

Council of Governors Meeting, 22nd July 2020, 6.00pm
– 7.30pm, Virtual Meeting (22/07/2020)

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COUNCIL OF GOVERNORS

Meeting to be held on Wednesday 22nd July 2020
6pm to 7.30pm, via Virtual Meeting

A G E N D A

1. **Welcome, apologies and opening remarks**
2. **Minutes of meeting held on 22nd April 2020** attached (CG/20/14)
3. **Matters Arising**
4. **Reflection session on Board of Directors meeting**
5. **Governors' reports – to note and for information**
 1. **Lead Governor report** attached (CG/20/15)
Heather Byron
 2. **MeDIC** verbal
Samantha Quaye
 3. **Quality and Engagement** verbal
Placida Ojinnaka
 4. **Service Strategy** verbal
Annabel Fiddian-Green
6. **Questions and answers – for information** attached (CG/20/16)
7. **New Financial Framework** presentation
Steven Davies
8. **Report from the Nominations Committee** presentation
Chief of Staff and Director of Corporate Affairs
9. **Any other business**
10. **Dates and times of next meetings**

Arrangements for the next meetings due to be held on 28th October 2020 in the Robens Suite, Guy's Hospital will be confirmed in due course:

Board of Directors meeting	4.00pm – 5.30pm
Council of Governors meeting	6.00pm – 7.30pm

Chairman approved



Guy's and St Thomas'
NHS Foundation Trust

Public Council of Governors

Minutes of the virtual meeting held on Wednesday 22nd April 2020

Present: Martin Bailey Alice Macdonald
John Balazs Margaret McEvoy
Elaine Burns Betula Nelson
Heather Byron Placida Ojinnaka
John Chambers John Powell
Marcia Da Costa Mary Stirling
Robert Davidson Warren Turner
Annabel Fiddian-Green Rachel Williams
Laura James Peter Yeh
Paula Lewis - Franklin

Apologies: Tahzeeb Bhagat
Tony Hulse
John Knight
Anita Macro
Lucilla Poston
Simon Yu Tan
Christine Yorke

In Attendance: Sir Hugh Taylor (Chairman)
Dr I Abbs
Mr P Cleal
Mr J Findlay
Dr F Harvey
Ms J Parrott
Mr J Pelly
Prof R Razavi
Ms J Screamon
Mr M Shaw
Dr S Shribman
Dame E Sills
Dr P Singh
Dr S Steddon
Mr L Tallon
Mr S Weiner

Attendance: Ms E Youard (Secretary)
Ms B Bryant
Ms S Clarke
Ms J Dahlstrom
Mr S Davies
Mr A Gourlay
Ms A Knowles
Ms R Liley
Mr N Wright

CG/20/12 Welcome, apologies and opening remarks

The Chairman welcomed participants to the Council of Governors meeting. Apologies had been received from Ms A Dawe, Ms A Lynch, Ms M Ridley, Professor J Wendon and Ms S Austin.

This meeting would operate differently under the exceptional circumstances of the COVID-19 pandemic. The Trust team was doing its best to make the technology work for Governors. There would be an opportunity for members of the Council of Governors to ask questions, including during the meeting. Further interactive meetings were planned for Governors to engage in the issues raised at this meeting. As many as possible of the questions Governors had raised would be covered. All questions would be answered. Governors were thanked for their support.

CG/20/13 Minutes of the meeting held on 29th January 2020

The minutes of the meeting were approved as a true record.

CG/20/14 Matters arising

In response to a question raised in October 2019, an opportunity would be made for a copy of the external audit to be shared with Governors in advance of the meeting in which Governors received the annual audit report.

The Nominations Committee chaired by Sheila Shribman had met since the last meeting to discuss Trust Board succession planning. The COVID-19 pandemic had paused this process. A report to the Council of Governors would follow when this was possible.

CG/20/15 Reflections Session on Board of Directors Meeting

The Chairman led the process of responding to Governors' questions.

Laura James had asked about the reduction in numbers of patients self-presenting to the Trust. This was a real area of concern for the Trust which had been working through national channels to get national communication on this point changed slightly. If patients need to access services, they should do so. Some impact analysis had been carried out over the past few weeks of the number of people coming through to the Emergency Department, and the number of urgent cancer referrals. There had been a reduction of two thirds of attendances at A&E. A comparison had been made to 2019 A&E activity by condition. Communications about priority care needs in target areas had been shared with GPs and individuals based on learning about the different pattern in activities. There had been a reduction of around 75% of urgent cancer two week wait referrals. The Trust was publicising that services were still available to patients and that patients should still be using them where appropriate. All normal communication channels were being used but more was needed. The help of the Governors to try to get these messages across for patients needing urgent and emergency care meeting key criteria in the local community was welcomed. The Trust would continue to promote this message locally and nationally.

