St George's University Hospitals NHS Foundation Trust

Council of Governors Meeting

Date and Time: Tuesday, 16 February 2021, 14:00-16:00
Venue: MS Office Teams

Time	Item	Subject	Lead	Action	Format
1.0	**OPENING ADMINISTRATION**				
14.00	**1.1**	**Welcome and Apologies**	Chairman	Note	Verbal
	1.2	**Declarations of Interest**	All	Assure	Report
	1.3	**Minutes of meetings held on 10 December 2020** **1.3.1 Public Minutes** **1.3.2 Private Minutes (only Council members)**	Chairman	Approve	Report
	1.4	**Action Log and Matters Arising**	All	Review	Report
2.0	**KEY UPDATES**				
14:10	**2.1**	**Chief Executive Officer's Report including Covid-19 Update**	CEO	Update	Report
3.0	**CULTURE**				
14:25	**3.1**	**Culture Programme Update**	Stephen Collier/ CEO/DECOD	Update	Report
4.0	**CARE**				
14:50	**4.1**	**Quality Priorities: Review 2020/21 and Planning 2021/22**	Parveen Kumar/ DQGC	Endorse	Report
5.0	**COLLABORATION**				
15:15	**5.1**	**Finances: Where are we now & Forward Planning**	Ann Beasley/ CFO	Update	Report
6.0	**COUNCIL OF GOVERNOR GOVERNANCE**				
15:40	**6.1**	**Council of Governor governance: 2021/22 Meeting Schedule**	**CCAO**	Note	Report
7.0	**CLOSING ADMINISTRATION**				
15:45	**7.1**	**Any Other Business**	All	Note	Verbal
	7.2	**Reflections on meeting**		Note	Verbal
16:00	**CLOSE**				
Date and Time of Next Meeting: 21 April 2021, 14:00-17:00					

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Council of Governors Meeting

Council of Governors Purpose:	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

Membership and Those in Attendance		
Members	**Designation**	**Abbreviation**
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AAs
Mia Bayles	Public Governor, Rest of England	MB
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Jenni Doman	Staff Governor, non-clinical	JD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
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
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Nasir Javed Khan	Public Governor, Merton	NJK
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance		
Jacqueline Totterdell	Chief Executive Officer	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive Officer	CFO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Alison Benincasa	Director of Quality Governance & Compliance	DQGC
Humaira Ashraf	Director of Education, Culture & Occupational Development	DECOD
Tamara Croud	Head of Corporate Governance & Board Secretary	HCG-BS
Secretariat		
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
Quorum:	*The quorum for any meeting of the Committee shall be at least one third of the Governors present.*	

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Minutes of the Meeting of the Council of Governors (In Public)
10 December 2020, 16:00 – 18:00, via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Anneke de Boer	Public Governor, Merton	ADB
Val Collington	Appointed Governor, Kingston University	VC
Jenni Doman	Staff Governor, Non-Clinical	JM
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
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
In Attendance:		
Humaira Ashraf	Acting Chief People Officer – Culture (item 2.2 only)	ACPO-C
Ann Beasley	Non-Executive Director	AB-NED
Alison Benincasa	Director of Quality Governance & Compliance (item 3.1 only)	DQGC
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Parveen Kumar	Non-Executive Director	PK-NED
Simon Price	Culture Champion (item 2.2 only)	CC
Tim Wright	Non-Executive Director	TW-NED
Jacqueline Totterdell	Chief Executive Officer	CEO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance/Board Secretary	HOCG-BS
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
Observing:		
Tunde Odutoye	Governor Elect, Medical and Dental Staff	TO
Apologies:		
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AA
Nick de Bellaigue	Public Governor, Wandsworth	NDB
Frances Gibson	Appointed Governor, St George's University	FG
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Basheer Khan	Public Governor, Wandsworth	BK
Rebecca Lanning	Appointed Governor, Merton Council	RL
Pui-Ling Li	Associate Non-Executive Director	ANED
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

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		Action
1.0	**OPENING ADMINISTRATION**	
1.1	**Welcome and Apologies** The Chairman welcomed everyone to the meeting and noted the apologies as set out above.	
1.2	**Declarations of Interest** There were no new declarations of interests reported.	
1.3	**Minutes of the meeting held on 10 September 2020** The minutes of the meeting held on 10 September 2020 were approved as a true and accurate record.	
1.4	**Action Log and Matters Arising** The Council received the action log and agreed that COG.09.07.20/03 (Care Quality Commission Update) could be closed as a paper responding to this was on the agenda (item 3.1). The only other action on the action log was not yet due.	
2.0	**KEY ISSUES**	
2.1	**Chief Executive Officer's Report** The Council of Governors received the report from Jacqueline Totterdell, Chief Executive Officer (CEO), who highlighted the following key points: • The Trust continued with its flu vaccination programme with 76.5% staff having received the vaccine to date. This was less than the same period in the previous year but the Trust remained a strong performer in the update of flu vaccinations both across London and nationally. The Trust aimed to have provided more than 90% of staff with the flu vaccination by year-end. • The Trust had received £2.5m to drive improvements in its Emergency Department (ED). Building work was underway and the improvements would provide more space in cubicles to treat patients, an expanded waiting and check in area, and provide a covered walkway to enter the ED. Given the decision (by the Trust and local commissioners) to close the Urgent Care Centre at Queen Mary's Hospital (QMH) during the pandemic a new Enhanced Primary Care Hub had opened to provide important services to local people. • The Trust Board had appointed Paul de Gama as Chief People Officer and he would join the Trust on 8 February 2021. • The Trust's 2020 staff survey responses rate was currently 55.3%, though this would likely move upwards following validation of responses over the coming weeks. This was lower than in 2019 (59.5%) and was partly due to a 'broken' hyperlink sent to staff which was undiscovered for a couple of weeks. This was rectified and Picker, which was managing the survey, would validate the response rate and final results were expected to be published in late January 2021. • While managing the second surge in Covid-19 cases, the Trust continued to deliver emergency, urgent and elective care to patients. There were lower attendances (92%) in the emergency department but the acuity of these patients was high. The	

		Action
	Trust was currently achieving 94.5% against the 4-hour standard in the emergency department. The Trust was also making good progress on clearing the diagnostics backlog. • The number of Covid-19 patients at the Trust had risen significantly over the previous week. There were currently 21 Covid-19 patients in the Intensive Care Unit and 102 Covid patients on general and acute wards. Sadly, since March 2020, 329 patients had died at the Trust within 28 days of a positive Covid-19 test. • The Trust had been designated as one of the five Covid-19 vaccination hubs in London. People aged 80 or over, high risk or shielding patients, clinical and residential care staff, and high risk staff had been prioritised to receive the vaccine. In response to a question from a Governor, it was noted that the Covid-19 vaccination, as a controlled drug, was stored securely in an area that was monitored by the Pharmacy Department and had security cameras installed. • The Trust had made good progress on the Culture, Diversity and Inclusion programme. The Trust Board, in November 2020, heard directly from Speech and Language therapists about how they had used the race conversation toolkit which had been developed by the Trust to facilitate discussions within their team about race. They had developed actions to drive improvements within their teams which they were now sharing more widely across the Trust. The team was also working with external stakeholders to improving Black Asian and Minority Ethnic (BAME) representation in the profession. To date, the Trust had trained 102 BAME staff representatives to sit on interview panels at Band 8A and above. The intention was to apply this model to Band 7 and Band 6 recruitment over the coming months. • The Trust had recently appointed three Deputy Chief Medical Officer's (DCMOs) – James Uprichard, DCMO for Safety and Clinical Effectiveness, Carolyn Johnson, DCMO for Innovation and Improvement, and Lucinda Etheridge, DCMO for Workforce and Professional Standards and Responsible Officer. • South West London Integrated Care System (SWL ICS) had been held out to be one of the best performing integrated care systems across the NHS. The Trust's CEO had been appointed as Senior Responsible Officer for outpatients in London and she would be working closely with partners across the capital to improve performance in outpatient care and experience. • The Trust had in place contingency plans for the end of the transition period following the UK's departure from the European Union. James Friend, Chief Transformation Officer, was leading engagement with NHSE&I on behalf of the Trust. • The Government had published its Food Review Report in October 2020 and the Board had appointed Robert Bleasdale, Acting Chief Nurse and Director of Infection Prevention and Control to be the named Board member responsible for food quality. • Following discussions at the Council of Governors meeting in September 2020, the Board had approved the business case for delivering a joint Renal Service with Epsom and St Helier (ESTH) at its meeting in November 2020. The Board also agreed a set of proposed options for developing the model of paediatric oncology service in SWL in partnership with the Royal Marsden Hospital. The Trust was also progressing with the development of a single procurement function for South West London in collaboration with partners in the SWL Acute Provider Collaborative. The following key points were raised and noted in discussion:	

		Action
	In response to a number of questions from Sandhya Drew (SD), it was reported that the Trust's staff survey response rate, to date, was 55.3%. This was above national average. It was expected that this response rate score would improve further following the completion of the validation process by Picker. The Board fully recognised the need for cultural change within the organisation to tackle some of the endemic issues identified in the staff survey. A focused programme of work was underway to strengthen the Trust's culture, which was based on the model developed by NHSE&I. During 2020, the Trust had progressed with the diagnostic phase of the culture programme supported by staff culture champions from all areas of the Trust. In responding to Covid-19, many staff had demonstrated strong leadership and the Trust would continue its work to develop leaders across the Trust. A bespoke training programme had been developed with the King's Fund. The Trust had retained many of the support infrastructures put in place in the first wave of Covid-19. These included support from psychologists and occupational health to assist all staff. The Trust had also continued to complete Covid-19 risk assessments of staff members and had put in place appropriate steps and measures to safeguard the most vulnerable staff. The Trust had an influx of new staff with junior doctors and new nurses which may impact on the risk assessment rates. • In response to a query raised by Sarah McDermott (SM) it was reported that while the Trust was currently conducting 200 Covid-19 vaccinations per day with a good take-up from residential and care home staff, the aim was to increase these to more than 400 in the coming weeks. There were a number of operational challenges with delivering the vaccine, including the need for storing the vaccine at minus 70 degrees Celsius and the need to clean stations after each vaccination as well as leaving 15 minutes between each patient. The Trust was currently using a manual booking system which was slowing down the process but work was underway to automate the booking system. Other challenges related to uptake and in particular convincing over 80s to come onto the hospital site to have the vaccination. Sangeeta Patel (SP) also reported that her GP practice in Balham would start running Covid-19 vaccination clinics from 14 December 2020. The Chairman commented that the national situation and information about vaccinations was changing quickly and noted that it was a credit to the Trust's teams that the vaccination hub had been established so quickly and effectively. • In response to Hilary Harland's (HH) query it was noted that the two options to deliver Children's cancer services across South West London in partnership with the Royal Marsden included an integrated Children's Cancer Service located in Tooting and an adopted risk network model in which high risk services were delivered in Tooting with other services delivered by the Royal Marsden. • It was reported that the Trust was currently managing Covid-19 patients and using the intensive care unit capacity in line with the Trust's Covid-19, Winter and Flu plan. However, it was expected that demand for ICU capacity would increase over the Christmas and New Year period and the Trust would enact the relevant plans, responding as appropriate to the acuity of patients. This may involve deviations from the agreed plan and where this was necessary these would be documented for the Board to ensure that the reasons for such changes were clearly evidenced. • In response to a question from John Hallmark (JH) it was noted that the Trust had not seen any adverse impact or additional attendances at the Trust's emergency department as a result of the changes to the minor injuries unit at Queen Mary's Hospital (QMH). The Trust had robust infection prevention and control measures which had been implemented as appropriate across all the Trust's sites. The Council of Governors noted the report.	

		Action
2.2	**Culture Champion** Simon Price, Culture Champion (CC) and former Governor, joined the meeting and outlined the work of the champions to develop the culture programme. The Council also welcomed Humaira Ashraf, Acting Chief People Officer–Culture (ACPO(C)), to the meeting. The Council received and noted the presentation and Simon Price highlighted the following material points: • The Trust had used the NHS Improvement 'Culture and Leadership Programme' framework to drive the culture change programme. This approach had been used successfully by more than 100 other NHS trusts. The programme had three phases, Discover, Design, and Deliver. • The 'Discover' phase had taken six months to complete which had been delayed by the Covid-19 pandemic. There were 30 'culture champions' supporting the delivery of the work. The culture champions had been recruited through an application process and ensured maximum diversity of staff type, banding, and ethnic background. • As part of the Discover phase the champions had conducted and reviewed Board member interviews, staff survey data, family and friends test data, survey tools, online staff questionnaires and patient experience data. The work also focused on values, bullying and behaviours in a pressured environment, and safety measures. • The findings from the Discover phased had been sent to staff to pulse check that the findings reflected the feedback received in the discovery and diagnostic phase. The following key points were raised and noted in discussion: • In response to a question from SD, it was reported that 150 people had responded to the survey on findings. This feedback would support the Trust to prioritise key actions in the next phase as it developed an action plan. The ACPO(C) reported that the work to define the final actions and prioritisation work would be completed over the coming months. To effect the right culture change would take some time but the Trust had made good progress, particularly in light of the operational pressures it had faced since the launch of this work as a result of the Covid-19 pandemic. The Trust had also seen good examples of culture improvements in recent months as staff responded to the pandemic. The Trust was developing the implementation plan with the view that this would be completed early in 2021. The focus would be on prioritising the key actions which would have the most impact in the shortest timeframe. Any actions taken would be mapped and linked to the Information Technology and Estates strategies where appropriate, which were key areas of staff concern. • SD further queried the timescales and asked why the work to strengthen culture had not progressed more quickly and questioned why it appeared that timescales for delivery had slipped. It was noted that the culture change programme had started prior to the pandemic, but the timescales had been impacted by responding to the intense operational pressures the Trust had faced. Regardless of this, significant progress had been made and the diagnostics phase of the work had been undertaken with significant engagement with staff across the Trust. SD asked whether the Council could hold a meeting in January to discuss the action plan. The Chairman responded by commenting that it was important and appropriate that the Board had an opportunity to	

