St George's University Hospitals NHS Foundation Trust

Council of Governors Meeting

Date and Time: Tuesday, 21 April, 15:00-17:00
Venue: MS Teams

Time	Item	Subject	Lead	Action	Format
1.0	**OPENING ADMINISTRATION**				
15.00	**1.1**	**Welcome and Apologies**	Chairman	Note	Verbal
	1.2	**Declarations of Interest**	All	Assure	Report
	1.3	**Minutes of meeting held on 10 February 2021**	Chairman	Approve	Report
	1.4	**Action Log and Matters Arising**	All	Review	Report
2.0	**KEY UPDATES**				
15:05	**2.1**	**Chief Executive Officer's Report**	CEO	Update	Report
3.0	**COLLABORATION**				
15:30	**3.1**	**Annual Planning 2021/22**	Ann Beasley / CFO	Update	Report
15:55	**3.2**	**Proposed NHS Legislative Changes: Integration and Innovation White Paper**	Chairman / CCAO	Update	Report
4.0	**ENGAGEMENT AND REPRESENTATION**				
16:15	**4.1**	**Membership Engagement Committee Report**	Lead Governor	Note	Report
5.0	**GOVERNANCE OF COUNCIL OF GOVERNORS**				
16:25	**5.1**	**Council of Governors Membership**	Chairman / CCAO	Approve	Report
16:35	**5.2**	**Council of Governors Annual Work Programme**	Chairman / CCAO	Approve	Report
5.0	**CLOSING ADMINISTRATION**				
16:45	**5.1**	**Any Other Business**	All	Note	Verbal
	5.2	**Reflections on meeting**		Note	Verbal
17:00	**CLOSE**				
Date and Time of Next Meeting: 14 July 2021, 14:00-17:00					

St George's University Hospitals NHS Foundation Trust

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
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenni Doman	Staff Governor, non-clinical	JD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Linda Kirby	Appointed Governor, Merton Council	LK
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
Ann Beasley	Non-Executive Director	AB-NED
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Jenny Higham	Non-Executive Director	JH-NED
Parveen Kumar	Non-Executive Director	PK-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Tamara Croud	Head of Corporate Governance & Board Secretary	HCG-BS
Apologies		
Tim Wright	Non-Executive Director	TW-NED
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)
16 February 2021, 14:00 – 16:00, via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AA
Mia Bayles	Public Governor, Rest of England	MB
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Jenni Doman	Staff Governor, Non-Clinical	JM
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Nasir Javed Khan	Public Governor, Merton	NJK
Rebecca Lanning	Appointed Governor, Merton Council	RL
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
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:		
Ann Beasley	Non-Executive Director	AB-NED
Alison Benincasa	Director of Quality Governance & Compliance (item 4.1 only)	DQGC
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Jenny Higham	Non-Executive Director	JH-NED
Parveen Kumar	Non-Executive Director	PK-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Tim Wright	Non-Executive Director	TW-NED
Jacqueline Totterdell	Chief Executive Officer	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive (item 5.1 only)	CFO/DCEO
Robert Bleasdale	Acting Chief Nurse/Director of Infection Control (item 4.1 only)	ACN
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance/Board Secretary	HOCG-BS
Richard Coxon	Membership & Engagement Manager (Minutes)	MEM
Apologies:		
Frances Gibson	Appointed Governor, St George's University	FG
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ

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		Action
1.0	**OPENING ADMINISTRATION**	
1.1	**Welcome and Apologies** The Chairman welcomed everyone to the meeting and welcomed in particular new Governors who were joining for their first meeting. It was noted that the Trust was awaiting confirmation of the appointment of new Governors for Kingston University and Merton Council. The Council noted the apologies as set out above. The Chairman reminded the Council that Governors have an obligation under the Trust's Constitution to attend every meeting unless they have a valid reason. The Code of Conduct provided that if a Governor failed to attend two consecutive Council meetings this may jeopardise their continuation on the Council.	
1.2	**Declarations of Interest** There were no new declarations of interests reported.	
1.3	**Minutes of the meeting held on 10 December 2020** The minutes of both the public and private meetings held on 10 December 2020 were approved as true and accurate records.	
1.4	**Action Log and Matters Arising** The Council received the action log and agreed that two actions could be closed: • **COG.10.09.20/01 Emergency Floor Proposal** was included in the Chief Executive Officer's report at item 2.1 on the agenda and would be part of the Governor seminar on 16 March 2021. • **COG.10.12.20/01** Culture Programme Update was on the agenda at item 3.1. The Council agreed that the following two actions could be closed and delegated to the Membership Engagement Committee: • **COG.10.12.20/02 Membership Engagement Report.** Since the last meeting of the Council and further calls for this information no other Governors have provided information on their local stakeholder groups. • **COG.10.12.20/03 Membership Engagement Report.** Since the last meeting of the Council no Governors have volunteered to record video messages. The Chairman noted that Richard Mycroft (RM) asked that at the end of the meeting the actions could be summarised as there is a long time between meetings.	
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: • It was reported that the Covid-19 situation continued to evolve rapidly and as at 16 February 2021, the Trust had 58 Covid-19 patients in the Intensive Care Unit (ICU). The Trust had discharged the 2000th person who had recovered from Covid-19 the previous week. The number of wards with Covid-19 patients had reduced from ten	

		Action
	at the January peak to three wards currently. The Trust was still in 'super surge' with 120 ICU beds open and 109 occupied whereas prior to Covid the Trust had 66 beds in ICU. • All Trust staff had been offered the Covid-19 vaccination and over 8,000 had been vaccinated to date. However, there had been a challenge with vaccination take-up among some staff groups, with Black, Asian, Minority Ethnic (BAME) staff more reluctant to have the Covid-19 vaccine and in particular black staff. The Trust had held open information sessions with staff and question and answer sessions and had also produced a leaflet to address staff concerns and ensure that they were well informed to make a decision. • It was noted that nosocomial infection had been a big challenge for all Trusts and was monitored across South West London (SWL). A retrospective review of nosocomial infection of inpatients at the Trust had been undertaken and between 1 October 2020 and 8 January 2021, there had been 118 patients noted with hospital acquired Covid-19. The Trust was now encouraging all patients to wear masks as well as all staff to reduce the risk of transmission. • It was reported that many services had continued during the latest surge and this had included the Trust providing a full service in diagnostics, maintaining three quarters of outpatients' appointments, and continuing with Priority one and two surgery cases. The Trust's Emergency Department (ED) performance remained strong and the Trust was the number one performing trust in London and number 12 across England against the four hour operating standard. • It was noted that the new ED reception and triage area had opened the previous week, which had been completely remodelled to improve the experience of patients. The £2.4m project had started the previous October and had transformed areas of the department to keep staff and patients safe and reduce the risk of Covid-19 infection. • It was reported that the annual NHS staff survey had resulted in a 59.5% response rate. There had been steady improvements in some areas and this reflected that some actions were having the intended impact. It was noted that the response rate was in the upper quartile compared with other similar trusts. • There was a significant focus on staff health and wellbeing and working with South West London and St George's Mental Health Trust to support staff. • Paul da Gama, the new Chief People Officer had started at the Trust on 8 February 2021 and Anna Clough, Divisional Director of Operations for Surgery, Neurosciences, Cancer and Theatres Division, had been appointed Deputy Chief Operating Officer. • It was noted that the Trust had been a leader within the SWL system on Covid-19. A significant focus was currently on when and how to start the elective programme and it had been agreed that this would be at the end of April 2021. The following key points were raised and noted in discussion: • In response to question raised by Nasir Akhtar (NA) it was noted that the Trust had continued to carry out cancer surgery working closely with Royal Marsden to ensure cancer patients continued to receive the best possible care. It was reported that the Trust had managed to reduce its 104 day wait list and that the Trust was supporting cancer patients who did not want to come to the hospital for treatment despite	

		Action
	reassurance on the risks. • In response to a question from Sarah McDermott (SMD) about information on spare vaccines at the end of the day, the CEO reassured the Council that there were no wasted vaccines. Any unused vaccines were given to patients being discharged from hospital or members of staff who had not already received the vaccine. The Trust was aware of misinformation being distributed on social media and the Trust had put out statements on its website and social media channels to address this. The Mail on Sunday had also published a statement by the Trust on the matter. The Trust had agreed with the local authority to vaccinate teachers who looked after pupils with learning difficulties as they were a high risk group. It was noted that there had been some issues with the booking system link being forwarded to a wider range of teachers who did not qualify for vaccination and around 100 teachers were turned away. It was noted that the Trust was only vaccinating staff and patients with appointments and following national guidance. The Trust had been clear that no-one should simply turn up at the Trust as they would be sent away. Basheer Khan (BK) suggested that the Trust record a short video clip for the website which could be shared on social media. It was noted that this would likely be useful particularly in the Asian community. • In response to a question raised by John Hallmark (JH) it was noted that the Trust would need to manage Covid-19 like seasonal flu but would not have a dedicated ward just for Covid-19 patients. The Trust had managed during the summer months in 2020 by treating Covid-19 patients in side rooms on wards and would seek to do the same going forward when the current surge ended where possible. • In response to a question raised by Khaled Simmons (KS) it was noted that the creation of Integrated Care Systems and changes to their governance were being taken forward as part of the Government's NHS reforms; the role of public representation from Governors and volunteers remained important. RM confirmed that the Lead Governor network had sent in feedback on the NHS England and NHS Improvement consultation document which had been circulated to the Council. The Council of Governors noted the report.	
3.0	**CULTURE**	
3.1	**Culture Programme Update** Stephen Collier, Non-Executive Director and Chair of Workforce and Education Committee (SC-NED), provided a presentation on the Culture Programme: • It was noted that as culture related to how people think and behave culture change could be difficult to achieve and progress hard to measure. What the Trust was trying to achieve was driven by public sector values. It was about seeking to be the best we can be, to be a great place to work and in which to be treated. • It was noted that between 2016 and 2019 there had been a significant turnaround in governance, grip, delivery, and movement towards good, effective leadership and performance improvements across all domains. It was noted that the Trust had come out of double special measures and is moving towards 'good' and aiming for 'outstanding'. During this period, stabilising the Trust and addressing pressing performance issues had been the priority, but as the Trust moved to a better position, the focus had turned to strengthening culture. • It was noted that the Workforce and Education Committee (WEC) had been focussed on recruitment and retention of staff. It was reported that 40% of staff had	

		Action
	been with Trust for five years and 5% for two years or more. There was, broadly, a 50-50% split between BAME and White staff. The Trust employed 9,300 staff, with 91% employed directly by Trust, 7% regular bank staff and 2% agency staff. It was reported that staff in higher grades in the organisation were more likely to be white and the D&I action plan included measures to address this. • Team working had been key during the pandemic and had given a shared experience and sense of common purpose. • The culture programme had made good progress and while the timetable had been impacted by Covid-19 there continued to be progress. The strengthening culture action plan was currently being developed and would be shared with the Board as soon as possible. • SC-NED acknowledged that culture change could be difficult to manage and challenging to measure success. The work was too important to get wrong and it was more important to get the right action plan that would deliver the results needed. The following key points were raised and noted in discussion: • In response to a question from Hilary Harland (HH) on whether the annual NHS staff survey was the main way to measure success, it was noted that staff had responded in good numbers to the survey despite Covid-19 pressures and this was a good indicator. Quarterly pulse staff surveys would also soon be reinstated and this would provide a further, and more real-time indication of staff sentiment. Staff turnover was another good measure of success. Given the feedback from BAME staff, it would be critical to evidence that the experience of BAME staff was improving and significant work was going on to ensure the Trust was an inclusive place in which to work. • RM suggested that there was a deep well of support for the progress made to date. It was important to see examples of such improvement, and the recent speech and language therapists' presentation at Trust Board could usefully be used in other parts of the Trust. • In response to a question raised by NA, the Council heard that there was no sense of complacency with the progress made to date. There was an urgency in delivering further improvements and WEC and the Board as a whole had been keen to progress the culture change work. • In response to a question raised by KS, the Council was told that making the Covid-19 vaccine compulsory for all staff was not something the Trust could decide unilaterally. It was reported that the executive thought it was better to inform and educate staff to make their decisions while encouraging uptake. This approach had worked previously with high take up rate of annual flu vaccination by staff. • In response to a question raised by Tunde Odutoye (TO) it was noted that the NEDs tried wherever possible to get out and about across the hospital to meet staff on the ground. This had been impacted by the latest Covid surge but NEDs had conducted individual site visits during the summer and early autumn and planned to do so as soon as the current pressures eased. The Council of Governors noted the report.	