Christine Yorke had asked whether the Trust had sufficient Personal Protective Equipment (PPE), and whether there should be a 'call to arms' to all skilled machinists to make gowns. The national guidance on PPE had changed over recent weeks. It was confirmed that the Trust had managed to maintain PPE supplies and keep staff

safe. Disposable gowns need to be manufactured rather than sown. The Trust was importing gowns. At an early stage in the pandemic, all clinical staff had moved to wearing scrubs. The Trust had good quantities of scrubs for all clinical staff. The Director of Finance and Procurement Team were thanked for their outstanding work in ensuring sufficient PPE supplies, enabling the Trust to assist neighbouring providers. The Board had taken assurance from the efforts the Trust had made to secure supplies, as well its compliance with clinically supported guidance.

Alice Macdonald had asked how the local community could best support the Trust during the pandemic. The Trust appreciated the tremendous support that had already been given by people following government advice to stay at home, observe social distancing and wash hands. It emphasised the importance of people in need of urgent and emergency care access its services. It was grateful to the Guy's and St Thomas' Charity for a major gift, as support, and for further funds raised. The Charity's support had enabled the Trust to introduce logistical expertise at short notice to run extra services for staff, for example a supermarket on two hospital sites for basic goods. Governors should donate through the Charity. Governors were also welcome to email Julie Screaton directly with ideas which could be translated into action. Some contributions might not be feasible for health and safety reasons - for example, donations of hot food should not be encouraged. Other groups in the local community, for example food banks, would also value help and support for vulnerable people.

Margaret McEvoy had asked what analysis the Trust had carried out of the disproportionate impact of COVID-19 on black, Asian and minority ethnic groups. A national review had been commissioned into this important and worrying issue. The Trust would collect the data and participate fully in that review. It would be looking at what could be discerned about susceptibilities to COVID-19 and what interventions at an earlier stage would be appropriate. It was too early to conclude what was behind the apparent differences by ethnicity. Health inequalities are known to be a national issue and only too evident in our local boroughs. Specific risk factors inherent to COVID-19 need to be understood. The Trust would be submitting data to the national team looking at COVID-19 and to ICNARC (Intensive Care National Audit and Research Centre). South East London organisations would need to collaborate on this analysis, to meet the needs of the diverse local population.

Margaret McEvoy had asked about staff welfare. The Trust already runs a comprehensive wellbeing programme 'Showing we care about you' which already features wellbeing support, such as meditation apps. Staff wellbeing centres were being run on the Trust's two major sites, with a mobile service into the community, with psychologists and mental health first-aiders present for staff to talk to on those sites. The Chaplaincy service was also supporting with talking at moments of crisis or distress. The supermarkets had been much appreciated for helping staff with basics. The GLA had dropped congestion charges, and organisations had made free parking available around the site. An hotel adjacent to St Thomas' hospital site had provided a large number of hotel rooms for staff accommodation for situations in which staff were unable to return home. The major focus now and for a long time to come would be offering staff psychological support. Staff had responded magnificently to the crisis. The challenge was to maintain staff morale and support for staff over the next weeks and months through a further period of uncertainty.

Margaret McEvoy had asked about the Royal Brompton & Harefield NHS Foundation Trust (RBH) transaction, following the update at the January 2020 Council of Governors. The work was at early stages. A Letter of Intent setting out the Trusts' commitment to merge had been signed by both organisations. The aspirational

timetable was to complete the merger by April 2021. This timetable would be kept under review. The Letter of Intent included explicit recognition of the need to consider the implications for governor representation to carry through the transaction. There would be engagement with this Council of Governors as well as the Council of Governors at the Royal Brompton Hospital to revise the constitution to take account the integration with RBH. There had been close joint working on coming together on behalf of patients to come together across RBH, the Trust and King's College Hospital. Work had started on identifying points at which to involve the Council of Governors.

