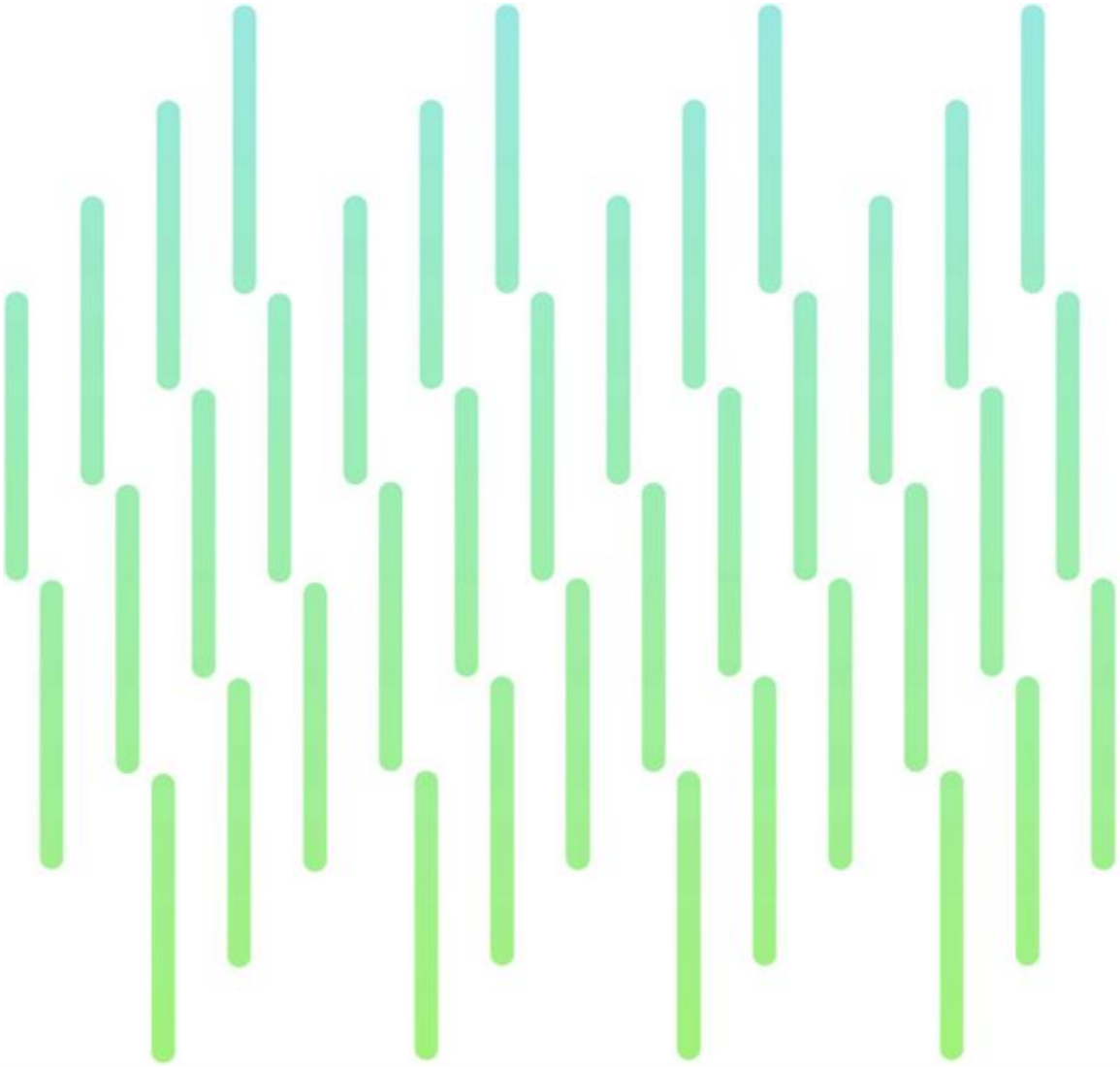
Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting
25 September 2024

Agenda and papers



Feedback on visits from Augustine Odiadi and Chelliah Lohendran

Sarah, John, Logie and I visited the Renal Ward/Clinic on 17 September 2024.

The ward is for Renal patients of all ages. They cater for In-patients and Out-patients.

We were conducted on the tour by three (3) experienced professionals, all with over 23 years' experience at that ward; the Lead Nurse, Renal Matron and the Donar Co-ordinator. They were very happy to assist us with our visit.

The ward is a new built ward and consists of 9 bays/ward well within a good view of the Nurses' station for convenient over-view of the on-duty nurses.

Patients are admitted for assessments and treatments (in-patient and out-patients); carried out by the pre-transplant and post-transplant teams.

They carry out dialysis procedures both for in-patient and out-patients.

They also carry out home visits for patients who have their dialysis equipment set-up for them at their homes.

150 transplants were carried out last year. Before the Covid pandemic, 170 transplants per year were being carried out.