		Action
	discuss and review the draft plan. The Workforce and Education Committee were scheduled to hold a discussion in early January and, subject to operational pressures, the Board hoped to consider an action plan at its meeting at the end of January. • Anup Sharma (AS) noted that only 10% of the workforce had been contacted for their views and asked how the Trust had sought the views of the remaining staff. It was reported that the culture programme had not relied on one source of information. Instead the Trust had built up intelligence from listening events, surveys, pulse checks, interviews and feedback from the representative champions and other data related to staff to inform the findings. • HH it was noted that it was important that as the Trust progressed the culture programme measurable milestones and actions should be developed and the Trust should ensure that the vision, 'outstanding care every time' was at the forefront of any action plan. It was reported that the Trust planned to develop key metrics to monitor progress. It was also noted that more work would be conducted on developing and highlighting the Trust's values and vision. • In response to a question raised by RM **it was agreed that the Council of Governors meeting in February 2021 would include an item on the culture programme and that, subject to the Board's review of the plan, the action plan would be presented to the Council.** **The Council of Governors received the report, thanked Simon Price and noted that the final version of the action plan would be shared with the Council of Governors.**	**CEO**
3.0	**QUALITY**	
3.1	**Care Quality Commission Actions Update** Alison Benincasa, Director of Quality Governance and Compliance (DQGC), provided an update on the Care Quality Commissions (CQC) Action Plan following the 2019 inspection. The following key points were reported: • The 2019 CQC inspection had focused on five of the Trust's eight core services. The Trust continued to be rated as '*requires improvement'*, and the CQC identified 46 improvement actions of which two were *'must dos'* and 44 were *'should dos'*. This was significant progress from the 2018 inspection where the Trust received 83 improvement actions of which 21 were 'must dos' and 62 'should dos'. • As a result of the improvements witnessed, the CQC had recommended to NHS England & NHS Improvement that the Trust be taken out of quality special measures and NHSE&I had taken the decision to do so in February 2020, with the formal announcement of the Trust's exit from quality special measures made in March 2020. • The Trust had in place a comprehensive action plan to address both the must and should do actions identified by the CQC. Progress on implementing the actions had been impacted by the Covid-19 pandemic, however steady progress was being made across the organisation. Monthly progress reports were presented to the Patient Safety and Quality Group (PSQG) and the quarterly position was reported to the Quality and Safety Committee (QSC). • The Trust also kept the CQC abreast of progress through regular engagement	

		Action
	meetings. The following key points were raised in discussion: • In response to questions raised by HH it was reported that the Trust had embarked on a programme of auditing the recording of 'consent' across the various care groups. This audit would be completed in the coming months and reported to the relevant governance fora. Additional measures had also been put in place to support the secure storage of records. As well as purchasing additional lockable storage cabinets, regular checks were conducted by ward matrons and an additional check had been included in the 'Ward Accreditation Scheme'. • In response to a question from Sarah McDermott (SM) it was reported that there was currently no fixed timeline for the CQC to undertake its next inspection of the Trust which would cover the three core services not covered by the 2019 inspection. The CQC had moved to a different inspection regime during the Covid-19 pandemic and at the present time it was not clear when the next inspection would take place. The Council of Governors received the report.	
4.0	**GOVERNANCE**	
4.1	**Membership Engagement Report** Richard Mycroft (RM), Chair of Membership Engagement Committee (MEC), presented the update from the Committee meeting held on 18 November 2020: The Council of Governors: • Received and noted the update and membership and engagement plans for quarters three and four. • **Agreed to support the delivery of the engagement programme by providing local stakeholder contact details to the Corporate Governance team which would be used to develop a comprehensive stakeholder map; and** • **Encouraged Governors to volunteer to record a video message which could be used on the Trust's social media platforms to promote the Trust, role of Governors and membership of the Trust.**	**CoG** **CoG**
4.2	**Governor Elections and Annual Member's Meeting Update** Stephen Jones, Chief Corporate Affairs Officer (CCAO), introduced the report which covered the Annual Members' Meeting held on 10 September 2020 and results of the recent elections to the Council of Governors. <u>The Annual Members' Meeting (AMM)</u> The Trust's AMM in 2020 had been held via MS Teams and had been live streamed on the Trust's YouTube platform. After overcoming initial technical issues, a total of 75 people had joined the meeting and there were a large number of questions from members and the public. Attendance figures and the number of questions were significantly higher than some other Trust had experienced during the pandemic. The recording of the meeting has since been viewed over 164 times which represented a good outreach. The Trust had undertaken a lessons learnt exercise which was presented in the report and this would be taken into account in the planning of the 2021 AMM, which was likely to be held virtually in light of the ongoing pandemic. <u>Governor Elections</u>	

		Action
	Mia Bayles, Hilary Harland, John Hallmark and Richard Mycroft had been re-elected in the public constituencies. In the staff constituencies, Marlene Johnson (Nursing and Midwifery) was re-elected and Tunde Odutoye (Medical and Dental) was newly elected, however these constituencies where uncontested. Three new public governors would join the Council in February 2021 to serve a three year term, Shalu Kanal (Wandsworth), Padraig Belton (Rest of England) and Khaled Simmons (Merton). The induction session for new governors would take place on 15 December 2020. With no candidates putting themselves forward for the Allied Health Professional (AHP) staff constituency, the Trust was currently running a separate election for a staff AHP Governor. The Trust had received four nominations and the voting would close at 5pm on 18 December 2020. The Council would say goodbye to Governors Anneke de Boer, Nick de Bellaigue, Doulla Manolas, Damien Quinn, Anup Sharma and Bassey Williams all of whom would come to their end on their terms on 31 January 2021. Donald Roy would be standing down as Appointed Governor for Healthwatch Wandsworth in January and would be replaced by Sarah Forester. Val Collington would also be standing down as Appointed Governor for Kingston University and waiting to hear who will take over from her. **The Council of Governors noted the report and thanked outgoing Governors for their contribution to the Council and to the Trust in recent years.**	
5.0	**ACCOUNTABILITY**	
5.1	**Overview from Non-Executive Directors** **Ethics and Information Technology** Tim Wright, Non-Executive Director (TW-NED), gave an overview of the work of the Clinical Ethics Committee, on which he sat as a representative of the Board, and provided an update information technology. The Clinical Ethics Committee was an advisory body for clinicians facing ethical decisions and was comprised of members from a wide range of professional and clinical backgrounds. There were two recurrent themes the Committee focused on; genetic testing and withdrawal of care, especially related to children. More recently, during the pandemic, the Committee had been focused on the ethical dimensions of providing care to extremely unwell Covid-19 patients. In relation to ICT, TW-NED explained that the Trust had been through a significant change in response to the Covid-19 pandemic. The demand on the remote access infrastructure to support more staff working from home had increased significantly as had the range and number of virtual patient consultations. The Trust's IT teams had responded effectively to these requirements. The Trust Board had approved the IT Strategy in January 2020 and the team had exceeded the year one plan core work on infrastructure and upgrade of the Virtual Desktop Infrastructure (VDI). Further upgrade work to the Cerner system which held the Trusts electronic patient records had been undertaken to bring additional functionality, including a patient portal which gave patients direct access to appointments and pre-assessments online. **Quality and Safety** Professor Dame Parveen Kumar (PK-NED), Chair of the Quality and Safety Committee, gave an overview of the work of the Committee. She highlighted the following: • The Committee had received a number of deep dive reports focusing either on a core service or a key quality and safety issue.	

		Action
	• The Committee reviewed serious incidents regularly and interrogated any themes. There had been a number of incidents related to the use of the surgical safety check list and the Committee received reassurance that steps were taken to address these issues and sufficient action plans were in place, however it would continue to monitor how these actions were embedded to limit/eliminate further such incidents. • The Committee continued to monitor performance against lifesaving training targets. This was a key action from the 2018 Care Quality Commission inspection but despite actions to increase resources and change the format for delivering these training modules Covid-19 pressures had impacted on the take-up of the training recently. Similarly, Mental Capacity Act/Deprivation of Liberty Standards training was below the required performance target and proactive measures had been put in place to improve performance. Staff that were not compliant with these training modules where being targeted with letters sent from the Chief Nurse and Chief Medical Officer. • The Committee also welcomed the actions taken to reduce the number of times the Carmen maternity delivery suite was closed and this was due to the recent recruitment and appointment of 15 new midwives. The Committee was also monitoring the number of caesareans which had increased to 30% in recent months although this was still below the national average of 40%. • The Trust was the second best performing organisation in London in the NHS England National Cancer Patient Experience Survey and 37th in the national league table. This was a significant improvement from 2018 when the Trust was 124th nationally.	
6.0	**CLOSING ADMINISTRATION**	
6.1	**Any other business** The Chairman thanked everyone and wished them a happy Christmas and new year. She also reiterated the Council's thanks to outgoing Governors for their contribution to the Trust.	
6.2	**Reflections on meeting** There were no reflections of the meeting raised.	
	Date of next Meeting **16 February 2021, 14:00-17:00**	

Council of Governors Public Action Log - 16 February 2021						
Action Ref	**Section**	**Action**	**Due**	**Lead**	**Commentary**	**Status**
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~~ 21.04.21	ICOO	**An update on the recent emergency department developments is included in the CEO's report under agenda item 2.1.** The Corporate Governance Team have also arranged for Andrew Asbury, Director of Estates & Facilities to provide Governors with a fuller update on the Trust's estates including future proposals for the emergency floor at the Governor Seminar Session on 16 March 2021.	**PROPOSED FOR CLOSURE**
COG.10.12.20/01	**Culture Programme Update**	It was agreed that the Council of Governors meeting in February 2021 would include an item on the culture programme and that, subject to the Board's review of the plan, the action plan would be presented to the Council.	16.02.21	CEO	**See agenda item 3.1**	**PROPOSED FOR CLOSURE**
COG.10.12.20/02	**Membership Engagement Report**	Agreed to support the delivery of the engagement programme by providing local stakeholder contact details to the Corporate Governance team which would be used to develop a robust stakeholder map	16.02.21	Governors	Since the last meeting of the Council and further calls for this information no other Governors have provided information on their local stakeholder groups. **The Council of Governors is asked to consider closing delegating this action to the Membership Engagement Committee and closing it from the Council's action log.**	**OPEN**
COG.10.12.20/03	**Membership Engagement Report**	Encouraged Governors to volunteer to record a video message which could be used on the Trust social media platforms to promote the Trust, role of Governors and membership of the Trust.	16.02.21	Governors	Since the last meeting of the Council no Governors have volunteered to record video messages. **The Council of Governors is asked to consider closing delegating this action to the Membership Engagement Committee and closing it from the Council's action log.**	**OPEN**

2.1

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NHS
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NHS Foundation Trust

Chief Executive's Report to Council of Governors
16 February 2021

Jacqueline Totterdell
Chief Executive Office

11 February 2021

Introduction

Purpose

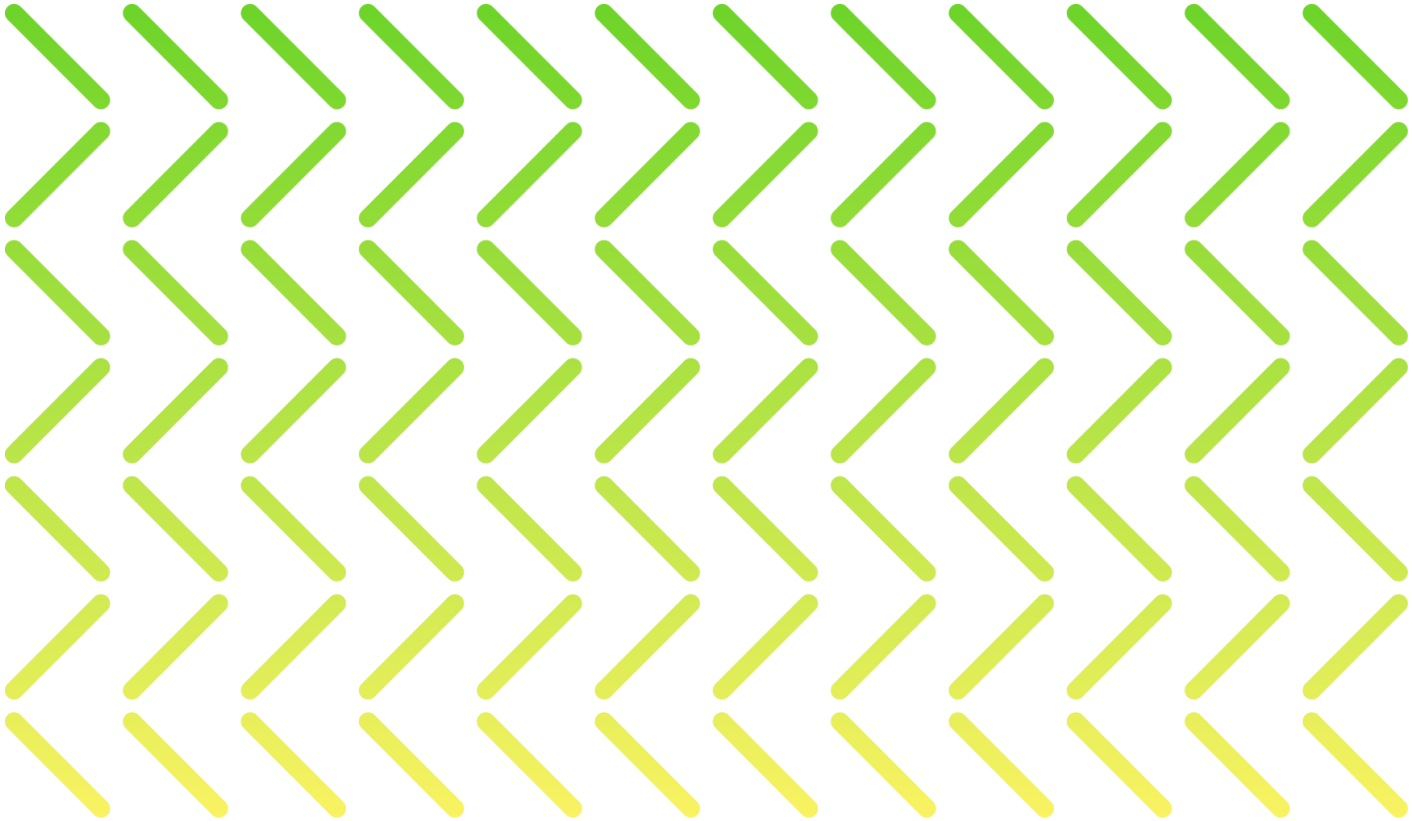
The purpose of this report is to provide the Council of Governors with an update on key develops in the Trust and an overview of how wider external factors were impacting on the Trust deliver o the best care and services to patients.