Paula Lewis-Franklin had submitted questions of detail on scrutiny of the Board papers. One question was whether agency or bank staff expenditure was more cost effective, and whether there was a relationship between temporary staffing spend and staff turnover. Bank staff are Trust staff, choosing to work extra hours or flexibly for the Trust. Agency staff are third party supplied and used in specific shortage areas. The Trust is not a high user of agency staff. During regional or national shortages in staff supply, agencies are used. There is equal value for staff in working on the bank. The Trust is closely scrutinised for its use of temporary staff.

A reply would be prepared for Paula Lewis-Franklin and the Council of Governors. on all her questions, as some were detailed and would need following up.

Post meeting note: a subsequent report with responses to all questions has been shared with the Council of Governors.

CG/20/16 Governors Reports

Lead Governor Report

The Lead Governor's written reports was noted for information.

The Chairman drew attention the tribute Heather Byron as Lead Governor elected from January 2020 had paid in her report to the tremendous contribution of Devon Allison, outgoing Lead Governor, that she endorsed on behalf of the Council. Devon had concluded her role at the Lead Governor election in January 2020.

Membership Development, Involvement & Communications

The report of the meeting held on 11th February 2020 was noted.

Quality and Engagement

The report of the meeting held on 25th February was noted.

CG/20/17 2020 Governor Election process

Governors' support had been sought for a proposal to cover a Community Staff Governor vacancy on the Council of Governors during the COVID 19 pandemic until the time is right to hold an election. The proposal was for Governors to invite Anita Macro to stay in this role as long as necessary in these exceptional circumstances. This was not to create a precedent, but to avoid a vacancy until the situation is more settled at which point an election can be held. It is important to have community staff represented on the Council of Governors. The proposal had been circulated and positively supported to date. Time would be given for responses to be received.

Post meeting note: following subsequent positive Governors' responses, Anita Macro has been invited to stay on the Council of Governors to cover the Community Staff Governor vacancy until an election can be run.

CG/20/18 Questions and Answers

The record of answers to Governors' previous questions was noted.

CG/20/19 Any Other Business


There was no other business.

CG/20/20 Date and Time of Next Meeting

Arrangements would be confirmed in due course.

The next formal meetings had been scheduled to be held on 22nd July 2020 in the Robens Suite at Guy's Hospital. These would be the Board of Directors meeting from 3.45pm to 5.00pm; and Council of Governors meeting from 6.00pm pm to 7.30pm. The times and place would be kept under review.

The Chairman would also hold virtual informal meetings with Governors on 13th May and 24th June. (*Post meeting note: provisional times had been given and were subject to change. Notice would be given.*)

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Lead Governor's Report	22nd July 2020	CG/20/15


This paper is for:		Sponsor:	Chairman
Decision	<input type="checkbox"/>	Author:	Lead Governor
Discussion	<input type="checkbox"/>	Reviewed by:	
Noting	<input checked="" type="checkbox"/>	CEO*	
Information	<input type="checkbox"/>	ED*	
		Board Committee*	
		TME*	
		Other*	

1. Lead Governor's Report

- 1.1 Firstly, I want to reiterate the thanks and pride shared in the last Council of Governors meeting for the relentless hard work all staff and partners at Guy's & St. Thomas' have continued to apply during the Covid-19 pandemic. The resilience, creativity, and patient-centric nature everyone has displayed onsite, in the community, at our distribution hub and across a number of third-party sites to keep providing safe and exceptional care, is truly exceptional.
- 1.2 It is wonderful to see the Trust mindfully working through stabilisation plan and resuming elective procedures whilst also taking the opportunity to learn from where we have come, to perhaps push us quicker towards some of our transformative aspirations and understand what has and has not worked for staff and patients. As a CoG we have valued the regular 'informal' meetings with the Chairman and Executive and are grateful to be able to resume the regular Board/SBU committee meetings and the important discussions presented to the Nominations Committee.
- 1.3 There is no doubt that we have a long journey ahead and beyond the challenges the pandemic has presented, with a number of moving parts to also land and stabilise including readiness for 'day 1' of the RBH merger, ongoing partnership with Kings, maturing of the Integrated Care System, and progressing the Cardiovascular Institute and Evelina London capital plans. Each of these in itself will bring significant change and uncertainty but also opportunity which I am confident that we will harness collectively with the best interests of the Trust in mind such that we can continue to best serve our Patients.
- 1.4 I also want to reflect on the opportunity this time has given us as Governors of the Trust. While in the main we have been physically distant from GSTT, I feel we have, as a group, become closer. Governors and NED's have taken the opportunity to have impromptu 'virtual coffees' to get to know one another better and share ideas and visions. The Working Group leads along with their Trust and NED lead counterparts have taken the time to reflect on how the groups are framed, their objectives and proposed priorities for the year to drive pragmatic and practical actions and outcomes – I know they look forwards to sharing this refreshed look with you soon and to mobilise reinvigorated groups. I have also had a number of valuable catch-ups with governor colleagues which have reiterated some areas for improvement in our communications and processes, but also