		Action
4.0	**QUALITY**	
4.1	**Quality Priorities: Review 2020-21 and Planning 2021-22** Parveen Kumar, Non-Executive Director and Chair of the Quality and Safety Committee (PK-NED) introduced the report on Quality Priorities: Review 2020-21 and Planning 2021-22. The following key points were highlighted: • There were two specific pieces of legislation governing the publication of quality accounts: The Health Act 2009 and The NHS (Quality Accounts) Amendment Regulations 2017 ('the quality account regulations'). The Quality Account was published alongside the Trust's Annual Report and Accounts every year. • The report outlined the progress made to date against the ten quality priorities in the Quality Account 2020-21. It was noted that the quality priorities for 2020-2021 had been informed by reviewing the themes highlighted from the ward and departmental accreditation scheme and quality and safety information from internal and external sources including patient surveys, complaints, Serious Incidents and Never Events. These were also aligned to the Quality and Safety Strategy 2019-24 and Corporate Objectives. • It was noted that there were three themes; Improving Patient Safety, Improving Patient Experience and Improving Efficiencies and Outcomes. Progress had been impacted by Covid-19 and the Trust was not where it wanted to be at this stage but good progress had been made nonetheless. Alison Benincasa, Director of Quality Governance and Compliance (DQGC), provided an update on the ten quality priorities: The highlights included: • The ten Quality Priorities were monitored on a monthly basis through the Quality and Safety Committee and up to the Trust Board. • In order to ensure timely escalation in relation to deteriorating patients an electronic Treatment Escalation Plan had been built into iClip which recorded the plan for patients within 24 hours of admittance to hospital. This could be audited to see how many patients had agreed plans in place. The National Early Warning Score assessment process (NEWS2) had also been implemented in iClip. Those two things together really helped deteriorating patients. The Trust used this data to target wards which might need additional training and this was one of measures impacted by Covid-19. • The DQGC added that the intention was that the existing 10 quality priories would roll forward into 2021-22. Work was underway to review how they could be measured more succinctly and remain aligned to the corporate objectives and Quality and Safety objectives. The following key points were raised and noted in discussion: • In response to a question raised by KS, Robert Bleasdale, Acting Chief Nurse (ACN), reported that there had not been a reduction in SI's and learning due to fewer operations during the pandemic. The Trust was still carrying out the same levels of governance and was checking performance data ward by ward. There had been no reduction in SI's or learning around infection prevention and control. • In response to a question raised by AA it was noted that hospital acquired Covid-19 was broadly similar to other trusts. The definitions had changed since first lockdown and all trusts had got better at reporting. The Trust met weekly with SWL sector	

		Action
	organisations where data was shared and compared. The Council of Governors noted the report.	
5.0	**COLLABORATION**	
5.1	**Finance: Where we are now and Forward Planning** Ann Beasley, Non-Executive Director and Chair of the Finance and Investment Committee (AB-NED), highlighted the following: • AB-NED reported that the Trust had been taken out of Financial Special Measures in December 2020. Although this was unlikely to make a material difference in some ways, as the additional oversight and support provided to the Trust had reduced in recent times, the decision by NHSE&I was a significant motivational boost for the organisation. The Trust was now in more control of its expenditure, though this year had been very unusual financially. • The Trust had been fully funded for what it spent for the first six months of 2020-21. There was a greater emphasis on 'system working' within SWL and this had impacted on how the Trust managed its finances. • The capital programme at the start of the year had amounted to £50m worth of projects but at end of month nine the Trust had been given significantly more capital to spend by year end; this was challenging but would be achieved. The Council noted that as this had occurred in previous years the Finance and Investment Committee had ensured that sufficient business cases had been approved and were ready to start once funding was available. The projects included the ICU expansion, estates projects, Information Communication and Technology infrastructure and improvements. • Planning for the 2021-22 budget had been suspended and guidance was expected to be published in March 2021. The Trust would continue into quarter one under current arrangements. Other income was lower than planned and normal costs were also lower due to reduction in elective activity. • It was noted that £325m of working capital loans had been converted to Public Dividend Capital which had a neutral impact on interest payments but removed he challenge of repaying principal value. The cash position this year had been good due to cash advances. The following key points were raised and noted in discussion: • In response to a question raised by SM it was confirmed that all the capital projects underway had been fully ready to go approved projects. Andrew Grimshaw, Chief Finance Officer and Deputy Chief Executive (CFO/DCEO), added that capital projects had been planned ahead with a long list of ready projects. • In response to a question raised by AA on staff and unused annual leave it was reported that this was being dealt with as a sector-wide issue. The national guidance stated that where staff were unable to take their annual leave because of Covid-19 they could carry over up to 20 days to be used over the next two years. The Trust had agreed to honour this and the accrued cost is £15-20m. There was also possibility of 'buying back' unused annual leave from staff but the Trust is waiting to hear how that would be funded so currently there was no commitment on this and this would also require agreement at the system level.	

		Action
	• In response to a question raised by KS the Council heard that NHS England was devolving specialised commissioning to local Integrated Care Systems. The Trust was not expecting activity to reduce and there may be some redistribution of activity in the medium to long-term where treatment was delivered. There would be an adjustment for patient flow in and out of area and the mechanisms were being developed on how this would be managed. The Council noted the report.	
6.0	**COUNCIL OF GOVERNORS GOVERNANCE**	
6.1	**Council of Governor governance: 2021-22 Meeting Schedule** Stephen Jones, Chief Corporate Affairs Officer (CCAO), presented the 2021-22 Meeting Schedule for the Council of Governors which was taken as read. The report set out the dates for the Council of Governor meetings, Governor Workshops and two sub-committees. It was noted that the membership of the two Council of Governors sub-committees – the Nomination & Remuneration Committee and Membership Engagement Committee – would be refreshed in the summer, but ahead of this steps would be taken to ensure the Nomination & Remuneration Committee remained quorate by seeking expressions of interest from Governors to join the Committee on an interim basis until the wider refresh of membership in the summer. **The CCAO would seek expressions of interest from Governors to join the Nomination and Remuneration Committee on an interim basis until a wider refresh of membership in the summer, and vacant positions on the Committee would be filled on a first come first served basis.** The planned Governors seminar on the 16 March 2021 had originally been scheduled to focus on Annual Planning for 2021-22 but in light of the suspension of annual planning the focus of the seminar had been changed to estates, IT, and collaboration with Epsom and St Helier University Hospitals NHS Trust. The Council received and noted the report.	**CCAO**
7.0	**CLOSING ADMINISTRATION**	
7.1	**Any other business** The CCAO reported that the timings for the submission of this year's Annual Report and Accounts, including the Quality Account, had been moved back to the end of June as a result of the operational pressures on Trusts due to Covid-19. The Trust anticipated that guidance on the Quality Account would be published shortly and this was likely to confirm whether or not Governors would be required to select a quality indicator for audit as part of the year end process. **The CCAO would confirm whether Governors would be required to select a quality indicator for audit at the next meeting of the Council.**	**CCAO**
7.2	**Reflections on meeting** The Chairman asked for feedback on change of meeting format. RM thought the focus with the NEDs was very useful but stated that he did not want to miss the opportunity to review what was happening at Board Committees. AA agreed. The CCAO stated that the reports of the Committees to the Board would continue to be circulated to Governors for information as part of the Board paper packs. The Chairman thanked everyone for their contributions to the meeting.	

		Action
	Date of next Meeting **21 April 2021, 14:00-17:00**	

Council of Governors Public Action Log - 21 April 2021						
Action Ref	**Section**	**Action**	**Due**	**Lead**	**Commentary**	**Status**
COG.16.02.21/01	**Governance**	**Governors would be invited to join the Council of Governors two sub-committees, the Nomination and Remuneration Committee and/or the Membership Engagement Committee. A message would be sent out to all Governors asked for expressions of interest.**	21.04.21	CCAO	**Email sent to all Governors asking for expressions on interest on 7 April 2021.**	**PROPOSED FOR CLOSURE**
COG.16.02.21/02	**Governance**	**The CCAO would confirm whether Governors would be required to select a quality indicator for audit at the next meeting of the Council.**	21.04.21	CCAO	**A verbal update to be given by CCAO.**	**PROPOSED FOR CLOSURE**

2.1

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NHS
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Chief Executive's Report to Council of Governors
21 April 2021

Jacqueline Totterdell
Chief Executive Office

15 April 2021

Introduction

Purpose

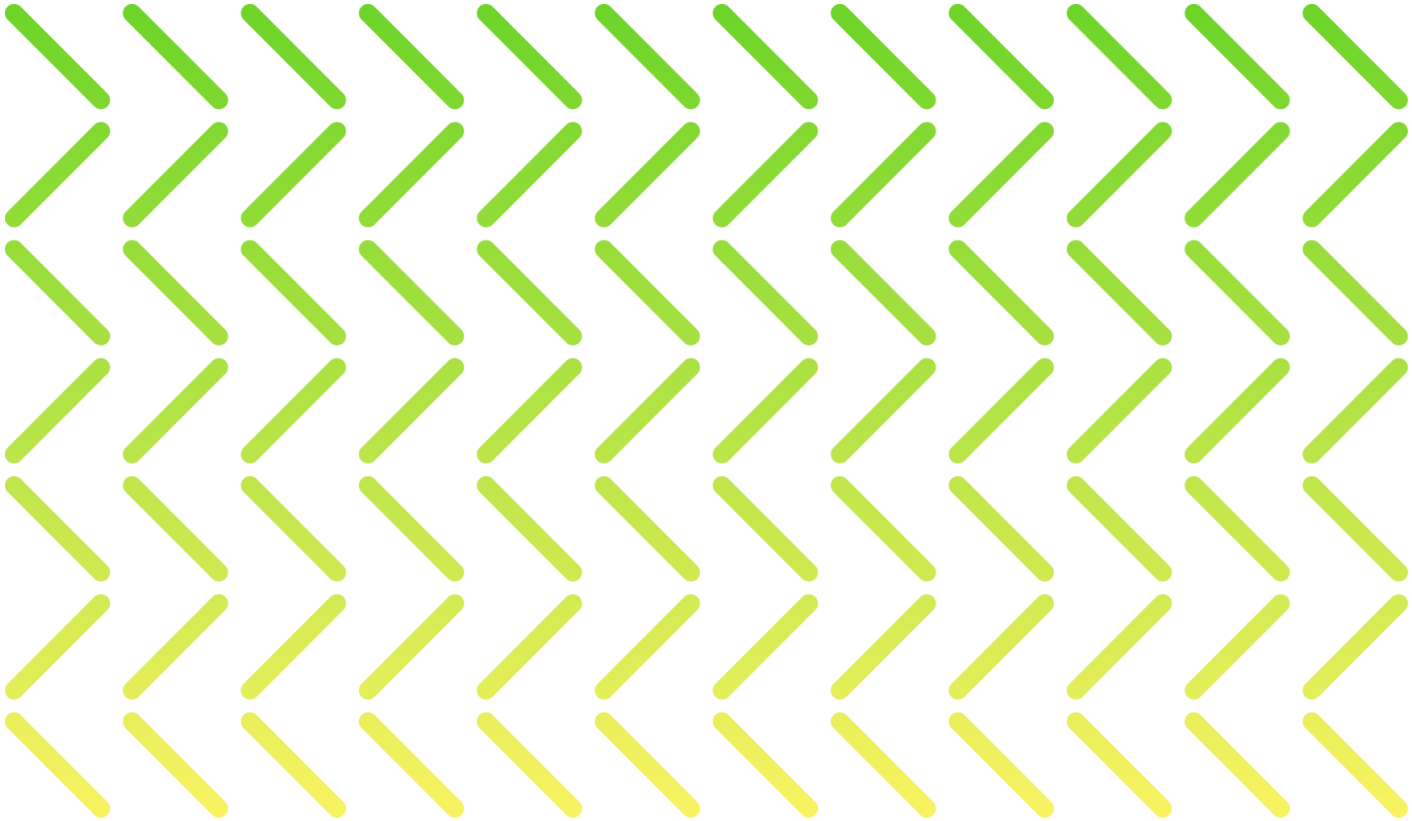
The purpose of this report is to provide the Council of Governors with an update on key develops in the Trust and an overview of how wider external factors are impacting on the Trust in delivering the best care and services to patients.

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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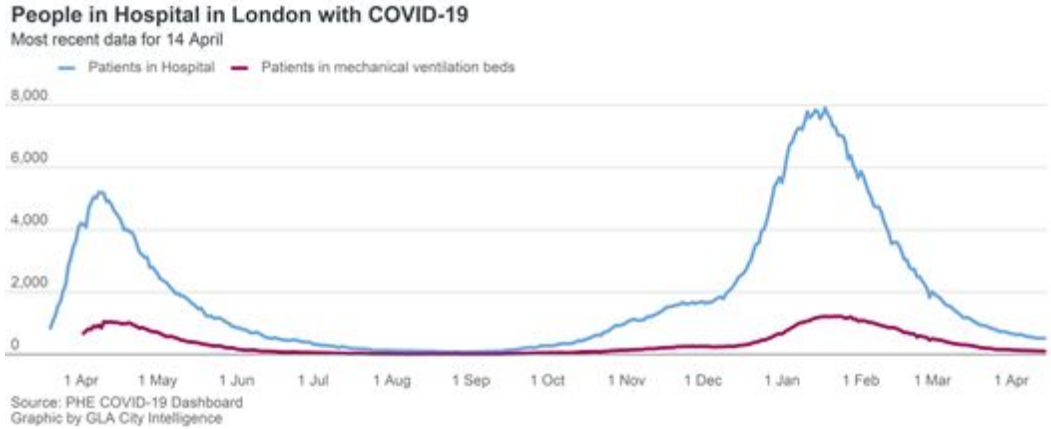
Covid-19 Update

- Transmission rates continued to fall across the country. The numbers of patients being admitted to London hospitals continues to decline.



- As at 14 April, the Trust had 1* Covid-19 patients on its wards (compared with 172 in February 2021) and 7 * Covid-19 positive patients in intensive care units (ICUs) (compared with 65 in February 2021) .
- As the national lock down arrangements begin to ease the Trust is also on the path to resuming full services and is focused on elective recovery.
- The Trust has now stood down the surge ICU capacity based in Benjamin Weir Ward and repurposed the final Covid-19 ward (Marnham).

Current Covid-19 Position *

	16/04
Number of ICU beds currently open	77
Number of Covid-19 positive patients currently in ICU	7
Number of Covid-19 positive patients on our wards	1
Number of Covid-19 positive patients treated and discharged - from hospital (since March 2020)	2,588
Total number of patients who have sadly died and tested - positive for Covid-19 (since March 2020)	750

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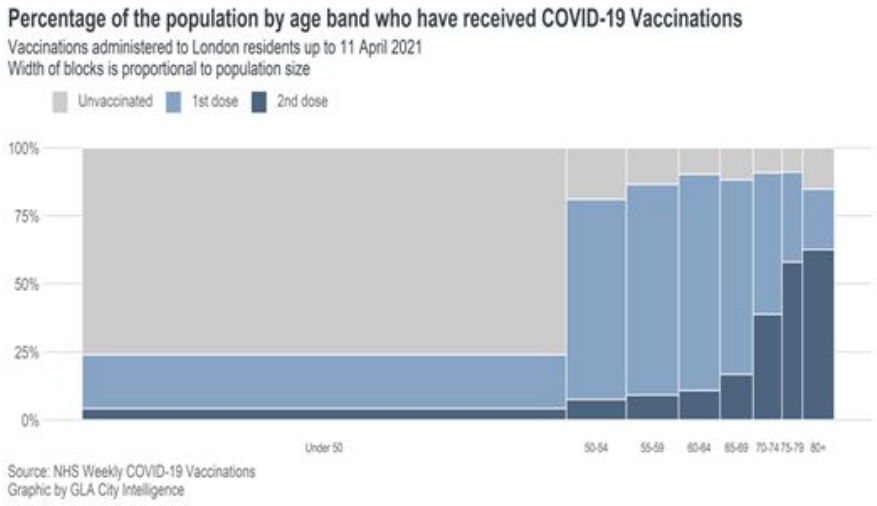
** Information correct as at 16/04/2021*

Covid-19 Vaccine

- Across London the number of people receiving the vaccine is increasing and a large portion of the older age groups have received their 1st and 2nd doses.



- The Trust continues to adhere to guidance and instructions from the Joint Committee for Vaccination and Immunisation (JCVI) in relation to the Oxford-AstraZeneca vaccine with anyone between 18-29 being offered an alternative first vaccine and those who require the second dose being assessed for haematological conditions.
- The Trust is now offering the Pfizer/BioNTech vaccine to those patients with haematological conditions and people between the age of 18-29.

