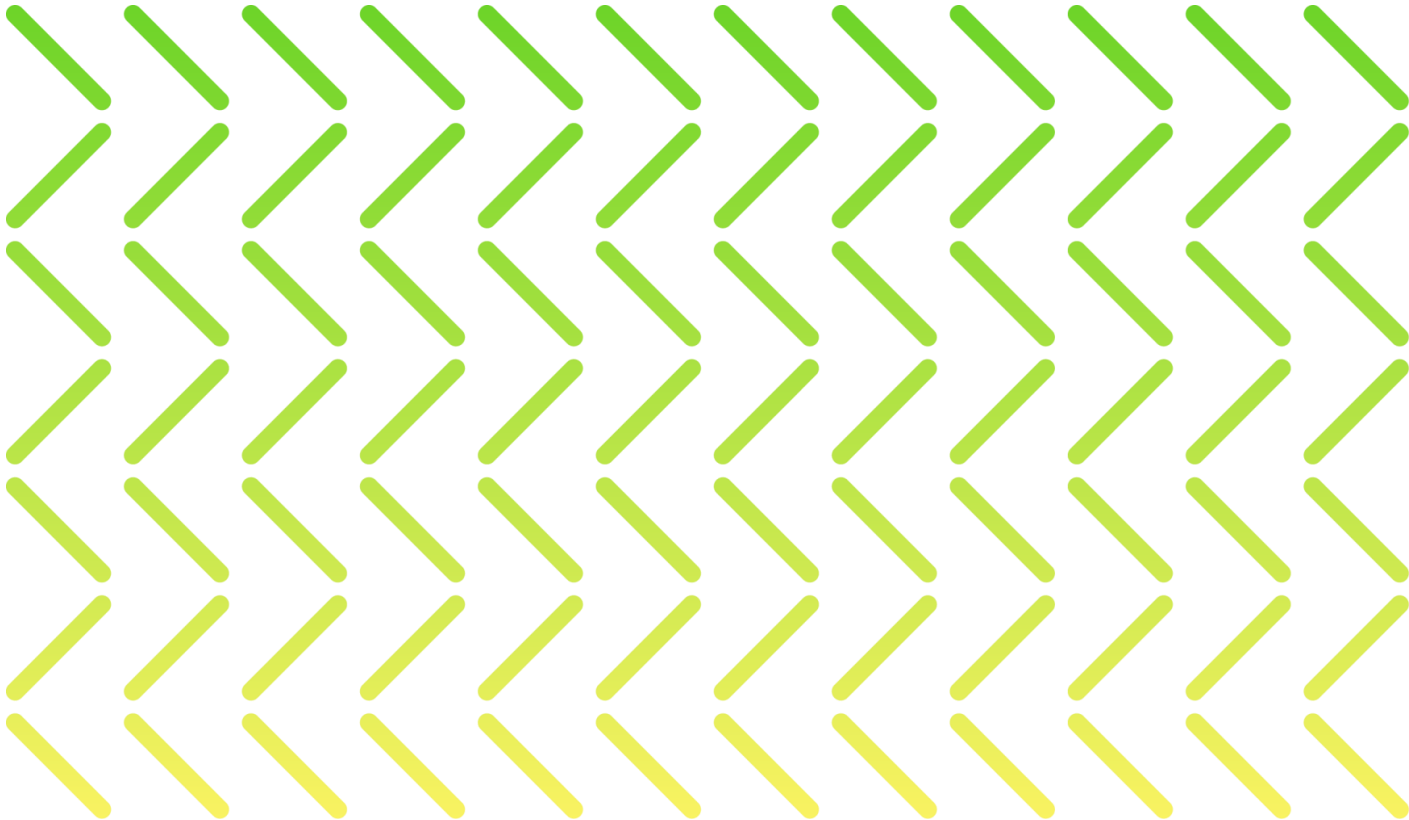
### UK's Exit from EU





# COLLABORATION

*We will engender an ethos of collaborative working across our teams within St George's and with our system partners to achieve the best outcomes for patients, building on the spirit of collaboration developed internally and externally through Covid-19 response.*



## System development and working

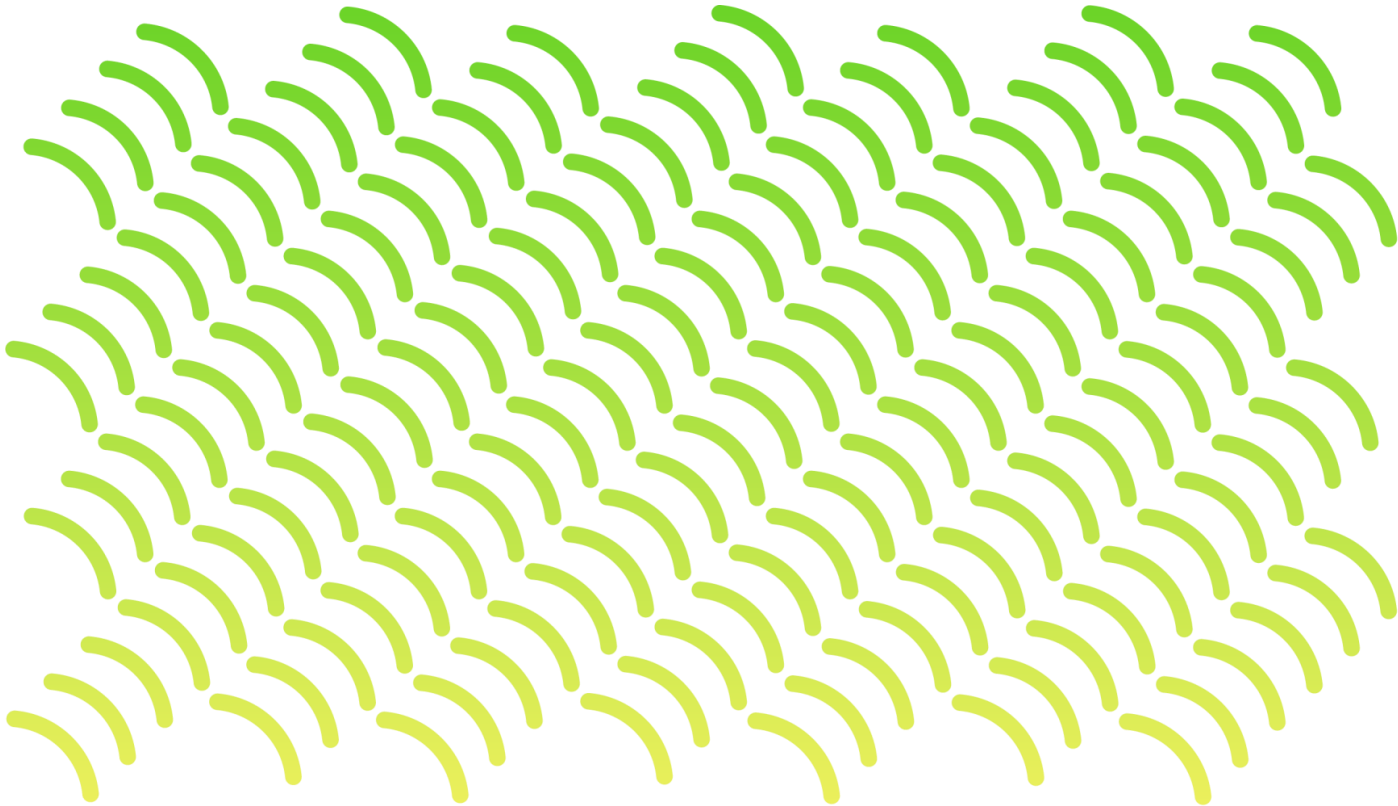
- I have been appointed Senior Responsible Officer for outpatients across London. In this role, I will be working closely with the Responsible Officer and five integrated care systems across the Capital to improve this key aspect of patient care; with benefits for our outpatient service at St George's as well.
- The Independent Reconfiguration Panel ruled in favour of plans by Surrey Downs, Sutton and Merton NHS Clinical Commissioning Groups to invest £500 million in a new hospital at Sutton, and in Epsom and St Helier Hospitals. This was subsequently confirmed by the Secretary of State for Health, with work on developing the Sutton site due to start in 2022, with a Specialist Emergency Care Hospital opening in 2025. This is positive and significant development for the whole of south west London, and beyond.
- We have contingency plans in place for when the Brexit transition phase ends on 31 December 2020. We are working closely with the local and national stakeholders to ensure that the services we provide – and key issues such as staffing and supplies – are not adversely affected as a result of this important change and significant work has been undertaken to put in place the necessary contingency measures to ensure continuity of supply, recognising that the majority of critical supply lines are managed centrally by NHS England and the Department of Health and Social Care
- The Government published its Food Review Report in October, and Rob Bleasdale has been named Board member responsible for food service, which for us is Robert Bleasdale. This is a fantastic opportunity to look again at the nutrition and hydration we provide our patients.



## Collaborating with our partners

- We have agreed to work with Epsom and St Helier (ESTH) to deliver the joint renal services and the Board approved the final business case in November.
- We also agreed to present the following two options to deliver Children's cancer services across south west London in partnership with the Royal Marsden:
  - Children's Cancer Integrated Services located in Tooting;
  - Children's Cancer High-Risk Services located in Tooting, as part of an Adapted-Risk Network Model
- We continue work on developing a single procurement function for south West London with staff due to transfer to the Trust from other organisations in December.
- We launched the SWL recruitment hub in October.
- We are also progressing the plans to bring together SWL Pathology (SWLP) and ESTH pathology services.
- Arlene Wellman, Chief Nurse and Director of Infection Prevention and Control at ESTH has agreed to work with us to begin to explore and develop the nursing, midwifery and allied health professional contribution to the collaboration. Robert Bleasdale continues as our Chief Nursing Officer and Director of Infection Prevention and Control here at St George's.







## Strengthening culture at St George's

### Summary of findings

November 2020

**The Culture Champions**



9<sup>th</sup> October 2020

## What's covered?

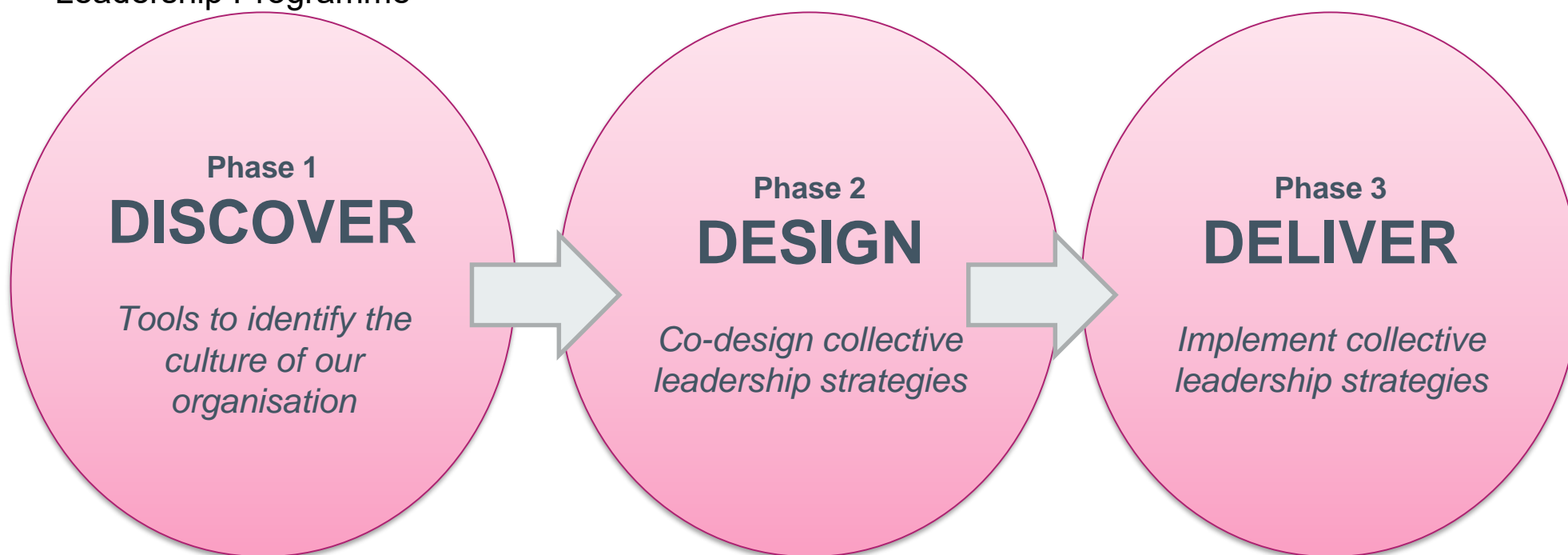
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- What did we do and why?
- What have we found out?
- What are the next steps?



## Background

- In the Autumn of 2019, the Board decided to strengthen culture through an approach that would enable bolder, more ambitious and more sustainable action.
- It was decided that we would utilise the NHSI framework known as the 'Culture and Leadership Programme'
- This approach has now been used in nearly 100 trusts, including many acute trusts of a similar size to SGH

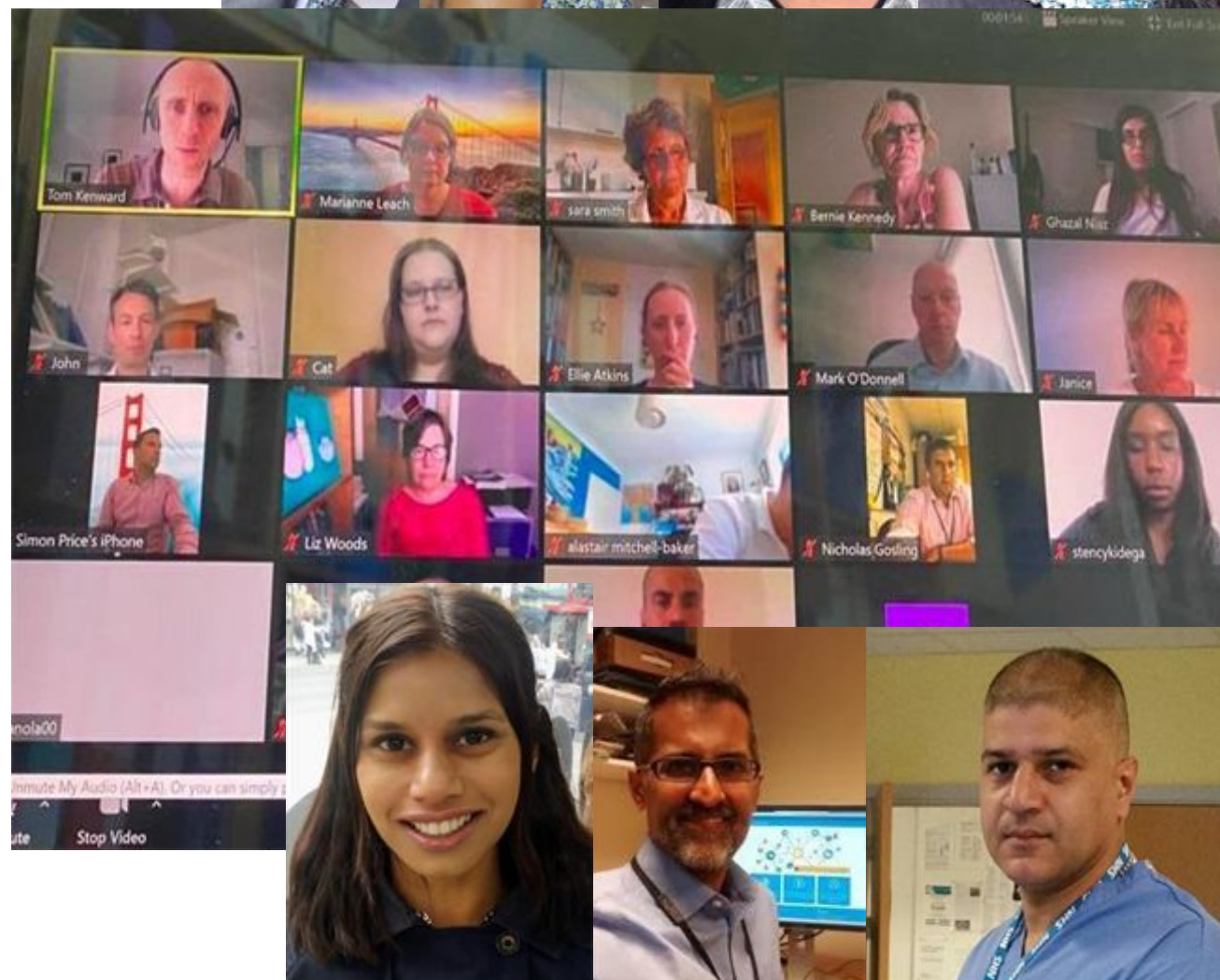


## Culture Champions – the heart of the work

- Central to the Programme are over 30 'culture champions', advocating for and delivering the work
- Internally recruited by an application process, ensuring maximum diversity.
- Champions will continue to their key role for phases 2 ('Design') and 3 ('Deliver').