demonstrated the passion that exists amongst us to lean in and get involved. Change won't happen overnight, but I'm excited for what is ahead for GSTT and the role we as Governors can plan in support the ambition.

- 1.5 My final thought is of thanks and gratitude to Eileen Sills as she steps down as Chief Nurse. The leadership, passion and consideration she has demonstrated at the Trust has been much noted, and it goes without saying that the same values and behaviours played out in her interactions with the Governors. Her responsiveness to our many questions that have fallen to her, willingness to help us understand the clinical details better enabling us to fulfil our roles, and openness to discuss and offer guidance outside of formal meetings, are things we all very much appreciative of. I know I speak for all governor colleagues when I say thank you. And with that, we also offer our welcome to Avey Bhatia who has been appointed as our new Chief Nurse and we look forward to meeting and getting to know her when she takes up her post in autumn.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Questions and Answers	22nd July 2020	CG/20/16

This paper is for:	Sponsor:	Corporate Affairs	
Decision	Author:		
Discussion	Reviewed by:		
Noting	CEO*		
Information	X	ED*	
		Board Committee*	
		TME*	
		Other*	

* *Specify*

1. Summary

This report provides a list of queries which have been raised by governors. Answers are included or are ongoing and will be provided to governors once available. We would like to encourage governors to continue to raise questions.

Note: *Governors are asked to send any queries to the CEO Planning Officer or the Chief of Staff and not directly to directorates. We will log questions and ensure they are properly handled.*

2. Request to the Council of Governors

The Council of Governors is invited to note the report.

3. Detail/Commentary

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
Does the Board have view on the falling number of patients self-presenting to urgent and emergency care?	20/00014 2020-04-22 Laura James	Response from Medical Director and Chief Operating Officer. The Trust has been working with national partners on this issue. If patients need to access services, they should do so. The Trust is publicising that these services are still available to patients and that patients should still be using them where appropriate. All normal communication channels are being used. Governors' help is welcomed in linking in with the local community to try to get these messages across for patients in need of urgent and emergency care.		
Have you got sufficient PPE? Should there be a 'call to arms' to all skilled machinists to make gowns?	20/00013 2020-04-22 Christine Yorke	Response from Chief Nurse. The Trust has managed to maintain PPE supplies and keep staff safe and has good quantities of scrubs for all clinical staff. Disposable gowns need to be manufactured rather than sown. The Trust imports gowns. At an early stage in the pandemic, all clinical staff moved to wearing scrubs. The Director of Finance and Procurement team have been thanked for their outstanding work in ensuring sufficient PPE supplies, enabling the Trust to assist neighbouring providers.		
How can the local community best support the Trust during the COVID-19 pandemic for example in fundraising, helping source and provide PPE or supporting vulnerable people in the community?	20/00012 2020-04-22 Alice Macdonald	Response from Chief People Officer. The Trust has appreciated the tremendous support that has already been given by people following government advice to stay at home, observe social distancing and wash hands. It emphasises the importance of people in need of urgent and emergency care accessing its services. The Trust is grateful to the Guy's and St Thomas' Charity for a major gift, as support, and for further funds raised. The Charity's support has enabled the Trust to introduce logistical expertise at short notice to run extra services for staff, for example a supermarket on two hospital sites. Financial donations should be routed through the Charity. Governors are also welcome to email the Chief People Officer directly with ideas which could be translated into action. Some contributions might not be feasible for health and safety reasons. Other groups in the local community, for example food banks, would also value help and support for vulnerable people.		
Reports in the media suggest that COVID-19 has a disproportionate impact on Black, Asian and Minority Ethnic groups across the UK with a number of reasons advanced for	20/00011 2020-04-22 Margaret McEvoy	Response from Medical Director and Chief Operating Officer. A national review into this important issue has been commissioned. The Trust will collect the data and participate fully in that review. It will be looking at what can be discerned about peoples' susceptibilities to		