Recommendation

The Council is asked to receive and note the report.

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



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Covid-19 Update

- Transmission rates have been falling since 11 January 2021 across the country. Transmission rates are lower in South West London compared with London as a whole. Across London 4,300* inpatients with Covid-19 compared with previous weeks were it was over 7,000 (a 3% decrease).
- There was a fall in the number of Covid-19 patients being treated in ITU by 2% across London and this fall was reflected in the Trust's ICU occupancy. London was still in surge in relation to ICU.
- The Trust is working with South West London partners to repatriate Covid-19 patients that the Trust had taken on to provide support across the system.
- The London Infection Prevention guidelines and national operating framework have been fully implemented, including social distancing measures.
- We have implemented the national guidance regarding the need for patients and visitors to wear face coverings, and staff to wear face masks as part the Stay Safe campaign.
- Patients are screened for Covid-19 on admission, day 3 and day 7 of admission.
- As at 12 February, the Trust had 172* Covid-19 patients in the Trust of which 65 were in intensive care units (ICUs).

Current Covid-19 Position

	12/02	11/02	10/02
Number of ITU beds currently open	123	123	123
Number of Covid-19 positive patients currently in ITU	65	57	62
Number of Covid-19 positive patients on our wards	172	188	198
Number of Covid-19 positive patients treated and discharged from hospital (since March 2020)	2,069	2,048	2,024
Total number of patients who have sadly died and tested positive for Covid-19 (since March 2020)	694	692	686

- We discharged our 2000th patient who tested positive for Covid-19 and was successfully treated in hospital.
- Over 14,000* people vaccinated since we opened the hub in early December 2020:
  - ✓ 2,800 people 80+ age group
  - ✓ Over 8000 Trust staff including high risk staff
  - ✓ New staff drop-in vaccine hub opened 03 February
  - ✓ Daily vaccine rates circa 500 with no waste

- Across London 1.3m* people have received the vaccine:
  - ✓ 43% care home staff
  - ✓ 78% of people aged 80+
  - ✓ 83% of people aged 79-79
  - 79% of people aged 79%

- Challenge for the NHS and the Trust is the uptake of the vaccine by people from the Black, Asian and Minority Ethnic groups, specifically Black people.
- We developed additional guidance and information for our BAME staff members and organised listening events for staff to hear more about the vaccine and raise any queries they have.
- Nosocomial infection has been a big challenge for all Trusts. Nosocomial infection is monitored across South West London. A retrospective review of nosocomial infection of inpatients at the Trust has been undertaken. Between 1 October 2020 and 8 January 2021, there were 118 patients noted with hospital onset, hospital acquired Covid-19.
- As part of keeping everyone safe at the Trust, we have also given renewed focus on making sure all inpatients wear masks. This is well established in some Trusts but not all – and our staff have been stressing the importance of mask wearing to inpatients currently with us. Hospital acquired Covid-19 infections pose a real risk to our staff and patients and we are working hard to mitigate this risk.

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** Information correct as at 11/02/2021*

Operational Performance & Delivering Clinical Services

Where are we now?

- Our services:
  - Running at 88-98% occupancy;
  - Range of clinical services continued – trauma, maternity, neonatal, cancer, stroke, heart attack, medical and surgical take, paediatrics, imaging and pathology.
  - Diagnostic services including endoscopy, breast and bowel screening maintained.
  - Priority 3 and 4 activity have been suspended.
  - Working with all care groups to plan capacity for outpatients and theatres accordingly – as we reduce ICU surge areas.
  - Acute Medical Unit (AMU) has provided Level 2 enhanced care for patients who on admission require non-invasive ventilation and provided in-reach to our acute medical wards to support the treatment and discharge planning of COVID patients

- We have had to be agile and flexible in relation to our Covid, Flu & Winter Plan 2020/21 and where we have deviated from plan we have recorded the rationale and steps taken to safeguard patients and staff.

- We have established a **Rapid Diagnostic Cancer clinic** at the Trust in partnership with local GPs to provide earlier and faster diagnosis for patients with vague symptoms or signs suggestive of cancer.

- In addition to continued strong performance of the Emergency Department, the **Emergency Care Intensive Support Team (ECIST)** conducted a follow-up review of the emergency department and reported that the Trust had an exemplary emergency care team and they want to show case the Trust's work to improve its emergency floor as an exemplar across the NHS.

- We also opened our new **Emergency Department reception and triage area**, which has been completely remodelled to improve the experience of our patients.

- The project, (pictured above) started last October, has transformed areas of the department to keep staff and patients safe, and reduce the risk of Covid-19 infection.

- Improvements include a new covered entrance for patients to queue, with space to maintain social distancing; a new check-in and streaming area to help improve patient flow and a large 34 seater waiting room.

December 2020 Performance

The some key performance in December 2020 highlights are below:

- ***In November 2020 the Trust met 3 of the seven cancer standards, namely:***
  - 62 day screening referral to treatment
  - 31 day subsequent drug treatment, and
  - 31 day subsequent surgery treatment
- ***4-hour standard was at 84.6% below the 95% target as a result of high acuity of patients***
- ***Six week diagnostics waiting list reduced by 4.3%***

- ***Length of stay have risen for 7, 14 and 21 days reflecting the disease pathway of Covid-19***
- ***Outpatient activity was 94%***
- ***93% for Elective and Daycase against target by 90%;***
- **111% for Outpatients against target 100%.**
- ***Non-elective performance is 80%***

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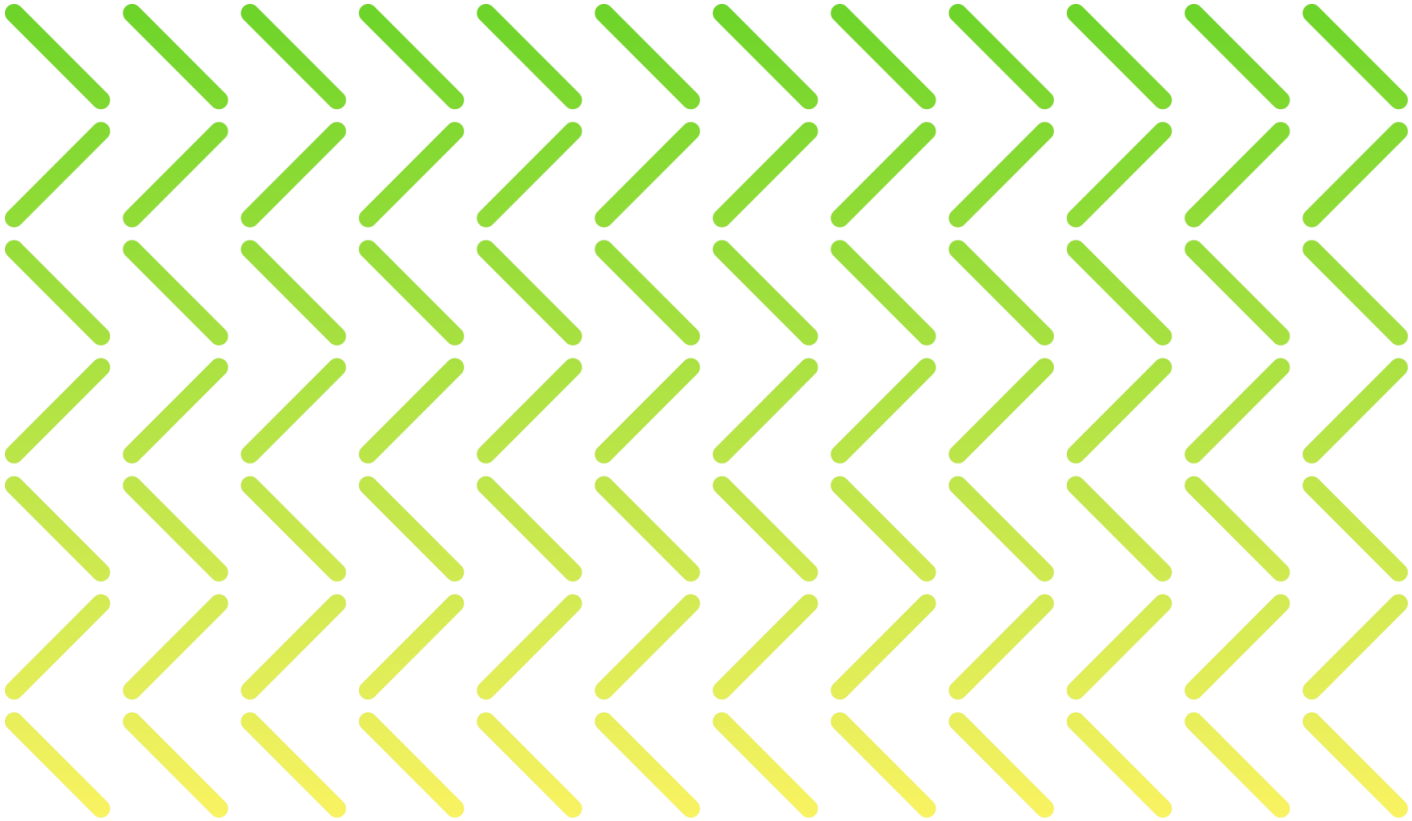
CULTURE

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.



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Culture, Diversity & Inclusion

- Our **staff survey** closed at 59.5% respond rate which was 0.5% less that in the previous year. We have seen steady improvements which may reflect that some of our actions are having the intended impact.

- We have continued to progress with our work on **strengthening the culture of the Trust**. You will hear more about this later.

- We welcomed, trained and inducted 63 members from the **armed forces** to support the Trust to manage the pressures related to Covid-19.

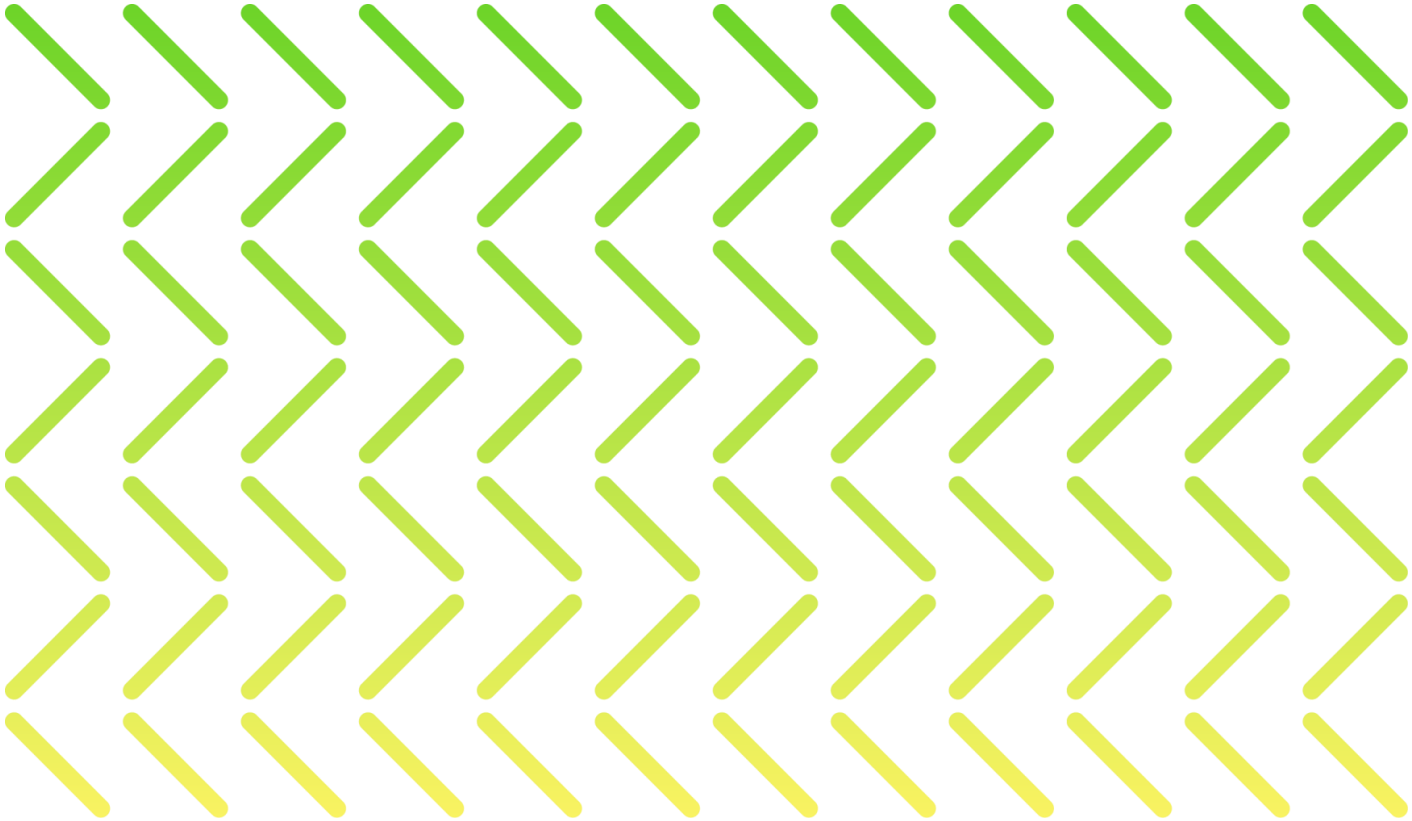
- We are conscious of the impact of the sustained pressure faced by our staff in the past year. We are fully focused on supporting staff and have put in place a number of measures to support **staff health and well-being**. Some initiatives to date have included:
  - ✓ Care Packages – supported by the Trust Charity
  - ✓ Well-being Hubs – rest and relaxation
  - ✓ Counselling and Group Support - Trust's Clinical Psychology team etc.
  - ✓ Facilitate staff to take annual leave
  - ✓ Targeted Messages – health and wellbeing bulletin
  - ✓ Food provision - Free
  - ✓ Access to wider NHS Staff Support – support lines, apps etc.