They mentioned that their longest discharge period is about 2 weeks.

The ward has two (2) Nurse vacancies which they believe that their productivity could improve if these vacancies were filled.

They also complained that they need some space like a 'Day Room' where incoming and outgoing patients can wait conveniently while new patients are checked into their beds. They need their beds in order to take in new patients, as always.

Also, they have some concerns over their perceived impact of the impending integration with Epsom and St Helier hospitals.

Augustine Odiadi

Chelliah Lohendran (Logie) agreed with the above report and added:

I feel we need to add that there is more BAME patients come in than others.

Some wait for at least 2 years for kidney transplant. This is due to getting the right match for the patient.

Staff felt they don't see much of the management for them to understand the work they do.

St George's University Hospitals
NHS Foundation Trust

Council of Governors

Agenda

Meeting in Public on Wednesday, 25 September 2024, 13:15 – 16:15

Room H2.5, 2nd floor Hunters Wing, St Georges University

Feedback from Governor visits					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
13:15	-	Feedback from visits to various parts of the site	Governors	-	Verbal

1.0 Introductory items					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
13:25	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Note	Verbal
	1.3	Minutes of previous meeting	All	Approve	Verbal
	1.4	Action Log and Matters Arising	All	Note	Verbal

2.0 Strategy					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
13:30	2.1	Group Chief Executive's Report	GCEO	Update	Report
13:45	2.2	Strategy Update	GDCEO	Update	Report
14:00	2.3	People Strategy Update	GCPO	Update	Verbal
14:15	2.4	Group Green Plan	GCFIEO	Inform	Report

3.0 Quality and Performance					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
14:30	3.1	Performance (Operational; People, Quality - alternating cycle)	GCNO/GCMO	Inform	Report

4.0 Finance					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
14:45	4.1	Finance Update	GCFO	Discuss	Report

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5.0 Governance					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
15:00	5.1	Annual Members' Meeting 2024: Planning	GCCAO	Note	Verbal
15:10	5.2	Fit and Proper Persons Test Compliance Report 2023/24	GCCAO	Assure	Report

6.0 Membership Engagement					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
15:20	6.1	Report from the Membership Engagement Committee	Committee Chair	Approve	Report

7.0 Closing Items					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
15:25	7.1	Any Other Business	All	Note	Verbal
	7.2	Governors Elections	GCCAO	Note	Verbal
	7.3	Council of Governors Forward Plan/Calendar of Events	All	Note	Report
	7.4	Reflections on Meeting			

St George's University Hospitals
NHS Foundation Trust

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 Attendees		
Members	**Designation**	**Abbreviation**
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AAs
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB1
Sandhya Drew	Public Governor, Rest of England	SD
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JH1
Chelliah Lohendran	Public Governor, Merton	CH
Lucy Mowatt	Public Governor, Wandsworth	LM
Augustine Odiadi	Public Governor, Wandsworth	AO
Jackie Parker	Public Governor, Wandsworth	JP
Abul Siddiky	Staff Governor, Medical and Dental	AS
Georgina Sims	Appointed Governor, Kingston University	GS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
In Attendance		
Edwin Addis	Corporate Governance Manager	EA
Mark Bagnall	Group Chief Facilities, Infrastructure and Environment Officer	GCFIEO
Elizabeth Dawson	Group Deputy Director of Corporate Affairs and Head of Corporate Governance	GDDCAO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Peter Kane	Non-Executive Director	PK
Andrew Murray	Non-Executive Director	AM
Kate Slemeck	Managing Director - SGUH	MD-SGUH
Victoria Smith	Group Chief People Officer	GCPO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Tim Wright	Non-Executive Director	TW
Apologies		
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Julian Ma	St George's University of London	MA
James Marsh	Group Deputy Chief Executive Officer	GDCEO
James Bourlet	Public Governor, Rest of England	JB
Atif Mian	Staff Governor, Allied Health Professionals and other Clinical and Technical Staff	AM1
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Yin Jones	Non-Executive Director	YJ
Ann Beasley	Non-Executive Director, Vice Chair	AB

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Minutes of the Meeting of the Council of Governors (In Public)
Thursday 18 July 2024
Wandsworth Professional Development Centre
and via Microsoft Teams