*Council of Governors Meeting, 22nd July 2020
Questions and Answers paper*

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Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
this. Has the Trust carried out any analysis on this question in relation to the population it serves and what are the results?		COVID-19 and what interventions at an earlier stage would be appropriate. Specific risk factors inherent to COVID-19 need to be understood. It is too early yet to conclude what is behind the apparent differences. Health inequalities are known to be a national issue. The Trust submits data to the national team looking at COVID-19 and to ICNARC (Intensive Care National Audit and Research Centre). For serving its diverse population, South East London organisations will need to collaborate on findings from analysis.		
Staff welfare - could you update on initiatives in place to support front line and support staff across the trust in coping with the pressures?	20/00010 2020-04-22 Margaret McEvoy	Response from Chief People Officer Trust staff have responded magnificently to the COVID-19 crisis. The Trust already runs a comprehensive wellbeing programme 'Showing we care about you' which already featured wellbeing support, such as meditation apps. Staff wellbeing centres are being run on the Trust's two major sites, with a mobile service into the community, with psychologists and mental health first-aiders present for staff to talk to on those sites. The Chaplaincy service has also been supporting with talking at moments of crisis or distress. The basic supermarkets have been much appreciated for helping staff with basics. The GLA dropped congestion charges, and neighbouring organisations have made free parking available around the site. A hotel adjacent to St Thomas' hospital site has provided a large number of hotel rooms for staff accommodation where staff have been unable to return home. The major focus now and for a long time to come will be offering staff psychological and emotional support. The challenge is to maintain staff morale and support for staff over the next weeks and months through a further period of uncertainty.		
Annual Workforce Staffing Report, shows a dramatic decline in Black senior management within GSTT. How effective is having more Black people involved in the interview process?	20/00009 2020-04-22 Paula Lewis-Franklin	Response from Chief Nurse. The data is not showing a decline in Black, Asian and Minority Ethnic group representation over the past year. It reflects only the percentage per grade at one point in time. There is graphical analysis alongside the narrative in the document. The Trust has a comprehensive programme of activities to improve the situation. It is also important to note that there are fewer than 10 band 9 and 8d posts within nursing, and there is little turnover. Importantly, the Trust has supported Black, Asian and Minority Ethnic staff to progress their careers and they have secured more senior posts elsewhere including a Chief Nurse position.		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>In September 2018 diverse panels were introduced for all posts at band 8a and this was extended to band 7 posts from September 2019. The diverse panel pool is continually expanding and now totals over 200 members of staff from various roles and levels within the organisation.</p> <p>Since the expansion of diverse panels we have seen greater equality in the numbers of White and Black, Asian and Minority Ethnic candidates being offered positions at band 7 and above. We start to see the drop off in representation of Black, Asian and Minority Ethnic staff at band 6 and therefore plan to further expand diverse panels at this level to support attainment of our aspirational goal of proportionate ethnic diversity at all levels within the Trust by 2028.</p> <p>Please note that this is an annual report and if you want further information you can read the monthly report that is published on the Trust website and can be found under 'Our Quality Story'.</p>		
<p>Black people are at the forefront of the essential services so are more susceptible to this virus. This is obvious I need not elaborate further. I have identified that various Black people presenting previous underlying illnesses not related to the COVID-19 virus, whilst accessing various primary care facilities for their underlying problem are being diagnosed with COVID-19 even though not presenting symptoms. Many Black people will not access nor be taken to COVID-19 wards nor facilities whether they are infected or not. (Refer to Black mentality).</p> <p>Recommendations:</p> <p>Address the various previous inequalities within the Black Health/social care system.</p>	<p>20/00008 2020-04-22 Paula Lewis-Franklin</p>	<p>Response on behalf of Medical Director and Chief Operating Officer. The Trust treats all patients requiring care for COVID-19 and non COVID-19 related conditions as appropriate to their particular needs. The Trust encourages all groups and individuals to access care as appropriate for their individual circumstances. It is aware of and closely following issues being reported around Black, Asian and Minority ethnic groups and COVID-19. Careful consideration is given to the susceptibilities of different groups. The Trust will continue to work to address the evidence and issues arising.</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>A few local councils / CCG's do not have the capacity to put the appropriate infrastructure in place to address the various inequalities previously identified so higher taskforces will need to be deployed. With an underlying systematic racist system that are unwilling to address the inequalities within Black health issues these anomalies will further continue.</p> <p>Please keep us informed as to how GSTT are addressing these anomalies.</p>				