2.2



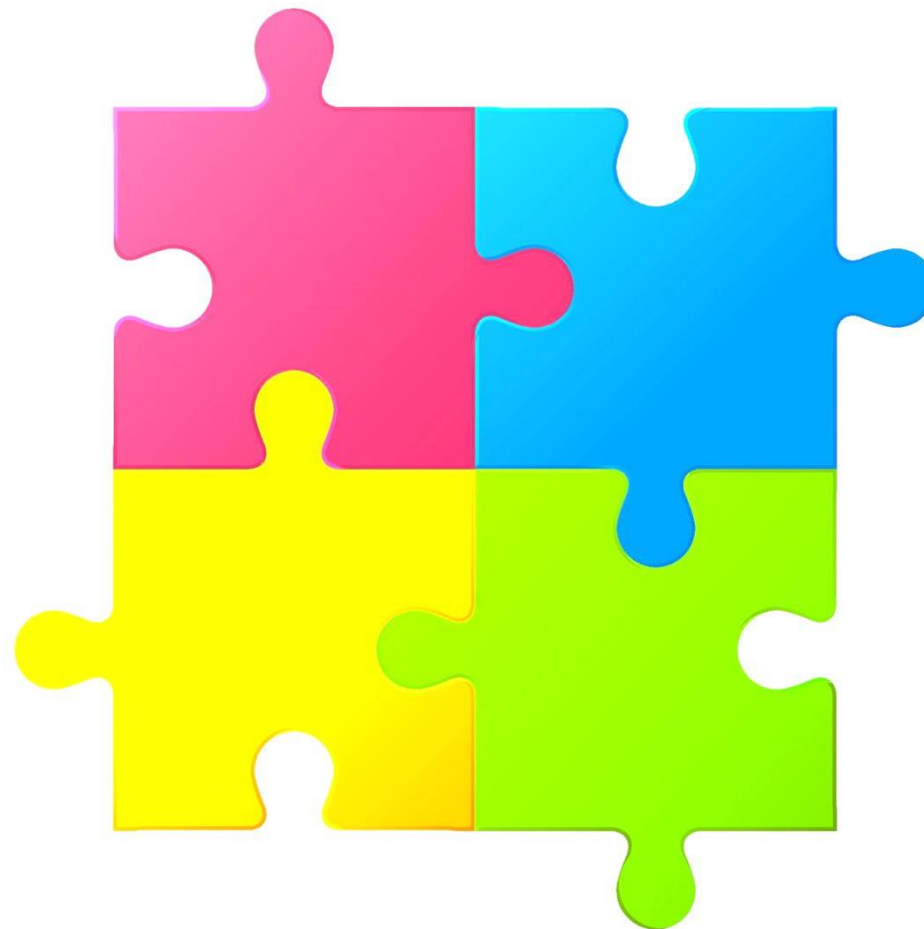
# Our interpretation of the values – how we work with them in practice

## Respectful

- Speak honestly
- Listen with care

## Kind

- Assume best intent
- Support each other









## Excellent

- Ambitious
- Confident

## Responsible

- Determined
- Resilient

## Discovery Tools and Data Collection

Diagnostic Tools	Data collection / analysis activities undertaken	# of participants
 <b>Culture and outcomes dashboard</b> High level understanding	<ul style="list-style-type: none"> <li>Primarily Staff survey data</li> <li>MES, Friends &amp; family test, Pulse survey tools</li> </ul>	1000+
 <b>Board interviews</b> The Board's approach to supporting effective organisational cultures	<ul style="list-style-type: none"> <li>25 senior leaders interviewed including non-executive directors, executive directors and divisional leaders</li> </ul>	25
 <b>Leadership behaviours survey</b> Staff and stakeholder views on behaviours of organisation's staff and leaders as a whole	<ul style="list-style-type: none"> <li>Online questionnaire targeting staff at Band 7 or above</li> <li>Includes questions about the individual and group leadership</li> </ul>	500+
 <b>Culture focus groups</b> Individuals' experience of current organisational culture	<ul style="list-style-type: none"> <li>Over 30 focus groups - junior staff from across sites and services</li> <li>Also includes COVID debriefs and BAME listening events</li> </ul>	180
 <b>Leadership workforce analysis</b> The organisation's needs on leadership workforce capacity	<ul style="list-style-type: none"> <li>Current and future leadership capacity - numbers, diversity</li> <li>A combination of quantitative and qualitative data</li> </ul>	10
 <b>Patient experience</b>	<ul style="list-style-type: none"> <li>Used pre-existing patient experience data</li> </ul>	1000+ patient comments



# Cultural Element 1: Vision and Values

## Overall Findings



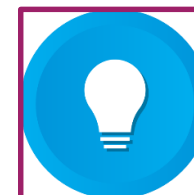
### Strengths

- All staff committed to wider values of NHS
- Values awards
- Staff want to provide best possible care - *We do it for the patients*
- Staff in managerial/leadership or senior clinical roles familiar with the vision
- Band 6 staff and below (especially clinical staff) generally familiar with values
- Senior leaders acknowledge poor staff experience



### Areas for Improvement

- Clear disconnect between top and bottom of the organisation with squeezed middle
- Vision lacks clarity for most staff: The direction of the Trust is not always clear which is hard to then pass on
- Lack of accountability for not living the values, for example not embedded through practices such as consistent appraisals



### Key Learnings

- The Vision is not recognised / understood by many staff
- Values have more meaning to most staff but they need to be lived and reinforced
- Behaviours need to be consistent and challenged when not



## Cultural Element 2: Goals and Performance

### Overall Findings



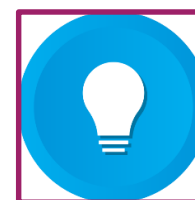
#### Strengths

- Spots of good performance, for example with appraisals in some areas
- Other points, as noted by CQC
- Some good performance during Covid (ITU capacity increase, training and redeployment of staff)



#### Areas for Improvement

- Accountability & responsibility - perceived lack of ownership for results / too many priorities
- Work-arounds undermine processes and policies. Focus on *short term* care sacrifices long term care improvement
- Lack of collaboration, listening and fairness leads to inefficiency and staff disengagement
- Lack of challenge (except for BAME staff?) and support to perform / but also on what is *realistic* through hierarchy



#### Key Learnings

- Tensions between targets / performance / compassion need more careful navigating
- Care often good, but in spite of systems and processes - short term focus undermines long term improvement
- More collaboration, more listening and consistent behaviour could yield higher staff engagement, productivity and efficiency
- Management and leadership needs a little more time, skill and perhaps will to tackle the above issues



## Cultural Element 3: Support and Compassion

### Overall Findings



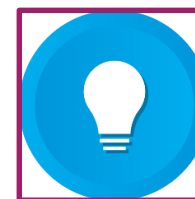
#### Strengths

- Care provided is good
- Listening events success
- CEO seen as compassionate
- COVID crisis support perceived as strong
- Values awards are popular



#### Areas for Improvement

- Staff experiences vs espoused values
- COVID crisis support also perceived as weak
- Lack of confidence in leaders – staff feel unsafe to admit mistakes or speak up
- Un-acknowledged for achievement and not heard
- BAME inconsistencies



#### Key Learnings

- Psychological safe place created by clearer governance, 'rules', listening and behaviour
- Leaders and managers to lead by example - interact in a values based way
- Consider demands / resources vs autonomy to empower staff to deliver and receive quality care

## Cultural Element 4: Learning and Innovation

### Overall Findings



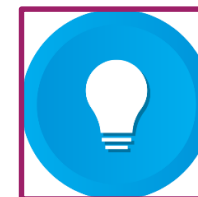
#### Strengths

- Staff desire to learn and improve
- Covid19 has shown potential to change
- Many local examples of clinical improvements



#### Areas for Improvement

- Supportive management and leadership to enable innovation - management can 'block'
- Clearer career progression, support & development for leaders
- Open and transparent recruitment based on skills & talents
- Time and resources to engage in training or innovation - 'Survival' mentality
- QI not mainstream /joined up



#### Key Learnings

- Core data needed to enable learning, organisational memory and more systematic approach to developing talent and innovation
- Relationships and collaborative working in & outside hospital provide huge potential for greater innovation
- Learning journey for all STG staff
- Joint pathways with STG University & strengthening of QI embedded in all work

## Cultural Element 5: Teamwork

### Overall Findings



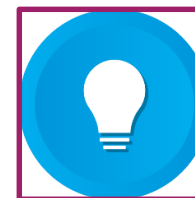
#### Strengths

- Positive team-working at Board level and with SW London partners
- Patients commend teams and departments
- Local teams often working well and with pride
- 'Good teams are the ones where you feel comfortable approaching different people'
- COVID showed we can achieve more



#### Areas for Improvement

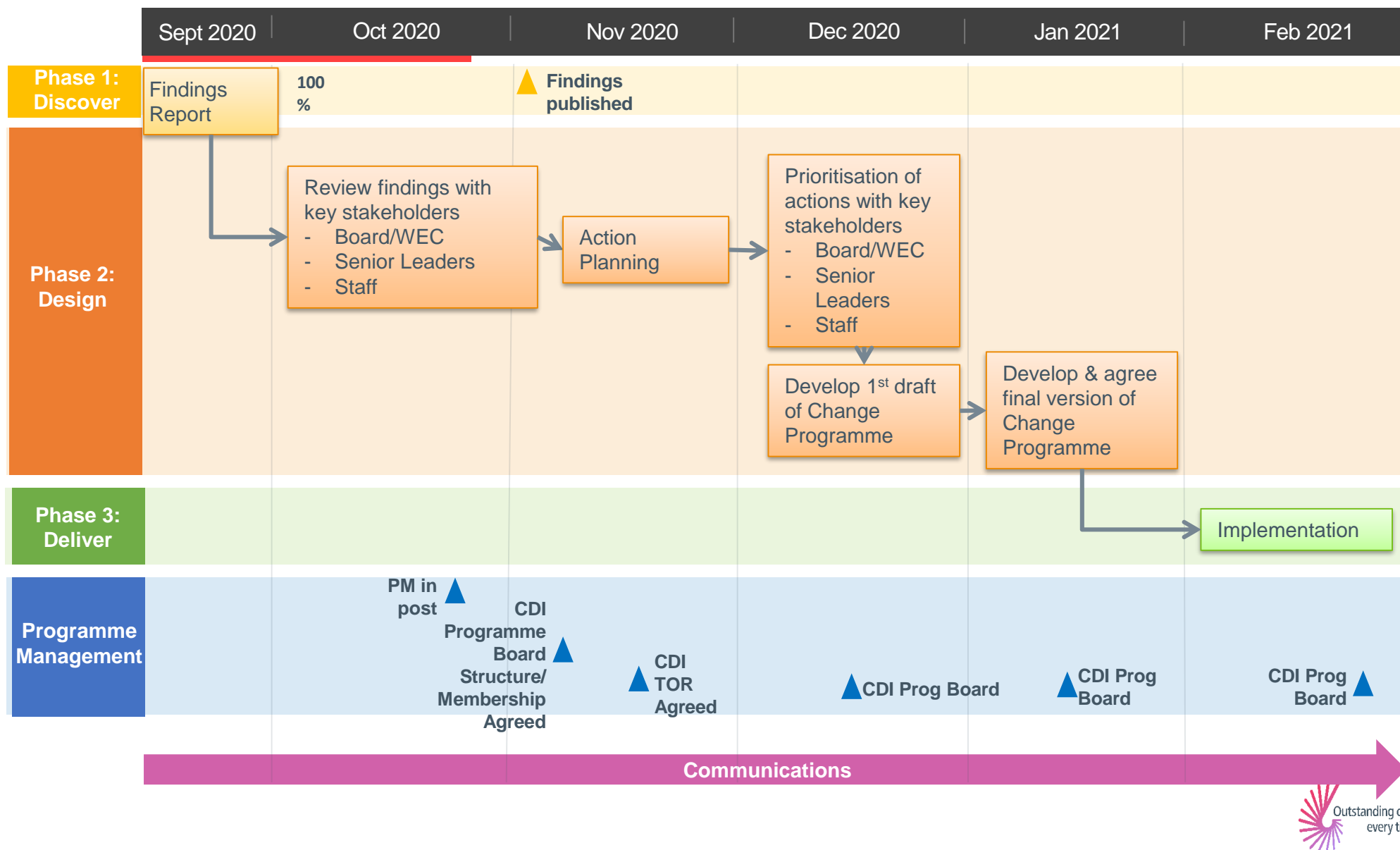
- Siloes prevent cross-team success
- Lack of medical consultant engagement
- Too much hierarchy
- BAME issues – still lack of 'whole team' engagement
- One key person can block progress of whole team
- Bullying still an issue



#### Key Learnings

- Some good local team working
- Desire for more collaborative working
- Key driver at organisational level

# Where to from here? Co design, then delivery



# Your questions?

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2.2



# Additional Information

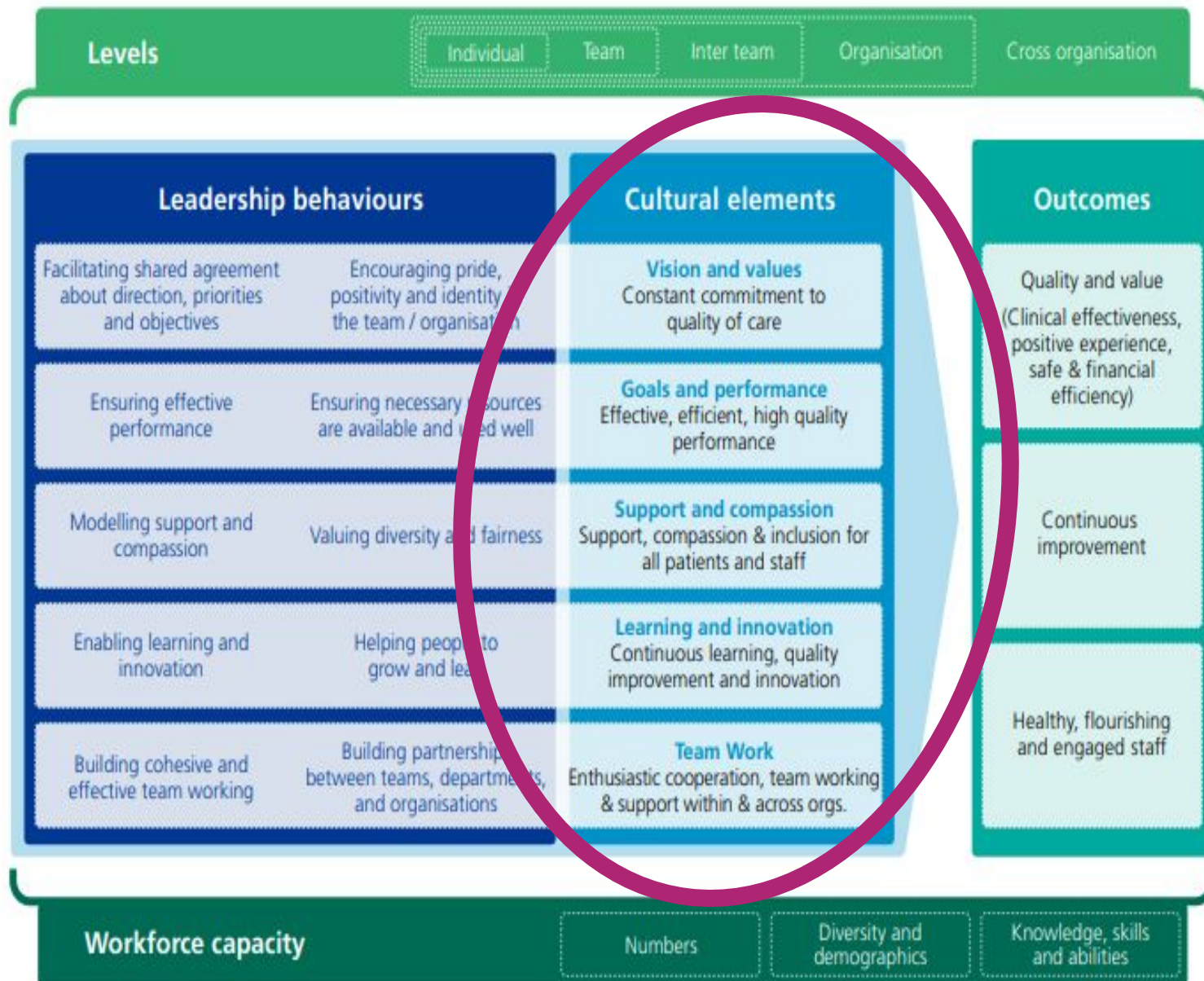
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# NHS Improvement's Culture and Leadership Framework

A way to think about and improve organisational culture



# The framework shapes the whole approach, including how we present the findings

5 Cultural elements
<b>Vision and Values</b> Constant commitment to quality of care
<b>Goals and performance</b> Effective, efficient, high quality performance
<b>Support and compassion</b> Support, compassion and inclusion for all patients and staff
<b>Learning and innovation</b> Continuous learning, quality improvement and innovation
<b>Team work</b> Enthusiastic cooperation, team working and support within and across organisations

# Vision and Values

## What's working well

17

2.2

- All staff committed to wider values of NHS
- Staff want to provide best possible care - Values awards

*We do it for the patients*

- Staff in managerial/leadership or senior clinical roles familiar with the vision



- Band 6 staff and below (esp clinical staff)  
generally familiar with values



- Senior leaders acknowledge poor staff experience



# Vision and Values

## What needs more work

- Clear disconnect between top and bottom of the organisation with squeezed middle
- Vision lacks clarity for most staff  
The direction of the Trust is not always clear which is hard to then pass on
- Lack of accountability for not living the values, for example not embedded through practices such as consistent appraisals



## Vision and Values

### Key Learning

- The Vision is not recognised / understood by many staff
- Values have more meaning to most staff but they need to be lived and reinforced
- Behaviours need to be consistent and challenged when not

Commitment to  
Quality of Care



Compassion



Everyone  
Counts



Improving  
Lives



Respect and  
Dignity



Working Together  
for Patients



# Goals & Performance

## What is working well?


- Spots of good performance, for example with appraisals in some areas.
- Other points, as noted by CQC.
- Some good performance during Covid (ITU capacity increase, training and redeployment of staff)





# Goals & Performance

## What needs more work?

- Accountability & responsibility
    - perceived lack of ownership for results / too many priorities
  - Work-arounds undermine processes and policies. Focus on *short term* care sacrifices long term care improvement.
  - Lack of collaboration, listening and fairness leads to inefficiency and staff disengagement
- 
- Lack of challenge (except for BAME staff?) and support to perform / but also on what is *realistic* through hierarchy



# Goals & Performance

## Key Learning

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- Tensions between targets / performance / compassion need more careful navigating
- Care often good, but in spite of systems and processes - short term focus undermines long term improvement
- More collaboration, more listening and consistent behaviour could yield higher staff engagement, productivity and efficiency
- Management and leadership needs a little more time, skill and perhaps will to tackle the above issues

# Support & Compassion

## What is working well?

Care provided is good

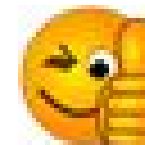


CEO seen as compassionate



Values awards liked

Listening events success



COVID - We had the best .....



# Support & Compassion

## What needs more work?

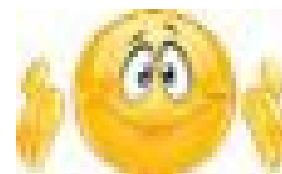
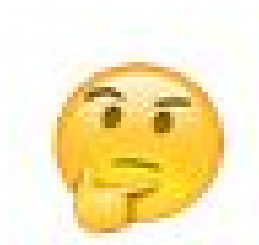
- Staff experiences vs values
- COVID .... and worst
- Lack of confidence in leaders  
– staff feel unsafe to admit mistakes or speak up. Also un-acknowledged for achievement and not heard.
- BAME inconsistencies



# Support & Compassion

## Key learning

- Psychological safe place created by clearer governance, 'rules', listening and behaviour..
- Leaders and managers to lead by example - interact in a values based way. And ACT.
- Consider demands / resources vs autonomy to empower staff to deliver and receive quality care





## Learning & Innovation

## 2.2

***“Focus here will reap  
rewards across the Trust  
culture”***





## Learning & Innovation

### 2.2

# *What's working well*

Staff desire to learn and improve

Covid19 has shown potential to change

Many local examples of clinical improvements



## Learning & Innovation

# *What needs work*



- *Supportive management and leadership to enable innovation - management can ‘block’*
- *Clearer career progression, support & development for leaders. Open and transparent recruitment based on skills & talents.*
- *Time & resources to engage in training or innovation. ‘Survival’ mentality.*
- *QI not mainstream or joined up.*

## Learning & Innovation

29

2.2



# *Key Learning*

- Core data needed to enable learning, organisational memory and more systematic approach to developing talent and innovation
- Relationships and collaborative working in & outside hospital provide huge potential for greater innovation
- Learning journey for all STG staff
- Joint pathways with STG University & strengthening of QI embedded in all work

# Teamwork

## What is working well?

- Positive team-working at Board level and with SW London partners
- Patients commend teams and departments
- Local teams often working well and with pride
- *“Good teams are the ones where you feel comfortable approaching different people.”*
- COVID showed we can achieve more



# Teamwork

## What needs more work?

- Siloes prevent cross-team success
- Lack of medical consultant engagement
- Too much hierarchy
- BAME issues – still lack of “whole team” engagement
- One key person can block progress of whole team
- Bullying still an issue



# Teamwork

## Key Learning

- Some good local team working
- Desire for more collaborative working
- Key driver at organisational level





## In summary

- There are some difficult messages here.. and
- there are some solid foundations on which to build
- We heard some clear themes about what people need more of to succeed..