- **Paul da Gama** joined us on 8 February as our Chief People Officer. The Board and fellow executives thanked Elizabeth Nyawade and Humaira Ashraf, joint Acting Chief People Officers, for covering the vacant Chief People Officer role with such commitment over recent months.

- **Anna Clough**, Divisional Director of Operations (DDO) for our Surgery, Neurosciences, Cancer and Theatres Division, has been appointed Deputy Chief Operating Officer (COO). Anna will continue as DOO alongside her new role as Deputy COO.

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.



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Finances and Collaborating with Partners

- I am very pleased that the Trust was successfully **exited financial special measures** in late December 2020. This comes less than a year after the Trust was taken out of Quality Special Measures in March 2020. This is a significant milestone for the Trust, but we have chosen not to emphasise this given the pressures the hospital is currently facing with Covid-19.

- Together with St George's University of London, our teams are also helping to further knowledge of Covid-19 through ground-breaking **research and clinical trials**.

- We have helped with four separate **Covid-19 vaccine trials**, and St George's is the lead site for phase 3 of the Novavax trial, which will assess the efficacy and safety of this vaccine in 15,000 participants. Indeed, only last week a study led by Dr Aodhan Breathnach, Consultant Medical Microbiologist, was published in the Journal of Infection. His study found that people infected with Covid-19 in the first wave of the pandemic were 94% protected against reinfection in the second wave, although those with immunity may be vulnerable to catching the virus again.

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System Working – Integrated Care Systems

- NHS England and NHS Improvement held a consultation between 24 November 2020 and 8 January 2021 on its plans for the development of Integrated Care Systems (ICSs) across England, including steps to put them on a statutory footing.
- Over the past two years, ICSs have been formed across the country, which has meant NHS organisations – including acute providers like St George's – working in much closer partnership with commissioners, local councils, plus others.
- The move towards greater integration, and organisations in local areas working together for the benefit of patients is a core element of the NHS Long Term Plan.
- The Trust submitted its response to the following consultation questions:
  - *Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?*
  - *Do you agree that option 2* ***(creation of a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS.)*** *offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?*
  - *Do you agree that other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations' needs?*
  - *Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?*
- The Trust responded that it was **broadly supportive of the direction of travel, and the vision for integrated care, outlined in the consultation**. The described approach, including the focus on place-based integration and decision-making, will enable us to further develop our existing collaborative relationships and system working.
- In terms of the **legislative proposals** for statutory ICS organisations, the Trust provided the following feedback:
  - **Membership of ICS should be sufficiently permissive** to allow systems to shape their own governance arrangements to best suit their populations' needs.
  - that **ICS leadership should include either a NED or layperson representative** (from a participating provider), to ensure that there is sufficient representation of the public interest in decision-making.
  - The legislation must be structured in a way that **avoids another top-down, costly and disruptive reorganisation**
  - agrees, subject to appropriate safeguards and where appropriate, that **specialist services currently commissioned by NHSE should be either transferred or delegated to ICS bodies** subject to appropriate operationalising of key aspects – which enable providers to drive transformation, locally relevant pathway, respecting unique patient pathway for individual services and prioritising and sufficiently funded services.
- The Trust asked for clarity on the following:
  - How will tertiary providers manage service provision across multiple ICSs?
  - What powers would an ICS (and its board member organisations, including those outside the NHS) have over an FT?
  - What balance will the legislation strike between system working and organisational independence?
  - The accountabilities of foundation trusts (FTs), and the ICSs powers of direction over FTs.
  - The ability of non-NHS organisations (including local authorities) to direct NHS organisations - including finances or other resources away from NHS services, efforts to meet performance standards versus overall pathway transformation
  - The duties of NEDs and governors of FTs – the Trust would expect any legislative proposals to explicitly resolve the potential conflict between individual organisational accountabilities and system accountability.

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NHS System Working – Overview of key legislative changes

On 11 February 2021, NHS England and NHS Improvement published a document on ***Legislating for Integrated Care Systems: five recommendations to Government and Parliament*** which sets the five recommendations, alongside principles to guide how the Government progresses this work.

The recommendations are:

- *1. The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for legislative change.*
- *2. ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place-based arrangements.*
- *3. The NHS ICS statutory body should be supported by a wider statutory health and care stakeholder partnership. Explicit provision should also be made for requirements about transparency.*
- *4. There should be maximum local flexibility as to how the ICS health and care stakeholder partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well. The composition of the board of the NHS ICS statutory body itself must however be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance. Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I would approve ICS constitutions in line with national statutory guidance.*
- *5. Provisions should enable the transfer of responsibility for primary medical, dental, ophthalmic and community pharmacy services by NHS England to the NHS ICS statutory body. Provision should also enable the transfer or delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions.*

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NHS System Working – Overview of key legislative changes

To coincide with the NHS England publication, on 11 February the Government published its White Paper, *'Integration and Innovation: working together to improve health and social care for all',* which set out its plans for a wide-ranging reform of the NHS:

- **Statutory ICSs:** Plans to establish statutory Integrated Care Systems, comprised of an ICS NHS Body and a separate ICS Health and Care Partnership – intended to promote integration within the NHS and between NHS and other bodies.
- **Delegation of specialised commissioning:** Plans to give ICSs (through the ICS NHS Body) several of NHS England's current powers over specialised commissioning and primary care.
- **Finances at system level:** NHS England will have the power to set financial allocations and financial objectives at system level. ICSs will have a duty to meet these objectives and deliver financial balance.
- **Position of providers:**
  - NHS Trusts and NHS Foundation Trusts will remain "separate statutory bodies with their functions and duties broadly as they are in current legislation".
  - The ICS NHS Body will not have a power to direct providers, but providers will have a new duty on them to "have regard to" the system financial objectives
  - Government to have reserve power to set a legally binding capital spending limit (CDEL) on individual named NHS FTs – but not a general power of direction over FTs' capital spending.
  - Providers' relationships with the CQC to be unchanged.
- **Duty to collaborate:** This will apply to all NHS organisations and local authorities.
- **National NHS leadership:** Formally fold what was Monitor and the Trust Development Authority (currently NHS Improvement) into NHS England.
- **Patient Choice and Competition:**
  - Proposes to scrap parts of the Health and Social Care Act 2012 and the 2013 Procurement, Patient Choice and Competition Regulations.
  - Replace this with a new "Provider Selection Regime".
  - ICSs, provider collaboratives and individual providers will be required to protect, promote and facilitate patient choice.
  - Proposes to remove the Competition Market Authority's function to review NHS mergers.
- **Healthcare Safety Investigations Branch (HSIB):** Plans for legislation to put the HSIB on a statutory footing so it can continue to reduce risk and improve safety. The Healthcare Safety Investigations Branch already investigates when things go wrong, so that mistakes can be learned from, and this strengthens its legal footing.
- **Education:** Proposes to scrap Local Education and Training Boards (LETBs) to give Health Education England more flexibility to adapt its regional model.
- **Role of Department of Health and Social Care**:
  - New powers to create new Trusts
  - Broadening the scope of potential Ministerial intervention in reconfigurations
  - Enhanced powers of direction over the merged NHS England
  - Powers to transfer functions between DHSC's arms length bodies
- **Social care:** A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services through new assurance and data sharing measures in social care, update the legal framework to enable person-centred models of hospital discharge, and increased powers for Health Secretary to directly make payments to social care providers.
- **Public health and inequalities:** Legislation to support the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed.

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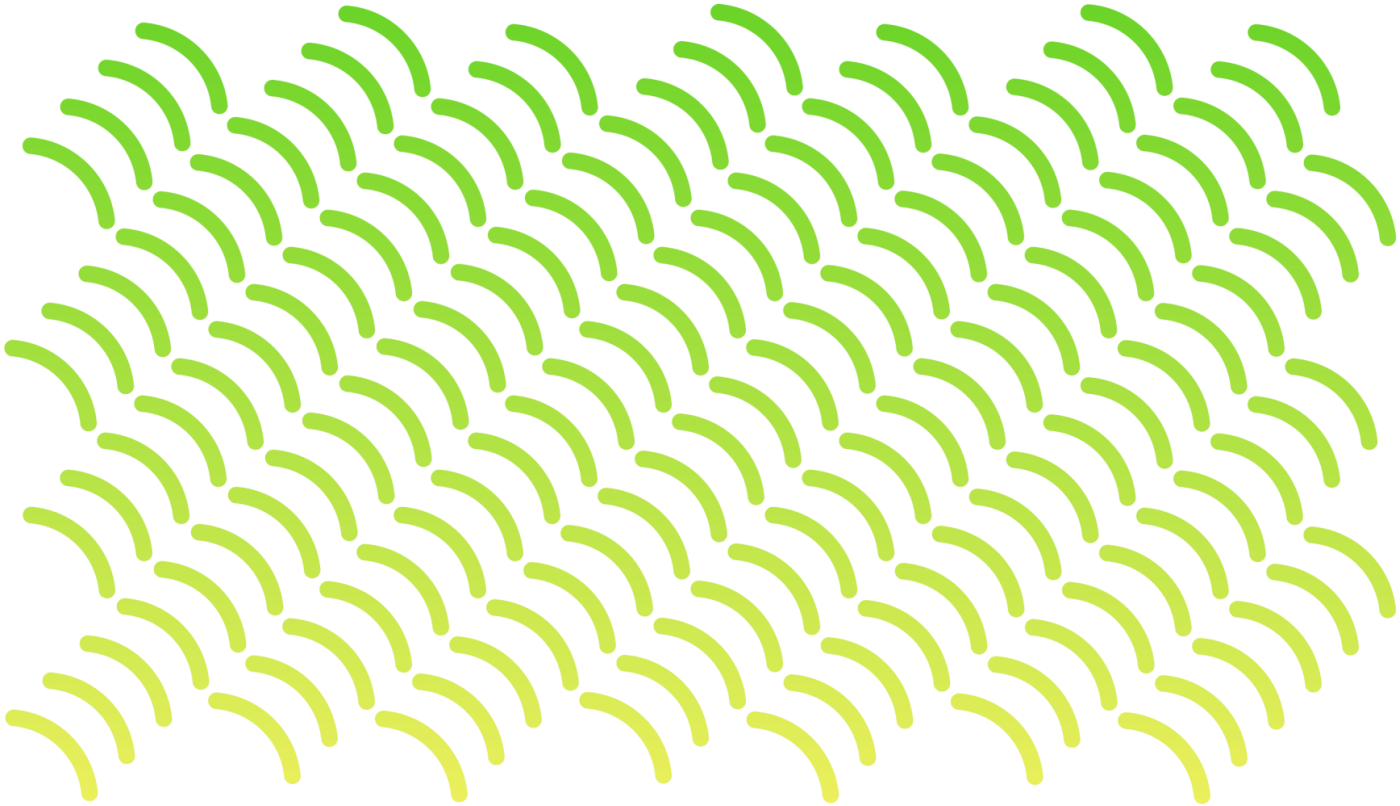

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Culture Programme Update

Stephen Collier, NED and Chair of Workforce & Education Committee

16 February 2021

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3.1

CULTURE – what are we trying to achieve ?

A NED perspective

1. Our three year journey, 2016-19
2. Progress to date on our culture
3. Looking beyond Covid – the opportunity
4. Our objectives, delivery plan, and impact assessment
5. What could possibly go wrong ?

Culture Report

16 February 2021

CULTURE – what are we trying to achieve ?

A NED perspective

"…Changing the culture of the Trust is a long term project, which will only be delivered by continuing the programmes designed to improve behaviour and attitudes across the Trust. One risk is that initial gains lead to a view that we have the necessary momentum, and can therefore ease back on the pressure for change. This is inevitable as we start to see results, but those changes should be viewed as a lead indicator of progress rather than the trailing indicator of a job done. **So we need to keep up the pressure**."

WORKFORCE AND EDUCATION COMMITTEE, REPORT TO TRUST BOARD, **December 2018**

"Two elements in particular disappoint: first, that after much internal effort over recent months to improve our culture and levels of engagement, the result suggests that we are in broadly the same place we were a year ago; and second, the verbatim comments that we reviewed bear a striking similarity to those we looked at a year ago – the inference being that for some staff very little has changed in the way they are treated by their managers……..

Clearly it is for the Trust executive to determine how best to address the issues identified, but I hope that the discussion at the Committee helps identify areas for focus. Certainly there was no sense that this was an insuperable position, but equally a recognition that the **type of cultural change needed would in some areas be a long hard haul**."

WORKFORCE AND EDUCATION COMMITTEE, REPORT TO TRUST BOARD, **April 2019**

"The results of the Staff Survey were broadly encouraging, although the Trust still remains below the NHS average overall. Whilst there is clear progress in many areas, engagement and sentiment levels in some segments of the Trust's workforce (e.g. BAME, staff with disabilities etc.) are at real risk of remaining low, and of those staff being left behind. We have strategies and actions in place to help address this, but we will need to maintain focus. The improvement in the survey results overall, whilst welcome, must not detract from the very real need to concentrate on our **culture, engagement and inclusion work**. The good news is that this is being maintained and we are setting a clear expectation of further progress.
In relation to the three key 'place' questions, there has been solid progress over the last year, with staff endorsement of the Trust as: a place to be treated; as a place to work; and as a place where patient focus was a top priority - all improving by around four percentage points. This is encouraging, particularly as the rate of improvement is twice that achieved across the NHS as a whole."