<p>Annual Workforce Staffing Report, Cardiac catheter lab: Poor staff engagement /morale. Please explain in further detail how this is being addressed.</p>	<p>20/00007 2020-04-22 Paula Lewis-Franklin</p>	<p>Response from Chief Nurse. The appendix to the Board paper sets out the rationale for additional posts. Given the small number of staff within the team it would be inappropriate for further information to be shared. However, as is often the case, teams go through both positive and challenging times. One of the issues highlighted to improve the experience of staff and improve morale was to increase the workforce to reduce the pressure on staff.</p>		
<p>High agency spend. Is agency or bank staff more cost effective? Does this high expenditure correlate to high turnover of staff?</p>	<p>20/00006 2020-04-22 Paula Lewis-Franklin</p>	<p>Response from Chief People Officer at Council of Governors 22nd April: Bank staff are Trust staff, choosing to work extra hours or flexibly for the Trust. Agency staff are third party supplied and used in specific shortage areas. The Trust is not a high user of agency staff. During regional or national shortages in staff supply, agencies are used. There is equal value for staff in working on the bank. The Trust is closely scrutinised for its use of temporary staff.</p> <p>Supplementary response from Chief Nurse: The use of agency is low in the Trust as we have a very effective bank. Bank staff are our own employees, who either work extra hours or staff who chose to work full time bank to give them flexibility. The small increase in agency has occurred due to the increase in activity and the focus on the Trust to meets its constitutional standards.</p>		
<p>Audit committee ICO Audit update: Cyber Security and business continuity (Please provide report) Please provide report of the</p>	<p>20/00005 2020-04-22 Paula Lewis-Franklin</p>	<p>Response on behalf of Chief Digital Information Officer. Summary details of the 31 recommendations from the ICO audit report can be found on the ICO website at www.ico.org.uk/media/action-weve-</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
31 recommendations. (Quality and performance board to provide).		taken/audits-and-advisory-visits/2617353/guys-and-st-thomas-nhs-foundation-trust-audit-executive-summary-v-1_0.pdf.		
Audit Committee Minutes, Orthopaedic managed service inventory write off. (Please provide figures).	20/0004 2020-04-22 Paula Lewis-Franklin	Response from Chief Procurement Officer. The write-off figure is £495k of expired inventory. There is also further non-moving inventory to be used or re-distributed to other NHS Trusts in the next 12 months.		
Audit Committee Minutes, Counter fraud: 3 of the 222 sanctions apply to GSTT please advise what these sanctions are.	20/0003 2020-04-22 Paula Lewis-Franklin	Response on behalf of Chief Finance Officer. The sanctions relate to the 2018/19 year and have been collated by the Counter Fraud Authority (CFA) based on data from their case management system. The CFA will only report cases when they are finally closed on the case management system, hence, these cases may have been reported to the Trust's Audit Committee in a previous period when they were deemed complete by the Trust's Local Counter Fraud Specialist. The two cases reported were: Case 1 – a member of nursing staff who worked on the bank using false identity documents and who received a suspended sentence. This counted as one criminal case. Case 2 was a member of nursing staff who worked 12 shifts whilst off sick from the Trust. The individual was dismissed at a disciplinary hearing and received a suspension order from the Nursing and Midwifery Council. This case counted as two disciplinary sanctions.		
In view of the proposed merger between the Trust and Royal Brompton next year what are the plans and timetable for reviewing governance and governor representation on the merged trust?	20/0002 2020-04-22 Margaret McEvoy	Response on behalf of Trust Chairman and Chief Executive. A Letter of Intent setting out the Trusts' commitment to merge has been signed by both organisations. The aspirational timetable is to complete the merger by April 2021. This timetable will be kept under review. The Letter of Intent included explicit recognition of the need to consider the implications for governor representation to carry through the transaction. There will be engagement with this Council of Governors as well as the Council of Governors at the Royal Brompton and Harefield (RBH) NHS Foundation Trust to take account of the absorption of the RBH Council of Governors into the Trust's constitution. There has been close joint working on coming together on behalf of patients to come together across RBH, the Trust and King's College Hospital. Work has started on identifying points at which to involve the Council of Governors.		