- Over 8,955 staff (including contracting staff) members have received the first dose of the vaccine and the campaign to encourage more staff members from BAME backgrounds to take up the vaccine has continued with steady progress being made.

- Our vaccination hub completed the highest number of vaccines in one day, 822, on 12 April 2021. This was a significant achievement. In total, we have administered over 30k vaccines.
- In light of recent Government announcement about the South African variant in the Wandsworth and Lambeth boroughs the Trust is encouraging staff to continue to use the twice weekly lateral flow test with additional supplies made available to staff. PCR test are given to staff that test positive.
- Staff and students to participate in the surveillance programme through accessing PCR testing through local testing sites, and the CNO is working to facilitate distribution of home testing kits for St Georges Staff, contractors and University staff

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** Information correct as at 16/04/2021*

Operational Performance & Delivering Clinical Services

Clinical Services Updates

The Trust has reopened **22 of the 29 theatres with plans** with a further 4 opening next week and fully operational week commencing 26 April 2021.

- to re-open the remaining seven theatres by end-April 2021.
- Clinicians were engaged in the process to enhance and improve the **outpatient pathway** and processes especially in relation to triaging of referrals.
- The estates works to create m**odular operating theatres at the Queen Mary Hospital (QMH)** site is nearly complete and is expected to be operational in May 2021. The Trust has a steering group to oversee plans for how these theatres will be managed and utilised including looking a the criteria for patient selection, sterile services etc. The Trust is working to finalise the list of procedures which would be conducted in these theatres with plastics and urology confirmed.
- The Trust was previously forced to suspend services at urgent treatment centre at QMH due to Covid-19 priorities.
- The **urgent care service pilot at QMH has been extended for another six months**.
- The service offers appointments with emergency practitioners as well as GPs. Adults and children over two can be seen by an emergency practitioner seven days a week, from 8am to 8pm.

- There is a dedicated number for patients to speak to an emergency practitioner and assesses patients suitability to receive an appointment.

- **Outpatient services** resume from 19 April at the **Nelson Health Centre** delivering services such as trauma and orthopaedics, cardiology, colorectal, dermatology, plastics and rheumatology
- Our **emergency care performance** continues to be amongst the **best in London *and in the top ten nationally***, and for a concerted period now.

January 2021 Performance

Key performance highlights are below:

- ***Trust met 31 day cancer second or subsequent drug treatment, target with actions in place to improve performance across all other cancer targets***
- ***4-hour standard improved to 92.1% from 81.7% in the January***
- ***Six week diagnostics waiting list reduced to 14.8% from 18.1%***
- ***Non-elective length of stay fell from 7 to 5.9 days as a result of the increase in daycase activity.***
- ***Elective length of stay decreased to 1.9 days***
- ***Outpatient activity was 92.7%***
- ***The overall patient waiting list (44291 in January 2021) continued to slowly reduce with a 4% decline since December 2020***

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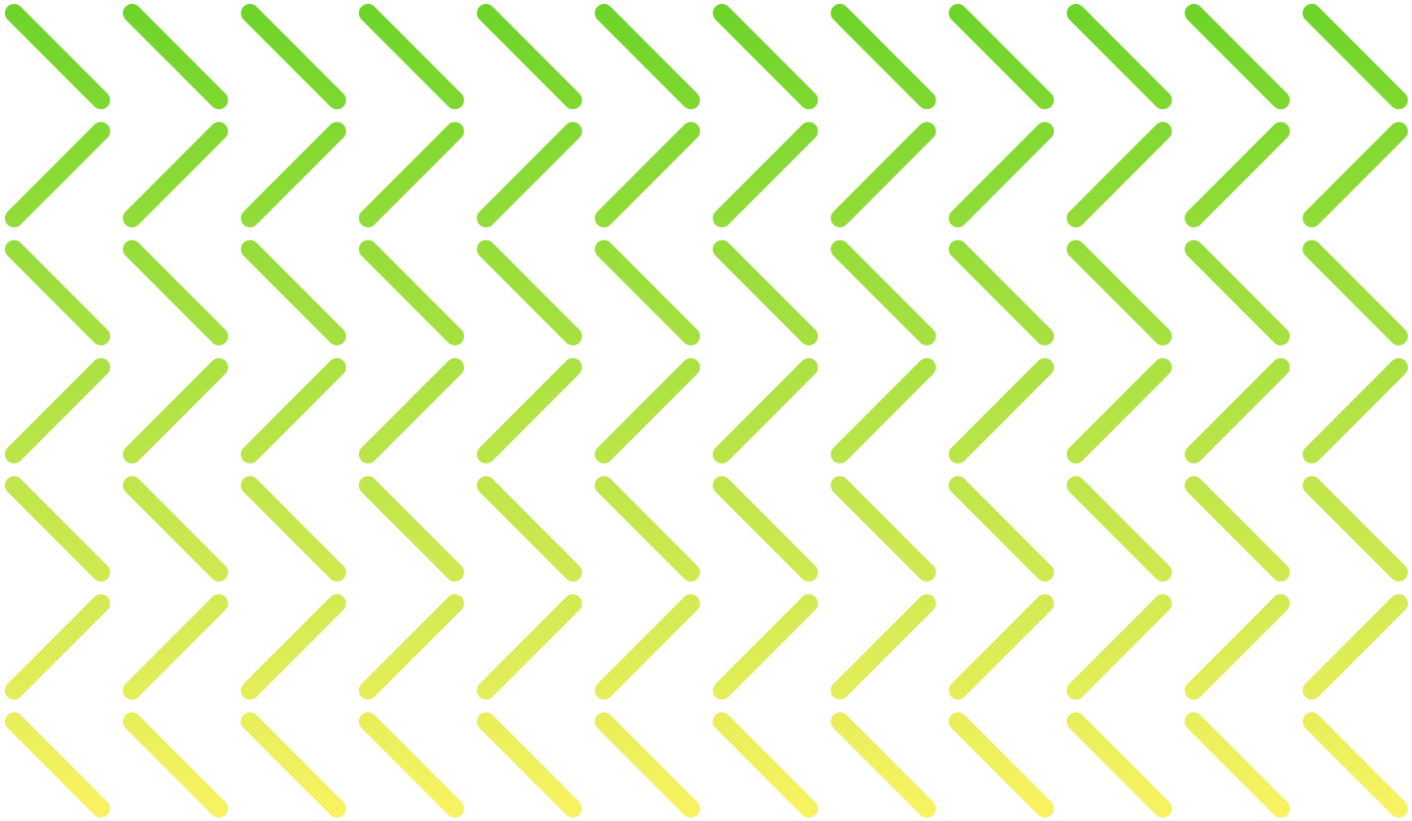
CULTURE

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

Health & Wellbeing

- We know that our staff are our most important asset. We are conscious that as we begin to stand back up clinical services moving out of the latest Covid-19 surge we need to look after our staff and we continue to focus on **health and wellbeing**.
- Our health and wellbeing team have **launched a new programme of activities** for St George's staff thanks to funding from NHS Charities Together, whose most famous fundraiser is the late Captain Sir Thomas Moore. The new programme includes five different activities: Deskercise, running, yoga, mindfulness and '*Riddim*' dance fitness sessions, which will be offered on a weekly basis to St George's staff, free of charge.
- We also continue to provide staff with counselling and support services.
- We have also supported our staff who have been heavily involved in managing the Covid-19 operational priorities to take **annual leave** and reset as we resume clinical services.

New Appointments:

- **Anne Brierley,** now our permanent Chief Operating Officer.
- **Julie Scrivens,** Divisional Director of Operations for our Medicine and Cardiovascular Sciences division. Julie has joined the Trust from Epsom and St Helier where she was Director of Planned Care.
- **Dr Frances Elmslie** Consultant in genetics here at St George's, has been appointed Clinical Director of the NHS South East Genomic Medicine Service Alliance (GMSA). The GSMA – of which St George's is part - was established in December 2020 as part of a network of seven GMSAs commissioned by NHS England/Improvement to support the systematic embedding of genomics into mainstream healthcare.

NHS Staff Survey 2020:

- The key headline results are as follows:
  - 67% of staff said they would recommend the Trust as a place to work – up from 61% in 2019.
  - 76% of staff said they would be happy for their friend or relative to receive care at the Trust – an increase of 4% compared to last year's results (72%)
  - 79% of staff said care of patients/service users is our top priority – up 2% on 2019 (77%).
- These improvements represent positive news, but – naturally – I want everyone to enjoy working here, so this is far from 'job done'; but it is a good step in the right direction.
- As part of our response to the NHS staff survey results, we are going to agree five key areas we want to improve on, based on your feedback – and our **Big** 5 will drive how we respond over the coming weeks and months. Over 5,000 have already told us what we need to do better by filling out the NHS Staff Survey – and we are incredibly grateful to those who did. This intelligence and those sourced from the additional listening events will inform the development of the Big 5 priorities for the year.
- We also congratulated staff on new appointments and said good by to some long servicing staff members who retired.

THE BIG 5 STAFF SURVEY

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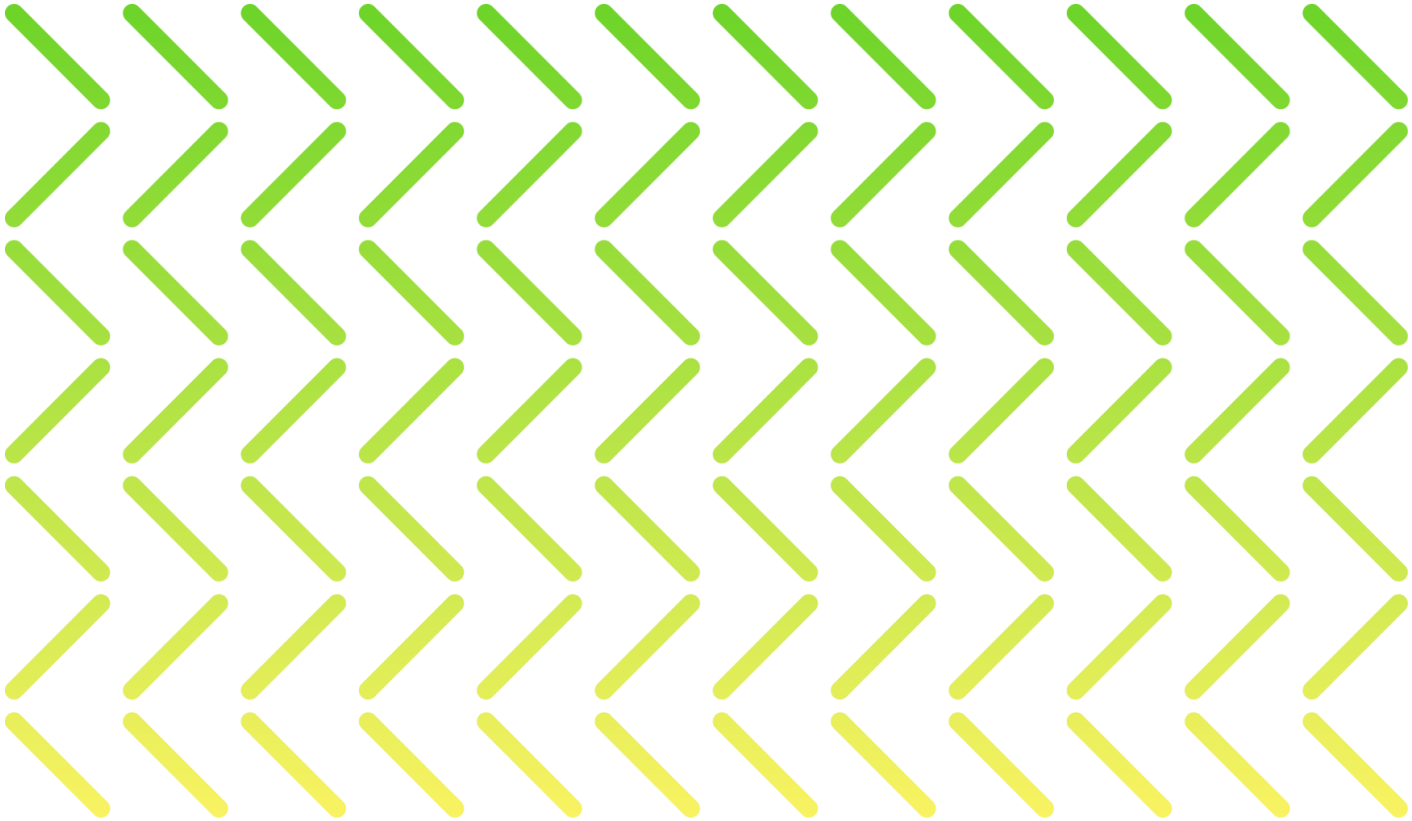
COLLABORATION

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

- At month 11 the Trust financial performance was £8.9m surplus, which was £8.9m favourable to budget and included £4.9m of Covid-9 costs. The Trust is now focused on completing the year-end work and developing the annual plan which you will hear more about later in the agenda for this meeting.

- We were very pleased to have **launched the South West London Procurement Partnership** on 1 April 2021. It brings together the four procurement teams at St George's, Epsom and St Helier, Kingston and Croydon Hospitals into one service. The joint procurement service is based here at St George's, but there is also a procurement and supply chain team presence at each of the four Trusts.

NHS
South West London
Procurement Partnership

- We also welcomed the news that our partners St George's University of London, was ranked among the top universities for knowledge sharing especially in the wake of our teams continued work to help further knowledge of Covid-19 through ground-breaking **research and clinical trials**.

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Celebrating our achievements and our people (1 of 2)

National Day of Reflection 23 March

In the midst of some significant challenges and one year on from the Covid-19 outbreak we have much to celebrate and I just want to note some of these key achievements and celebrate some our people.

One year on: Say 'thank you' to St George's staff

St George's Nurse Portrait lights up Oxford Street

Trust to benefit from £198,000 NHS Charities Together funding

Dee Kapfunde, Charlotte Felix-Otoo and Sarah Cook shortlisted for National Health and Care BAME award

Ediscyll Lorusso, Senior Thrombosis Specialist Nurse Practitioner, third in British Journal of Nursing Awards

Adebola Aroboto won the British Journal of Midwifery's Midwife of the Year Award!

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Celebrating our achievements and our people (2 of 2)

National Day of Reflection 23 March

In the midst of some significant challenges and one year on from the Covid-19 outbreak we have much to celebrate and I just want to note some of these key achievements and celebrate some our people.

Tessa Jowell –Brain Tumour Service - Centre of Excellence

St George's Research Team led research into safer screening test for Down's syndrome recommended for twin pregnancies

St George's to develop collaboration with Kidney Transplant Unit in India

24 Hours in A&E: Heart Special' wins TV

St George's is one of nine sites taking part in a trial which will test whether Covid vaccines can be mixed with different types of jabs for the first and second doses.