## People want..

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- Clearer decisions on the Trust's priorities which balance the needs of the organisation, staff and patients
- To nurture an environment where everyone feels safe to share their views and learning
- To invest in building strong leadership at all levels
- To commit to long term improvement supported by consistent processes and structures
- To place learning, innovation and teamwork at the heart of how we do things.
- To create an environment where staff feel empower to work together to improve services

# Your questions?

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2.2



## What are we asking you now? Why?

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- To what extent do you recognise the findings presented?
  - Similar to your experience, how?
  - Different to your experience, how?
- What do you think the priorities are for our first response and why?
- What sort of responses do you think are needed? What are your ideas?
- What support will you need in order to play your part?

Your responses will help us to shape and prioritise the action plan.

# A boiled down version..






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## Cultural Element 1: Vision and Values

### Findings from each diagnostic tool

●=Positive   ●=Neutral   ●=Negative

This cultural element describes a strong culture as everyone taking responsibility in their work for living a shared vision and embodying shared values

Diagnostic Tool	Summary of Findings	Overall Sentiment
 <b>Board interviews</b> Non-executive directors, executive directors and divisional leaders	<ul style="list-style-type: none"> <li>Commitment to see a stronger level of connection and collaboration across divisions and teams</li> <li>Tendency of 'silo working' in the Trust</li> <li>Vision and values are not cascaded down</li> <li>Values are recognised more than the vision</li> <li>Values do not influence strategic decisions</li> <li>A gap between values and action – 'behaviours do not reflect what we describe'</li> <li>Many staff do not feel empowered to speak up</li> </ul>	●
 <b>Leadership Behaviours survey</b> Band 7 members of staff and above	<ul style="list-style-type: none"> <li>Lacks direction (i.e. vision) and clear leadership (i.e. displaying the values)</li> <li>Values are clear but 'way of living those values is not that clear'</li> </ul>	●
 <b>Focus Groups</b> Junior staff across different sites, services, and professions	<ul style="list-style-type: none"> <li>Vision is not clear (i.e. 5 year Trust strategy)</li> <li>Lack of voice in shaping direction</li> <li>Lack of clarity about priorities and values are not embodied consistently by senior staff</li> <li>CEO is seen as visionary and connects across the organisation</li> <li>Better understanding of values than vision</li> <li>Siloes, divisions and barriers prevent collaborative working and create competition between departments</li> </ul>	●
 <b>Dashboard</b> Primarily staff survey data	<ul style="list-style-type: none"> <li>Lack of consistent appraisals prevent discussions about vision and values</li> <li>Senior leadership team do not display the values</li> <li>Bullying culture - bullying behaviour managed poorly with no consequences</li> <li>Staff feel penalised for speaking out</li> </ul>	●
 <b>Patient Experience</b> Patients	<ul style="list-style-type: none"> <li>Excellent service and outstanding service</li> </ul>	●








## Cultural Element 2: Goals and Performance

### Findings from each diagnostic tool

●=Positive   ●=Neutral   ●=Negative

This cultural element defines a strong culture as everyone ensuring that there are clear priorities and objectives at every level and intelligent data constantly informing all our performance







Diagnostic Tool	Summary of Findings	Overall Sentiment
 <b>Board interviews</b> Non-executive directors, executive directors and divisional leaders	<ul style="list-style-type: none"> <li>• Lack of role clarity</li> <li>• Sense of 'managing numbers' and not people and performance</li> <li>• Unclear objectives</li> <li>• Inconsistent appraisals; Appraisals are a 'tick box' exercise; No team appraisals</li> <li>• Poor recognition of good performance</li> <li>• Very hierarchical</li> </ul>	●
 <b>Leadership Behaviours survey</b> Band 7 members of staff and above	<ul style="list-style-type: none"> <li>• Leadership display poor behaviour</li> <li>• Senior management's siloed thinking and lack of strategic direction lead to repeated failures and 'destroys engagement'</li> <li>• Strong and clear local leadership</li> <li>• Need to simplify and improve systems and processes</li> <li>• More flexible working</li> <li>• Trust have indicated a strong anti-racism stance</li> </ul>	●
 <b>Focus Groups</b> Junior staff across different sites, services, and professions	<ul style="list-style-type: none"> <li>• Racism evident in some areas, blocking opportunities</li> <li>• Staff not feeling valued or listened to especially when concerns raised</li> <li>• Policies are not adhered to</li> <li>• Hierarchical – gaps between clinical and managerial levels</li> <li>• Poor communication – communication is not filtered down through all layers of management; Lack of feedback</li> <li>• Clear goals but no clarity on how to get there</li> <li>• The need for better IT infrastructure</li> </ul>	●
 <b>Dashboard</b> Primarily staff survey data	<ul style="list-style-type: none"> <li>• Unclear roles, accountabilities and responsibilities</li> <li>• Lack of appraisals and feedback</li> </ul>	●
 <b>Patient Experience</b> Patients	<ul style="list-style-type: none"> <li>• Lack of communication between departments</li> <li>• Inefficient processes</li> <li>• Poor systems (i.e. self-check-in machine)</li> <li>• Good Wi-Fi</li> <li>• Useful physio app</li> </ul>	 Outstanding care every time

## Cultural Element 3: Support and Compassion

### Findings from each diagnostic tool

●=Positive   ●=Neutral   ●=Negative

This cultural element describes a strong culture as everyone making sure all interactions involve careful attention, empathy and intent to take intelligent helping action






Diagnostic Tool	Summary of Findings	Overall Sentiment
 <b>Board interviews</b> Non-executive directors, executive directors and divisional leaders	<ul style="list-style-type: none"> <li>Low psychological safety – staff do not feel confident to challenge others</li> <li>Value awards are brilliant</li> <li>Lack of incentive for staff who perform well</li> <li>Well-being area and access to quiet area in dept</li> <li>Good mediation service</li> <li>Raising awareness of bullying and harassment</li> <li>Listening events</li> </ul>	●
 <b>Leadership Behaviours survey</b> Band 7 members of staff and above	<ul style="list-style-type: none"> <li>Racism; Lack of BAME career progression</li> <li>Recognition for effort and achievement not consistent</li> <li>Lack of compassion and support for senior staff</li> <li>Culture of caring for patients and concern for outcomes</li> <li>Low psychological safety – ‘need to create a channel to raise concerns’ as staff feel they do not have a voice</li> <li>During Covid crisis ‘The wellbeing programme was excellent’; Others felt taken ‘advantage of’ during the crisis</li> <li>Staff happy with the ‘wellbeing hubs’</li> <li>The need to modernise working environment; Improving surroundings e.g. office spaces / kitchen / changing facilities / children’s wards so that patients and staff work in a pleasant environment.</li> </ul>	●
 <b>Focus Groups</b> Junior staff across different sites, services, and professions	<ul style="list-style-type: none"> <li>Leaders are approachable</li> <li>CEO has an ‘open democratic style’</li> <li>Communication does not filter down</li> <li>Not listened to when raising issues to management</li> </ul>	●
 <b>Dashboard</b> Primarily staff survey data	<ul style="list-style-type: none"> <li>Bullying, harassment, diversity and inclusion are an issue</li> <li>Inadequate staffing levels</li> </ul>	●
 <b>Patient Experience</b> Patients	<ul style="list-style-type: none"> <li>Caring and empathetic staff (i.e. nurses, receptionists, doctors and consultants)</li> <li>Patients felt at ease and comfortable</li> </ul>	 Outstanding care every time

## Cultural Element 4: Learning and Innovation

### Findings from each diagnostic tool

●=Positive   ●=Neutral   ●=Negative

This cultural element describes a strong culture as everyone taking responsibility for improving quality, learning and developing better ways of doing things

Diagnostic Tool	Summary of Findings	Overall Sentiment
 <b>Board interviews</b> Non-executive directors, executive directors and divisional leaders	<ul style="list-style-type: none"> <li>Mixed feelings - innovative organisation but some describe it as 'old-fashioned' with 'no money to do anything'</li> <li>Lack of succession planning</li> <li>Link to medical school provides lots of learning opportunities</li> <li>Leaders not always appropriately skilled</li> <li>Ambition to become a learning organisation</li> <li>Strengthen governance to support safety around innovation</li> </ul>	●
 <b>Leadership Behaviours survey</b> Band 7 members of staff and above	<ul style="list-style-type: none"> <li>There are lots of policies and words but lack of clarity about how to implement them</li> <li>New ideas and innovation often blocked by management</li> <li>Career progression not managed transparently or proactively; Recruitment not open and transparent</li> <li>Discrepancies between departmental policies</li> <li>Better investment in training (few management courses, external training opportunities, diversity awareness)</li> <li>Limited access to training for BAME staff</li> </ul>	●
 <b>Focus Groups</b> Junior staff across different sites, services, and professions	<ul style="list-style-type: none"> <li>Local departments open to innovation</li> <li>Recruitment needs to be more open and transparent</li> <li>Better communication (i.e. welcome space for staff from a different site, more computers)</li> <li>Lack of training budgets</li> </ul>	●
 <b>Dashboard</b> Primarily staff survey data	<ul style="list-style-type: none"> <li>Lack of dedicated time for staff to engage in anti-racism training</li> <li>Better training for medical records staff and HR (i.e. to reduce error in recruitments and visa applications)</li> </ul>	●
 <b>Patient Experience</b> Patients	<ul style="list-style-type: none"> <li>Hospital needs modernisation</li> <li>Need more experienced staff with practical experience (versus learners and students with 'book knowledge')</li> <li>Better training (taking blood tests, diversity awareness and showing compassion)</li> </ul>	●








## Cultural Element 5: Teamwork

### Findings from each diagnostic tool

●=Positive   ●=Neutral   ●=Negative

This cultural element describes a strong culture as everyone taking responsibility for effective team-based working, interconnectedness within and across organisations, systems thinking and acting

<i>Diagnostic Tool</i>	<i>Summary of Findings</i>	<i>Overall Sentiment</i>
 <b>Board interviews</b> Non-executive directors, executive directors and divisional leaders	<ul style="list-style-type: none"> <li>• Silo working across divisions and services with teams often working against each other</li> <li>• Covid-19 has 'brushed aside silos'</li> <li>• Teamwork within departments and local teams is positive</li> <li>• Good team spirit</li> </ul>	●
 <b>Leadership Behaviours survey</b> Band 7 members of staff and above	<ul style="list-style-type: none"> <li>• Difficult to get teams to work together on a shared objective as they feel they don't have time</li> <li>• Silo working between departments, teams and divisions</li> <li>• Inter team working and collaboration isn't good</li> <li>• Clinicians and non-clinicians working together to find solutions and innovate during Covid-19</li> </ul>	●
 <b>Focus Groups</b> Junior staff across different sites, services, and professions	<ul style="list-style-type: none"> <li>• Silo working with teams working against each other.</li> <li>• Family spirit at St Georges</li> </ul>	●
 <b>Dashboard</b> Primarily staff survey data	<ul style="list-style-type: none"> <li>• Good teamwork (excellent colleagues and clinical staff)</li> </ul>	●
 <b>Patient Experience</b> Patients	<ul style="list-style-type: none"> <li>• Professional team</li> <li>• Friendly, polite and helpful staff</li> <li>• Rude and unwelcoming reception staff</li> </ul>	●



# Thank you

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

Blackshaw Road  
Tooting London  
SW17 0QT

**[stgeorges.nhs.uk](https://stgeorges.nhs.uk)**



## NOVEMBER 2020 – SUMMARY REPORT

# Our Culture

What you told us, and how you can help

We recently embarked on an exciting new project to improve the culture of our organisation, so it becomes a better place to work, and to be treated.

Many of us love St George's, but we know our culture can sometimes make our working lives difficult;

Staff feel proud to work at St George's – but we know there is more we can do



from how we treat each other, to challenges we face when trying to make changes or introducing improvements.

Over the past six months, our culture champions have taken time out of their busy day jobs at the Trust to meet, interview and survey staff, to discover what our culture is. The next stage is sharing these findings with you, and shaping jointly what we do next.

This month, we've published the detailed findings of our 'culture discovery' – and you can access this via our intranet. Go to '**Culture change programme – 2020**' tab on the right hand side of the intranet homepage.

However, we know how busy you are, so this document summarises what you and our patients told our culture champions. It also sets out what happens next, and how you can help.

### Who we spoke to

- We held over 30 focus groups with staff
- Over 25 of our senior clinicians and managers were interviewed; including Trust Board members
- More than 500 staff completed an online survey
- We also used data from a range of other sources; including the NHS Staff survey.
- We also used feedback from patients; e.g. the NHS Friends and Family test.

### What you told us

We are grateful to all staff for sharing such honest feedback, and for helping us understand our organisational culture better. Here, we have summarised the key findings, but please log onto our intranet homepage to access the full, detailed document if you wish to.

Staff on the helipad celebrating Clap for Carers



**excellent**  
**kind**  
**responsible**  
**respectful**



## Vision and values

● = Positive ● = Neutral ● = Negative

### Staff/patient comments included:

**“It was my first appointment with [staff member] and he was extremely professional and has a great manner that inspires confidence and I hope he is rewarded for his care.”**

**“The direction of the Trust is not always clear. There is lots of work done on the trusts overall objectives at a senior level which is very good but ... the bottom line is money and the Trust’s difficult financial position.”**

**“Each department works within a silo with no communications between different clinical teams. The management structure emphasises this with no effective communication between them.”**

SUMMARY OF FINDINGS	OVERALL SENTIMENT
<b>BOARD INTERVIEWS</b> <ul style="list-style-type: none"> <li>• Commitment to see a stronger level of connection and collaboration across divisions and teams</li> <li>• Tendency of ‘silo working’ in the Trust</li> <li>• Vision and values are not cascaded down</li> <li>• Values are recognised more than the vision</li> <li>• Values do not influence strategic decisions</li> <li>• A gap between values and action – ‘behaviours do not reflect what we describe’</li> <li>• Many staff do not feel empowered to speak up</li> </ul>	●
<b>LEADERSHIP BEHAVIOURS SURVEY</b> <ul style="list-style-type: none"> <li>• Lacks direction (i.e. vision) and clear leadership (i.e. displaying the values)</li> <li>• Values are clear but ‘way of living those values is not that clear’</li> </ul>	●
<b>FOCUS GROUPS</b> <ul style="list-style-type: none"> <li>• Vision is not clear (i.e. 5 year Trust strategy)</li> <li>• Lack of voice in shaping direction</li> <li>• Lack of clarity about priorities and values are not embodied consistently by senior staff</li> <li>• Chief Executive is seen as visionary and connects across the organisation</li> <li>• Better understanding of values than vision</li> <li>• Siloes, divisions and barriers prevent collaborative working, and create competition between departments</li> </ul>	●
<b>DASHBOARD</b> <ul style="list-style-type: none"> <li>• Lack of consistent appraisals prevent discussions about vision and values</li> <li>• Senior leadership team do not display the values</li> <li>• Bullying culture – bullying behaviour managed poorly with no consequences</li> <li>• Staff feel penalised for speaking out</li> </ul>	●
<b>PATIENT EXPERIENCE</b> <ul style="list-style-type: none"> <li>• Excellent and outstanding service</li> </ul>	●

## Goals and performance

● = Positive ● = Neutral ● = Negative

### Staff/patient comments included:

**“Lack of communication resulted in me arriving for tests at 1.30 having 2 done on time, then waited 3 hours for the 3rd as they forgot about me.”**

**“Good systems that worked at Queen Mary’s have not been replicated at St George’s, and inefficient systems from St George’s have been imposed on Queen Mary’s.”**

**“Lower bands take responsibility for things to get done (because management do not take responsibility) then they get passed around different departments who don’t take responsibility.”**

SUMMARY OF FINDINGS	OVERALL SENTIMENT
<b>BOARD INTERVIEWS</b> <ul style="list-style-type: none"> <li>• Lack of role clarity</li> <li>• Sense of ‘managing numbers’ and not people and performance</li> <li>• Unclear objectives</li> <li>• Inconsistent appraisals; appraisals are a ‘tick box’ exercise; no team appraisals</li> <li>• Poor recognition of good performance</li> <li>• Very hierarchical</li> </ul>	●
<b>LEADERSHIP BEHAVIOURS SURVEY</b> <ul style="list-style-type: none"> <li>• Leadership display poor behaviour</li> <li>• Senior management’s siloed thinking and lack of strategic direction lead to repeated failures and ‘destroys engagement’</li> <li>• Strong and clear local leadership</li> <li>• Need to simplify and improve systems and processes</li> <li>• More flexible working</li> <li>• Trust have indicated a strong anti-racism stance</li> </ul>	●
<b>FOCUS GROUPS</b> <ul style="list-style-type: none"> <li>• Racism evident in some areas, blocking opportunities</li> <li>• Staff not feeling valued or listened to, especially when concerns raised</li> <li>• Policies are not adhered to</li> <li>• Hierarchical – gaps between clinical and managerial levels</li> <li>• Poor communication – communication is not filtered down through all layers of management; Lack of feedback</li> <li>• Clear goals but no clarity on how to get there</li> <li>• The need for better IT infrastructure</li> </ul>	●
<b>DASHBOARD</b> <ul style="list-style-type: none"> <li>• Unclear roles, accountabilities and responsibilities</li> <li>• Lack of appraisals and feedback</li> </ul>	●
<b>PATIENT EXPERIENCE</b> <ul style="list-style-type: none"> <li>• Lack of communication between departments</li> <li>• Inefficient processes</li> <li>• Poor systems (i.e. self-check-in machine)</li> <li>• Good Wi-Fi</li> <li>• Useful physio app</li> </ul>	●

## Support and compassion

● = Positive ● = Neutral ● = Negative

### Staff/patient comments included:

**“The team of people I saw were incredibly kind, supportive and informative at all times.”**

**“For true leadership to thrive, our leaders need to be more present within clinical areas, and unfortunately time/opportunity does not support this.”**

**“The CEO is a visible leader and it’s a strength that she is open with her thoughts on the organisation at any one time.”**