WORKFORCE AND EDUCATION COMMITTEE, REPORT TO TRUST BOARD, **February 2020**

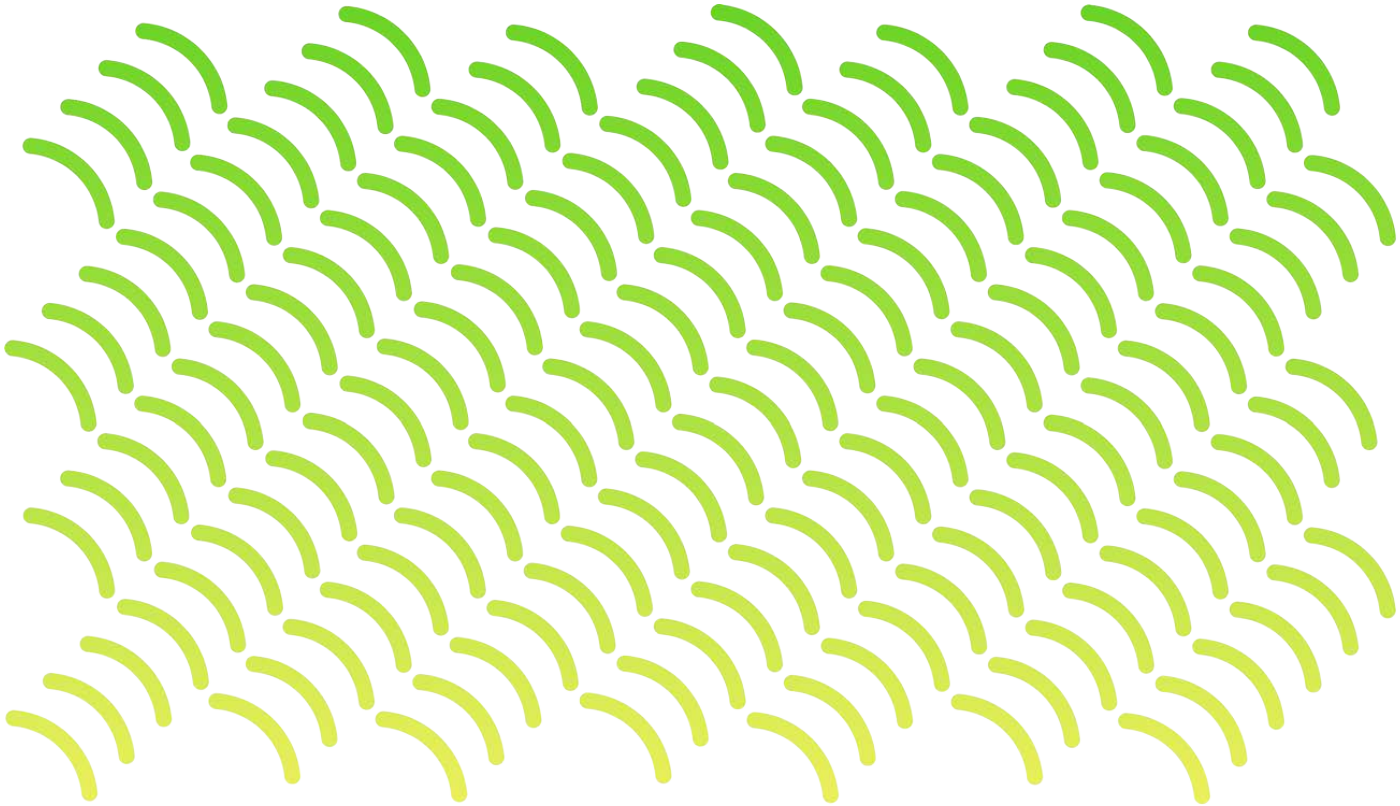
"We also received an update on progress being made on the **Culture Change Programme** which is being personally led by the Trust Chief Executive. What shone through in this report was that the programme of culture change is not a stand-alone activity. Rather it involves a number of discrete, but linked, 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. "

WORKFORCE AND EDUCATION COMMITTEE, REPORT TO TRUST BOARD, **September 2020**

"The **Culture Change programme** remains the critical priority and it is good to report that this is being moved forward with vigour, and maintaining its momentum as it approaches its delivery phase. It is important that the Board has a clear sense of the scale at which this is being planned to operate, and the time that the change programme will require for its results to become clear. The move to the third phase (implementation) will not yield an immediate step change in culture…"

WORKFORCE AND EDUCATION COMMITTEE, REPORT TO TRUST BOARD, **January 2021**



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Quality Priorities 2020-21 Update

Quality Account Planning 2021-22

Council of Governors

16 February 2020

Purpose of the session

- Update on progress against the quality account priorities 2020-21
- Discuss and provide any feedback on the quality account priorities for 2021-22

Executive Summary

- There are two specific pieces of legislation governing NHS healthcare providers (Foundation Trusts) to publish a quality account each year: The Health Act 2009; and The NHS (Quality Accounts) Amendment Regulations 2017 ('the quality account regulations')

- The purpose of this report is to outline the progress made to date against the ten quality priorities in the Quality Account 2020/1 published in June 2020

- The quality account is an important way for providers to report on quality and show improvements in the services they deliver to local communities. It helps Trusts to improve public accountability for the quality of care provided. The quality account is a document in its own right. However, NHS England and NHS Improvement also require all NHS Foundation trusts to produce a quality report as part of the Trusts annual report. Our quality account will also form the quality report within the Trusts annual report.

- The pandemic has resulted in the Trust not being where it expected to be with reference to the delivery of its quality priorities. Progress has been made across all priorities however the data supporting the measures for success reported in the monthly Integrated Quality and Performance to the Board demonstrates limited impact apart from two indicators: maintaining the Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals; and a reduction in complaints compared with 2019/20. The pace of progress is unlikely to recover by end-March 2021

- With reference to the development of the Quality Account 2020/21 (including the quality priorities for 2021/22) National guidance is awaited on the timeframe for Quality Account submission and the mandated and local indicators for external audit. However, the intention is for the Trust to follow the 2019/20 timetable and to commence development of the Quality Account with a view to submit in June 2021. However, there will be significant gaps in available data due to the pause of national audit and quality surveillance programmes.

Identification of the 2020/21 quality priorities

- The quality priorities for 2020-2021 were informed by reviewing the themes highlighted from the ward and departmental accreditation scheme and quality and safety information from:

  - External assessments
  - Local and national audit
  - National priorities for sepsis, safe staffing, falls, and infection control
  - Analysis of incidents and complaints
  - Feedback from national and local surveys
  - Healthwatch 'Enter and View' visits

- We also considered the priorities set out in the Quality and Safety Strategy 2019-2024 approved by the Trust Board in January 2020 to ensure that the quality priorities were aligned. We categorised each quality account priority under one of the three required quality themes and identified the following specific improvement initiatives

- The quality priorities also align to three of Trust's Strategic Objectives: Treat the patient, treat the person; Right care, right place, right time; and Champion Team St Georges; and align with priorities in the 2020/1 Corporate Objectives: Care, Culture and Collaboration.

Quality Account Priorities 2020-21

1. Improving patient safety

- **Timely escalation and response to deteriorating patients:** Ensure all non-elective adult inpatients have a treatment escalation plan (TEP) in place within 24 hours of admission
- **Patients who lack mental capacity will have proper protection and care:** Demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly, and have proper protection and care
- **Consent for treatment:** All patients will be supported to give consent for treatment
- **Learn from deaths:** Embed medical examiner service and learning from deaths processes

2. Improving patient experience

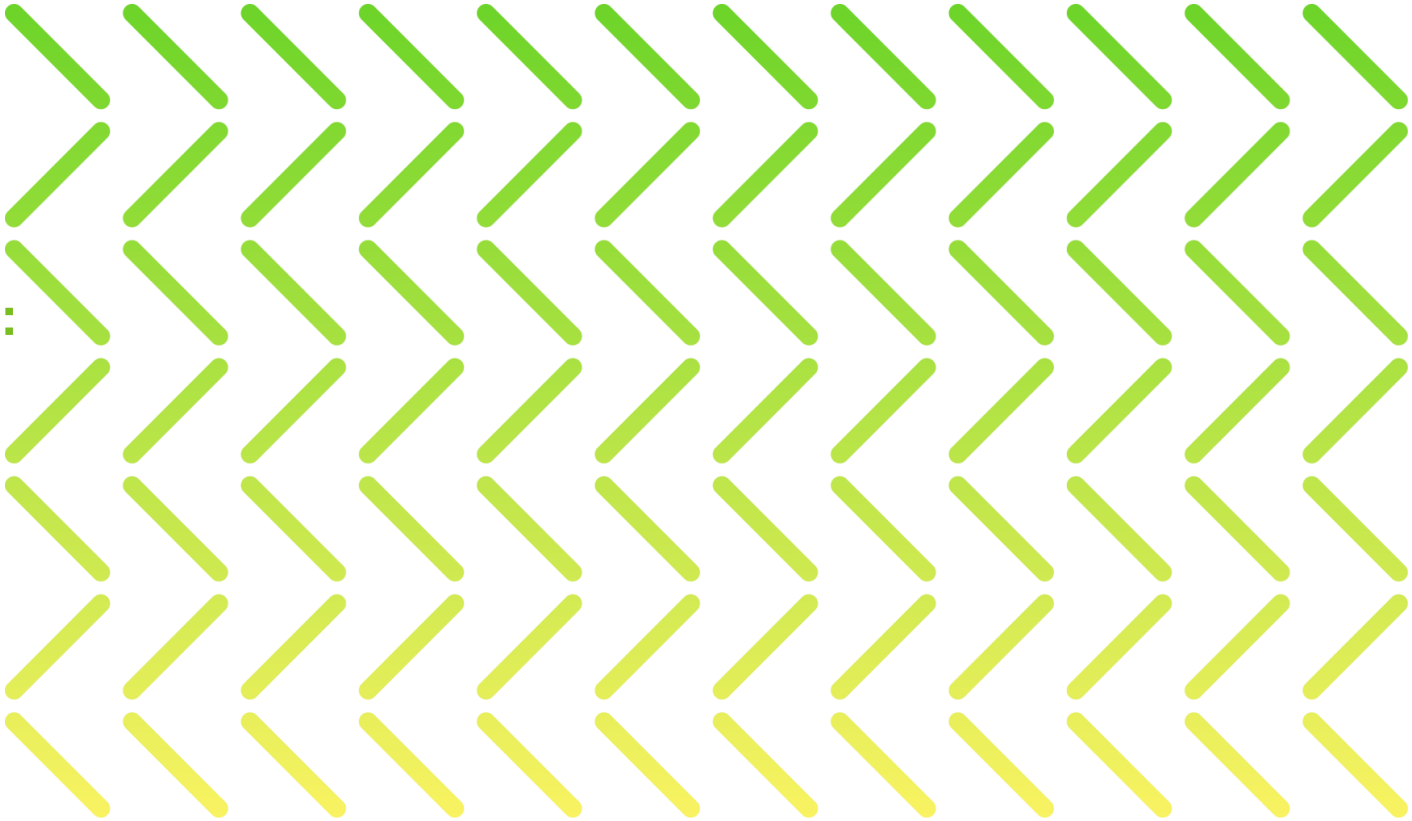
- **Learn from complaints to provide patients with an excellent experience:** Undertake thematic analysis of our complaints to identify recurrent themes and share the findings
- **Provide an equitable experience for patients from vulnerable groups:** Undertake self-assessment against the National Learning Disability Standards
- **Improve patient flow particularly with reference to improved discharge processes:** Continue with our clinically led long length of stay meeting with local authority input to support patients with complex discharge needs; Progress further the implementation of Red to Green in iClip to highlight the issues that delay discharge; Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support; and Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required

3. Improving effectiveness and outcomes

- **Develop and implement an integrated training and education framework:** With SWL and St George's Mental Health Trust we develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting
- **Embed a culture of quality, safety and learning:** Implement the recommendations from the external reviews of our clinical governance processes to ensure they support the delivery of safe, high quality care
- **Patients will not wait too long for treatment:** Deliver care in line with activity plans

Quality Priorities 2020/21:

High level progress to date



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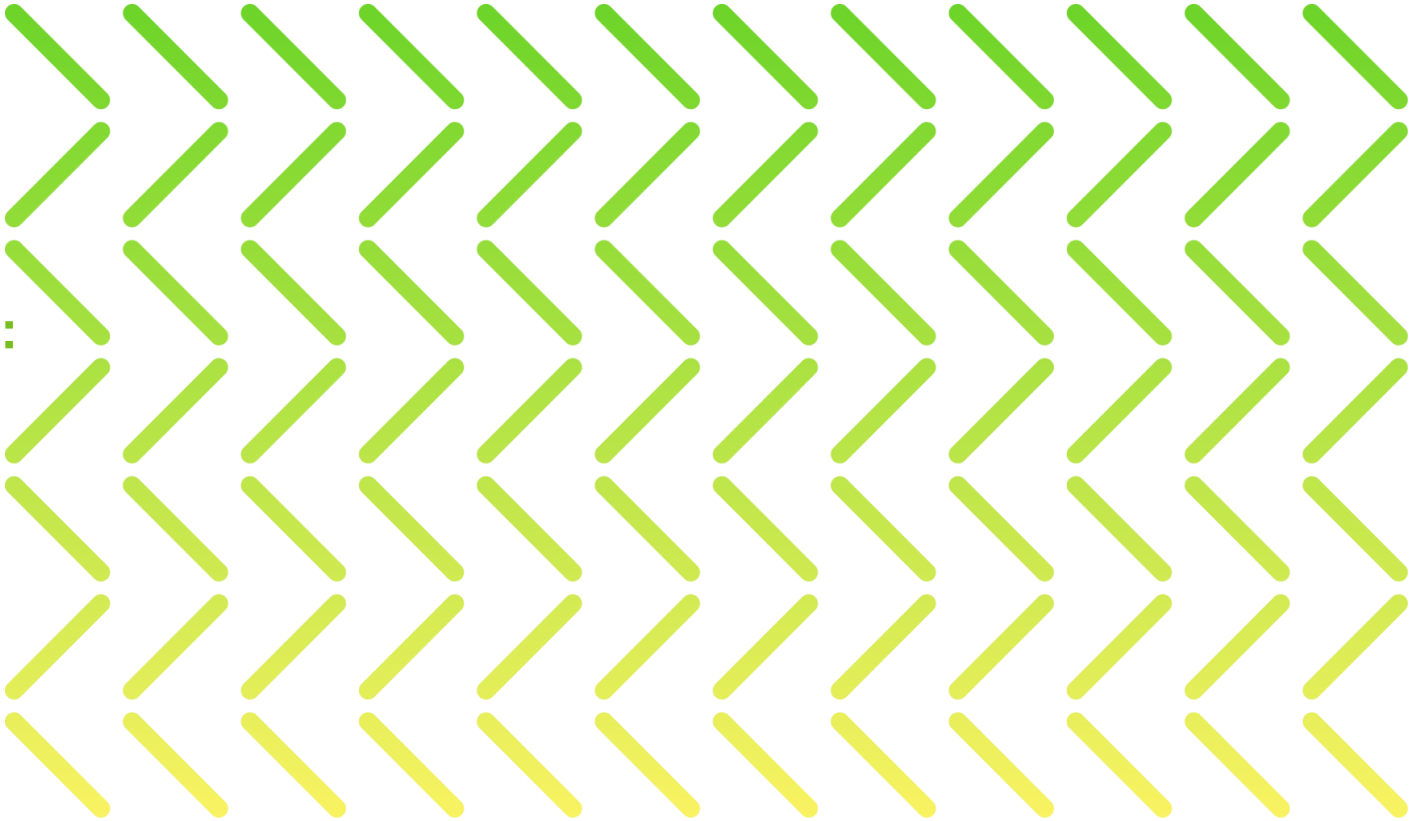
Quality Account Priorities 2020-21: High level progress to date

Improving Patient Safety	Our measures for success	RAG	IQPR slide
Timely escalation and response to deteriorating patients	• Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20 • Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20 • All adult inpatients will have a TEP • Reduction in the number of cardiac arrests compared with 2019/20	A	13-14
Patients who lack mental capacity will have proper protection and care	• Achieve compliance with our training targets for Mental Capacity Act (MCA) training and target specific areas based on analysis of notes audit	A	17
Consent for treatment	• All adult inpatients will have a TEP • Audit of consent demonstrates an improved position when compared with 2019/20	A	13
Learning from Deaths	• Maintain Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals	G	23
Improving Patient Experience			
Learn from complaints to provide patients with an excellent experience	• Reduction in the number of complaints when compared with the 2019/20 baseline	G	20
Provide an equitable experience for patients from vulnerable groups	• Improvement in our self-assessment when compared to baseline with reference to the NHS benchmark against national standards for Learning Disability Patients	A	N/A
Improve patient flow particularly with reference to improved discharge processes	• Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2019/20 baseline • See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20 • Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2019/20 • Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20	A	N/A
Improving Effectiveness and Outcomes			
Develop and implement an integrated training and education framework	• We will have an integrated education and training framework with SWL and St Georges Mental Health Trust for our staff to support the care and treatment of mental health patients in an acute setting	A	N/A
Embed a culture of quality, safety and learning	• Improvements in related questions in the NHS Staff Survey	A	N/A
Patients will not wait too long for treatment	• Achievement of targets for: Referral to Treatment (RTT) within 18 weeks; Diagnostics within six weeks; Four hour operating standard; and Cancer standards	A	32-38

Quality Priorities 2020/21:

Narrative on service improvement



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Quality Account Priorities 2020-21: service improvement

IMPROVING PATIENT SAFETY	OVERALL PROGRESS TO DATE	RAG
Timely escalation and response to deteriorating patients	• Electronic Treatment Escalation Plan was built in the test domain of iClip and a baseline audit was undertaken • The updated national early warning score assessment process (NEWS2) was implemented in iClip • Inclusion of monthly TEP performance by ward in divisional reports to PSQG did not happen due to the number of ward moves and will be commenced in the next reporting cycle	**A**
Patients who lack mental capacity will have proper protection and care	• The MCA assessment template on iClip was launched in quarter 3, accompanied by supporting guidance • The integration of the guidance with Level 1 and 2 e-learning is pending as part of wider review of Level 1 training (scheduled for Q1 2021/22) and Level 2 (scheduled for Q 3 2021/22) • The Trust wide MCA staff knowledge survey was implemented in December 2020 and yielded 495 responses. Analysis of the findings is expected by end-March 2021	**A**
Consent for treatment	• Completion of the Trust wide Consent audit was delayed until December 2020. The interim results were presented to care group leads in December 2020 and implementation of the agreed improvement actions has commenced. Outcome report and resultant action plans to be presented to Health Records Group in February 2021 (January 2021 meeting cancelled due to extreme operational pressures)	**A**
Learning from Deaths	• Recruitment to the Mortality and Morbidity team leader completed. Interviews to be held for the M&M coordinator roles (x 5 wtes) in February 2021 • We continue to monitor and investigate mortality signals in discrete diagnostic and procedure codes from Dr Foster through the Mortality Monitoring Committee (MMC).There are currently investigations underway related to cardiology, intracranial injury and major trauma; the progress of each is being overseen by the MMC, with monthly reports on progress • Mortality as measured by the summary hospital-level mortality indicator (SHMI) is lower than expected for the year September 2019 – August 2020. We are one of 14 trusts in this category, and one of 11 trusts that also had a lower than expected number of deaths for the same period in the previous year. Our latest HSMR, for the 12 months from November 2019 to October 2020 also shows our mortality to be lower than expected • Looking specifically at emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend. SHMI and HSMR have taken differing approaches to managing the impact of Covid-19, which is now included in the periods reported. Dr Foster, who produce the HSMR, include Covid-19 activity; whereas NHS Digital who are responsible for SHMI have excluded all Covid-19 activity	**G**

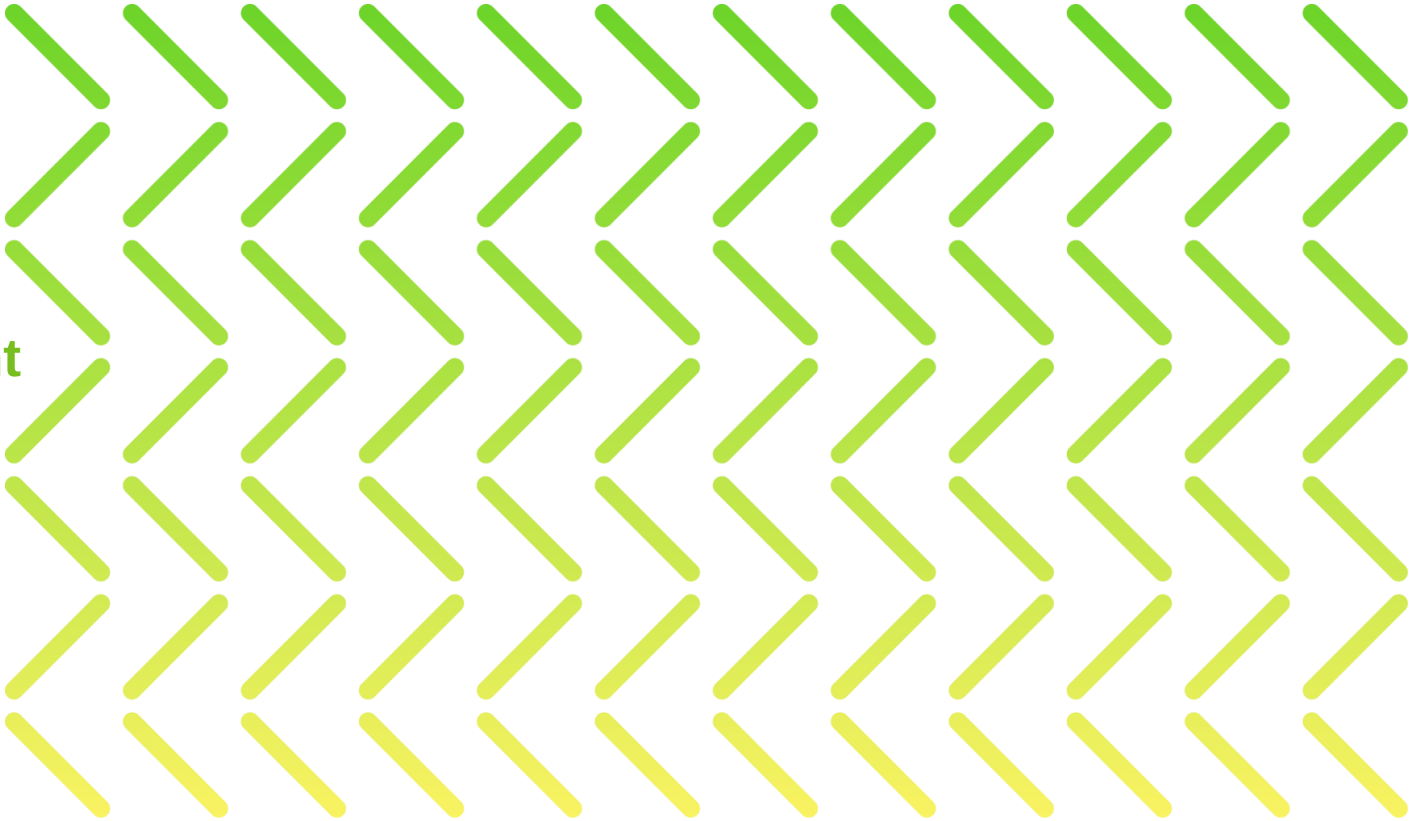
Quality Account Priorities 2020-21: service improvement

IMPROVING PATIENT EXPERIENCE	OVERALL PROGRESS TO DATE	RAG
Learn from complaints to provide patients with an excellent experience	• Apart from April 2020 our response rates for complaints has been above the 85% target for all categories since August 2019 and 100% for all categories since September 2019 • The learning from complaints is discussed at PSQG as part of the quarterly divisional performance reports and as part of the quarterly Complaints and PALs report	G
Provide an equitable experience for patients from vulnerable groups	• The NHS benchmark assessment was completed against national standards for Learning Disability patients • An improvement action plan has been developed but due to exceptional demands on the service implementation has been slower than expected	A
Improve patient flow particularly with reference to improved discharge processes	• Discharge hub implemented and aligned to the site team to enable increased oversight of expected discharges. Implemented South West London system approach of agreed discharge to assess process	A

Quality Account Priorities 2020-21: service improvement

IMPROVING EFFECTIVENESS AND OUTCOMES	OVERALL PROGRESS TO DATE	RAG
Develop and implement an integrated training and education framework	• Implemented a standard operating policy for the documentation of assessments completed by the psychiatric liaison team • Reviewed leadership capacity and recruited to a new role commenced December 2020 Head of Nursing for Mental Health • Head of Nursing for Mental Health now focussed on the development of the integrated training and education framework	**A**
Embed a culture of quality, safety and learning	• Recruited to the majority of new posts recommended by the external governance review • Commissioned a third external governance review to assess the effectiveness of quality and safety reporting and monitoring through the existing meeting structures up to the Quality and Safety Committee and to the Board. The report was received in the Trust in February 2021	**A**
Patients will not wait too long for treatment:	• Achieved 88% elective activity: based on Elective and Daycase only and excluding COVID-19 activity	**A**

Proposed Quality Account Priorities 2021-22



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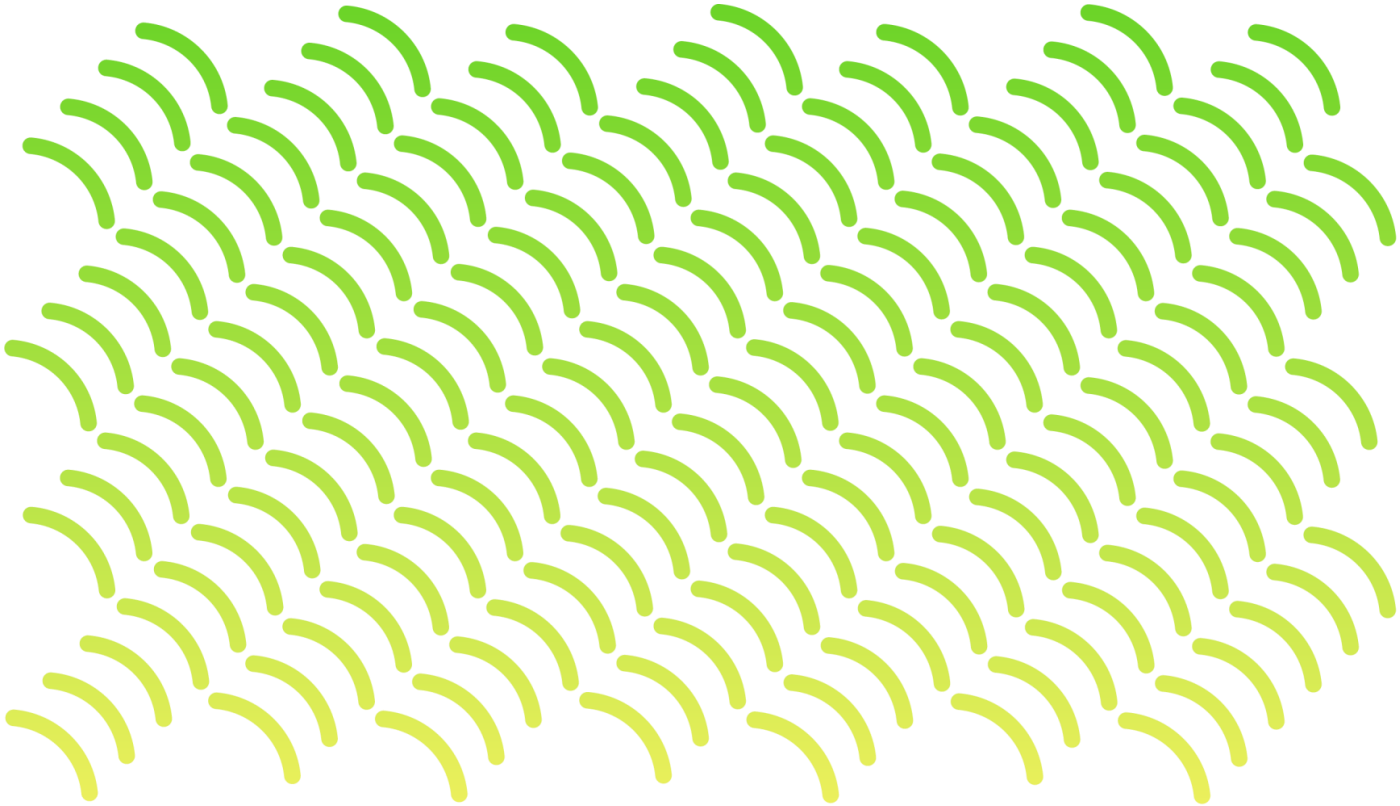
Proposed quality account priorities 2021-22 (roll forward from 2020/21)