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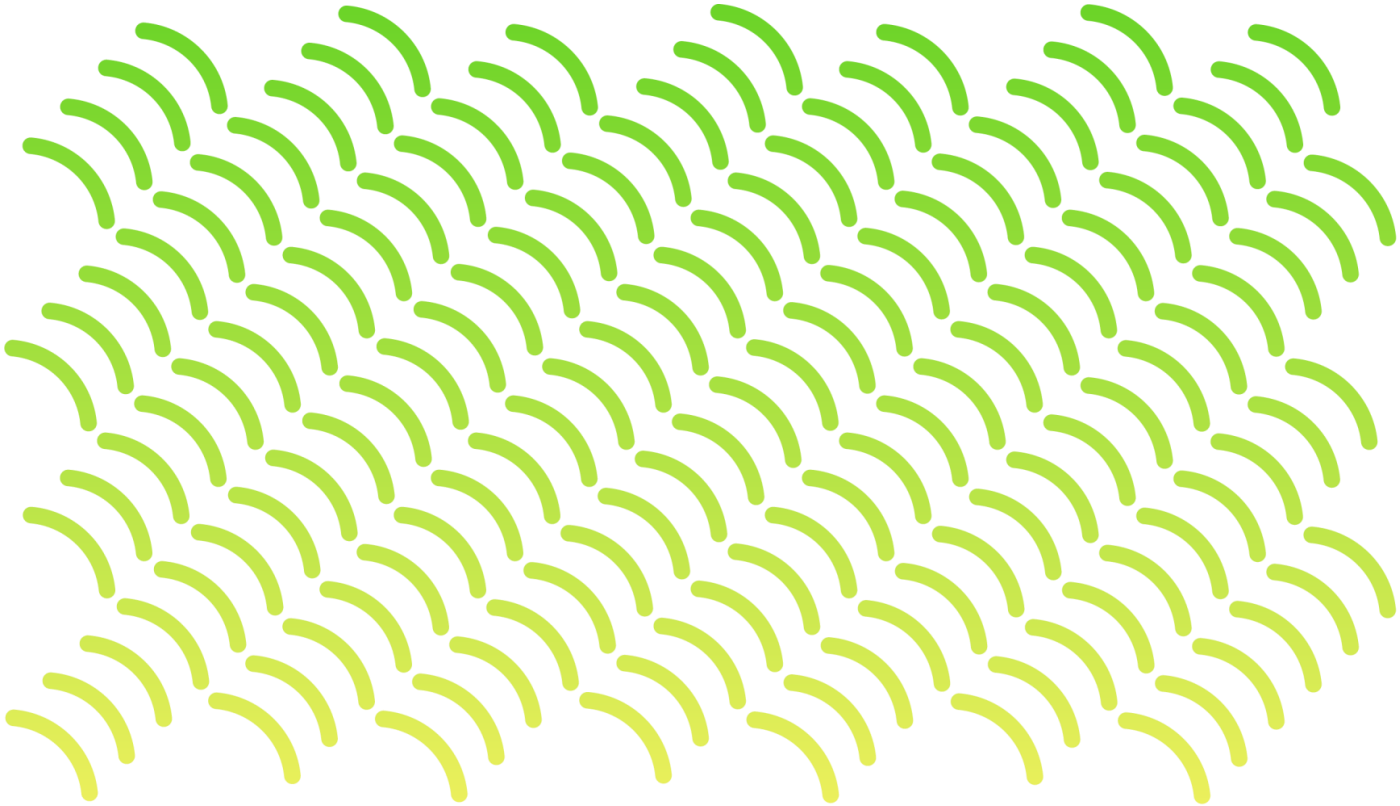

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NHS Foundation Trust

Annual Planning Update 2021-22

Andrew Grimshaw,
Chief Finance Officer &
Deputy Chief Executive

21 April 2021

Annual Planning for 2021/22

NHS Priorities and Operational Planning Guidance:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
F. Working collaboratively across systems to deliver on these priorities.

All the planning guidance can be found at the following link: https://www.england.nhs.uk/operational-planning-and-contracting/

Annual Planning for 2021/22

- The year with several plans;
  1. Plan for the first 6 months of the year (H1).
  2. Later plan for the second 6 months (H2).
  3. Possible we will be asked to start planning for 2022/23 early.

- Upsides of this;
  - Clear targets for first period (H1).
  - Empowered to get on with it.
  - Opportunity to not just recover but also to redesign how we work.
  - Time to think about H2 and 2022/23 plans.
  - We have certainty on our funding for the first 6 months.

- Downsides;
  - That’s a lot of plans…
  - There's a lot to fit into this; both national and local agendas.
  - Greater expectation that pressures are managed locally.
  - Uncertainty about H2 and 2022/23. We should expect this to be challenging; activity and finances.

Annual Planning for 2021/22

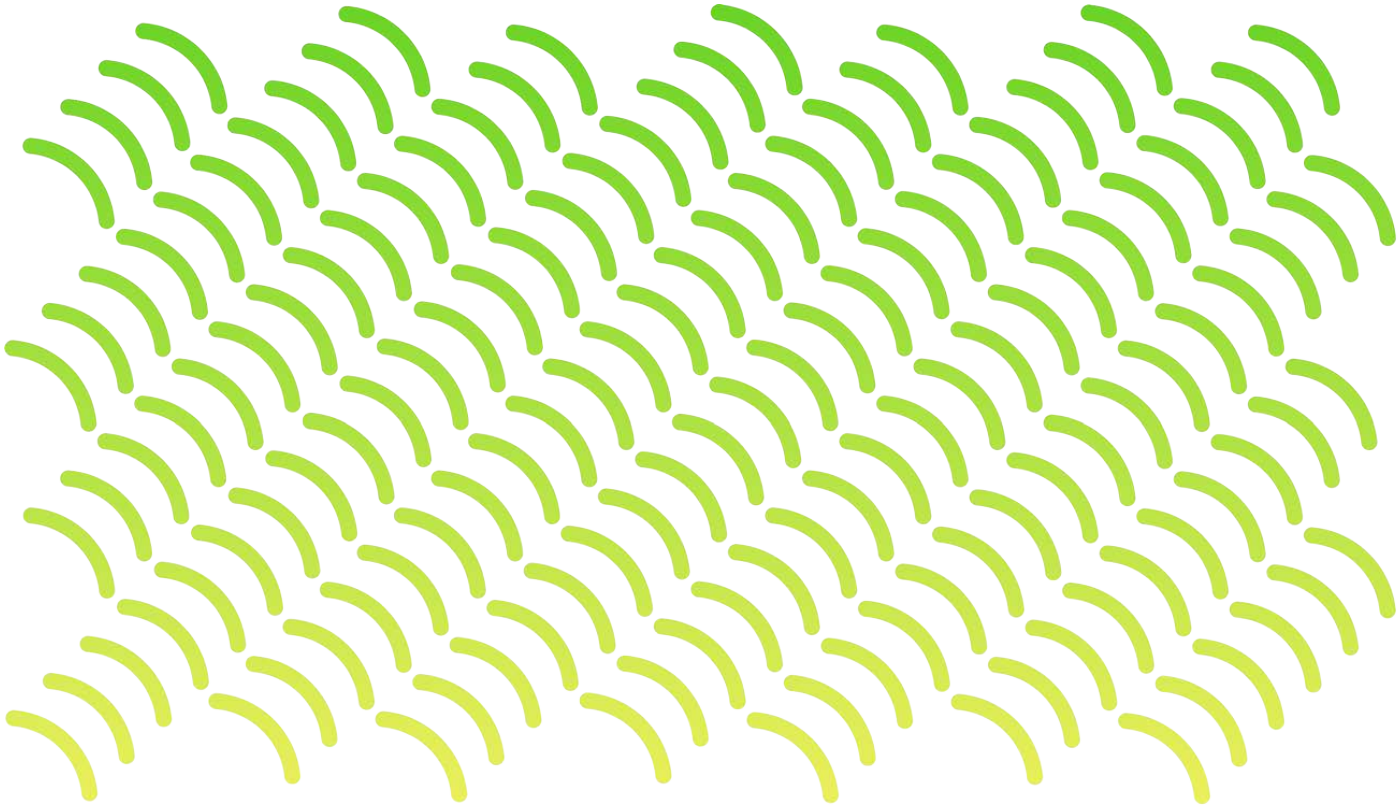
- Not going to provide detailed walk-through of planning.
- Focus here on broad overview, some key themes and the need for us all to think about how these things interact.
- This is not the definitive list. Working with operational and corporate depts to finalise.
- National drive for plans to be ambitious.
- Previously we've been challenged that there are too many objectives.
- Next slide still has lots on it, but Working with operational and corporate depts to;
  - See all our plans and actions as part of a single programme.
  - Be more explicit in agreeing what role we all play in each action.
  - Agree a common way of working to deliver these plans.
  - Recognise that change will not happen overnight , but also that we will need to take risks.

Annual Planning for 2021/22

SGH objective theme	Priorities to get on with (the must dos)	Developmental projects (things we need to ensure we are working on)	Corporate projects (the big projects that need organisation wide coordination and commitment)	Strategic initiatives (Material issues that extend beyond SGH)
Care	• Elective priority 3 & 4 cases. • 52+ week waiters. • Outpatients. • QMH theatres.	• 7 day working. • Treatment escalation plans. • Learning from deaths.	• Clinical Governance and Quality Standards.	• Capacity. • SWL Clinical Networks. • Future pandemic surge response.
Culture	• The “Big 5” from the staff survey. • Annual leave for staff. • Full recruitment.	• Empower staff. • PDRs and Career development.	• Workforce planning: R&R, new roles and job planning. • Staff Well Being. • Our path to Outstanding.	• Deliver the Culture Programme.
Collaborate	• Financial planning.	• SWL collaborations. • Productivity/ • Efficiency.	• ICT improvement. • Estate improvement.	• Working within ICS. • Specialist Commissioning.

Annual Planning for 2021/22

- Submit plan for H1 (activity, workforce and finance);
  - Draft plans 6 May 2021.
  - Final plans 3 June 2021.
- No details on H2 plan submissions deadline.
- Chief Executive Officer working with other South West London Chief Executive Officers to agree common processes and actions.
- A lot of work is already underway: covid recovery, financial plans, workforce plans.
- In next week finalise internal review processes through May to support June submission.
- Start thinking and discussing with the organisation what we can do for the H2 and beyond plan.



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3.2

NHS Legislative Reform:
Integration and Innovation White Paper

Stephen Jones
Chief Corporate Affairs Officer

Suzanne Marsello
Chief Strategy Officer

21 April 2021

1. Executive Summary

Background and context

- The Department of Health and Social Care published its White paper for NHS reform on 11 February 2021 – *Integration and Innovation: Working together to improve health and social care for all*. This follows two separate sets of NHS England and NHS Improvement (NHSE&I) recommendations for legislative reform. The first was published in September 2019 and the second was published in February 2021 following consultation in the period November 2020 to January 2021. The Trust responded to the November 2020 consultation on the strengthening of Integrated Care Systems in January 2021.

- The legislative proposals set out in the White Paper build on the increasing focus on integration and collaboration that has been developing since the enactment of the 2012 Health and Social Care Act. The proposals are centred on four themes:
    - Working together and supporting integration
    - Reducing bureaucracy
    - Enhancing public confidence and accountability
    - Additional proposals

- Alongside the White Paper, the Department of Health and Social Care has also launched consultations on reforming NHS procurement and tendering. In addition to the legislative reforms set out in the White Paper, NHS England and NHS Improvement has published guidance on developing Integrated Care Systems – as significant as the legislative changes are, these non-legislative changes will also be key for the Trust. This guidance relates to:
    - Provider collaboratives and place-based partnerships
    - Clinical and professional leadership
    - Governance and accountability
    - Financial framework
    - Data and digital
    - Regulation and oversight
    - Commissioning

- Of these, only those related to finances (system level financial control, specialised commissioning devolution), and the specific legislative proposals outlined, were carried over into the DHSC White Paper. The other requirements will be managed through NHSEI oversight and do not require primary legislation. This includes place-based leadership and provider collaboratives.

Recommendation

The Council of Governors is asked to note the update on the Government's planned NHS reforms and their potential implications for the Trust.

2. Increasing focus on integration and collaboration

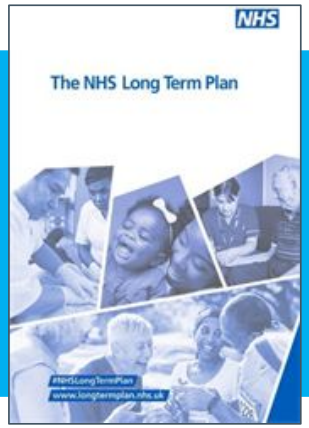
From the commencement of the Health and Social care Act 2012 - with its focus on competition, competitive tendering and NHS independence from DHSC – over the last 7 years there has been increasing momentum behind measures to promote integration and collaboration within the NHS, and between the NHS and other organisations. The publication of the White Paper in February 2021 confirms this, and also signals the re-emergence of greater powers for the Secretary of State for Health.

May 2012

- Focus on competition between providers
- Creation of NHS Commissioning Board (later NHS England) independent from SofS
- Strengthen Monitor's role in competition

Oct 2014

- Emerging focus on integration rather than competition
- First moves to establishing STPs
- New models of care
- Greater focus on prevention



Jan 2019

- Continued focus on integration
- New models of care
- Focus on addressing major illnesses and addressing health inequalities
- First references to potential legislative change

Sept 2019

- Detailed proposals to Government
- Promotion of collaboration and dilution of role of competition
- Joint working between NHS bodies & role of ICSs
- Joint national leadership

Nov 2020

- Consultation on legislative proposals including measures to put Integrated Care Systems on statutory footing
- Detailed proposals to promote collaboration and integration
- Focus on "place"

Feb 2021

- DHSC White Paper published
- Set out proposals for legislative reform drawing on NHSE&I consultation, plus further measures
- Promote integration and collaboration
- New SofS powers

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3. The White Paper – at a glance (1 of 2)


Department of Health & Social Care

Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

- **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.

3. The White Paper - at a glance (2 of 2)


Department of Health & Social Care

Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

- **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.