SUMMARY OF FINDINGS	OVERALL SENTIMENT
<b>BOARD INTERVIEWS</b> <ul style="list-style-type: none"> <li>Low psychological safety – staff do not feel confident to challenge others</li> <li>Value awards are brilliant</li> <li>Lack of incentive for staff who perform well</li> <li>Well-being area and access to quiet area in dept</li> <li>Good mediation service</li> <li>Raising awareness of bullying and harassment</li> <li>Listening events</li> </ul>	●
<b>LEADERSHIP BEHAVIOURS SURVEY</b> <ul style="list-style-type: none"> <li>Racism; lack of BAME career progression</li> <li>Recognition for effort and achievement not consistent</li> <li>Lack of compassion and support for senior staff</li> <li>Culture of caring for patients and concern for outcomes</li> <li>Low psychological safety – ‘need to create a channel to raise concerns’ as staff feel they do not have a voice</li> <li>During Covid crisis ‘the wellbeing programme was excellent’; others felt taken ‘advantage of’ during the crisis</li> <li>Staff happy with the ‘wellbeing hubs’</li> <li>The need to modernise working environment; improving surroundings e.g. office spaces / kitchen / changing facilities / children’s wards so that patients and staff work in a pleasant environment.</li> </ul>	●
<b>FOCUS GROUPS</b> <ul style="list-style-type: none"> <li>Leaders are approachable</li> <li>Chief Executive has an ‘open democratic style’</li> <li>Communication does not filter down</li> <li>Not listened to when raising issues to management</li> </ul>	●
<b>DASHBOARD</b> <ul style="list-style-type: none"> <li>Bullying, harassment, diversity and inclusion are an issue</li> <li>Inadequate staffing levels</li> </ul>	●
<b>PATIENT EXPERIENCE</b> <ul style="list-style-type: none"> <li>Caring and empathetic staff (i.e. nurses, receptionists, doctors and consultants)</li> <li>Patients felt at ease and comfortable</li> </ul>	●

## Learning and innovation

● = Positive ● = Neutral ● = Negative

### Staff/patient comments included:

**“We may train managers but we don’t invest as much in forming leaders.”**

**“I look around and I see incredible people, but I now realise so many are not living up to their potential, me included, and I cannot help but wonder what we could achieve together if they are supported and allowed to flourish.”**

**“Appraisals fail to deliver growth. (I’ve) asked to be put on courses to develop new skills but they’ve never been organised. It’s a waste of untapped potential.”**

SUMMARY OF FINDINGS	OVERALL SENTIMENT
<b>BOARD INTERVIEWS</b> <ul style="list-style-type: none"> <li>Mixed feelings – innovative organisation but some describe it as ‘old-fashioned’ with ‘no money to do anything’</li> <li>Lack of succession planning</li> <li>Link to medical school provides lots of learning opportunities</li> <li>Leaders not always appropriately skilled</li> <li>Ambition to become a learning organisation</li> <li>Strengthen governance to support safety around innovation</li> </ul>	●
<b>LEADERSHIP BEHAVIOURS SURVEY</b> <ul style="list-style-type: none"> <li>There are lots of policies and words but lack of clarity about how to implement them</li> <li>New ideas and innovation often blocked by management</li> <li>Career progression not managed transparently or proactively; recruitment not open and transparent</li> <li>Discrepancies between departmental policies</li> <li>Better investment in training (few management courses, external training opportunities, diversity awareness)</li> <li>Limited access to training for BAME staff</li> </ul>	●
<b>FOCUS GROUPS</b> <ul style="list-style-type: none"> <li>Local departments open to innovation</li> <li>Recruitment needs to be more open and transparent</li> <li>Better communication (i.e. welcome space for staff from a different site, more computers)</li> <li>Lack of training budgets</li> </ul>	●
<b>DASHBOARD</b> <ul style="list-style-type: none"> <li>Lack of dedicated time for staff to engage in anti-racism training</li> <li>Better training for medical records staff and HR (i.e. to reduce errors in recruitment and visa applications)</li> </ul>	●
<b>PATIENT EXPERIENCE</b> <ul style="list-style-type: none"> <li>Hospital needs modernisation</li> <li>Need more experienced staff with practical experience (versus learners and students with ‘book knowledge’)</li> <li>Better training (taking blood tests, diversity awareness and showing compassion)</li> </ul>	●

## Team work

● = Positive ● = Neutral ● = Negative

### Staff/patient comments included:

**“Everyone was fantastic! From reception staff to all medical staff, all absolutely wonderful! Hooray for the NHS! Mwah.”**

**“As a leader I feel I have been much more supported in this role in the last 2-3 years and have felt more part of a Trust leadership team than previously.”**

**“St George’s is like a family... we’re a very good team and we know each of our roles, it doesn’t matter the level of the manager, no job is too small.”**

SUMMARY OF FINDINGS	OVERALL SENTIMENT
<b>BOARD INTERVIEWS</b> <ul style="list-style-type: none"> <li>•Silo working across divisions and services with teams often working against each other</li> <li>•Covid-19 has ‘brushed aside silos’</li> <li>•Teamwork within departments and local teams is positive</li> <li>•Good team spirit</li> </ul>	●
<b>LEADERSHIP BEHAVIOURS SURVEY</b> <ul style="list-style-type: none"> <li>•Difficult to get teams to work together on a shared objective as they feel they don’t have time</li> <li>•Silo working between departments, teams and divisions</li> <li>•Inter team working and collaboration isn’t good</li> <li>•Clinicians and non-clinicians working together to find solutions and innovate during Covid-19</li> </ul>	●
<b>FOCUS GROUPS</b> <ul style="list-style-type: none"> <li>•Silo working with teams working against each other.</li> <li>•Family spirit at St George’s</li> </ul>	●
<b>DASHBOARD</b> <ul style="list-style-type: none"> <li>•Good teamwork (excellent colleagues and clinical staff)</li> </ul>	●
<b>PATIENT EXPERIENCE</b> <ul style="list-style-type: none"> <li>•Professional team</li> <li>•Friendly, polite and helpful staff</li> <li>•Rude and unwelcoming reception staff</li> </ul>	●

## What next?

We’ve published the detailed findings of the culture discovery on our intranet. If you want to find out more, go to ‘**Culture change programme – 2020**’ tab on the right hand side of the intranet homepage.

However, what we do next is the most important thing - your views and feedback are vital. See below and opposite for how you can do this.

Change won’t happen overnight – but the Trust Board is committed to improving our culture, and we plan to publish our plan for change in January 2021.

## Key themes for improvement

We know how busy you are, but we also know that any changes we propose need to be useful and helpful for staff.

Based on the findings set out in this document, and the longer report, we have identified these six themes:

- Clearer decisions on the Trust’s priorities which balance the needs of the organisation, staff and patients
- An environment where staff feel empowered to work together and improve services
- Investment in building strong leadership across all levels

- An environment where people feel safe to share their views and learning
- Learning, innovation and teamwork at the heart of how we do things
- A commitment to long term improvement, supported by consistent processes and structures

We want to know whether you agree with these; and if not, what do we focus on to make St George’s a truly great organisation to work in, and be associated with?

## Get involved and have your say

There are a number of ways for you to share your views and feedback.

You can complete a short survey, which is accessible on our intranet homepage via the ‘**Culture change programme – 2020**’ tab on the right hand side. You can also access the survey using the QR code opposite, or via the following link: <https://www.surveymonkey.com/r/SGUHCulture>

Questions include:

- To what extent do you recognise the findings presented?
- In what way are they similar to your experience?
- In what ways does it differ from your experience?
- What support would you need to play a part in bringing about change?

You can also speak to one of our culture champions – simply email [culturechampions@stgeorges.nhs.uk](mailto:culturechampions@stgeorges.nhs.uk) and one of the team will be more than happy to have a chat with you.



Camillia Dick, Ellie Atkins and Lisa Watson, are three staff who chose to become culture champions



The deadline for feedback and responses is 27 November.



## Care Quality Commission (CQC) Actions Update

**Alison Benincasa**  
**Director of Quality Governance and Compliance**

**Council of Governors**  
**10 December 2020**



# Executive Summary

2

3.1

In December 2019, following an inspection of 5 of the Trust's 8 core services the CQC rated the Trust '*Requires Improvement*' (see slide 3), and identified 46 improvement actions: 2 MUST dos and 44 SHOULD dos. The CQC also recommended to NHSE/I for the Trust to be removed from Quality Special Measures (QSM). NHSE/I formally removed the Trust from QSM in February 2020.

(The CQC inspection in 2018 rated the Trust as '*Requires Improvement*' and identified 83 improvement actions: 21 MUST Dos and 62 SHOULD dos).

A comprehensive action plan was developed and since December 2019 progress against the 46 improvement actions has been monitored on a monthly basis at Patient Safety and Quality Group and the quarterly position reported to the Quality and Safety Committee.

Covid-19 has impacted on the Trusts ability to deliver some of the improvement actions within the agreed timeframe and with the agreement of the CQC the delivery dates against all actions have been reviewed and revised. The BRAG ratings of the actions have also been reviewed in line with the revised delivery dates.

The recent progress report to PSQG in November 2020 showed:

- 8 actions completed with full evidence supplied
- 10 actions reported as Green, on target with evidence of progress supplied
- 18 actions reported as completed, evidence awaited
- 7 actions reported as Amber, deadline missed with mitigation for delivery in place and with evidence of progress supplied
- 3 actions reported as Amber, deadline missed but where the action is completed and evidence is awaited
- There are no Red actions (deadline missed, no mitigation in place)



# CQC Inspection Rating December 2019

3

3.1

	Safe	Effective	Caring	Responsive	Well-led	Overall	
Urgent and emergency services	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Requires improvement ↔ Dec 2019	←
Medical care (including older people's care)	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↔ Dec 2019	←
Surgery	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	←
Critical care	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	
Maternity	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	
Services for children and young people	Good ↑ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019	Good ↑ Dec 2019	Outstanding ↑↑ Dec 2019	←
End of life care	Requires improvement Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016	
Outpatients	Good ↑ Dec 2019	Not rated	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↔ Dec 2019	←
<b>Overall*</b>	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.





## Summary position: 16 November 2020/21

	Blue	Green	Amber	Total number of actions	Completed 19-Aug	Completed 16-Sept	Completed 21-Oct	Completed 16-Nov
Must do: Urgent Care		1		1				
Must do: Urgent Care and Medical Care		1		1				
Should do's: Urgent care	(6)			6				
Should do's: Medical care	(1)	4	2	7				
Should do's: Surgery (SGH)	(5)	3		8				
Should do's: Surgery (Day case QMH)	8 (2)			10	1	1	6	8
Should do's: Children and Young People	(2)	1	4	7				
Should do's: Outpatients	(2)		4	6				
<b>Overall RAG status</b>	<b>8(18)</b>	<b>10</b>	<b>10</b>	<b>46</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>8</b>

### BRAG key:

Blue - Executive confirmation of evidence shows action fully complete, action closed and returned to business as usual

Green - On target with evidence of progress supplied

Amber - Deadline missed with mitigation for delivery in place and with evidence of progress supplied

Red - Deadline missed with no mitigation plan in place



## Amber – Deadline missed: although mitigation for delivery in place and evidence of progress supplied this position may not materially change

5

3.1

Theme	CQC recommendation	Service	Must/ Should do	Due date	Reason for slippage and mitigation
Safe, Effective Care	Reduce the number of patient-moves at night	Medical Care	SHOULD	01.06.20	COVID-19: IPC pathways currently require patient moves to happen as soon as test result is known. In light of this further work is underway to reduce late moves
Safe, Effective Care	Improve the referral to treat time (RTT) in the five specialities where they fell below the England average	Medical Care	SHOULD	01.04.22	COVID-19: Suspension of some elective services. Clinical Safety Strategy developed and recovery trajectory now in place as services recommence and included in approved Winter Plan 2020/21. Monthly monitoring including Trust Board via Integrated Quality and Performance Report
Estates	Continue with the planned refurbishment to make the premises suitable for modern day healthcare	Children and Young People	SHOULD	30.09.20	All ward refurbishments under review in line with capital programme and needs of clinical strategy; new estates strategy group established to develop strategy to support clinical requirements. All wards to be reassessed as part of this work



## Amber – Deadline missed, with mitigation for delivery in place and evidence of progress supplied 6

Theme	CQC recommendation	Service	Must/ Should do	Due date	Reason for slippage and mitigation
Safe, Effective Care	Improve its local audit programme and review national audit outcomes to improve patient outcomes	Outpatients	SHOULD	30.09.20	COVID-19: Significant period of service change between March to June 2020 and suspension of ward/ departmental accreditation programme. Accreditation now recommenced and GIRFT (getting it right first time) meeting held October 2020
Risk, Corporate Governance & Strategy	Encourage an effective process for quality improvement and risk management	Outpatients	SHOULD	30.09.20	COVID-19: Significant period of service change between March to June 2020. Additional resource now provided from the transformation team and support now in place to collate work that has taken place into a formal programme of work
Risk, Corporate Governance & Strategy	Develop systems and processes which enable the trust to determine the quality and performance of its outpatients' department	Outpatients	SHOULD	30.09.20	COVID-19: Significant period of service change between March to June 2020 and suspension of ward/ departmental accreditation programme. Accreditation now recommenced and GIRFT meeting to be held October 2020
Estates	Provide adequate seating facilities in clinics, to ensure patients and relatives have enough seating areas	Outpatients	SHOULD	30.09.20	COVID-19: Review of previous works undertaken in light of COVID and requirements for COVID secure areas. Space utilisation project has been reinstated for completion in quarter 3.

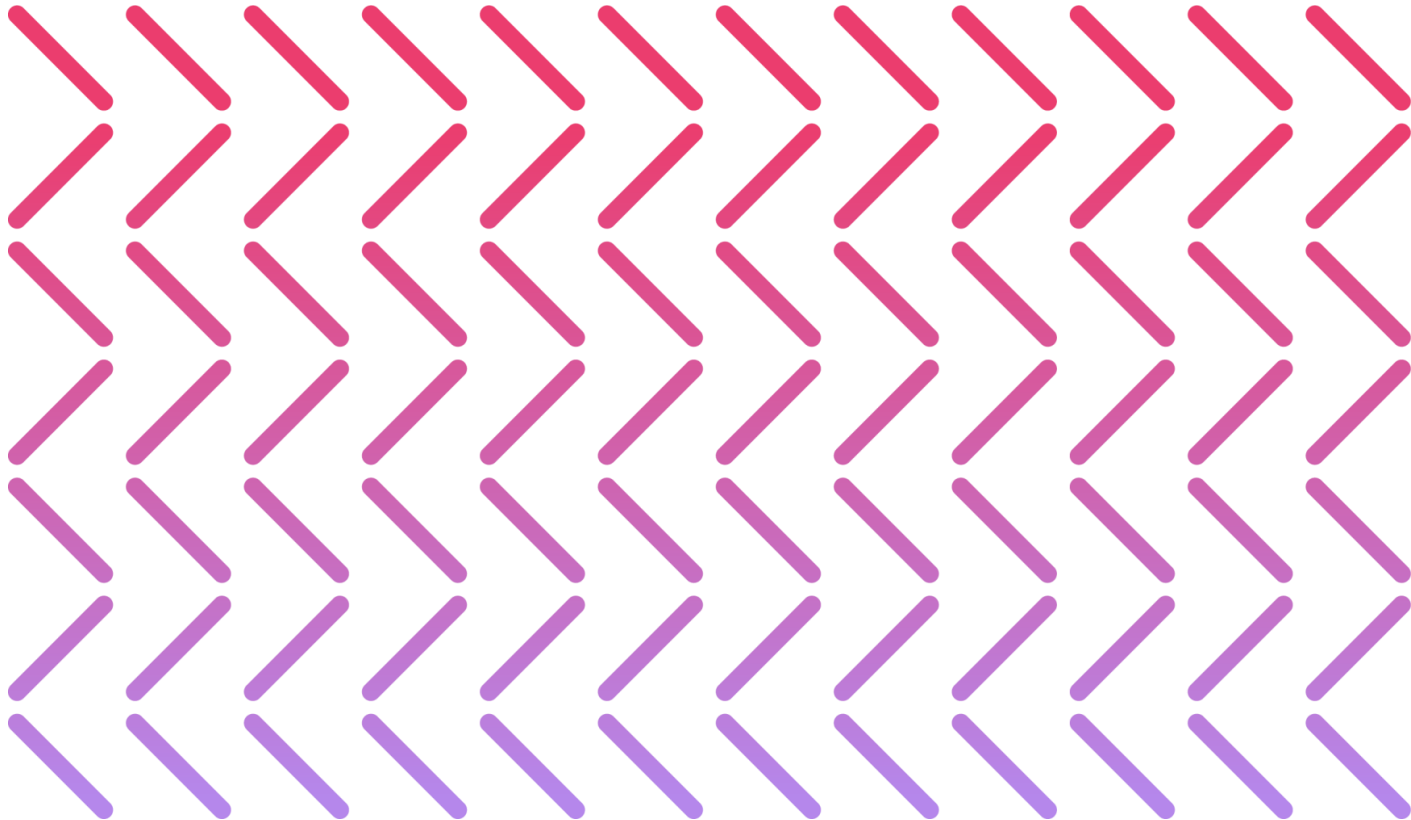
## Amber – Completed and evidence required

Theme	CQC recommendation	Service	Must/ Should do	Due date	Reason for slippage and mitigation
Staffing & Culture	Continue work to improve completion rates of mandatory training amongst medical staff.	Children and Young People	SHOULD	31.08.20	COMPLETED: Evidence required
Staffing & Culture	Consider further ways to improve staff engagement, well-being and address concerns highlighted in staff survey.	Children and Young People	SHOULD	31.08.20	COMPLETED: Evidence required
Staffing & Culture	Continue work to improve completion of nursing staff annual appraisals.	Children and Young People	SHOULD	30.09.20	COMPLETED: Evidence required



ling care  
every time

**Annex:**  
CQC Improvement Actions



# CQC Improvement Actions: Urgent and Emergency care

8

3.1

CQC Recommendation	Must/Should Do	Expected Completion Date	Delivery Status (RAG)
Ensure all patients records are stored securely (Joint MUST do with Medical care)	MUST	Revised: 31.03.2021 30.04.2020	GREEN
Complete all documentation correctly, including fluid balance charts, pain scales and Glasgow Coma Scales.	SHOULD	Revised: 31.12.2020 31.08.2020	Rec for BLUE
Check that all equipment is clean, safe for use, and appropriate checklists completed.	SHOULD	Revised: 31.07.2020 30.04.2020	Rec for BLUE
Improve the BAME knowledge and support within the department.	SHOULD	30.04.2020	Rec for BLUE
Display information about how to raise a concern in all patient areas.	SHOULD	Revised: 31.08.2020 30.04.2020	Rec for BLUE
Ensure all medicines correctly prescribed and administered	SHOULD	Revised: 31.07.2020 30.04.2020	Rec for BLUE
Ensure all patients have necessary risk assessments completed and documented, and that these are updated	SHOULD	Revised: 31.08.2020 30.04.2020	Rec for BLUE