Improving Patient Safety	Our measures for success	Quality and Safety Strategy 2019-24 and Corporate Objectives 20-21
Timely escalation and response to deteriorating patients	• Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20 • Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20 • All adult inpatients will have a TEP • Reduction in the number of cardiac arrests compared with 2019/20	**Minimise Avoidable Harm** **Care**
Patients who lack mental capacity will have proper protection and care	• Achieve compliance with our training targets for Mental Capacity Act (MCA) training and target specific areas based on analysis of notes audit	**Minimise Avoidable Harm** **Care**
Consent for treatment	• All adult inpatients will have a TEP • Audit of consent demonstrates an improved position when compared with 2019/20	**Minimise Avoidable Harm** **Care**
Learning from Deaths	• Maintain Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals	**Minimise Avoidable Harm** **Care**
Improving Patient Experience		
Learn from complaints to provide patients with an excellent experience	• Reduction in the number of complaints when compared with the 2019/20 baseline	**Provide Patients with an Excellent Experience** **Care**
Provide an equitable experience for patients from vulnerable groups	• Improvement in our self-assessment when compared to baseline with reference to the NHS benchmark against national standards for Learning Disability Patients	**Provide Patients with an Excellent Experience** **Care**
Improve patient flow particularly with reference to improved discharge processes	• Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2019/20 baseline • See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20 • Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2019/20 • Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20	**Provide Patients with an Excellent Experience** **Care, Collaboration**
Improving Effectiveness and Outcomes		
Develop and implement an integrated training and education framework	• We will have an integrated education and training framework with SWL and St Georges Mental Health Trust for our staff to support the care and treatment of mental health patients in an acute setting	**Provide Patients with an Excellent Experience** **Care, Collaboration**
Embed a culture of quality, safety and learning	• Improvements in related questions in the NHS Staff Survey	**Improve Staff Experience** **Culture**
Patients will not wait too long for treatment	• Achievement of targets for: Referral to Treatment (RTT) within 18 weeks; Diagnostics within six weeks; Four hour operating standard; and Cancer standards	**Minimise Avoidable Harm** **Improve Outcomes for Patients** **Care**

Reflections and Questions

- **Update on progress against the quality account priorities 2020-21**
- **Discuss and provide any feedback on the quality account priorities 2021-22**



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Finance Update

Ann Beasley, NED and Chair of the Finance and Investment Committee

16 February 2021

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Overview

- Financially a very unusual year.
- Normal financial management processes have been suspended;
  - Payment by results and normal contract management. Block funding provided
  - Efficiencies. Unable to complete without clinical engagement
  - Some lines of supply provided “free” - PPE and certain equipment.
- All trusts asked to forecast costs, with these being funded by “block payments”. These covered;
  - Normal running costs – significantly lower in surge.
  - Additional covid costs
  - Support for “non-NHS-income” lost across the year
- Greater emphasis on “system working”, with;
  - Requirement for systems to produce plans for submission to London. Not individual trusts.
  - Some funds given to systems to allocate across constituent trusts rather than directly to trusts.
- Engagement with frontline staff maintained across the period to ensure costs appropriate, understood and controlled.

5.1

16 February 2021

Overview

- Significantly more capital made available.
  - Original plan set in April was for £50m, of which only £18m was funded.
  - At month 9 approved funding of £81m. This subsequently increased to £86m.
  - Additional funding secured for;
    - ITU expansion £9.8m (£30m overall, with balance in 2021/22)
    - Covid £7.8m
    - Critical infrastructure £10.7m
    - ICT £9.5m
    - New accommodation £5m
- Planning for 2021/22.
  - Suspended for Q1.
  - Block arrangements used in current year extended across this period.
  - Planning guidance for 2021/22 expected to be published in March.
  - Expect a return to “business as usual” from start of Q2.

Income and Expenditure to end December (month 09)

			Full Year Budget (£m)	M9 Budget (£m)	M9 Actual (£m)	M9 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding COVID and Income Top Up	**Income**	SLA Income	787.6	66.4	67.2	0.7	590.2	574.7	(15.5)
		Other Income	164.2	13.6	13.2	(0.4)	123.2	113.7	(9.5)
	Income Total		**951.8**	**80.1**	**80.4**	**0.3**	**713.4**	**688.4**	**(25.0)**
	Expenditure	Pay	(583.6)	(48.8)	(48.8)	(0.1)	(437.2)	(429.6)	7.5
		Non Pay	(329.1)	(28.1)	(26.4)	1.6	(246.9)	(237.2)	9.7
	Expenditure Total		**(912.7)**	**(76.8)**	**(75.3)**	**1.5**	**(684.1)**	**(666.8)**	**17.3**
	Post Ebitda		(39.1)	(3.3)	(3.2)	0.1	(29.3)	(29.1)	0.3
	Grand Total		**0.0**	**(0.0)**	**2.0**	**2.0**	**0.0**	**(7.5)**	**(7.5)**
COVID and Income Top Up	**COVID**	Pay	0.0	0.0	(1.9)	(1.9)	0.0	(14.8)	(14.8)
		Non Pay	0.0	0.0	(1.9)	(1.9)	0.0	(13.0)	(13.0)
	Total COVID		**0.0**	**0.0**	**(3.8)**	**(3.8)**	**0.0**	**(27.9)**	**(27.9)**
	Income Top Up	SLA Income	0.0	0.0	0.0	0.0	0.0	29.9	29.9
	Reported Position		**0.0**	**(0.0)**	**(1.8)**	**(1.8)**	**0.0**	**(5.5)**	**(5.5)**

Income lower than plan. Notably "other-income"

Normal costs lower due to reduction in elective activity.

Additional covid costs and top up

Deficit reported as support for "non-NHS income2 yet to be confirmed at time of reporting. This has since been confirmed for payment in March.

5.1

Forecast

- The monitoring of financial performance in year is taking place against our FORECAST and not the budget set in March.
- A detailed Trust forecast was agreed as part of the SWL forecast in November.
- We continue to report I&E in line with this forecast.

Forecast Issue	Last Time	This Time	Movement	Reason
Block funding gap	18.0	18.0	-	No change
Cost associated with COVID	13.3	13.8	0.5	2nd surge costs in M9, additional ITU beds.
Lost non-NHS income due to COVID	4.7	4.7	-	Minor imporvcement in commercial income
High cost drugs overspend (spec comm)	-	-	-	No change
Recovery in endoscopy and cardiology	0.7	0.5	- 0.2	Reduction is reduced recovery costs in M9
Winter costs above plan	1.6	1.3	- 0.3	Reduction due to recruitment challenges in additional acute staff leading to delayed spend in M10 forecast
Medical pay award	1.2	1.2	-	No change
Efficiency (1%)	- 1.5	- 1.5	-	£3.4m of unidentified imporvement now identified
STG share of Growth funding allocation to SWL	-	-	-	To be agreed
STG share of Covid funding allocation to SWL	- 24.7	- 24.7	-	Conformation of SWL allocation of COVID funding in SWL envelope
Removal of ITU second surge costs from forecast	- 2.5	- 2.5		Removed and held as second surge risk
Non-NHS income shortfall bid *	- 13.0	- 13.0	-	Bid for additional funding from NHSI/E
Position post funding for non-NHS income shortfall	**- 2.2**	**- 2.2**	**-**	

Capital expenditure

- The table below shows the movement in the capital plan from the previous month to next.
- The key changes are highlighted below with delay on the critical care scheme, partially offset by bringing forward some schemes from 21/22, mainly within IT.

	December FIC Plan	January FIC Plan	Variance vs last month	Comment
Big Projects				
P22	9.0	9.0	-	No change - but risk in delay being worked through
Cath labs	5.5	5.5	-	No change - but risk in delay being worked through
MRI	2.5	2.5	-	No change - but risk in delay being worked through
Estates Strategy	0.5	0.5	-	No change
Renal Business Case Development	0.5	0.5	-	No change
Emergency Floor Business Case Development	0.5	0.5	-	No change
Total Projects	**18.5**	**18.5**	**-**	
Backlog and Urgent Infrastructure				
Safety critical Estates and Infrastructure	10.7	10.7	-	No change
Lifts, roof repairs and new generators	2.7	2.7	-	No change
Theatres and ward refurb	1.3	1.3	-	No change
SWLP Capital	0.5	0.5	-	No change
Donated capital schemes	0.5	0.5	-	No change
Core ME	1.3	1.3	-	No change
Core IT	9.5	9.5	-	No change
Contingency			-	
Total Backlog and Urgent Infrastructure	**26.5**	**26.5**	**-**	
			-	
Total Capital (excl leases)	**45.0**	**45.0**	**-**	
Capital Replacement Leases	**5.0**	**5.0**	**-**	No change
Total Capital Budget	**50.0**	**50.0**	**-**	

Note: Other Capital Plans

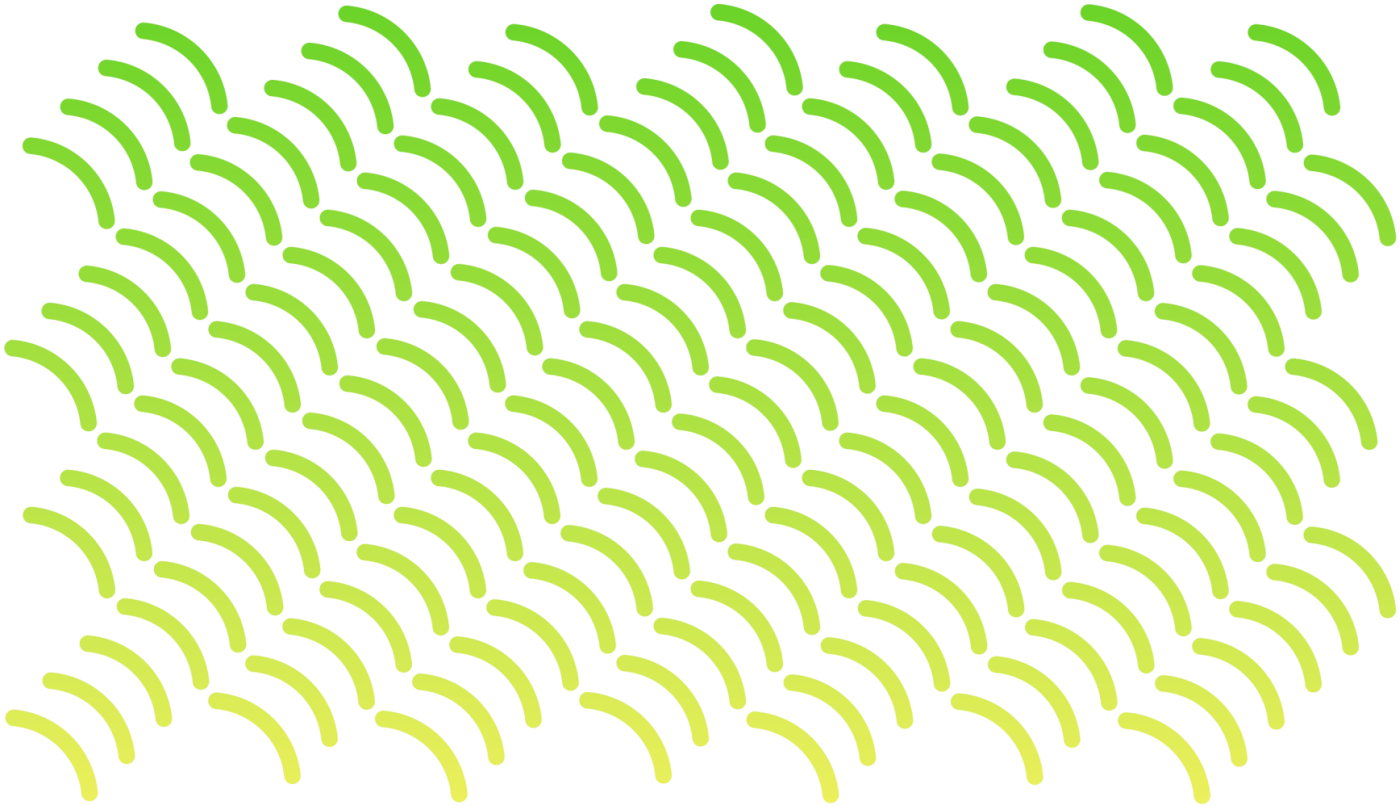
ITU Expansion	9.8	9.8	-	No change
21/22 Schemes Bought Forward	3.5	3.5	-	No change
UEC Investment	2.5	2.5	-	No change
Endoscopy Investment	0.7	0.7	-	No change
MRI Funding (National Diagnostics Replacement)	1.8	1.8	-	No change
COVID Response	7.8	7.8	-	No change
SWL Diagnostics Spend	0.3	0.3	-	No change
Spend agaimnst London headroom		5.0	5.0	Additional schemes against London headroom (Blackshaw Offices)
Total Capital Plan	**76.4**	**81.4**	**5.0**	

Other notable issues

- £325m of working capital loans have been converted to Public Dividend Capital (PDC).
  - Broadly neutral impact on I&E (swop interest payments for PDC dividend), but removes challenge of repaying the principal value.