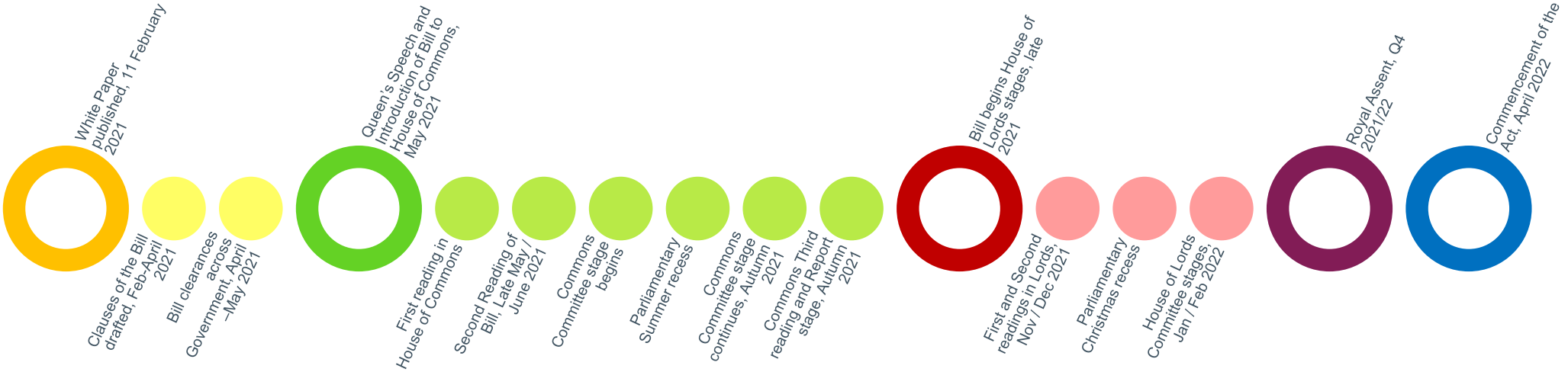
- **Role of Department of Health and Social Care**:
  - New powers to create new Trusts
  - Broadening the scope of potential Ministerial intervention in reconfigurations
  - Enhanced powers of direction over the merged NHS England
  - Powers to transfer functions between DHSC's arms length bodies

- **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.

4. Potential high level timeline

The Government has indicated that it intends the provisions of the White paper to take effect from 1 April 2022. While a timetable for taking forward the legislation has not yet been published, a commencement date of April 2022 for the new Act to come into force would likely mean the Bill being introduced to the House of Commons immediately after the Queen's Speech in May 2021, with the early Commons stages taking place prior to the Summer Recess. Commons stages would likely conclude in the Autumn 2021 ahead of House of Lords stages commencing before Christmas and Royal Assent likely to take place at some point in Q4 2021/22, depending on the Bill's Parliamentary passage. It is worth emphasising that the possible timetable for the legislation set out below is purely indicative, although based on realistic assessments, and is subject to change.



5. Stakeholder reaction to the White Paper proposals (1 of 2)

NHS Providers

"There is widespread agreement across the NHS on many of the proposals in this paper thanks to the work done by NHS England and NHS Improvement and the Health and Social Care Committee to draw up a set of agreed legislative proposals in 2019, a process to which NHS Providers contributed extensively. We are pleased to see that this work forms the bedrock of what is now being proposed. These proposals provide an important opportunity to speed up the move to integrate health and care at a local level, replace competition with collaboration and reform an unnecessarily rigid NHS approach to procurement.

"There is a lot of detail to get right in what is now a wide ranging bill. We are keen to understand the government's intentions on some of the new proposals it has added such as the new powers for the secretary of state to direct NHS England, transfer powers between arms length bodies and intervene in local reconfigurations.

"It is also vital that the proposed new statutory powers for integrated care systems avoid overlap and duplication with the statutory powers of trusts and foundation trusts which the government rightly says it will maintain as the key delivery mechanism for ambulance, community, hospital and mental health care services.

"We will also want to discuss how quickly these changes can be implemented given the operational pressures the NHS is currently facing. We look forward to working closely with the government to get the detail of these proposals right and ensure they contribute to improvements in care for patients and service users."

NHS Confederation

"These are the most important NHS reforms for a decade, and our members broadly welcome them. Although NHS leaders are understandably concerned about reorganisations – especially given current pressures – there is consensus across our membership that the move towards collaboration and partnership working is both positive and necessary in improving patient care. We welcome the fact that a number of our recommendations put forward in the consultation response, and in our recent Future of Integrated Care in England report, have been accepted by government.

"However, we are concerned that the white paper also includes measures beyond those intended to improve integration, such as giving the Secretary of State more control over the direction of NHSEI and new powers to intervene in service reconfigurations. We believe that important decisions around service reconfigurations should be separate from the parliamentary cycle, and our members are clear that the best solutions are usually found when local partners work together The government should also consider carefully the degree of discretion the Secretary of State would have to transfer functions between arm's length bodies and to direct NHSEI. We believe that it is important for these bodies to retain a level of operational and clinical independence from government.

"The NHS is a public service and it is right that it has appropriate accountability to government and parliament. However, one of the positives of the 2012 reforms has been establishing a legally independent board – NHSEI – to distance politicians from the day-to-day running of the NHS. This has not stopped ministers from being active in setting policy over the last decade, as they should always be. The NHS is already one of the most centralised health systems in the world and we urge ministers not to legislate to centralise it further."

5. Stakeholder reaction to the White Paper proposals (2 of 2)

The King's Fund

"Most important in these proposals is the welcome shift away from the old legislative focus on competition between health care organisations towards a new model of collaboration, partnership and integration. The White Paper marks a decisive step away from the coalition government's 2012 reforms. By sweeping away clunky competition and procurement rules, these new plans could give the NHS and its partners greater flexibility to deliver joined-up care to the increasing numbers of people who rely on multiple different services.

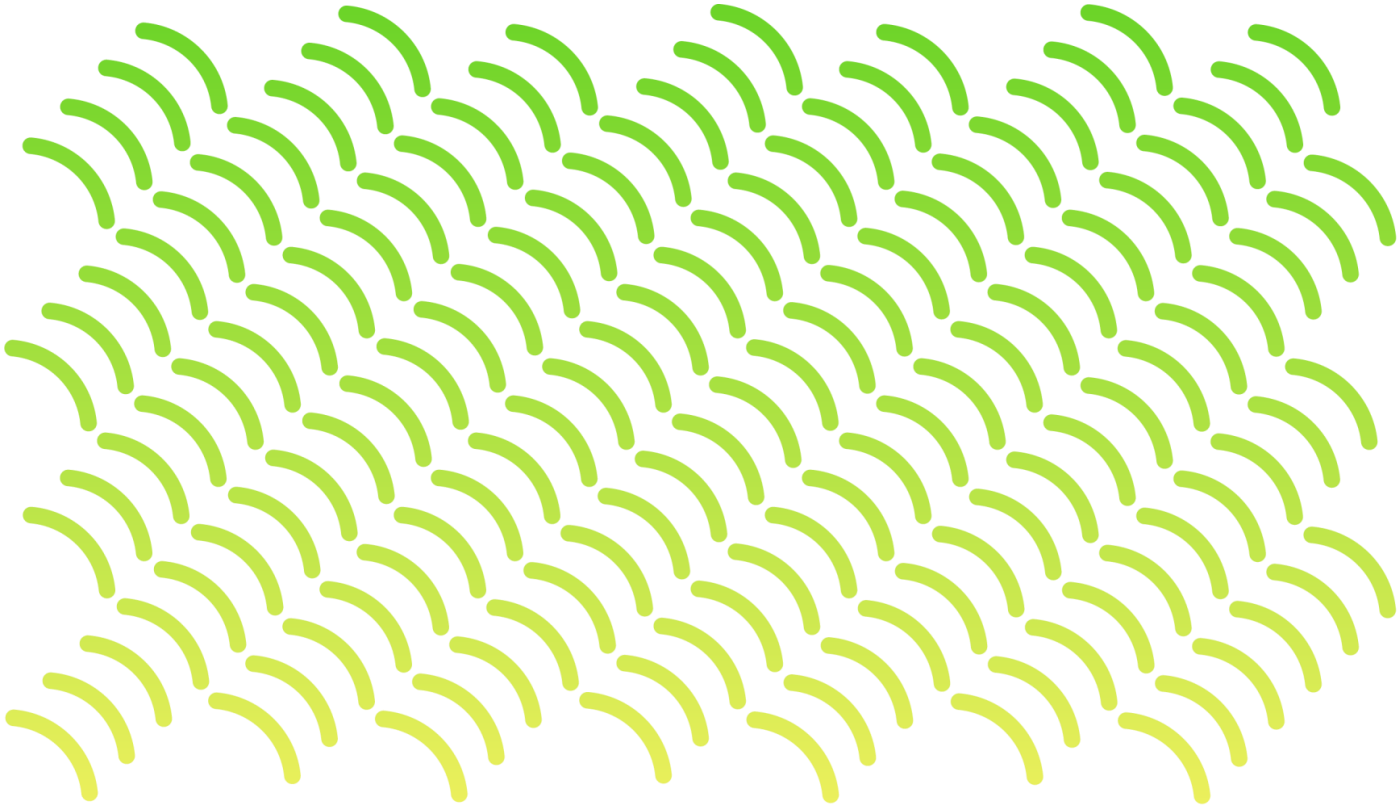
"The thrust of these reforms is about giving local health and care leaders the freedom to make decisions based on the needs of their local population. Yet, running counter to that ambition, ministers are also proposing they have the power to intervene earlier in local decisions about the opening and closing of NHS services. The government and national NHS leaders should be looking to step away from the damaging model of top-down command and control in the NHS.

"It is clear that ministers also intend to take greater control of national decisions about the NHS. The independence given to NHS England is seen as one of the successes of past reforms, and while it is right to clarify who is accountable for the health service, the government should protect the day-to-day clinical and operational independence of the NHS.

"There is much to welcome in the ambition of the White Paper, but the history of the NHS is littered with reform plans that overestimated benefits and underestimated disruption. These latest proposals add up to a major reform package and come at a time when the NHS, local authorities and charities are still battling Covid-19. In implementing these proposals, it will be essential to avoid distracting health and care services from dealing with the crisis at hand.

"Health and care services are facing chronic staff shortages, deep health inequalities laid bare by the pandemic, and an urgent need for long-term reform of social care. In addition to the structural reforms proposed in this White Paper, there is a pressing need for the government to chart a way out of these deep-seated challenges.'

Appendix 1:
Key proposals and potential impact on SGUH



The legislative proposals provide clarity around the statutory footing of ICSs

A statutory ICS will be formed in each ICS area, made up of a statutory ICS NHS body and a separate statutory ICS Health and Care Partnership

This proposed arrangements is a combination of the two options originally proposed in November 2020:

- An **ICS NHS Body**, which will be a statutory corporate body made up of NHS providers within the ICS
- **ICS Health and Care Partnership**, which will be a statutory committee and include non-NHS representatives (e.g. local authorities)

This has the benefit of providing a corporate body for ICSs (which St George's supported), while ensuring **non-NHS bodies such as local authorities won't have the ability to direct NHS providers or direct NHS funds away from the NHS**.

ICS organisation role and responsibilities	Impact on SGUH

ICS NHS Body:
• Each ICS NHS body will have a unitary board, and this will be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.
• The board will, as a minimum, include a chair, the CEO, and representatives from NHS trusts, general practice, and local authorities, and others determined locally for example community health services (CHS) trusts and Mental Health Trusts, and non-executives.
• The ICS NHS Body will **take on the commissioning functions of the CCGs** and some of those of NHS England within its boundaries, as well as CCG's responsibilities in relation to Oversight and Scrutiny Committees
• **No power to direct providers**, and providers' relationships with CQC will remain unchanged. However, these arrangements will be supplemented by a **new duty to compel providers to have regard to the system financial objectives** for mutual investment in achieving financial control at system level
• Responsible for the day to day running of the ICS, and NHS planning and allocation decisions, including:
  • developing a **plan to address the health needs of the system** and setting out the **strategic direction for the system**, which have regard to the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies produced by Health and Wellbeing Boards
  • explaining the **plans for both capital and revenue spending for the NHS bodies** in the system.
• Delegate significantly to **place level** and to **provider collaboratives**
	• SGUH will need to be a leading member of this ICS NHS Body
	• Will oversee system finances and take on the role of the CCG – while this will not directly give power of direction over SGUH, there is a potential that finances will be used to take on some control of the Trust
	• Importantly, **no non-NHS bodies will be involved in directing NHS finances**, removing a significant risk identified in our response to the original legislative proposal

ICS Health and Care Partnership:
• Would likely **operate in a similar fashion to the SWL Health and Care Partnership**
• Bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers)
• Tasked with promoting partnership arrangements, and **developing a plan to address the health, social care and public health needs** of their system
  • Each ICS NHS Body and local authority would have to have regard to this plan
  • Focus on promoting collaboration and it would not impose arrangements that are binding
• Could also be used by NHS and Local Authority Partners as a forum for agreeing co-ordinated action and alignment of funding on key issues
	• Likely to operate in a similar fashion to the current ICS leadership arrangements – i.e. the SWL Health and Care Partnership

Working together and supporting integration proposals

Key proposals	Impact on SGUH	Change from prior consult?
Duty to collaborate for ICSs, NHS providers and local authorities	• Provides legislative requirement for SGUH to collaborate with partners	• No change
NHS providers of care (NHS Trusts and FTs) to **have regard to the 'Triple Aim'** of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources	• Provides legislative requirement for SGUH to collaborate with ICS partners, and take wider public and population health into organisation-level decisions	• No change, part of the September 2019 NHSEI recommendations to DHSC
NHSE to get a **reserve power to set a capital spending limit on Foundation Trusts**, i.e. to stop FTs spending own capital when it adversely impacts on ICS or national CDEL limits	• Potential to restrict SGUH ability to spend own capital – if doing so would exceed ICS or national capital limits	• No change, part of the September 2019 NHSEI recommendations to DHSC
Allowing **NHS providers to form their own joint committees**, and specifying the formation of NHS and non-NHS joint committees	• Removes legislative barriers to current direction of travel – e.g. GSTT / King's joint committee, SGUH / ESH, but also with local authorities	• No change, part of the September 2019 NHSEI recommendations to DHSC
Specific power to issue guidance on joint appointments between NHS Bodies; NHS Bodies and local authorities; and NHS Bodies and Combined Authorities	• SGUH will need to have regard to any guidance on joint appointments and the circumstances they can exist under, when relevant	• No change, part of the September 2019 NHSEI recommendations to DHSC
Require bodies that arrange NHS Services as the **decision-making bodies to protect, promote and facilitate patient choice** with respect to services or treatment	• Potential conflict with large-scale elective surgical hubs • Unclear how this will impact during elective recovery	• **New**
Collaborative commissioning • Allow **NHS England to joint commission its direct commissioning functions with more than one ICS Board**, allowing services to be arranged for their combined populations • Allow ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a "double-delegation" • Allow groups of **ICSs to use joint and lead commissioner arrangements** to make decisions and pool funds across **all their functions**	• Designed to enable more collaborative working between ICS / CCGs / NHS providers, within and across ICS boundaries • Removes legislative barriers to current direction of travel	• No change, part of the September 2019 NHSEI recommendations to DHSC
Enable NHS England to **delegate or transfer the commissioning of certain specialised services to ICSs singly or jointly**, or for NHS England to jointly commission these services with ICSs	• Existing NHSE strategy to devolve specialised commissioning (subject to NHSEI decisions) to a single ICS (SWL) or across multiple ICSs (SWL+Surrey, South London) • SGUH is undertaking analysis to support this transition	• No change
Exploration (no specific detail) of proposals to support more effective data sharing	• No immediate impact, and intention to streamline data sharing – which should support easier shared care for patients across organisational boundaries • Likely consultation in future	• **New, further detail in forthcoming data strategy**