**BRAG key:**

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 Red - Deadline missed with no mitigation plan in place



# CQC Improvement Actions: Medical Care

9

3.1

CQC Recommendation	Must/Should Do	Expected Completion Date	Delivery Status (RAG)
Make sure all patient records are stored securely, completed accurately and kept confidential. (Joint MUST do with Urgent care)	MUST	Revised: 31.03.2021 31.03.2020	GREEN
Make sure consent is correctly recorded in patients notes in line with best practice.	MUST	Revised: 31.03.2021 01.10.2020	GREEN
Continue work to improve vacancy, sickness and turnover rates amongst nursing staff.	SHOULD	Revised: 31.10.2020 01.08.2020	GREEN
Continue work to improve completion rates of mandatory training amongst medical staff.	SHOULD	Revised: 31.10.2020 01.06.2020	GREEN
Improve the consistency of completion of patient records including risk assessments and reach out to me forms	SHOULD	Revised: 31.10.2020 01.08.2020	GREEN
Improve the recording of actions taken when fridge temperatures are out of range.	SHOULD	Revised: 31.08.2020 01.07.2020	Rec for BLUE
Continue with plans to improve the catheter laboratory to provide a safe service for patients and staff.	SHOULD	01.04.2022	GREEN
Reduce the number of patient-moves at night.	SHOULD	01.06.2020	AMBER
Improve the referral to treat time (RTT) in the five specialities where they fell below the England average.	SHOULD	01.04.2021	AMBER

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# CQC Improvement Actions: Surgery

10

3.1

CQC Recommendation	Must/Should Do	Expected Completion Date	Delivery Status (RAG)
Continue work to improve vacancy, sickness and turnover rates amongst nursing staff.	SHOULD	Revised: 31.08.2020 31.07.2020	Rec for BLUE
Continue work to improve the environment across the surgical division.	SHOULD	Revised: 31.03.2020 30.09.2020	Rec for BLUE
Continue work to improve completion rates of mandatory training amongst medical staff.	SHOULD	Revised: 31.08.2020 31.05.2020	Rec for BLUE
Continue work to improve appraisal rates for staff across the surgical division.	SHOULD	Revised: 31.08.2020 31.07.2020	Rec for BLUE
Consider further ways to improve staff wellbeing in light of staffing shortages.	SHOULD	31.12.2020	GREEN
Update and ensure staff have access to the deteriorating patient policy.	SHOULD	Revised: 31.12.2020 28.02.2021	GREEN
Ensure all locum medical complete a full local induction	SHOULD	31.08.2020	Rec for BLUE
Continue work to improve waiting times from referral to treatment and arrangements to admit, treat and discharge patients to bring them in line with national standards	SHOULD	Revised: 01.04.2022	GREEN

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 Red - Deadline missed with no mitigation plan in place





# CQC Improvement Actions: Surgery (Day case at QMH)

11

3.1

CQC Recommendation	Must/Should Do	Expected Completion Date	Delivery Status (RAG)
Have a policy in place for seeing paediatric patients in the day case unit.	SHOULD	Revised: 31.07.2020 30.04.2020	Rec for BLUE
Improve staff awareness on learning from incidents.	SHOULD	30.04.2020	CLOSED
Ensure records are stored securely.	SHOULD	31.05.2020	CLOSED
Update and ensure staff have access to the deteriorating patient policy.	SHOULD	31.03.2020	CLOSED
Continue to work to improve nurse staffing levels.	SHOULD	Revised: 30.09.2020 31.05.2020	CLOSED
Ensure relevant learning from audits is shared across both sites and ensure data is consistently collected for audits and action plans completed where necessary.	SHOULD	Revised: 31.07.2020 30.04.2020	CLOSED
Work to improve staff appraisal rates.	SHOULD	31.03.2020	CLOSED
Ensure consent form documentation is fully completed.	SHOULD	31.05.2020	Rec for BLUE
Ensure senior staff are clear of who has overall responsibility and oversight of surgery (day case) at Queen Mary's Hospital.	SHOULD	Revised: 31.07.2020 30.04.2020	CLOSED
Ensure risk registers are completed with up to date information.	SHOULD	31.03.2020	CLOSED

**BRAG key:**  
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 Red - Deadline missed with no mitigation plan in place



# CQC Improvement Actions: Children and Young People

12

3.1

CQC Recommendation	Must/Should Do	Expected Completion Date	Delivery Status (RAG)
Continue work to improve completion of nursing staff annual appraisals.	SHOULD	Revised: 30.09.2020 31.08.2020	AMBER
Continue work to improve the amount of staff qualified in speciality working within the neonatal unit and paediatric intensive care.	SHOULD	Revised: 31.12. 2021 01.07.2020	GREEN
Continue work to improve completion rates of mandatory training amongst medical staff.	SHOULD	Revised: 31.08.2020 31.03.2020	AMBER
Consider further ways to improve staff engagement, well-being and address concerns highlighted in staff survey.	SHOULD	Revised: 30.08.2020 01.04.2020	AMBER
Continue with recruitment and retention strategies to reduce vacancy, turnover and sickness rates.	SHOULD	Revised: 31.08.2020 01.05.2020	Rec for BLUE
Consider how to avoid mixed sex breaches.	SHOULD	01.06.2020	Rec for BLUE
Continue with the planned refurbishment to make the premises suitable for modern day healthcare.	SHOULD	Revised: 30.09.2020 01.04.2020	AMBER

**BRAG key:**

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Green - On target with evidence of progress supplied

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Red - Deadline missed with no mitigation plan in place



# CQC Improvement Actions: Outpatients

13

3.1

CQC Recommendation	Must/Should Do	Expected Completion Date	Delivery Status (RAG)
Encourage an effective process for quality improvement and risk management.	SHOULD	Revised: 30.09.2020 01.04.2020	AMBER
Improve its local audit programme and review national audit outcomes to improve patient outcomes.	SHOULD	Revised: 30.09.2020 01.04.2020	AMBER
Complete infection prevention and control audits regularly and take action to address concerns including risks associated with the environment for decontamination of naso-endoscopes were embedded in practice.	SHOULD	Revised: 30.09.2020 01.04.2020	Rec for BLUE
Improve staff compliance with mandatory training, including information governance safeguarding level three (3) and resuscitation.	SHOULD	Revised: 30.09.2020 31.03.2020	Rec for BLUE
Provide adequate seating facilities in clinics, to ensure patients and relatives have enough seating areas.	SHOULD	30.09.2020	AMBER
Develop systems and processes which enable the trust to determine the quality and performance of its outpatients' department.	SHOULD	Revised: 30.09.2020 1.05.2020	AMBER

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## Membership Engagement Committee Report 10 December 2020

4.1



**Richard Mycroft**  
Membership Engagement Committee Chair

10 December 2020

## Overview

### Summary:

This outlines the key matters discussed and agreed at the Membership Engagement Committee meeting held on 12 November 2020. The Committee received reports on the following:

- *Membership Strategy Implementation Progress Update*
- *Membership Engagement Programme: Quarter 2 Activity and Quarters 3/4 Plans*
- *Engaged Members – Feedback Update*
- *Update from Patient Partnership Experience Group*
- *Membership Report*

### Recommendation:

The Council of Governors is asked to:

- Receive and note the update and membership and engagement plan for quarters 3/4.
- Support the engagement programme by providing local stakeholder contact details to the Corporate Governance team to support development of stakeholder mapping; and
- Volunteering to record a message for members which can be used on social media to promote the Trust, role of governors and membership of the Trust.

## Membership Engagement Programme: July- October 2020 Activity

3

The Committee noted the good progress made on implementing the quarter two membership engagement activities and welcomed the Trust utilisation of the virtual resources to continue to engage with members.

**Members Webpage:** The membership web pages were refreshed, new content uploaded and navigation improved. The Committee was pleased to note that the page was visited 354 times by 282 people between September – November 2020.

**Annual Membership Report:** The report presented to Council of Governors in September which highlighted the activities undertaken to deliver the Membership Engagement strategy was published on the Trust's website.

**Annual Members Meeting:** The Committee recognised that whilst there were some issues at the start of the Annual Members Meeting on 10 September the turnout for the first virtual event was good and there were a number of questions at the end of the meeting. A full report is provided later on the agenda.

**Members Talks:** Work The Trust developed and rolled out its virtual Members Talks programme in September 2020. The first talk was on Dementia and 25 people attended. The next talk was on 'how to eat healthy during lockdown' on the 11 November 2020 which had 20 attendees. The programme for reminder of the year is as follows:

- 27 January 2021 - Diabetes
- 29 January 2021 - Annual Planning & Strategy update
- 24 February 2021 - Skin Cancer
- 08 March 2021 - Quality – an overview of the Trust's Quality Priorities

**Membership Communication:** The Committee also heard that the stakeholder newsletter 'the Brief' was make the required impact with stories featuring Governors being very popular as reported in the October Governor Bulletin.

4.1

## Membership Strategy 2020-21: Year 2 Progress Update

In light of the membership engagement programme update the Committee considered the impact on delivering the overall objectives in the Membership Strategy 2019-21. Of the eleven strategic actions due to be delivered between July–October 2020, eight had been completed with the others ongoing and on track. The strategy also included six ongoing actions which are completed as a matter of business as usual.

**In addition to those reported earlier the following activities had been completed to further deliver the objectives in the Strategy but the Committee recognised that more work and engagement from wider-Council of Governors was needed:**

- **Stakeholders Engagement & Mapping:** A key strategic objective was to improve the engagement with stakeholders to do this governors were asked to send in contact details from their local stakeholder groups. Two governors provided these details and the Committee want to encourage more governors to provide this information to the Corporate Governance Team. This work forms part of a key deliverable in Membership Engagement Strategy.
- **Virtual Merton Governor Constituency Event:** The Committee endorsed the plans to deliver a virtual Merton Constituency Event on 08 March 2021. The Committee can assure the Council the there was a robust plan in place to promote and deliver this event.
- **New videos of Governors:** Two governors kindly recorded videos which the Trust used on its Twitter platform to promote the Governors, Trust, elections and Annual Members Meetings. These videos were viewed 7,059 times, the videos viewed 1,519 times and likes, clicks and retweets, 294. The Committee want to encourage Governors to volunteer to record more videos.
- **Implement actions from the Membership Survey:** The Committee received the results from the membership survey which took place between August-September 2020. The response rate was disappointingly low with only 235 people responding. The Committee reflected that this may have been due to multiple communications from the Trust related to election and annual members meeting. The Committee endorsed plans to complete the survey again in quarter one of 2021/22.
- **Recruitment and engagement with under represented demographics:** The Committee noted that work being done to engage with the University, local schools and colleges and use their communication forums to publicise membership.



## Membership Strategy 2020-21: Year 2

5

The following activities are plan for quarters 3/4:

Supporting aims	Year 2		Update
Introduce new levels of membership so members can choose how involved they want to be	Use new levels of membership to target members for participation in surveys, workshops and focus groups	Q3-4	The Committee noted this work was under way and were supportive of contacting Members on behalf of the PPEG to canvass interest from those with patient experience to become more engaged with PPEG work. MEC Governors who represented Governors at PPEG would attend the next meeting at which this would be discussed. The Committee also agreed that the Head of Corporate Governance would meet with the Head of Patient Experience and Engagement to identify the best ways to improve engagement with members.
Refresh our existing communication channels with members and our approach to membership communication and engagement	Develop options for introducing a quarterly hard copy newsletter for staff, patients and the public.	11/20	The Committee considered the proposals to produce a hard copy newsletter for the members who do not have access to online/virtual resources. The Committee recognised the significant resource and financial implications of doing this and agreed that the Head of Corporate Governance would develop a business case which considers options for frequency, opportunities to work with the Trust Charity and other external stakeholder.
Improve our programme of engagement events	Subject to feedback from the constituency event pilots, roll out an annual programme of constituency engagement events in Wandsworth, Merton and South West Lambeth	Q4	A pilot virtual Governor Constituency Event is planned for Merton in Quarter 4 of 2020-21 with the outcome used as a template to deliver future events.
Develop targeted campaigns to recruit members from any group which is under-represented	Subject to learning from year 1 activities, roll out comprehensive plans for engagement with younger people.	Q3-4	Quarter 3 and 4: As a result of the social distancing measures in place the way schools and universities engage with their students have changed. The Trust has engaged with university to include in their communications to students include information about membership. The Trust will engage with a wider range of schools and colleges and identify ways engage with younger people. This work has been subject to social distancing arrangements and has been challenging due to school closures.
Promote membership opportunities to younger people in our communities			
Work more innovatively with our partners to promote membership	Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups.	Q4	There have been no opportunities identified hindered in some part by social distancing arrangements.

4.1

## Patient Partnership Experience Group (PPEG) Update

The Committee also received an update from Terrence Joe, Head of Patient Experience and Partnership on the work of PPEG.

The Committee noted that:

- Alfredo Benedicto and John Hallmark continue to represent the Governors at PPEG.
- Members of the Group have been involved in a number of different projects around the Trust which involve service improvement including the planned introduction of the Regional Health Broadcasting Services, an audio hospital announcement service system, would be installed in five key public areas in early December 2020. The system will announce waiting times, give clinic instructions and other relevant messages to patients and visitors. This is a tried and tested system used by other trusts and had received positive feedback.
- The Group was impacted by Covid-19 with many members shielding and a number of service improvement projects and activities had paused whilst the Trust dealt with operation priorities.
- The number of patient partners have dropped and the Group aims to recruit 10-12 new patient partners and the Committee agreed to support them as reported earlier.
- The group published its charter in December 2019 which sets out its aims, objectives and vision. There is work underway to link PPEG development to the Quality and Safety Strategy which patient engagement is an integral part.
- A toolkit has been reviewed and updated for groups and services to develop user participation groups which is in its final stages and part of a separate working group
- The Head of Corporate Governance would engage with Terry to align engagement activities where possible and ensure that Governors can give effect to their duty to represent the interest of members

Membership Report

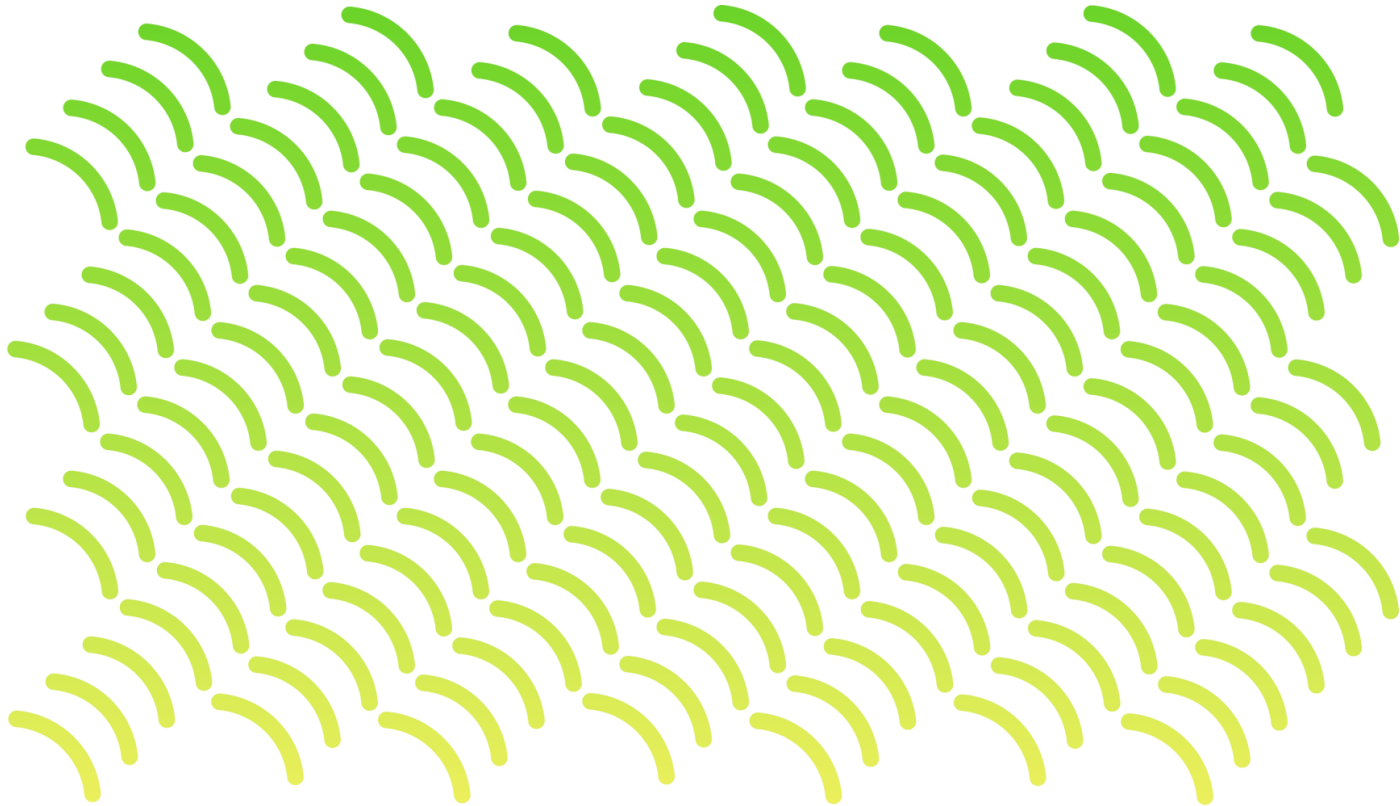


## Membership Breakdown 30 September 2020

The Committee received the 2020-21, Quarter 2 membership breakdown report for information. Membership was on par with previous reports with little changes. The ambition detailed in the Membership Engagement Strategy 2019-21 was to sustain membership and focus on improving the quality of engagement which the Committee agreed it was making headway on.