- Cash advance of one month provided to all trusts to help ensure timely payments to suppliers.
  - Better Payment Practice Code (BPPC) performance improved from 51% last year to 64% year to date (by value).

- Finance Department.
  - Majority of staff working remotely. No major impact on the functioning of the department.
  - Engagement exercise undertaken with all staff regarding Diversity and Inclusion. Action plans being developed.



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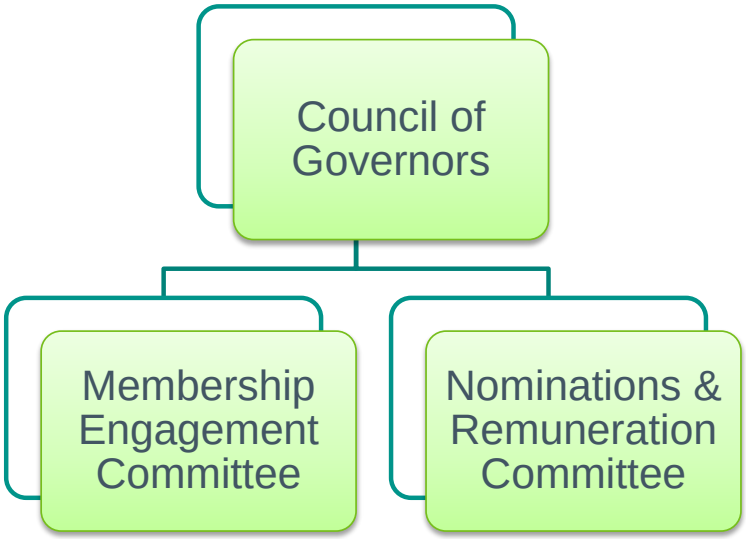
Council of Governors Proposed Meeting Dates 2021-22

6.1

Stephen Jones
Chief Corporate Affairs Officer

16 February 2021

1. Council of Governors



The Council of Governors has two Committees which support the Council of Governors in fulfilling its statutory duties. The Committees consider key decisions and issues within their remit and refer key decisions to the Council of Governors for consideration and approval.

- **The Membership Engagement Committee** has is responsible for taking forward the work to oversee the delivery of the Trust's Membership Engagement Strategy, approved by the Council in July 2019. It considers practical proposals to engage members and provides assurance on these matters to the Council of Governors.

- **The Nominations and Remuneration Committee** considers the remuneration, allowances and other terms and conditions of office, of the Chairman and other Non-Executive Directors for recommendation to the Council of Governors for approval, taking into account benchmarking against other similar organisations including NHS Foundation Trusts and taking specialist advice. The Committee develops, monitors and seeks feedback on a process for the evaluation of performance and contribution on the part of the Non-Executive Directors and the Chairman.

The membership of the Committees will be refreshed during 2021/22.

2. Council of Governors in 2021/22

Membership

Name	Role on Committee	Position
Gillian Norton	Chairman of the Board	Trust Chairman, Non-Executive Director
Nasir Akhtar	Governor	Public, Wandsworth
Adil Akram	Governor	Public, Wandsworth
Mia Bayles	Governor	Public, Rest of England
Padriag Belton	Governor	Public, Rest of England
Alfredo Benedicto	Governor	Appointed, Wandsworth Healthwatch
Jenni Doman	Governor	Staff, Non-Clinical
Sandhya Drew	Governor	Public, Rest of England
Frances Gibson	Governor	Appointed, St George's University
John Hallmark	Governor	Public, Wandsworth
Hilary Harland	Governor	Public, Merton
Marlene Johnson	Governor	Staff, Nursing and Midwifery
Shalu Kanal	Governor	Public, Wandsworth
Basheer Khan	Governor	Public, Wandsworth
Nasir Javed Khan	Governor	Public, Merton
Cllr Sarah McDermott	Governor	Appointed, Wandsworth Council
Tunde Odutoye	Governor	Staff, Medical and Dental
Richard Mycroft	Governor	Public, South West Lambeth
Dr Sangeeta Patel	Governor	Appointed, Merton & Wandsworth CCG
Alex Quayle	Governor	Staff, Allied Health Professionals
Stephen Sambrook	Governor	Public, Rest of England
Khaled Simmons	Governor	Public, Merton
Ataul Qadir Tahir	Governor	Public, Wandsworth

Meeting dates

Month	Date and time	Venue*
April 2021	21 April, 14:00 – 17.00	MS Teams
July 2021	14 July, 14:00 – 17.00	MS Teams
September 2021	16 September, 14:00 – 17.00	MS Teams
December 2021	8 December, 14:00 – 17.00	MS Teams
February 2022	9 February, 14:00 – 17.00	MS Teams
*Meetings will be held by MS Teams with provisions for physical meetings if social distancing measures cease.		

Quorum	The quorum of any meeting of the Council of Governors shall be at least one third of the Governors present.
Secretariat Support	Corporate Affairs team (governors@stgeorges.nhs.uk)

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3. Council of Governors development/ workshop days in 2021/22

Membership

Name	Role on Committee	Position
Gillian Norton	Chairman of the Board	Trust Chairman, Non-Executive Director
Nasir Akhtar	Governor	Public, Wandsworth
Adil Akram	Governor	Public, Wandsworth
Mia Bayles	Governor	Public, Rest of England
Padriag Belton	Governor	Public, Rest of England
Alfredo Benedicto	Governor	Appointed, Wandsworth Healthwatch
Jenni Doman	Governor	Staff, Non-Clinical
Sandhya Drew	Governor	Public, Rest of England
Frances Gibson	Governor	Appointed, St George's University
John Hallmark	Governor	Public, Wandsworth
Hilary Harland	Governor	Public, Merton
Marlene Johnson	Governor	Staff, Nursing and Midwifery
Shalu Kanal	Governor	Public, Wandsworth
Basheer Khan	Governor	Public, Wandsworth
Nasir Javed Khan	Governor	Public, Merton
Cllr Sarah McDermott	Governor	Appointed, Wandsworth Council
Tunde Odutoye	Governor	Staff, Medical and Dental
Richard Mycroft	Governor	Public, South West Lambeth
Dr Sangeeta Patel	Governor	Appointed, Merton & Wandsworth CCG
Alex Quayle	Governor	Staff, Allied Health Professionals
Stephen Sambrook	Governor	Public, Rest of England
Khaled Simmons	Governor	Public, Merton
Ataul Qadir Tahir	Governor	Public, Wandsworth

Development dates

Month	Date and time**	Venue
May 2021	10 May, 15:00-17:30	MS Teams
June 2021	21 June, 15:00-17:30	MS Teams
August 2021	16 August, 15:00-17:30	MS Teams
October 2021	20 October, 15:00-17:30	MS Teams
November 2021	22 November, 15:00-17:30	MS Teams
January 2022	24 January, 15:00-17:30	MS Teams
March 2022	21 March, 15:00-17:30	MS Teams
*Meetings will be held by MS Teams with provisions for physical meetings if social distancing measures cease.		
Secretariat Support: Corporate Affairs team (governors@stgeorges.nhs.uk)		

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4. Nomination and Remuneration Committee meetings 2021/22

Committee membership

Name	Role on Committee	Position
Gillian Norton	Chairman of the Board	Trust Chairman, Non-Executive Director
Mia Bayles	Member	Public Governor, Rest of England
Jenni Doman	Member	Staff Governor, Non-Clinical
John Hallmark	Member	Public Governor, Wandsworth
Hilary Harland	Member	Public Governor, Merton
Richard Mycroft	Member	Public Governor, South West Lambeth

Meeting dates

Month	Date and time	Venue
April 2021	13 April 2021, 10:00-11:30	MS Teams
January 2022	12 January 2022, 15:00-16:30	MS Teams

Quorum	Five members of the Committee will be present for the meeting to be quorate, one of which must be the Chairman of the Foundation Trust (or Senior Independent Director as appropriate) and three Governors, with at least one elected and one appointed/stakeholder Governor.
Secretariat Support	Corporate Affairs team (governors@stgeorges.nhs.uk)

5. Membership Engagement Committee meetings 2021/22

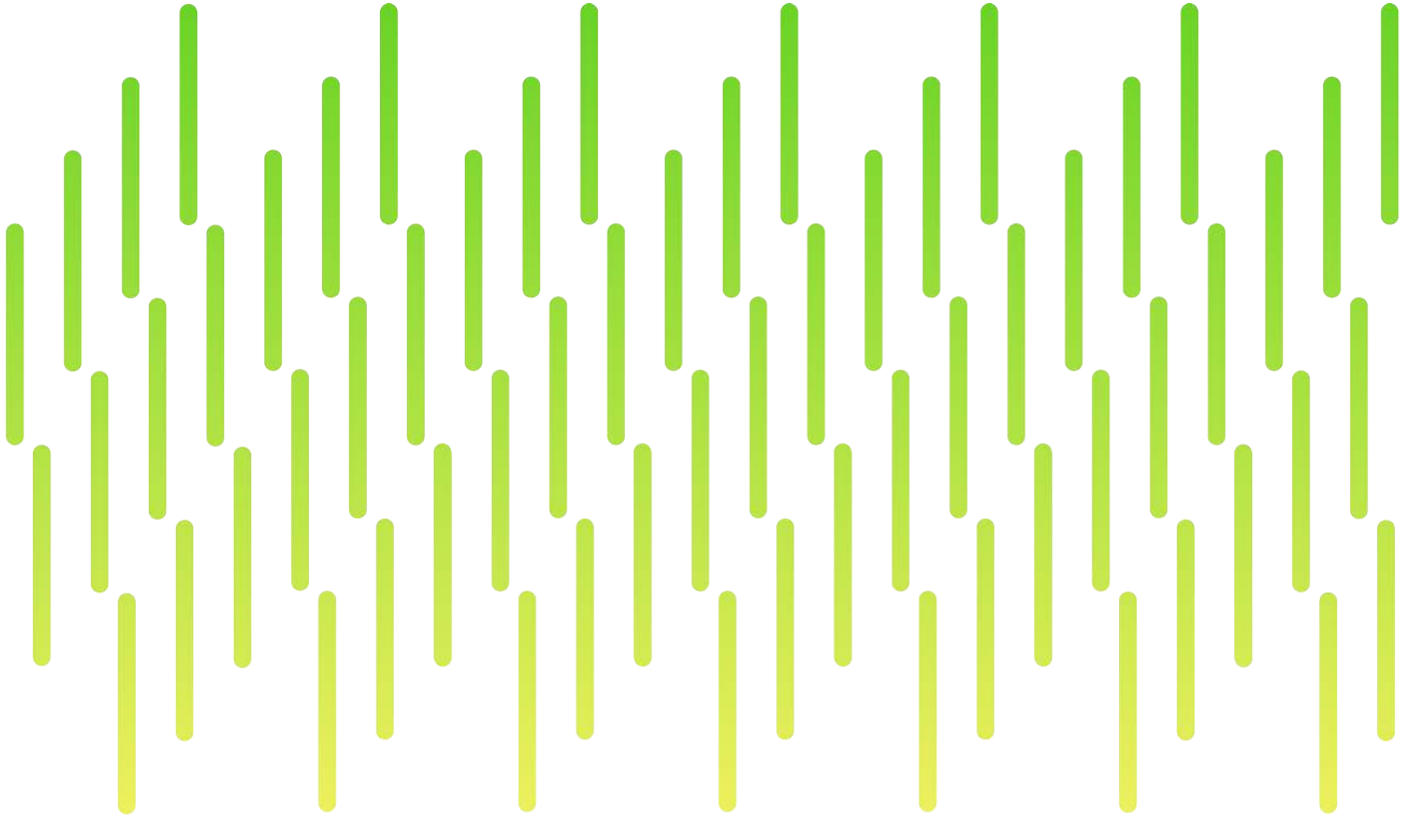
Committee membership

Name	Role on Committee	Position
Richard Mycroft	Committee Chair	Public Governor, South West Lambeth
Mia Bayles	Member	Public Governor, Rest of England
Alfredo Benedicto	Member	Appointed Governor, Healthwatch Merton
Jenni Doman	Member	Staff Governor, Non-Clinical
Sandhya Drew	Member	Public Governor, Wandsworth
John Hallmark	Member	Public Governor, Wandsworth
Hilary Harland	Member	Public Governor, Merton
Marlene Johnson	Member	Staff Governor, Nursing and Midwifery
Nasir Javed Khan	Member	Public Governor, Merton
Stephen Sambrook	Member	Public Governor, Rest of England

Meeting dates

Month	Date and time	Venue
April 2021	8 April 2021, 15:00-17:00	MS Teams
June 2021	1 June 2021, 13:00-15:00	MS Teams
August 2021	5 August 2021, 13:00-15:00	MS Teams
October 2021	26 October 2021, 13:00-15:00	MS Teams
January 2022	12 January 2022, 13:00-15:00	MS Teams

Quorum	The quorum for any meeting of the Committee shall be four members, of which must be a member of each constituency. Regular or other attendees do not count towards the quorum.
Secretariat Support	Corporate Affairs team (governors@stgeorges.nhs.uk)



Presentation title to be placed here
St George's University Hospitals NHS Foundation Trust

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