Reducing bureaucracy proposals

Key proposals	Impact on SGUH	Change from prior consult?
Remove the CMA function to review mergers involving NHS foundation trusts	• Potential to facilitate SGUH to come together with Epsom and St Helier, depending on the speed at which a) the Government pursues that legislative change, and b) the Trust and Epsom St Helier pursue coming together	• No change, part of the September 2019 NHSEI recommendations to DHSC
Give the **Secretary of State the power to create new NHS Trusts** to ensure alignment within an integrated system	• Potential that a new overarching ICS-wide integrated trust could be established, to hold an integrated contract • Unlikely that SGUH would be compelled to participate, and would only do so on a voluntary basis	• No change, part of the September 2019 NHSEI recommendations to DHSC
Eliminate the need for competitive tendering for clinical services where it adds limited or no value, and develop a new provider selection regime which will provide a framework for NHS bodies and local authorities to follow when deciding who should provide healthcare services	• Potential that procurement of clinical services by ICSs / CCGs to become much simpler • ICSs will be able to decide to continue with existing providers/make arrangements with the most suitable provider without having to go through a competitive procurement process • **Increases the need for SGUH to maintain good relationship and high-quality and efficient reputation with ICS leadership**	• No change, part of the September 2019 NHSEI recommendations to DHSC
Flexibility in setting the National Tariff: • National price set for a service may be either a fixed amount or a price described as a formula. • NHSE could amend one or more provisions of the National Tariff during the period in place • Remove the requirement for providers to apply for local modifications to tariff • NHSE to include pricing of NHS public health services where exercising public health functions delegated by the Secretary of State	• Designed to create the legislative basis for current direction of travel – i.e. system level financial control • Evolution of current arrangements • Potential that this will affect cross-ICS patient flows (e.g. if a higher local tariff is set in a different ICS), and SWL could seek to repatriate SWL patients as much as possible to mitigate risk • Public health functions likely to include screening services	• No change, part of the September 2019 NHSEI recommendations to DHSC
Remove Local Education Training Boards (LETBs)	• Functions will continue to be delivered by HEE regional teams, but no longer require a statutory Board • Impact to be confirmed by Deputy CPO (OD)	• **New**

Enhancing public confidence and accountability proposals

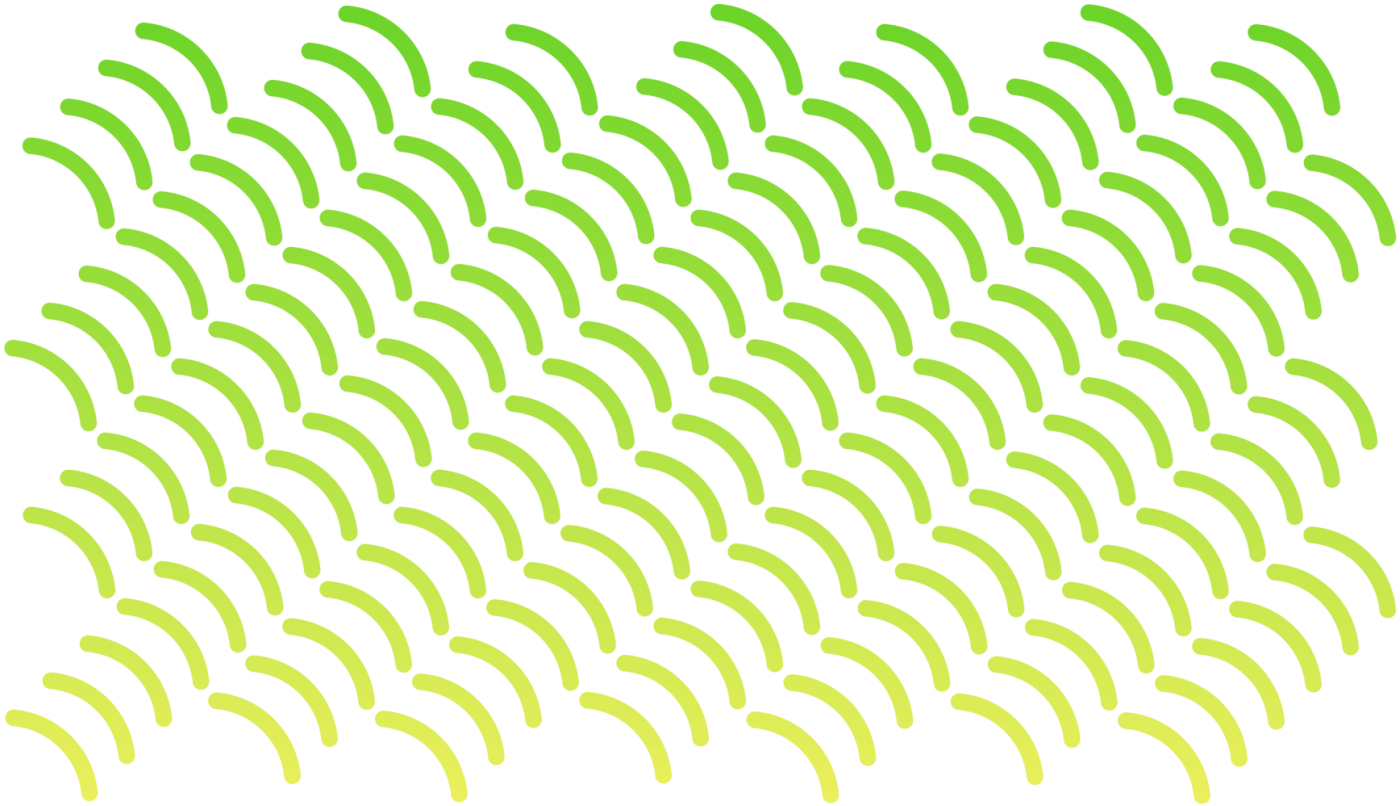
Key proposals	Impact on SGUH	Change from prior consult?
Broaden the scope for potential ministerial intervention in reconfigurations, creating a clear line of accountability, by **allowing the Secretary of State to intervene at any point of the reconfiguration process**	• Gives potential for Secretary of State to intervene when there is local disagreement around service reconfiguration, without needing to wait for the local authority to refer the reconfiguration • The Independent Reconfiguration Panel will be replaced by the new arrangements • Potentially gives Secretary of State the ability to veto any NHS proposals for political gain	• **New**
Full merger of NHS England and NHS Improvement (under the banner of NHS England)	• Effectively how they have been operating for the last year • Regional directors hold responsibility across both NHSE and NHSI functions	• No change, part of the September 2019 NHSEI recommendations to DHSC
Allowing the Secretary of State for Health and Social Care to formally direct NHS England	• No direct impact on SGUH, but potential for indirect impact depending on the direction. • These powers will not allow the secretary of state to direct local NHS organisations, directly nor will they allow the secretary of state to intervene in individual clinical decisions • The stated purpose is to strengthen Ministerial accountability while maintaining clinical and day-to-day operational independence for the NHS. However they will allow the Secretary of State to direct NHS policy / strategy, which could impact on providers	• **New**
Replace the current legislative requirement to have a new mandate each year with a new requirement to always have a mandate in place	• No direct impact on SGUH. The mandate is, in effect, how the DHSC sets the Government's priorities for NHSE. • The mandate could potentially be carried forward over more than 1 year, or be changed within year - meaning NHS priorities could change much more rapidly	• **New**
Give the Secretary of State for Health and Social Care the ability to transfer functions to and from specified ALBs – including NHSEI, CQC, HEE, NHS Digital, NICE, and PHE / National Institute of Health Protection	• No direct impact on SGUH. This power is intended principally to provide future flexibility and future proof the reforms in order to avoid workarounds to legislation (as seen in recent years with changes to NHSE and NHSI)	• **New** • **Consulted on in September 2019, but not recommended by NHSEI**
Remove the three-year time limit on all Special Health Authorities (e.g. NHS Blood and Transplant)	• No impact on SGUH	• **New**

Additional proposals (1/2)

Key proposals	Impact on SGUH	Change from prior consult?
Legal framework for a **'Discharge to Assess' model**, whereby **assessments can take place after an individual has been discharged** from acute care *Assessments include NHS continuing healthcare (CHC) and NHS Funded Nursing Care (FNC) assessments, and Care Act assessments*	• Will reflect arrangements under covid provisions • Prior to covid, these had to be completed before discharge, which can sometimes result in delayed transfers of care	• **New**
Enable the Secretary of State to make payments directly to adult social care providers	• No further detail, some risk that money could be diverted away from NHS	• **New**
Enhanced assurance framework examining the performance of local authorities for adult social care, and a new power to collect data from adult social care providers	• No impact on SGUH, but will potentially make local authorities more accountable for the care they provide (and the impact on NHS providers)	• **New**
Enable the Secretary of State for Health and Social Care to require NHSE to discharge public health functions delegated by the Secretary of State – i.e. they must take on delegated functions	• Potential indication that NHS responsibility for public health functions may increase in the future	• **New**
Support public health through 1) obesity measures (food labelling and advertising) and 2) enhanced powers over water fluoridation schemes	• No direct impact on SGUH, but supports reduction in obesity which should link to reduced disease impact for SGUH for obesity-linked health issues	• **New**
Establish the Health Services Safety Investigations Body (HSSIB) to investigate incidents which have or may have implications for the safety of patients in the NHS	• No impact on SGUH - new organisation to take on existing functions (currently Healthcare Safety Investigations Branch in NHSI)	• **New**
Reforms to professional regulation • the power to remove a profession from regulation • abolish an individual health and care professional regulator • remove restrictions regarding the power to delegate functions through legislation • power to extend the scope of section 60 to include senior NHS managers and leaders, to enable them to be regulated in future (though not currently planned)	• Unlikely to have a major or direct impact in terms of clinical staff at the Trust. Much of the detail is still to be worked through in further engagement across the four nations of the UK. The precise form of future professional regulation will be set out in secondary legislation, so the detailed impact will only become clear when regulations are published. • The direction of travel in creating a more flexible and proportionate system of professional regulation may have a positive impact, subject to the detailed provisions. • The inclusion of senior NHS managers within the scope of professional regulation would have an impact, but the legislation would only give the Government power to do this in future and any decisions on whether this would happen have not been taken.	• **New (separate consultation on this in 2019)**

Additional proposals (2/2)

Key proposals	Impact on SGUH	Change from prior consult?
Establish a statutory medical examiner system within the NHS for the purpose of scrutinising all deaths which do not involve a coroner	• All deaths to be reviewed by either a medical examiner or coroner • Clarity needed on whether current arrangements up to March 2021 regarding reimbursement for the cost of medical examiner offices hosted at acute trusts will continue	• **New**
Allow the MHRA to develop and maintain publicly funded and operated medicine registries	• No impact on SGUH	• **New**
Enable adoption of secondary legislation to implement the national standards for food across the NHS (i.e. mandatory minimum standards for the provision of good hydration and nutrition in the NHS)	• Implementing recommendations from the Independent Review of NHS Hospital Food (published October 2020) • Checklist for Catering Managers and Chief Executives in Appendix 1	• **New**
New scope for reciprocal healthcare arrangements with non-EEA countries	• No impact on SGUH	• **New**



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4.1

Membership Engagement Committee Report
21 April 2021

Richard Mycroft
Membership Engagement Committee Chair

21 April 2021

Overview

Summary:

This paper outlines the key matters discussed and agreed at the Membership Engagement Committee meeting held on 8 April 2021. The Committee received reports on the following:

- *Membership Strategy Implementation Progress Update*
- *Membership Engagement Programme: Quarter 4 Activity and 2021-22 Plans*
- *Engaged Members – Feedback Update*
- *Update from Patient Partnership Experience Group*
- *Membership Report*

Recommendation:

The Council of Governors is asked to:

- **Receive and note the update;**
- **Note the membership and engagement plan for quarter 4 activity; and**
- **Note the membership engagement plans for 2021-22.**

Membership Engagement Programme: November 2020 – March 2021 Activity

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

Members Webpage: The membership web pages were refreshed with new content uploaded including film clips. The Committee was pleased to note that the Members Event webpage was visited 397 times between November 2020 – March 2021.

Pilot Virtual Constituency Events:

- The virtual Governor Constituency Event (Merton) was held on the 8 March 2021.
- 16 members and 10 Governors attended the event and lots of questions followed the presentation from the Chief Nurse and Chief Medical Officer.
- The event was recorded and has been embedded in the Members Event webpage.
- The event will provide a template to hold further virtual events in all the public constituencies and it was agreed that face to face events would also take place once social distancing measures are relaxed.

Members Talks:

The Trust continued with its virtual Members Talks programme in September 2020. Talks had taken place on Prostate Cancer on the 18 November 2020 which had 18 attendees; an Annual Planning & Strategy talk on the 29 January 2021 had 16 attendees; the Quality Priorities talk on the 8 March 2021 had 15 attendees.

All the talks were recorded and links provided to watch on the Members Event webpage.