	Public				Staff			
	Rest of England	Wandsworth	Merton	South West Lambeth	Allied Health Professional	Nursing and Midwifery	Medical and Dental	Non-Clinical Staff
<b><u>Gender</u></b>								
Women	2,866	2,565	2,048	352	1,506	2,746	750	1,279
Men	2,049	1,530	1,353	198	555	590	722	745
<b><u>Age</u></b>								
14-21	60	54	81	3	3	10	-	9
22-29	859	415	375	58	778	997	279	412
30-39	1,016	729	552	118	609	540	473	873
40-49	732	756	620	107	373	349	459	911
50-59	741	657	542	86	278	187	520	540
60-74	963	898	754	116	70	41	203	98
75+	562	608	478	66	-	-	-	-
<b><u>Ethnicity</u></b>								
White	2,662	2,241	1,637	292	1,103	1,502	789	1,075
Black	751	577	391	115	281	709	46	427
Mixed	251	196	123	36	77	117	63	110
Asian	1,074	934	1,105	96	430	947	436	366
Other ethnic	112	85	68	8	-	-	-	-
Not stated	65	85	74	3	44	68	108	46
<b>Total Members</b>	<b>4,915</b>	<b>4,095</b>	<b>3,400</b>	<b>550</b>	<b>2,061</b>	<b>3,363</b>	<b>1,472</b>	<b>2,024</b>

4.1





## 2020 Annual Members' Meeting and Governor Election Report

4.2



**Stephen Jones**  
Chief Corporate Affairs Officer

10 December 2020

## Introduction

### Purpose

Each year the Council of Governors receive a report on the process, outcome and lessons learnt from the delivery of the Annual Members Meeting and Governor Elections. This year like many organisation the Trust faced challenges delivering its key engagement activities with social distancing measures remaining in place. This report provides an update on the Annual Members Meeting held on 10 September 2020 and the Governor Elections which ran between August – November 2020.

4.2

### Background

All NHS Foundation Trusts are required to hold annual meetings of their members and for the general public to here about the activities of the organisation. Eleven governors terms of office would end in January 2021 and the Trust started the process to recruit candidates to fill the vacancies as at 01 February 2021.

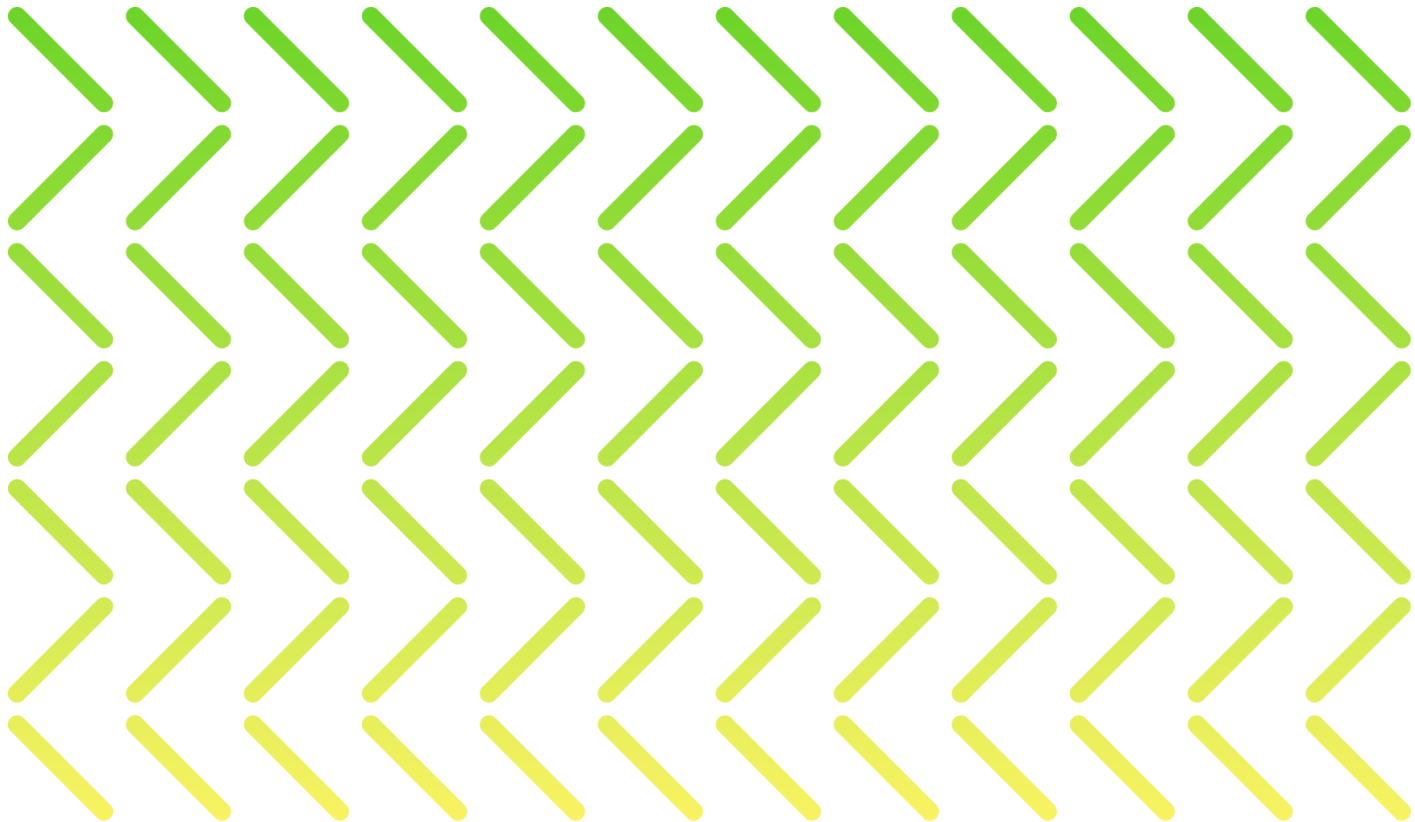
The Council of Governors received the proposed plans for delivering the Annual Members Meeting and Governor Election at its meetings on 9 July 2020 and subsequent update on 10 September 2020. The Trust would normally utilise all opportunities for face to face publication of the Annual Members Meetings and Governor Elections but this was limited to utilising social media, stakeholder newsletter, letters posted to members and external stakeholder communications.

### Recommendation

The Council is asked to note the update and the lessons learn which would be incorporated in planning for future events.

# Annual Members Meetings 2020

4.2





## Overview: Annual Members Meeting

The Trust's 2020 Annual Members' Meeting (AMM) was held on the 10 September 2020 following the Council of Governor meeting. The meeting was live streamed via YouTube because social distancing measures restricted the holding of a physical meeting. The meeting took place at between 18:00-19:30 and agenda featured:

- Introduction and welcome from Chairman
- Staff Story on responding to Covid-19
- Review of the Year and Forward View
- 2019-20 Annual Report and Accounts
- Question and Answer Session

The event was marketed and publicised widely for example with articles in each month in the Brief, a news article was published in the Wandsworth & Merton Guardian, regular messages went out in staff briefings, reminders were posted on Twitter, Facebook and the Trust website and using the Governor videos. The poster was also shared with Governors to circulate to their local contacts.

The Trust hired a firm to support the recording of the meeting and help management of the live stream.

A number of executives were set up in the meeting room (socially distanced) at the Trust. The Chairman, Chief Executive and Lead Governor accessed the meeting remotely along with other executives.

On the day of the meeting circa 75 people joined the live event and the since then the recording of the event had been viewed on YouTube around 164 times as of 03 December 2020.

Members were encouraged to submit questions in advance of the event and also to raise questions using the chat function in MS Teams. 27 questions were submitted at the meeting to be answered by different members of the Trust Board.

4.2

## Key Reflections

### Highlights and Challenges

- There was a longer lead in time for promoting the event which started in April 2020.
- Holding the event as live streamed events via MS Teams allowed the Trust to hold its AMM and reach out to its members.
- Using a specialist to record the meeting on the day was very useful given that the Trust did not have the equipment to do this and it enabled the Trust to deliver a professional recording.
- Having the key presenters in one room worked well - they were socially distanced and in a room with good Wi-Fi with the camera crew filming them.
- The Chairman, Chief Executive and Lead Governor were not on site. There were connectivity issues and although the Chairman and Chief Executive accessed the meeting the Lead Governor could only participate attendee and therefore could not give his presentation.
- The Trust had good turnout compared with other trusts who held virtual AMMs.

### Lessons Learnt

- This was the first time the Trust held its AMM virtually and while significant testing was undertaken, a full dress rehearsal with all speakers present would have been useful to address any technical issues and get speakers familiar with the system.
- If the Trust was forced to hold a virtual event again all key presenters would be asked to be on site (in one place) where network connectivity is within the Trust's control.
- Live streaming provided the opportunity for members to engage with the Board in a helpful way and the number of questions, which was significantly more than other Trusts had, was testament to this. In the event that the Trust did not want to live stream in future, another option is to publicise the meeting details and upload the recording after the meeting.
- More people viewed the AMM than usually attended the physical AMMs therefore if social distancing measures cease the events could be recorded to share more widely.

4.2



## Considerations for 2021 Annual Members' Meeting

Planning for the 2021 Annual Members' Meeting will start in quarter 4 (2020/21). The following key considerations would form part of the planning for 2021:

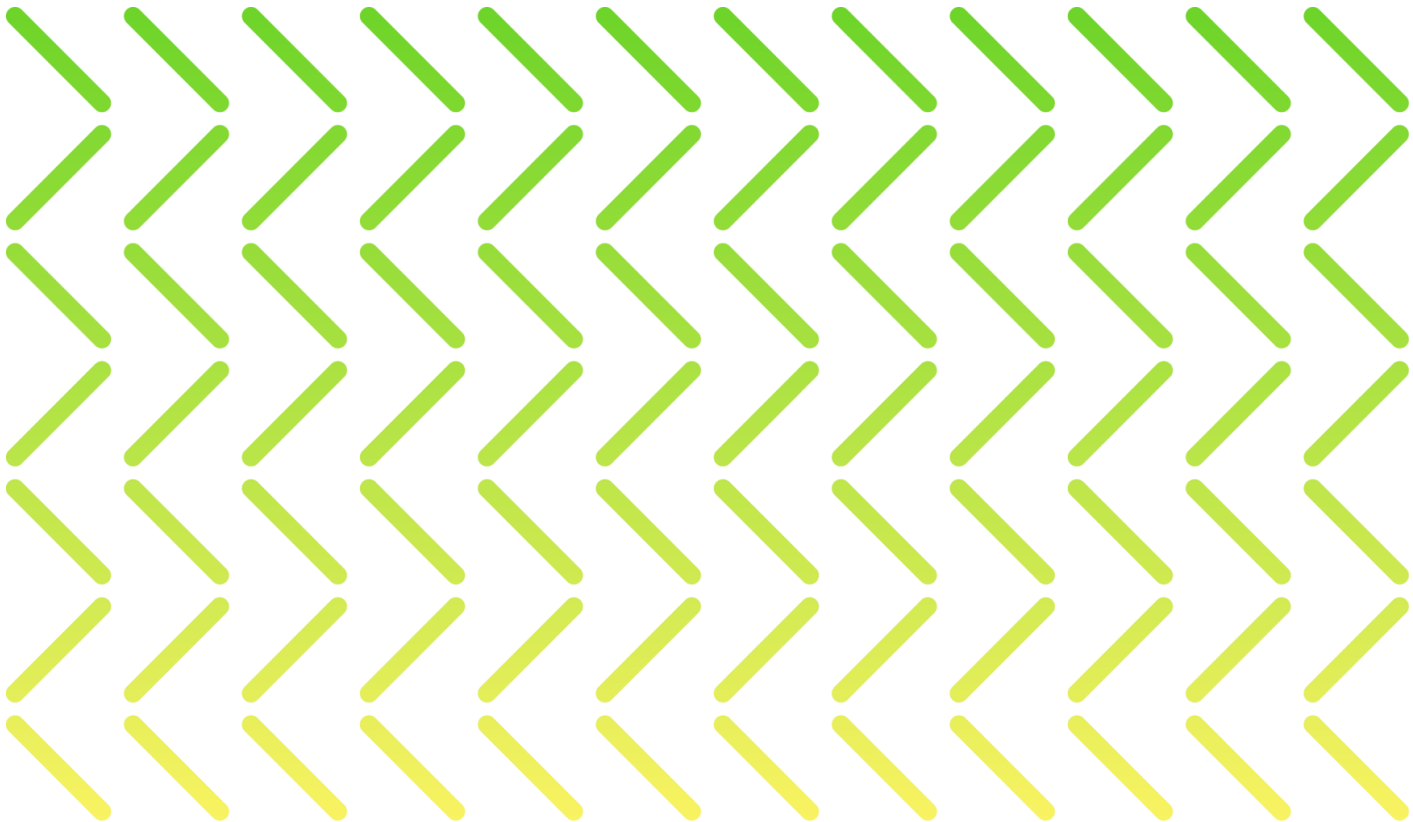
**Format:** If the Trust can hold a physical meeting it is proposed that the meeting be recorded and shared on social media platforms. The physical event would also include key initiatives like the market place and health checks. If the Trust is not able to have a physical meeting the meeting would be held virtually with provisions made to have key presenters in one room, socially distanced, supported by full rehearsals involving all presenters.

**Date:** All organisations are required to hold an AMM nine months after the financial year end which makes September a popular month for many trusts especially as annual reports and accounts are normally considered and approved by Parliament between July-August each year. Holding the event during the summer period can also present challenges with many people away. Holding the AMM immediately a full day of Board or Council meetings comes with its own challenges – while this ensures a good Board turnout, it makes for a very long day. Consideration would be given to holding the event a different time of the day or on a separate day.

**Promotion/Attendance:** While attendance was similar to the previous year, the extent of the communications and marketing did not lead to the step change. However the attendance at the virtual AMM compared favourably with those held by other trusts. As the meeting was recorded and uploaded to YouTube it is available as a permanent record and accessed by more people.

# Governor Elections

4.2



## Summary

As previously reported the following Governors terms of office would come to an end on 31 January 2020:

Governor	Constituency	Term/Re-standing
Mia Bayles	Rest of England	Second - Yes
Nick de Bellaigue	Wandsworth	First - No
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 – No
Dr Anup Sharma	Medical & Dental	First - No
Bassey Williams	Allied Health Professionals	First - No

4.2

Accordingly, in line with the plan submitted to the Council of Governors in July 2020 the Trust proceeded with the election for:

Constituency	Number of seats
Merton - Public	• Two seats
Wandsworth - Public	• Three seats
Rest of England - Public	• Two seats
South West Lambeth	• One seat
Allied Health Professional and other clinical and technical staff	• One seat
Nursing and Midwifery	• One seat
Medical and Dental	• One seat



## Election Process

### Process & Timetable

- Civica Election Services were appointed as the independent Returning Officer.
- The election process started on 10 September 2020 and closed on 27 November 2020.
  - Nominations opened on 10 September 2020 and closed on 12 October 2020.
  - Voting started on 2 November 2020 and closed on 27 November 2020.
  - One Governor Awareness Session 5 October 2020 (5 attending)
- With no nominations received for the Allied Health Professional Staff Constituency an additional campaign was started with the following timeline:
  - Nominations opened on 26 October 2020 and closed on 10 November 2020.
  - Voting started on 30 November 2020 and will close on 18 December 2020.

### Promotional Activities

- Trust Website and social media channels
- Letter or email sent to all members with details of elections
- Posters around the Trust and details sent to community stakeholders for their newsletters
- Regular messages to staff through internal communications and in the monthly stakeholder newsletter – The Brief

4.2

## Election Turnout

- In total 28 candidates put themselves forward to stand in the election to become a governor at the Trust. This was a slight reduction from the 32 candidates who stood in the 2019 election. The turnout was down in all public constituencies except the Rest of England constituency where it was stable.

	2020 Election Turnout				Previous Election Turnout**		
Constituency	Seats	Candidates	Eligible Voters	Votes Cast	Candidates	Eligible Voters	Votes Cast
Wandsworth	Three	7	4,123	473 (9%)	14	4,133	463 (11.2%)
Merton	Two	8	3,380	330 (9.8%)	7	3,419	415 (12.1%)
Rest of England	Two	9	4,901	281 (5.7%)	5	4,949	287 (5.8%)
South West Lambeth	One	2	548	49 (8.9%)	3	602	68 (11.3%)
Nursing and Midwifery staff	One	1	3,363	Uncontested	1	-	Uncontested
Medical and Dental staff	One	1	1,472	Uncontested	1	-	Uncontested
Allied Health Professional staff	One	4	2,031	Vote will end 18.12.20	1	-	Uncontested

\*\*2019 Election  
– Public  
Constituencies

4.2

- Unfortunately no candidates put themselves forward to stand in the election for Allied Health Professional Staff Governor when the nominations phased closed in October 2020. The Trust decided, with advice from Civica, to rerun the contest for the AHP staff governor and carry out additional targeted promotion the role did not receive any nominations so a separate election process was run aimed specifically at that staff group.
- The staff turnout was disappointingly low however with many staff focused on managing the Covid-19 pandemic this was not surprising.



We want to congratulate and welcome our re-elected and new Governors  
Our new governors start their role from 1st February 2021

Merton – Public Governors



Hilary Harland



Khaled Simmons

Rest of England – Public Governors



Mia Bayles



Padraig Belton

South West Lambeth – Public Governor



Richard Mycroft

Wandsworth – Public



John Hallmark



Adil Akram

Governors



Shalu Kanal

Nursing & Midwifery – Staff Governor



Marlene Johnson

Medical & Dental - Staff Governor



Tunde Odutoye

Governor Election and AMM Report 2020



We will be sorry to say goodbye to the following Governors

Anneke de Boer, Merton Public Governor



Damien Quinn, Rest of England , Public



Nick de Bellaigue & Doulla Manolas  
Wandsworth, Public Governors



4.2

Dr Arup Sharma, Medical & Dental -  
Staff Governor



Bassey Williams, Allied Health  
Professional – Staff Governor



Governor Election and AMM Report 2020



## Inducting New Governors

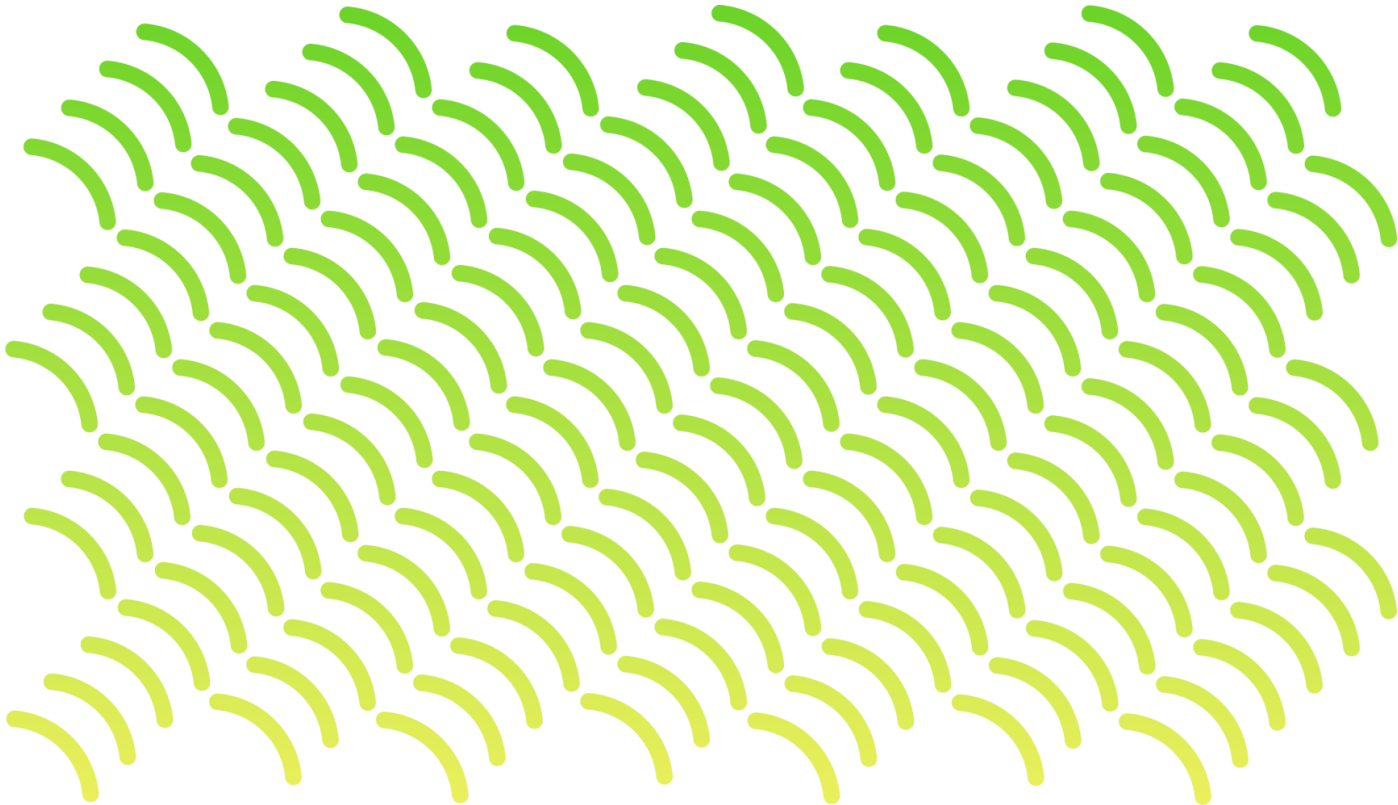
13

There is a robust introduction process planned for new Governors which include:

- Code of Conduct and Fit and Proper Persons checks
- Governor Virtual Induction Session – 15 December 2020:
  - Welcome - Trust Chairman
  - Governor Involvement & Engagement – Lead Governor
  - Trust Governance Structure & Corporate Governance in NHS – Chief Corporate Affairs Officer
  - Overview of the Trust/Strategy/Operations etc – Deputy Chief Executive Officer/Chief Finance Officer
- New Governors will be invited to attend the as an observer, the Council of Governor meeting on the 10 December 2020, the NHS Providers Core Governor Training session Part 2 on the 12 January 2021 and any committees
- Provided with reference resources – Trust Constitution, Code of Conduct, Guide to being a Governor and schedule of Meetings
- Offer any additional NHS Providers Governwell Training that might be required

4.2

4.2





Meeting Title:	Trust Board		
Date:	24 September 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 meetings on the 20 <sup>th</sup> August and 17 <sup>th</sup> September 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 – August & September 2020

The Committee met on 20 August and 17 September. In addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on Financial Planning, Larger Projects, the Procurement Policy, a Committee Effectiveness update, the Investment Strategy and an SWLP Report.

Committee members discussed the BAF risks on finance and ICT, although noting no change in overall risk scoring at present. The Committee continued to commend 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 COVID-19 pandemic. The Committee discussed current financial performance, cash management and capital expenditure. **The Committee wishes to bring the following items to the Board's attention:**

**1.1 Finance, ICT and Operational Risks** – the Deputy Chief Financial Officer (DCFO), the Chief Information Officer (CIO) and the Chief Operations Officer (COO) gave updates on their respective BAF risks. ICT discussions referred to data centre and cyber security risks. The Committee explored joint working with other Trusts in South West London on ICT risk. In the September meeting, the Finance deep dive discussion focussed on funding sources for capital and the Operational Risk section focussed on IT as an enabler to operational performance.

**1.2 Estates Report** – in August the Director of Estates & Facilities (DE&F) introduced the paper on Estates which gave a more comprehensive update on the Premises Assurance Model (PAM). The Committee thanked the DE&F for the report and discussed the importance of completing the PAM, and using a dashboard approach to the reporting of risk.

**1.3 Activity Performance** – the COO noted the gradual increase in elective and day case activity following the relaxation of COVID-19 restrictions. In September the COO noted expectations on delivery of September activity targets as part of the new phase 3 regime.

**1.4 Emergency Department (ED) Update** – the performance of the Emergency Care Operating Standard was recorded at 96.5% in July, with attendances 33% lower than the same period last year. August performance was 94.8%, with attendances 26% lower. The Committee commended this excellent performance.

**1.5 Diagnostics Performance** – the COO noted the impact of the Royal College of Radiologists' national guidance on the continued postponement of some diagnostics owing to COVID-19. Diagnostics performance did however improve in July, with 34.2% of patients having a Diagnostic wait of over 6 weeks compared with the previous month's 37.6%. August performance was 28.8%.

**1.6 Cancer Performance** – the COO noted that the Trust met 3 of the 7 cancer targets in June, including the two-week target in Cancer performance. Performance was still challenged against the 62-day target, where patient choice and COVID related delays have impacted. In July the Trust met 2 of the targets, with 14-day performance challenged by increased patient numbers.

**1.7 Referral to Treatment (RTT) Update** – the performance against the RTT target was discussed, where performance in June of 55.7% was below the previous month's value of 63.8%, and the number of 52 week waits of 554 was more than the previous month's 274. The size of the waiting list (including QMH patients) was 42,672 patients. The COO noted performance in July, where 825 52-week waits had been observed, a waiting list of 44,117 was recorded and the performance percentage was 52.7%, as elective activity slowly increases from the levels seen in the pandemic. The Committee discussed this in detail, including the number of 52 week waits, the use of the private sector, and the support given by South West London.





**1.8 Winter Plan** – the COO presented the Trust's winter plan in September and committee discussion focussed on the challenges of recruitment and the use of staff across South West London to best support the increased need of ITU capacity. **The Committee endorsed the plan and recommended it to the Trust Board.**

**1.9 Financial Performance**– the DCFO noted performance in month 4 of breakeven, following a £5.4m top-up accrual to offset the deficit position as per central guidance. He noted that £2.9m of COVID costs had been incurred, with a £3.4m shortfall in block income and £0.9m of underspends due to reduced 'business as usual' activity owing to COVID (although this underspend has reduced significantly in M4). M5 performance was very similar; the same top-up value as M4 was noted and COVID costs were slightly lower.

He also noted that the cash balance at the end of July was £44.8m and August £53.1m against a plan of £3.0m owing to receipts of an extra month of block values YTD each month, and that capital expenditure was under plan by £3.4m in July and £5.6m in August, with COVID costs as yet unconfirmed by NHSI/E.

**1.10 Capital Update**– the DCFO introduced the Committee to the paper providing an update on capital in September that asked the committee to endorse the original full £50.0m plan following likely confirmation of budget from the Critical Infrastructure Fund (CIRF). The Committee discussed the challenge of finding a mechanism for transferring cash between trusts in South West London, as well as the differences between CDEL and cash allowance.

**1.11 Financial Forecast**– the DCFO introduced a paper work undertaken to develop the Trust's bottom line financial forecast for 2020/21 in September. The Committee noted the latest guidance on the Phase 3 regime, and the likely financial implications of this on month 7 to 12. The Committee also discussed the increased emphasis on system working in the new guidance.

**1.12 Projects Update** – the DCFO introduced papers updating on some of the larger projects that the trust is working on at the moment.

**1.13 Procurement Policy** – the Associate Director of Procurement (ADP) updated the committee on changes made to the latest Procurement Policy. **The Committee approved the new policy** subject to minor governance checks being undertaken.

**1.14 Committee Effectiveness Update** – the DCFO introduced the paper updating on the committee effectiveness actions from February's committee.

**1.15 SWLP Report** – the DCFO introduced the Q1 SWLP report for 20-21 which was noted by the committee.

## **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,**  
**September 2020**





Meeting Title:	Trust Board		
Date:	Thursday, 24 September 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 meetings in August and September 2020.		
Recommendation:	The Board is asked to note the updates 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 20 August and 17 September 2020. The report covers the material matters that the Committee would like to bring to the attention of the Board.

#### **1. Deep Dive – Surgical Safety**

The Committee received a deep dive review into the compliance with the World Health Organization's Checklists and the local procedures that should be undertaken before a patient undergoes an invasive procedure. The Committee heard that there had been eight instances, between March 2019 – July 2020, where the WHO checklist or Local Safety Standards for Invasive Procedures (LocSSIPs), was not followed of which five led to Never Events. The Committee heard that focusing on the Surgery, Neurosciences, Cancer and Theatres (SNCT) division key actions such as improving the audit data, introducing quality measures, developing a more robust audit programme would be undertaken to improve compliance with the WHO checklist and LocSSIPs. A key fact in the more recent Never Event was non-compliance related to the review of imaging and this was part of the actions that would be taken to ensure that imaging (X-ray etc) would be reviewed prior to an invasive procedure as a matter of course, whether this was within or outside of the theatre environment. Training for clinicians would also form part of the action plan. Key messages, standards and learning have been shared and reinforced across the Trust. The programme of work undertaken in the SNCT division would be cascaded across all divisions and in non-surgical areas. The Committee will receive a further update on this programme of work.

#### **2. Integrated Quality and Performance Report (IQPR)**

The Committee considered the key areas of quality and safety performance in months 04 and 05 (2020/21). The Committee is aware that the Board would also consider the month 05 report later under agenda item 3.2 and would like to highlight the following:

- With the introduction of the electronic solution the Trust's management of treatment escalation plans (TEP) has improved. The new system enables the Trust to validate the data on TEP and target underperforming areas. The Committee was assured to learn that following validation 30% of inpatients had a TEP in place. The Committee was also reassured that performance on Covid-19 wards remained good.
- The Committee has previously highlighted that the Trust was experiencing challenges delivering life support training and in particular delivering traditionally face to face training during the Covid-19 pandemic. The Trust performance across the three levels of life support training (advanced, intermediate and basic) remains below the required target of 85%. The Committee sought assurance on how the performance would improve and heard that the Trust would increase its training capacity and roll out an online training solution. In September the Committee heard that whilst the position had not materially improved sufficient mechanisms were in place to recover the position and in addition the Resuscitation Council had extended provider and instructor certificates for a further six months.
- In good performing transparent organisations staff will feel comfortable raising incidents so that they can be escalated and addressed. The Committee had reported previously that during the peak of Covid-19 the number of incidents reported on the Trust's Datix system had reduced, however the Committee could triangulate this fall with low activity levels and the temporary ceasing of certain services. The Committee noted the increase in the number of incidents reported in month 4 and 5 and was reassured that circa 97% of these were rated low or no harm to patients.



- Similar to the life support training the Trust's target for Mental Capacity Act (MCA) and Deprivation of Liberties (DoLs) Level 2 training has been impacted by the Covid-19 pandemic. MCA/DoLs level 1 training performance remained within target however level 2 performance deteriorated slightly from 78% in month 4 to 74% in month 5. The Committee heard that the Trust was focusing on Medical and Dental staff group which had the lowest performance whilst other groups were over the trajectory. The divisions were now targeting non-compliant staff.
- It has been widely reported that there was a prevalence of Hospital Onset Hospital Acquired (HOHA) infections in Covid-19 cases. The Trust therefore began to monitor and track nosocomial Covid-19 infections. The Committee were assured that the Trust had no nosocomial Covid-19 infections in months 4/5 and none in the preceding two months. The Committee also welcomed the news that the previous three cases reported in the IQPR were investigated in May 2020 and found to be unrelated and not hospital acquired.
- The Committee also noted that the Trust had not yet received the 2020-21 threshold for clostridium difficile from NHS England/Improvement. In the period considered by the Committee there had been seven cases of c. diff bringing the total number of cases to 17. The Committee was assured that there were no lapses in care.
- The Committee was reassured that the reduction in the early warning score performance to 78% in August was related to a change in the audit process which the Trust would need to consider how to capture in future reports. The sickest patients were still being prioritised.
- The one Methicillin-resistant staphylococcus aureus (MRSA) case was related to a complex patient case who was treated across two trusts and was known to have MRSA. The Committee was assured to learn that the Trust had taken all infection prevention and control steps however faced challenges where the patient did not adhere to the decolonisation regime prescribed.
- The Committee also noted that the Carmen Suite had been closed for periods in month 4 and 5. Whilst this was not ideal there was no impact on the mothers giving birth at the Trust and there were no serious concerns. The Committee also noted that there was no correlation with the increase in the number of caesarean sections and the closure of the Carmen suite. Key causes for the closure of the suite related to staffing which the Trust would address with the appointment of 15 new midwives between September–November 2020.

Overall the Committee was reassured by the Trust's performance against key quality and safety metrics but wanted more focus and pace to be given to delivering the training.

### 3. Serious Incident Reporting

The monthly serious incidents reports provides the Committee with a greater insight into the serious incidents that have been declared and the investigations closed.

- Whilst the ideal position would be to have no serious incidents the Committee did not have any cause for concern about the number of serious incidents being declared.

	July 2020	August 2020	April – August 2020
<b>Declared</b>	2	3	16
<b>Investigation Closed</b>	2	N/A (reported in month 06)	13



- The Committee heard that the Trust had responded to the Prevention of Future Deaths (Regulation 28) Order in June 2020 related to the neonatal death in November 2018 and all the key actions had been implemented.
- The Committee is assured by the processes implemented to manage serious incidents but recognise that only when there was evidence that the learning from these incidents have been embedded can the Trust be fully assured. The Committee would consider a 6 month serious thematic analysis which would explore key trends, learning and progress on key actions which would provide further assurance on serious incidents.

#### **4. Learning from Deaths (Quarter 1)**

The Board would consider the quarter one learning from deaths report under agenda item 3.1.1. The Committee heard that the Trust had received notification from Trauma Audit & Research Network (TARN) that it was an outlier for major trauma outcomes for the period July 2017 – June 2019. The Committee was reassured to learn that an investigation had been instigated and at the time of reporting there had been some cases which injury severity scoring could be increased which pointed to an issue with the calculation applied as opposed to underlying issues. The Committee would receive an update as part of the quarter 2 learning from deaths report in October 2020 once the investigation had been completed. The Committee did note and welcomed the fact that the Trust's mortality rating was categorised as 'lower than expected' under the Summary Hospital-level Mortality Indicator (SHMI).

#### **5. Nurse Staffing Report (Planned vs. Actual)**

The Committee considered the nurse safe staffing report for July and August 2020. The overall fill rate was in 95.7% in July and 94.9% in June, compared with 97.5% in June 2020. Whilst the number of red flags increased significantly in August to 30 (10 in July) these were all managed effectively and mitigated with no harm to patients. Staffing on the Carmen Suite was an area of concern as highlighted above (section 2) but the Committee noted that new staff had been appointed with more midwives due to start in the next few months. The Trust also benefited from a number of student nurses released early into the hospital environment in response to Covid-19 to support caring for patients.

#### **6. Legal Services Report: Claims and Inquests**

The Committee received the Trust's position in relation to clinical and non-clinical claims and inquests. The Committee noted the data presented in the Get It Right the First Time (GIRFT) Litigation Data pack, and the steps the Trust is taking to implement the recommendations of the Pack, including the approach to prioritising the detailed analysis of past claims to focus on those specialties where the GIRFT data suggests the Trust is above the national average in terms of the cost of litigation per activity undertaken.

#### **7. Covid-19 Surge, Flu and Winter Plan 2020-21**

The Committee considered and approved the Covid-19, Flu and Winter Plan 2020-21 which the Board will discuss under agenda item 3.3.

#### **8. End of Life Care (Follow-Up)**

The Committee considered the follow-up report on end of life care having conducted a deep dive 6 months ago. As with many of the Trust's services the work of end of life care was impacted by Covid-19. The Committee was pleased to learn that the Trust was above the national average in 5 out of 7 domains in the annual National Audit of Care at the End of Life. The Committee noted and endorsed the improvement plan to recover the strategy position.



## 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 endorsed the proposed changes to the strategic risks within its remit as detailed in the Board Assurance Framework in agenda item 5.3 below.

## 10. Patient Safety & Quality Group (PSQG) Reports

The Committee received and noted the reports from the July and August 2020 meeting of the Patient Safety and Quality Group.

## 11. Annual Reports 2019/20

### 11.1. Mental Capacity Act/Deprivation of Liberty Standards (MCA/DoLS)

The Committee received 2019/20 Annual Mental Capacity Act/Deprivation of Liberty Standards (MCA/DoLS) which are available under agenda item 3.1.2. Key highlights noted by the Committee include:

- Over 600 staff received face to face training during 2019-20. Training had however been impacted by Covid-19 and more electronic training solutions put in place;
- There were 361 MCA/DoLS referrals during the year which was an increase of 7% when compared with 2018/19 resulting in 173 applications being made to the local authority;
- Staff awareness and knowledge grew during the year the complexity and caseload of the MCA/DoLS team had increased;
- Key area of focus for the team was recording of consent in line with recommendations from the Care Quality Commission with work implemented to provide additional training to staff and utilising the electronic systems; and
- Focus would also be given to improving information provided to families in an easily digestible format.

The Committee commended the work of the small team noting the significant support provided across the Trust.

### 11.2. Learning Disabilities Services

The Committee also received the 2019/20 Annual Report from the Learning Disabilities Service which is available under agenda item 3.1.3. The Committee once again commented on the fantastic work carried out by a small specialist team in the Trust who work collaboratively with colleagues to support patients with learning disabilities and their families. Of note were:

- A total of 1,327 referrals were received by the team during 2019/20 representing a growth of 11.9% compared with the previous year;
- General referrals increased by 5%; and



- An electronic questionnaire disseminated to 80 carers of patients with learning disabilities last year, had a response rate of 55%, with 86% of respondents describing the patient experience at St George's as 'excellent'.

### **11.3. Care Quality Commission (CQC): Adult Inpatient Experience Survey Report**

The Committee received and considered the results of the July 2019 adult inpatient survey conducted by the CQC and the proposed actions being undertaken by the Trust. Of the 1204 Trust patients that were sent the survey 38% of people responded (44% national response rate). 84% of respondents rated overall experience as 7/10 or more, 97% stated that they had been treated with dignity and respect and 98% reported confidence in doctors, nurses and the Trust. There was no statistical difference in performance when compared to 2018. Areas for improvement included explaining the reason for changing wards during the night to patients and families, reducing delays and improving the whole discharge process and improving the information around on-going care. The Committee challenged the team on its engagement with patient partners in developing the action plan and was reassured that this was part of the process. The Committee agreed that it would receive an annual patient experience report which highlighted those tangible actions or innovations which have derived from patient partners.