The programme for 2021-22 was being developed and two talks had been confirmed for May 2021:

- *5 May 2021 – St George's Hospital Charity*
- *13 May 2021 – Skin Cancer*

Membership Strategy 2020-21: Year 2, Quarter 4 Update

Supporting aims	Year 2	Date	Update
Introduce new levels of membership so members can choose how involved they want to be	• Use new levels of membership to target members for participation in surveys, workshops and focus groups	Quarter 3-4	Those members in Tier 3 – Be Involved were contacted in December to invite them to join the Patient Partnership Engagement Group (PPEG) which is recruiting new members.
Refresh our existing communication channels with members and our approach to membership communication and engagement	• Develop options for introducing a quarterly hard copy newsletter for staff, patients and the public.	November 2020	This work continues however it had paused with the focus on the second surge of Covid-19 cases. The Trust had focused on targeted communications for staff related to Covid-19 and staff engagement. The Corporate Team would refocus on this with a view of presenting a more worked-up proposal for the Committee. Any proposals would be subject to resource (money and staff capacity) availability.
Improve our programme of engagement events	• Subject to feedback from the constituency event pilots, roll out an annual programme of constituency engagement events in Wandsworth, Merton and South West Lambeth	Quarter 4	A pilot virtual Governor Constituency Event for Merton took place on Monday 8 March 2020 (Quarter 4 of 2020-21) with the outcome used as a template to deliver future events in 2021-22. This event worked well with 16 attendees and a lots of questions were raised.
Develop targeted campaigns to recruit members from any group which is under-represented **Promote membership opportunities to younger people in our communities**	• Subject to learning from year 1 activities, roll out comprehensive plans for engagement with younger people.	Quarter 3-4	Quarter 3 and 4: As a result of the social distancing measures in place the way schools and universities engage with their students have changed. The Trust has engaged with university to include in their communications to students include information about membership. The Trust will engage with a wider range of schools and colleges and youth forums to identify ways engage with younger people. This work has been subject to social distancing arrangements and has been challenging due to school closures.
Work more innovatively with our partners to promote membership	• Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups.	Quarter 4	There have been no opportunities identified hindered in some part by social distancing arrangements. We continue to promote membership in the normal ways.

Membership Strategy 2020-21: Proposed Year Three Priorities

In light of the membership engagement programme update the Committee considered and agreed the impact on delivering the overall objectives in the Membership Strategy 2019-21 Year Three Priorities.

In addition to those reported earlier the following activities had been completed to further deliver the objectives in the Strategy but the Committee agreed the projects planned for year three (2021-22) of the Strategy:

- **Virtual Merton Governor Constituency Event:** The Committee agreed that the virtual Merton Constituency Event on 08 March 2021 had been successful and provided a template for further constituency events. The event had been recorded and is available to watch on the Members Events webpage. The Committee felt that it was important to hold at least one live face to face event in the public constituencies a year once social distancing restrictions would allow as well as holding at least one virtual constituency event a year in each constituency for those members who did not wish to travel or could watch the recorded event.
- **Meet your Governor events:** The Trust had been unable to facilitate Meet Your Governor events over the last year due to social distancing and visiting restrictions in the hospital. It was agreed that these would be re-introduced once social distancing measures were relaxed and if not virtual sessions would be set up to allow two way contact between Governors and members.
- **Plans for hard copy Trust magazine:** The Committee would receive a proposal on a new printed Trust magazine aimed at public members, staff and patients. A majority of the Trust's public members only have provided physical addresses which means they do not make use of online and electronic communication with the Trust.
- **Introduce engagement events for staff members using virtual meetings and new intranet hub:** In collaboration with the Staff Governors, design an intranet hub for staff and design virtual events for staff members.
- **Recruitment and engagement with under represented demographics:** The Committee noted that work being done to engage with the University, local schools and colleges and use their communication forums to publicise membership. This had been hampered by Covid-19 and school closures and would resume as social distancing restrictions are lifted.
- **Seek to increase turnout at Annual Members' Meeting by a further 20%:** The Annual Members' Meeting held on the 10 September 2020 had been recorded and had been viewed 204 times on YouTube to date which is over double the number who joined the meeting. Any future meeting will be recorded so that members can view online even if they are unable to attend in person or virtually.

Membership Strategy 2020-21: Proposed Year Three Priorities (continued)

- **Publish second annual membership report which showcases work on how the Trust has responded to issues raised by members:** Develop and publish the second Membership Annual Report which will be made available at the Annual Members' Meeting on the 16 September 2021.
- **Use media resources such as The Brief, Governor videos or sound bites to promote the role and work of the Governors:** All Governors have been invited to film video content to promote the role of Governors and membership.
- **Plans for hard copy Trust magazine:** The Committee would receive a proposal on a new printed Trust magazine aimed at public members, staff and patients. A majority of the Trust's public members only have provided physical addresses which means they do not make use of online and electronic communication with the Trust.
- **Develop publications (virtual and hard copies) which Governors can use to promote membership to a diverse range of potential members:** As a result of social distancing measures and school closures this has been challenging. It is proposed that with the support of 1-3 volunteer Governors and the communications promotional material should be developed which can target specific groups.
- **Deliver one virtual event for young people to attend in addition to developing promotion materials to target this group:** It is proposed that with the support of 1-3 Governors communications and promotional material should be developed which targets this specific group. The task group would also support delivery of the engagement event. The event would be delivered either virtually or in person subject to social distancing measures.
- **Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups:** Use the stakeholder contacts provided by Governors to identify opportunities to conduct joint campaign. A standard presentation and promotion pack would be provided to Governors to use at these events.
- **Provide regular reports to the Membership Engagement Committee on key trends and developments in membership numbers and patterns:** The Trust engages with Civica Engage over new developments and improvements for membership database platform and new functions available as well as best practice from NHS Providers.

Patient Partnership Experience Group (PPEG) Update

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

The Committee noted that:

- Alfredo Benedicto and John Hallmark continue to represent the Governors at PPEG, however other Governors were welcome to observe the PPEG meetings.

- The Group had undertaken a recruitment exercise to refresh its membership. This had attracted 22 enquiries, information sessions were attended by 12 people; eight applications forms received, four interviewed and three have started as core members. An additional four people who applied would get involved in new projects. All the new members were experienced patients with a wide range of experience with different services and were representative of age range and ethnicity. There was now a fair range of

- There were a number of projects that required patient input including Procurement of Services at early stage; Pharmacy procurement. Cerner project management healthy life portal for patients to access their personal records. Emergency Department Expansion, interventional radiology suite. Ensuring a fair spread of patient partner involvement in the different on going projects.

- The Head of Corporate Governance would continue to liaise with Terry Joe to align engagement activities where possible and to review if there are any opportunities for collaborative engagement with member and stakeholders to ensure that Governors can give effect to their duty to represent the interest of members

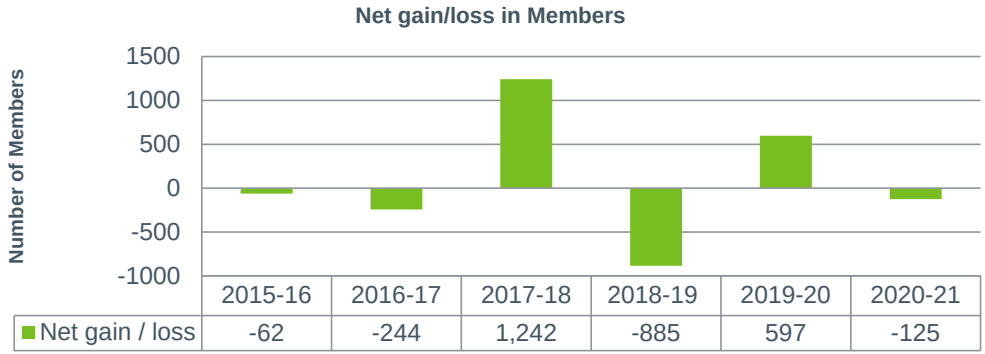
Membership Breakdown 31 March 2021

The Committee received the 2020-21, Quarters 3/4 membership breakdown report for information. As at 31 March 2021, the Trust had a total of 12,938 public members and 9,171 staff members. This represents an overall decrease over the last year of 100 public members and an increase of 152 staff members.

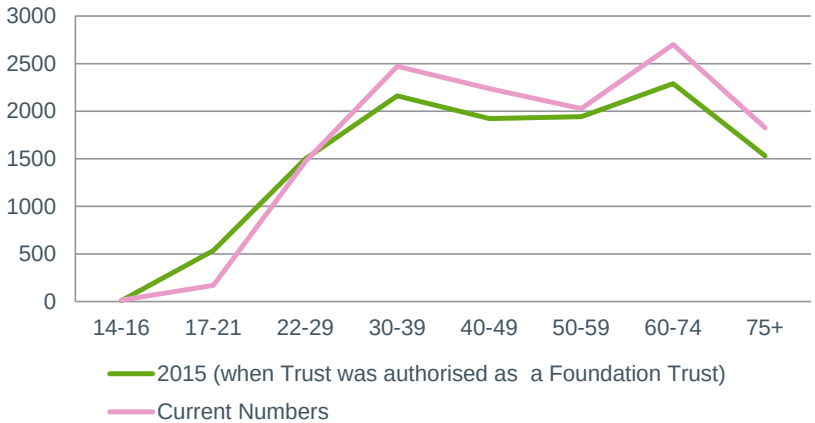
	Public				Staff			
	Rest of England	Wandsworth	Merton	South West Lambeth	Allied Health Professional	Nursing and Midwifery	Medical and Dental	Non-Clinical Staff
Gender								
Women	2,887	2,595	2,037	351	1,512	2,994	716	1,357
Men	2,020	1,518	1,343	197	545	494	738	815
Age								
14-21	53	57	74	1	2	5	-	8
22-29	746	341	354	50	672	947	594	419
30-39	1,070	743	541	118	539	944	528	515
40-49	737	773	614	113	414	793	366	469
50-59	732	665	550	80	272	581	194	543
60-74	958	899	730	113	80	110	49	218
75+	601	635	517	73	-	-	-	-
Ethnicity								
White	2,640	2,231	1,638	291	1,136	1,524	754	1,078
Black	752	572	388	114	50	749	50	454
Mixed	252	197	122	36	75	122	75	122
Asian	1,067	931	1,096	96	498	1020	467	397
Other ethnic	110	85	68	8	-	-	-	-
Not stated	74	94	59	3	118	73	118	121
Total Members	**4,897**	**4,113**	**3,380**	**548**	**2,057**	**3,488**	**1,454**	**2,172**

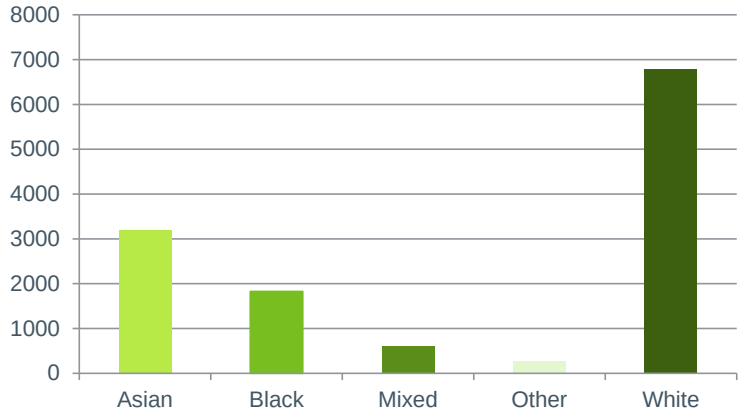
Membership Breakdown: Analysis of Public Membership

While the Trust's staff membership was dictated by the employee profile as new staff are automatically enrolled as members with the option to opt out there was opportunity for the Trust to conduct focus work in areas where there was under-representation in its membership within the public constituencies. Since become a foundation trust in 2015 the Trust had seen a total fluctuation in its membership between circa 3200-3800 as demonstrated below in the net gain/loss chart. The changes in membership was reflective of natural attrition with people moving out of area or unfortunately passing away.



The areas where the largest under-representation exist relates to age and membership from the Black, Asian and Minority Ethnic public group. As part of its strategy the Trust could seek to target activities among these groups. In previous years the Trust has conducted recruitment drives in universities and colleges to increases the number of young members. The Trust has not completed any recruitment programmes targeted at the BAME communities in recent months.





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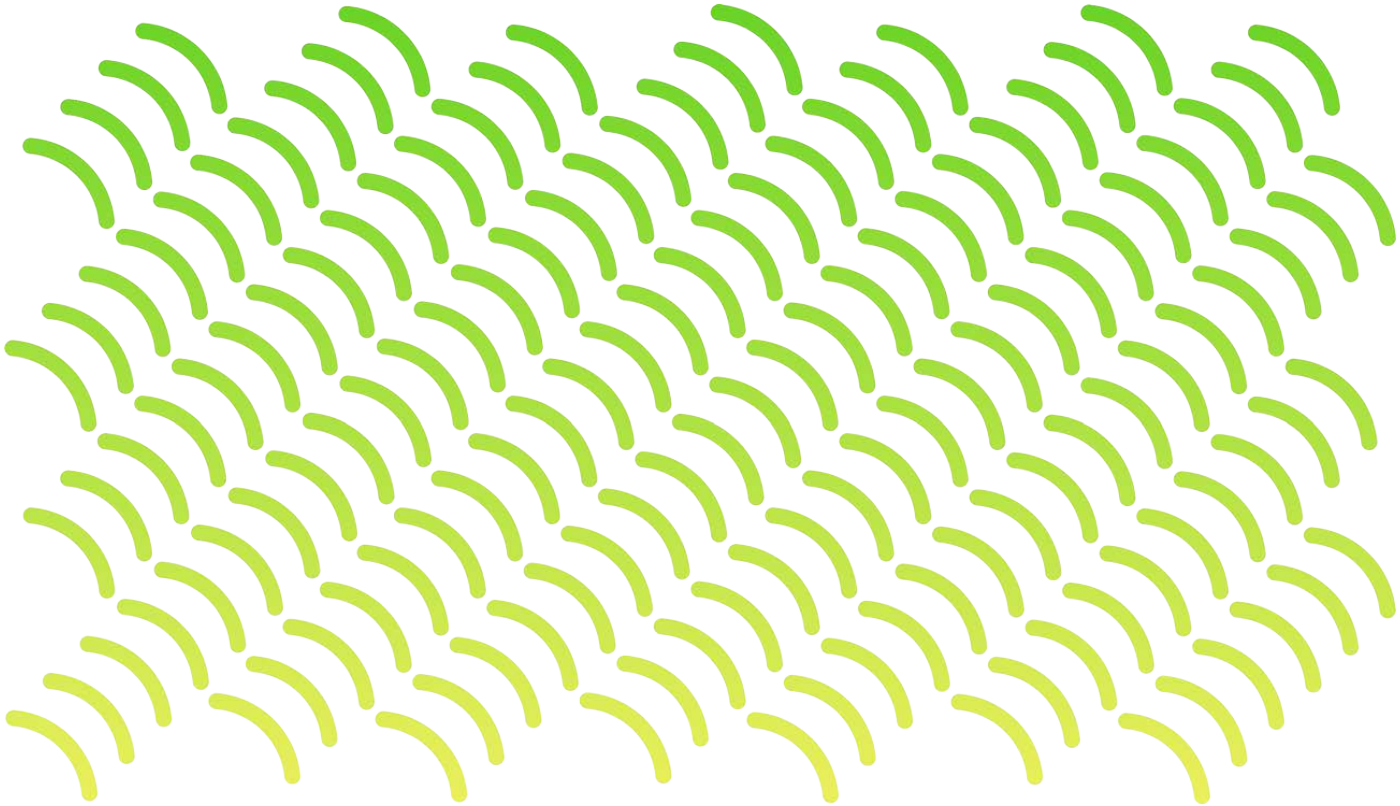

Membership Engagement Committee Report

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Council of Governors Membership
21 April 2021

5.1

Stephen Jones
Chief Corporate Affairs Officer

16 April 2021

Introduction

Purpose

The purpose of this report is to provide an update on current vacancies that exist on the Council of Governors and set out the options for filling the elected public governor vacancy in Merton, created following the sad death of Nasir Javed Khan.