### **11.4. NHS England (NHSE): National Cancer Patient Experience Survey**

The Committee also revised and considered results and actions from the NHS Cancer Patient Experience Survey. Of the 1,341 Trust patients that were sent the survey 707 people responded (53% response rate). 143 NHS trusts participated in the survey and the national response rate was 61%. The Trust was the second best performing trust in London and 37<sup>th</sup> in the national league table (124<sup>th</sup> in 2018). The Trust overall rating for 'care' was 8.8 which improved from 8.6 in 2018. The Trust aims to be in the top ten services nationally and the action plan would ensure that the Trust achieves this objective. The Committee welcomed the reports and that there were a number of communication mechanisms and forums utilised to cascade the learning and areas of good performance across the Trust.

### **11.5. Clinical Negligence Scheme for Trusts (CNST): Maternity Services**

The annual self-assessment CNST process for maternity services has been impacted by Covid-19 and when the Committee considered the report in August 2020 there were three standards which the Trust was awaiting clarification from the system. The Committee noted and endorsed the current position and the report is provided under agenda item 3.1.4 for the Board's approval.

### **Recommendation**

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

**Dame Parveen Kumar**  
**Committee Chair**  
**September 2020**





Meeting Title:	Trust Board Meeting		
Date:	24 September 2020	Agenda No.	2.1
Report Title:	Workforce and Education Committee Report		
Lead Director/ Manager:	Humaira Ashraf, acting Chief People Officer Elizabeth Nyawade, acting Chief People Officer		
Report Author:	Stephen Collier, Chair of Workforce and Education Committee		
Presented for:	Information		
Executive Summary:	<ul style="list-style-type: none"><li>• This paper sets out the key risks and issues reviewed by the Committee at its meeting on 13 August 2020 including commenting on assurance to the Board on key risks allocated to the Committee. No changes are proposed to the current risk ratings for Trust Risks SR8 and SR9.</li><li>• The culture change programme which is being led by the Trust Chief Executive is moving from its Discovery phase, through the Planning phase and towards Implementation. The Committee noted the scale of the programme - and the risk that some elements might develop a well-intentioned momentum of their own and move ahead faster, with poor linkage to related workstreams or to the cohesive whole. An effectively-resourced programme management approach, which joins up all the critical components, is critical to the implementation of the culture change programme and this issue is being taken forward within the executive</li><li>• It was not clear whether all staff who are presently shielding (currently c 125 in number) would be expected to return to work by a specific point in time, and further thought is being given to this complex issue and the need to balance staff wellbeing and health, against employer requirements.</li><li>• The Trust has no central register of which staff are, at any one time, working from home. Whilst in individual teams this is being left to team managers to monitor, if this situation looks likely to continue for any length of time the Trust will need a more structured system to manage WFH, and to assess the productivity achieved. As a Committee we agreed that this was an issue to which we would return in October, as part of our review of whatever new normality the Trust and its staff are working within.</li><li>• The Committee will be scheduling additional meetings to allow for greater focus on Deep Dive areas, and an Appendix to this Report summarises the assurance received at the first Deep Dive session of the Committee held on 16 September.</li></ul>		
Recommendation:	Receive this report		
Supports			
Trust Strategic Objective:	Valuing our staff		
CQC Theme:	Are services at this Trust well-led		
Single Oversight Framework Theme:	Board Assurance, Risk management		





## 1. Committee Chair's Overview

This was the first meeting of the Committee at which we had undertaken a scheduled Deep Dive review, and for good reason the area selected was the Trust's progress against the Workforce Race Equality Standard (WRES). This was an extremely useful exercise and enabled us to get sufficiently close to the detail to be able to give the Board a fully informed assurance on progress and on the critical next steps. This is set out below. Whilst the Deep Dive on WRES was extremely useful, it did demonstrate that additional time is needed to undertake these. As a consequence, we will be scheduling additional meetings of the Committee to allow us to focus in these on the Deep Dive activity. An Appendix to this Report summarises the assurance received at the first Deep Dive session of the Committee, held on 16 September.

We also received an update on progress being made on the Culture Change Programme which is being personally led by the Trust Chief Executive. What shone through in this report was that the programme of culture change is not a stand-alone activity. Rather it involves a number of discrete, but linked, initiatives which need to be advanced together as a cohesive whole, in order for the change in culture to be delivered. The range of initiatives is very broad and includes, for example, improving compliance with the WRES, improving our diversity and inclusion, resolving the challenges identified on Freedom to Speak Up, and a host of other initiatives.

Good progress has been made in the 'discovery' phase of the programme – even during the Covid disruption. This has involved a large number of people drawn from across the Trust, and has developed real traction. Work has since begun on using the information and data secured from that phase for the next steps of planning and implementation. However, some concern was expressed about the risk that individual elements within the wider culture programme are not moved forward in a co-ordinated fashion. Rather, that some elements develop a well-intentioned momentum of their own, and are moved ahead faster - but with poor linkage to related workstreams, or a cohesive whole. An effectively-resourced programme management approach, which joins up all the critical components is critical to the implementation of the culture change programme, and this issue is being taken forward within the executive.

## 2. Key points:-

### Board Assurance

The Committee has two Trust-level risks<sup>1</sup> allocated to it as part of the Board Assurance Framework ('BAF').

The Committee concluded that there were no circumstances or matters of which it was aware that mandated a change to the existing risk ratings (currently: SR8, 20 ; SR9, 16). That said, the Committee noted continuing progress in a number of areas, but that these had not yet delivered a material change.

### Theme 1 - Engagement

***Strengthening culture, update*** – we were joined by Tom Kenward, Programme Director, who updated us on the work that had been undertaken in recent months on this programme, which was being sponsored and led by the Trust Chief Executive. Despite the impact of Covid, the programme has caught up with its timescale and the Discovery phase was now coming to an end and was on track to support the identification of priorities and supporting actions during the autumn. The Trust-wide sweep of the programme was reiterated, and the need for the various

<sup>1</sup> SR 8 – raising concerns, inclusive culture, diversity; SR9 – recruit, educate, develop and retain the right workforce and build leadership at all levels.



contributing components to be moved forward on a co-ordinated basis. There had been extensive activities undertaken since the report back we had in June, and Tom reminded us that over 600 Trust staff had been engaged directly in the Discovery Phase, in the collecting, collation and analysis of information that would inform the planning process within the Design Phase. This would run through to the end of the calendar year, and the Delivery Phase would begin in January next year. Tom briefed the Committee on some of the headline themes and findings beginning to emerge (and yet to be quantified), and how these would be taken forward. What was clear was that there was an apparent marked difference between the perspective of the Board and senior leaders, and that of the wider staff. The findings (once finalised) are to be shared with senior staff, and then the Board.

**Dep Dive - WRES** – We were joined by Joseph Pavett-Downer, the Trust's newly appointed Diversity and Inclusion Lead, who had prepared a review of the draft Report to NHSE/I on the Trust's progress against the Workforce Race Equality Standard (WRES). His key point was that the WRES is designed to close the gap in workplace race equalities, and that as a Trust with some 9,000 staff – almost 50% of whom are from BAME ethnic groups, this was mission-critical to us. We had a very full discussion on the content of the draft Report, and the presentation of the data. This showed generally good progress over the last three years - albeit with still a way to go and work still to be done. A number of issues around career progression and the use of the disciplinary process, which the Committee had previously explored in detail and supported policy changes proposed by the Trust's executive, were clear in the draft Report. An updated version of the Report will be included in the papers for the Board's September meeting, so I will not comment further here.

**Diversity and Inclusion Update** – Where the draft WRES Report provided a snapshot of the position at a point in time, the update we received from Humaira Ashraf on Diversity and Inclusion (D&I) set out progress by the Trust in implementing its D&I Action Plan. This had identified five key workstreams: career progression; development opportunities and access; responding to concerns; leadership; and awareness and understanding. We were briefed on progress on appointing Executive sponsors, operational leads, and project managers and the stage that the various actions within each workstream had reached.

**Freedom to Speak Up (FSU)** – the Committee received an update from Karyn Richards on progress over recent months, the levels of concerns being escalated and the issues arising during the Covid pandemic, and the proposed approach to creating and adopting a new FSU Policy (which was still being refined). The final draft of the new policy will be brought to the Board for review and endorsement. Karyn noted that there continues to be a marked increase in staff contacting the Guardian, and that for administrative staff the issues raised largely centre on management and on conflict within their teams. Doctors concerns centred on PPE. There had been a rise in collective (team) concerns, related to bullying and harassment, and unresolved conflict within a team. Whilst not easy messages to hear, the fact is that staff are using the Guardian on issues which convey a clear message to the Trust.

**Surveys of staff** had been paused as a result of the Covid pandemic and the Committee reviewed a proposal to re-initiate these on a phased basis. The proposal was to run the national Staff Survey undertaken by Picker between September and December, and then re-initiate the Staff Pulse, and the Friends and Family / place to work surveys on a quarterly basis after that, so from January next year. It was noted that as part of the culture programme Discovery work, some staff survey work had been undertaken and this provided insight on staff sentiment on a number of areas. The Committee recognised the logic of the proposal, endorsed the approach, and agreed that a step-back review of why, when and how the Trust was assessing staff feedback and sentiment would be helpful. This would be taken forward within the Strengthening Culture work.



## **Theme 2 – Leadership and Progression**

**Education Strategy, Implementation Plan 2020-21** - The Committee received an update on the implementation of the Trust's Education Strategy, and the way in which HEE allocated funding for non-medical staff of £1,000 each over three years will be used for staff CPD.

**Workforce Update** - Elizabeth Nyawade led a report to the Committee. The Staff Risk Assessment self-completion form had been amended, and had now been completed by some 94% of Trust staff. We received good assurance on the support and direction being provided to Trust staff working from home or shielding, and the work being done to support a phased return to working on-site at the Trust. It was not however clear whether all shielding staff (currently c 125 in number) would be expected to return to work by a specific point in time, and clearly further thought needs to be given to this complex issue and the need to balance staff wellbeing and health, against employer requirements. One factor that did emerge was that the Trust has no central register of which staff are, at any one time, working from home. Whilst in individual teams this is being left to team managers to monitor, if this situation looks likely to continue for any length of time the Trust will need a more structured system to manage WFH and to assess productivity achieved. As a Committee we agreed that this was an issue to which we would return in October, as part of our review of whatever new normality the Trust and its staff are working within.

We reviewed a number of other workforce metrics, noting good progress in reducing vacancies (now standing at 8.3%, and well below the 10% target maximum). Staff turnover had been reduced to 15.3%, the lowest level for some time and the trend appeared to be continuing down. Staff sickness absence stood at 3.5%, down from a Covid-driven peak of 5.6%. The decline in elective and other activity had led to a significant fall in the use of agency staff.

**Assurance Review of Staff Appraisals** – We reviewed a Report from ttaa, the Trust's internal auditor, on the way staff appraisals were undertaken. We noted the conclusion that there were reasonable controls in place over both the undertaking of appraisals and their reporting and accepted the conclusion of reasonable assurance. Three recommendations had been made, one relating to the policy document and two relating to the documentation of appraisals. Executive management reported that these were to be implemented, and we will monitor progress here against the timescale set and agreed.

## **Theme 3 - Workforce Planning and Strategy**

**NHS People Plan for 2020/21** - the Committee received a briefing on the NHS Plan, 20/21, released in July. This is being taken forward by the executive in the People Management Group, and we will receive an update on any changes proposed to our existing strategies and plans at our next meeting.

**Implementation Plan for Trust's Workforce Strategy** - Having at a previous meeting reviewed and endorsed the proposed implementation plan for the Trust's Workforce Strategy, it was good to receive an update on how the plan was being taken forward and the quarterly milestones that have been put in place as measures of achievement. It is too early in the process to look for completion of any items, but we received good assurance that a robust and auditable delivery process has been put in place.

**Nursing and Midwifery, Establishment Review, 2019-20** - The Committee received a comprehensive report from Robert Bleasdale on the process adopted for re-setting the nursing establishment within the Trust, and a commentary from Steph Sweeny on the depth of the process and the result that it had generated. This was of a reduction of 4 WTEs on an establishment of 2,460 WTE nurses. Steph also outlined the way that Safe Staffing numbers had been derived from the review, and the specific planning priorities identified for inclusion



within the next establishment review. We took good assurance from the process used, and the level of support it had received from senior nursing leaders across the Trust. We noted that, as before, the nurse in charge on Day Shift was specifically not counted as part of the nursing workforce for the purpose of assessing nurse: patient ratios. This recognised the time demands of the managerial and leadership role being undertaken.

#### **Theme 4 – Compliance.**

***Safe Working, Junior Doctors*** – we were joined by Dr Serena Haywood, our Guardian of Safe Working and received a very comprehensive report covering the first quarter (April to June) of the Trust year, the period in which the full impact of the Covid pandemic had been felt. There had been 54 exception reports, the majority of these driven by excess working hours. None of these had raised an Immediate Safety Concern. Comparison to prior quarters was in Serena's view not helpful or appropriate. It was noted that the Guardian had been asked to participate (as an informal representative of the Trainees' interest) in planning the Trust's response to the pandemic. Relations with divisional leads appeared open and proactive.

***Monitoring Nursing and Midwifery Council (NMC) registration of SGH staff*** – The Committee received a comprehensive report setting out the measures to assure that nursing, midwifery and nursing associates working in the Trust were properly registered with the NMC. The assurance provided by this was high, and the timing was particularly helpful given the changes made by the NMC during the Covid pandemic (for example, the introduction of the NMC Temporary Register, and the temporary extension of revalidation deadlines).

***Annual Medical Appraisal and Revalidation Report*** – The Trust's Responsible Office, Karen Daly, reported on how the Trust had managed medical appraisal and revalidation during the 2019-20 financial year, and how this had been paused during the Covid pandemic, and its proposals for returning to the normal revalidation cycle. We took assurance from the Reports' description of continued improvement in the Trust's medical appraisal processes and compliance achieved, though noted Karen's reflection that there was more work to be done.

***MHPS*** – We received an update on progress on the updating of the Trust's Maintaining High Professional Standards policy, a final draft of which we anticipate reviewing at a future meeting.

***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**

17 September 2020



## APPENDIX

### REPORT BACK FROM COMMITTEE DEEP DIVE, 16 SEPTEMBER 2020

The Committee held its first stand-alone Deep Dive meeting on 16 September, with a detailed focus on Diversity and Inclusion and an update on the Culture Change Programme. In view of the proximity of that meeting to the deadline for issue of Board papers, it is being reported in summary form via this Appendix. Future reports from Deep-Dive sessions will be more comprehensive.

#### Diversity and Inclusion

This item was led by Humaira Ashraf and we were joined by Joseph Pavett-Downer, who between them provided a very comprehensive update of the current position and the proposed objectives. The nature of the reporting to the Committee was intended to provide assurance across three areas: planning process; delivery progress; and impact. This approach was very helpful and the Committee was provided with appropriate assurance that a clear process plan had been defined and agreed; that there was a clear, phased delivery plan which was now under way; and that an impact assessment had been designed and agreed which would evaluate the effect of the actions.

The Committee concluded that this tri-partite (Plan; Delivery; Impact) approach which had been developed within the HR Team was particularly helpful, and might well have an application in other areas. An extract of the Impact Tracker is attached below, for information. I apologise for the small font, but the intention is simply to show its structure rather than focus on detailed content.

Diversity and Inclusion Action Plan: Programme IMPACT Tracker									
MEASURE	RELEVANT DEPARTMENT	BASELINE (Aug 20)	Q1 30/09/20	Q2 31/10/20	Q3 31/12/20	Q4 30/01/21	Q1 30/03/21	Q2 30/06/21	Q3 30/09/21
SECTION ONE: Diversity & Inclusion Key Priority Projects									
WORKSTREAM 1: Improving the Career Progression of BAME Staff									
<b>Objective:</b> To develop and implement initiatives that will help to remove barriers to career progression and help increase the likelihood that BAME staff will be successful in securing senior level appointments within the Trust									
Proportion of leaders who identify as BAME at Band 6 (clinical and nonclinical combined)		47.3%							48%
Proportion of leaders who identify as BAME at Band 7 (clinical and nonclinical combined)		33.7%							42%
Proportion of leaders who identify as BAME at Band 5A and above (clinical and nonclinical combined)		29.5%							35%
Relative likelihood of appointment from shortlisting - for BAME identifying applicants <small>(The % of all BAME job applicants who are appointed after interview)</small>		21.3%							35%
Relative likelihood of appointment from shortlisting - for WHITE identifying applicants <small>(The % of all WHITE job applicants who are appointed after interview)</small>		31.2%							
Relative likelihood of white staff being appointed from shortlisting compared to BAME staff <small>(a comparison of the above two percentages shows the WHITE % closer to the BAME %)</small>		1.47 <small>(white applicants are 1.47 times more likely to be appointed than BAME applicants)</small>							1.2
Percentage of recruitment panels that have included a BAME representative		7 of 11 (64%)							80%
<small>BAME is under-represented and is not well included</small>									

Humaira drew attention to the scale and complexity of the D&I initiative, and confirmed that the appointment of a Programme Manager had been approved and an appointment was being progressed by the executive. Tom Kenward, who was facilitating the wider culture change programme, confirmed that the D&I implementation plan had been set and phased in a way that was consistent with the activities supporting wider culture change.

The Committee reviewed progress on two particular elements of the D&I programme: changes to recruitment practice; and the new 'Let's Talk About Race' training module. In relation to the former, the specific focus was for there to be a BAME representative as a full member of every



interview panel run within the Trust. The starting point was to initiate this with immediate effect for all appointments at Band 8a and above (estimated 35-40 posts per annum, likely to generate between 280 and 400 interviews) and rapidly roll this out to cover also Band 7 appointments (estimated 150 pa, generating 1200-1500 interviews). Training needs had been identified for BAME staff joining those panels, and critically also for all other panel members. Recent experience had emphasised the absolute need for such training and, based on the report received, the Committee endorsed this judgement. Appropriate training was well under way.

The Committee reviewed the new 'Let's Talk About Race' training module, and commended the decision of the executive not to use an existing off-the-shelf training package, but rather to develop its own bespoke programme. The contribution of Joseph Pavett-Downer and Daniel Scott to the development of this was noted, as was the interest in (and in one case adoption of) the programme by other public sector entities. The new module would be integrated into the Trust's core training suite. Progress on delivery, and impact, would be reviewed in future meetings of the Committee.

### **Culture Change Programme**

Tom Kenward summarised the current state of the culture programme, and its shifting from Discovery to Planning. We were assured on the thought being applied to the planning process, to ensure the Implementation phase would deliver, with real impact. The appointment of a Programme Manager was noted. The Committee will receive a further report as the Programme finalises its planning for implementation.

### **Conclusion**

The Committee concluded by thanking the executive team for the depth and clarity of the papers presented, and the thought that was being applied to ensuring effective implementation, with impact being tracked.

The use of a Deep Dive structure is clearly a mechanism that successfully enables the Committee to get into appropriate detail, whilst maintaining its assurance role. Further sessions are planned across future months.

SC – 17.9.20