Recommendation

The Council is asked to:

- **Note the nomination by Kingston University of Professor Kathy Curtis to the vacant Appointed Governor seat on the Council previously filled by Valentina Collington;**
- **Note that St George's University of London is currently identifying a suitable individual to succeed Dr Fran Gibson as the SGUL Appointed Governor on the Council;**
- **Consider the options for filling vacant seats on the Council and agree the recommendation that the Merton Public Governor elected seat be filled by offering the seat to the candidate with the next highest number of votes in the most recent election for that seat (option B in the paper), in line with the provisions of the Trust's Constitution.**

Council of Governors: Current vacancies

- The Council of Governors is made up of 26 Governors:
  - 7 appointed from local partner/stakeholder organisations (Universities, local Councils and Healthwatch)
  - 15 elected from our local constituencies (South West Lambeth, Rest of England, Merton and Wandsworth)
  - 4 elected from the different groups of our staff member

- The make-up of the Council of Governors reflects the constituencies served by the Trust to ensure that there was appropriate representation by key stakeholders. It is therefore important to have all seats on the Council of Governors filled at all times.

- Until recently the Kingston University governor seat was vacant. However, Kingston University have nominated Professor Kathy Curtis, Associate Dean of External Engagement, to fill this position. Professor Curtis is a nurse by professional background and is well networked nationally with Health Education England and sits on the Universities UK Council of Deans for Health.

- The following two vacancies remain on the Council of Governors:
  - Merton Public Governor – created by the sad passing of Nasir Javed Khan; and
  - Appointed Governor, St George's University – created by Dr Fran Gibson standing down having completed two 3 year terms.

Appointed Governor – St George's University

The St George's University Governor is a appointed seat filled by Dr Fran Gibson who is the last year of the role. The Principal, Professor Jenny Higham, is currently identifying a replacement for Dr Gibson with the hope to fill this role shortly.

Filling Elected Vacant Seat on the Council of Governors

Merton Public Governor Vacancy

The Merton Public Governor is elected from the members of the Trust based in the Merton constituency. The Trust's Constitution, at Section 4.1.2 (page 64), sets out the process the Council of Governors should follow in the event that a vacancy arises amongst the elected Governors. The Constitution states that:

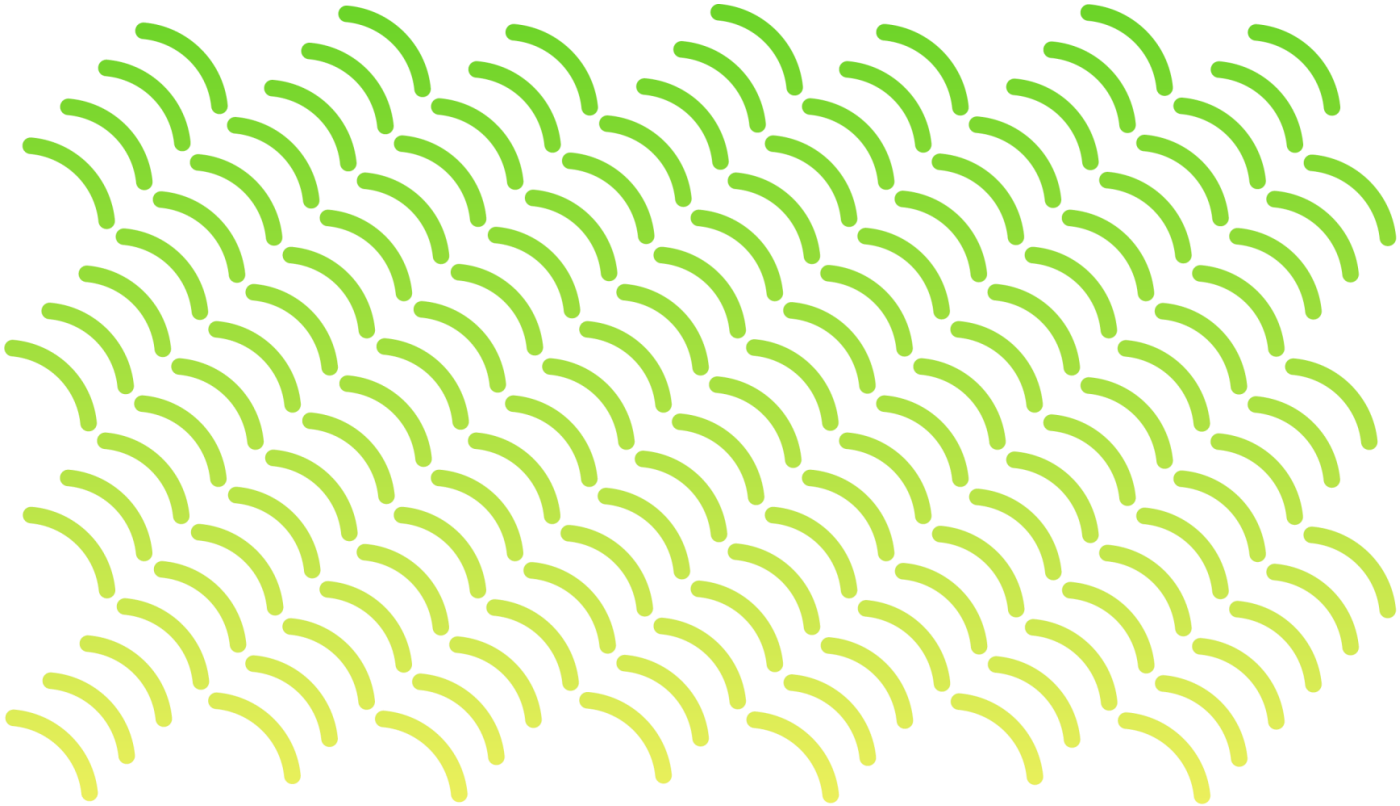
> ***4.1.2.*** *where the vacancy arises amongst the elected governors, the Council of Governors shall be at liberty either:*
> - ***4.1.2.1.*** ***to call an election within four (4) months*** *to fill the seat* ***for the remainder of the term of office of the governor*** *who is being replaced (unless they are in the last year of their term of office, in which case the seat may be left vacant until the next election due in respect of that seat is held); or*
> - ***4.1.2.2.*** *to* ***invite the next highest polling candidate for that seat at the most recent election****, who is willing to take office, to* ***fill the seat until the next election due*** *in respect of* ***that seat is held****, at which time the seat will fall vacant and be subject to election for any unexpired period of the term of office of the governor who is being replaced.*

The vacant seat was created following the sad death of Nasir Javed Khan. Nasir had been elected to his seat on the Council in January 2020 and had served just over one year of his 3-year term of office. The Council of Governors now has the choice to:

- **Option A – Call an election within the next 4 months to fill the remain term for that seat (following election process circa 1.5 years)**
  There are no elections planned in the next four months. If the Council of Governors chose this option the Trust would be required to run and election over a minimum of a 40 day period which would be subject to a cost envelop of between £3-5k including local advertising etc.

- **Option B – Invite the next highest polling candidate for that seat in most recent election which took place in January 2020, to fill the seat until the end of the term of office for this seat on Council, that is until the end of January 2023.**
  Although elections for public Governors in the Merton constituency took place in November 2020, the Trust's Constitution requires the Trust to look back to the last time the specific seat was contested.

The next highest polling candidate for that seat was Patrick Burns. Mr Burns remains very interested and eager to join the Council of Governors. Since the election process he had put himself forward to participate in the Patient Participation & Engagement Group. He is able to start immediately subject to a robust election process and completion of Code of Conduct and Fit and Proper Person Tests. **The recommendation to the Council of Governors is to select Option B and invite Mr Patrick Burns to take up the vacant Merton Public Governor seat on the Council, subject to the necessary checks.**



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5.2

Meeting Title:	**Council of Governors**		
Date:	21 April 2021	**Agenda No**	5.2
Report Title:	**Proposed Council of Governor Workplan**		
Lead Director	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Tamara Croud, Head of Corporate Governance/Board Secretary		
Presented for:	Approval		
Executive Summary:	It is good governance practice for the any formal governance forum to develop and review the forward plan of business to ensure it effectively achieved the matters outlined in its constituting document. The proposed workplan for 2021-22 reflects key matters of business the Council of Governors is tasked to review during each year. The workplan also provides the opportunity for the Non-Executive Directors (NEDs) to lead on key quality, safety, people, performance and financial updates supported by the relevant executive director (EDs). This has been piloted during 2020-21 and worked well and contributed to improving the way in which Governors engaged with NEDs and hold them to account for the performance of the Board. The proposed 2021-22 workplan has been extended to cover the spectrum of performance reports to give the Council an opportunity to cover the breadth of performance issues. The workplan also reflect the feedback from the 2019-20 Council of Governors effectiveness review.		
Recommendation:	The Council is asked to consider and approve the proposed forward plan for business for the Council in 2021/22 and provide any suggestions about other areas to be included in the plan.		
Supports			
Trust Strategic Objective:	Build a better St. George's		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Leadership and Improvement Capability (Well Led)		
Implications			
Risk:	As set out in the paper		
Legal/Regulatory:	As set out in the paper		
Resources:	N/A		
Previously Considered by:	N/A	**Date:**	N/A
Appendices:			

Council of Governors Meeting
PROPOSED Workplan 2021-2022

Scheduled, Standing Agenda Item	Frequency	Lead NED/CoG	Lead ED	Author(s)	21/04/2021	14/07/2021	16/09/2021	08/12/2021	09/02/2022
OPENING ADMINISTRATION									
Welcome, Introductions and Apologies for Absence	Standing	All	All	Secretariat	√	√	√	√	√
Declarations of Interest	Standing	All	All	Secretariat	√	√	√	√	√
Minutes of Previous Meeting	Standing	Chairman	CCAO	Secretariat	√	√	√	√	√
Matters Arising (Tracker) and Action Log	Standing	Chairman	CCAO	Secretariat	√	√	√	√	√
QUALITY, SAFETY & PEOPLE, PERFORMANCE									
Chief Executive's Report (Key Updates and Highlights)	Standing	N/A	CEO	Secretariat	√	√	√	√	√
Integrated Quality & Performance Report	Standing	Various	Various	Secretariat		√ **(Outcome, Performance, Productivity)**	√ **(Patient Safety)**	√ **(People)**	
Financial Performance Update	Annual	N/A	CEO	Secretariat				√	
Culture Programme Update	Annual	N/A	CEO	Secretariat		√			
CQC Actions, Quality Priorities, Quality Indicator Testing & Draft Quality Account Update	Annual	NED QSC Chair	CN	DQGC					√
Final Quality Account and External Auditor's Report	Annual	NED AC Chair	CFO/CCAO	External Auditors		√			
Quality Improvement Update	Annual	NED QSC Chair	CTO	CTO			√		
ANNUAL PLANNING, STRATEGY & SYSTEM WORKING									
Collaboration with Epsom & St Helier	Standing (Private)	Chairman	Chairman	CPD	√	√			
Proposed NHS Legislative Changes: Integration and Innovation White Paper	Annual	NED FIC Chair	CCAO	CCAO	√			√	
Annual Planning & Budget Setting	Annual	NED FIC Chair	CFO	DCFO/CFO	√				√
Supporting Strategies Progress Updates	Annual	Chairman	CSO	HoS		√			
Trust Clinical Strategy	Annual	Chairman	CEO/CSO	HoS		√			
Estates Strategy	Annual	NED FIC Chair	CFO	DCFO/CFO		√			
Integrated Care System Updates	Annual	Chairman	CEO/CSO	HoS		√	√	√	√
Patient Experience include updates from PPEG/Complaints etc	Annual	NED QSC Chair	CN	HPEP			√		√
MEMBERSHIP, INVOLVEMENT & ENGAGEMENT									
Governor Engagement & Involvement Report	Standing	Lead Governor	CCAO	Secretariat		√	√	√	√
Membership Engagement Strategy (Implementation/Forward Plan Update)	Annual	Chairman	CCAO	Secretariat		√			√
Annual Membership Representative & Engagement Committee Report	Standing	Chairman	CCAO	Secretariat					√
Membership Engagement Committee Report	Standing	MEC Chair	CCAO	Secretariat	√	√	√	√	√
Governor Election (**Plan**/**Results**)	Standing	Chairman	CCAO	Secretariat		√		√	

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Council of Governors Meeting
PROPOSED Workplan 2021-2022

Scheduled, Standing Agenda Item	Frequency	Lead NED/CoG	Lead ED	Author(s)	21/04/2021	14/07/2021	16/09/2021	08/12/2021	09/02/2022
Annual Members Meeting (Plan/Results)	Annual	CCAO	CCAO	Secretariat		√		√	
COUNCIL GOVERNANCE									
Council of Governors Nomination & Remuneration Committee (NED Appraisals and Proposed NED Appointment)	Annual (Private)	Chairman	CCAO	CCAO	√				
Trust Constitution Review and Update	Annual	Chairman	CCAO	CCAO					√
Annual Report on Council Activities, Training Interests	Annual	Chairman	CCAO	Secretariat		√			√
Council Training & Development - Self-Assessment against Foundation Trust Licence	Annual	Chairman	CCAO	Secretariat		√			
Council Annual Effectiveness Review (Plan/Results)	Annual	Chairman	CCAO	Secretariat			√		√
Review of Council Workplan	Annual	Chairman	CCAO	Secretariat	√				√
Review of Council of Governors Membership	Annual	Chairman	CCAO	Secretariat	√				
Council Annual Review, Terms of Reference	Annual	Chairman	CCAO	Secretariat		√			
Council Sub-Committees Terms of Reference and Annual Review	Annual	Chairman	CCAO	Secretariat		√			
CLOSING ADMINISTRATION									
Items for the next meeting	Standing	All	All	Secretariat	√	√	√	√	√
Any other business	Standing	All	All	Secretariat	√	√	√	√	√
Reflection on the meeting	Standing	All	All	Secretariat	√	√	√	√	√

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