Membership and Attendees		
Members	**Designation**	**Abbreviation**
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar *	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AAs
Alfredo Benedicto *	Appointed Governor, Merton Healthwatch	ABe
James Bourlet *	Public Governor, Rest of England	JB
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JH1
Chelliah Lohendran	Public Governor, Merton	CH
Lucy Mowatt	Public Governor, Wandsworth	LM
Augustine Odiadi *	Public Governor, Wandsworth	AO
Jackie Parker *	Public Governor, Wandsworth	JP
Ataul Qadir Tahir *	Public Governor, Wandsworth	AQT
Abul Siddiky	Staff Governor, Medical and Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Huon Snelgrove *	Staff Governor, Non-Clinical	HS
In Attendance		
Ann Beasley	Non-Executive Director, Vice Chair	AB
Andrew Grimshaw	Group Chief Finance Officer	AG
Yin Jones	Non-Executive Director	YJ
Peter Kane	Non-Executive Director	PK
Andrew Murray*	Non-Executive Director	AM
Richard Jennings	Group Chief Medical Officer	GCMO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Victoria Smith	Group Chief People Officer	GCPO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Tara Argent	Chief Operating Officer, SGUH	COO - SGUH
Anna Macarthur	Group Chief Communications Officer	GCCO
Patricia Morrissey	Interim Deputy Director of Corporate Affairs	IDDCA
Apologies		
Padraig Belton	Public Governor, Rest of England	PB1
Patrick Burns	Public Governor, Merton	PB2
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
James Giles	Public Governor, Rest of England	JG
Jenny Higham	Non-Executive Director	JH
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Julian Ma	St George's University of London	MA
Atif Mian	Staff Governor, Allied Health Professionals and other Clinical and Technical Staff	AM1
Georgina Simms	Appointed Governor, Kingston University	GS
Kate Slemeck	Managing Director, St George's	MD-SGUH
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
Tim Wright	Non-Executive Director	TW

** Joined the meeting via MS Teams*

	Feedback from Governor visits	Action
	Feedback from visits to various parts of the site John Hallmark and Augustine Odiadi provided feedback following their visit to the Heberden, Dalby and Amyand Wards on Monday 8 July 2024. JH highlighted that the Heberden and Dalby were senior health wards for patients aged 65 and over, many of whom were living with dementia and were in hospital as there was no suitable care available in the community. He also noted the impact that boarding patients from the Emergency Department (ED) was having on wards. With regards to the Heberden Ward, the lounge was used for boarding patients which meant that patients on the ward were unable to use this facility. On the Dalby Ward patients were boarded in a small room which was far from ideal. It was noted that all 3 wards had achieved either gold or silver accreditation and were fully staffed. The Chairman commented that boarding patients on wards was necessary to ensure safety in the ED, given the high operational pressures on the department. The GDCEO reminded Governors of the paper on ED pressures later on the agenda and reiterated that while the Trust would not normally choose to board patients it was necessary in order to balance risk across the organisation. The GCNO clarified that a risk assessment was undertaken to identify when and where patients would be boarded and that boarding patients in a ward day room was better than the alternative of using a corridor which was less desirable and less safe. She noted that teams were mobilised to support boarding activity and that patients were only boarded on wards where discharges were planned and any boarding activity was undertaken in a considered way with a supporting risk assessment. The GCMO echoed that boarding of patients was a nationally recognised and expected response to ED overcrowding and any attempt to stop boarding was likely to be questioned by the national team. In response to a question from JH regarding the frequency of patient boarding, the GCNO clarified that it was only undertaken as a last resort when space in the ED had run out. While boarding was not undertaken every day it was a frequent occurrence. KS acknowledged that patient boarding had become the ‘new normal’ and queried whether there was national guidance available on what percentage capacity was reasonable and at what point it would be deemed to be unsafe. The Chairman confirmed that there was no national data or recommendations and that it was for each Trust to balance the risk within its organisation.	

1.0	OPENING ADMINISTRATION	Action
1.1	**Welcome and Apologies** The Chairman welcomed everyone to the meeting, both those attending in person and those joining remotely via videoconference. Victoria Smith was welcomed to her first meeting of the Council of Governors. The apologies were noted as set out above.	
1.2	**Declarations of Interest** There were no new declarations of interest.	
1.3	**Minutes of the Public meeting held on 22 May 2024** The minutes of the meeting held on 22 May 2024 were approved as a true and accurate record, subject to one minor typographical amendment (changing the year of the meeting from 2023 to 2024).	**IDDCA**

1.4	**Action Log and Matters Arising** The Council of Governors reviewed the action log and agreed to close those actions proposed for closure: COG.220524.1 (feedback from visits); COG.220524.4 (quality priorities – cardiac arrest calls and early escalation); COG.220524.5 (quality priorities – ED flow). With regards to COG.220524, the COO-SGUH informed Governors that gynaecology patients were currently bedded on surgical wards as the current demand of 7 cases per week did not give rise to a requirement for a dedicated gynaecology ward. The demand for beds was reviewed each year as part of the bed modelling exercise and gynaecology demand would continue to be reviewed as part of this. She reassured Governors that female patients were treated within the female pathway for surgical bed care. With regards to COG.220524.3, the Chairman noted that the Deputy Group Chief Infrastructure Officer had not been able to produce the Estates report due to unforeseen personal circumstances and that it was therefore necessary to defer the report. The new Group Chief Infrastructure Officer, Mark Bagnall, would be joining the Trust in late August 2024.	
2.0	**STRATEGY**	
2.1	**Group Chief Executive Officer's Report** The GDCEO presented the report and highlighted: • The active role that St George's played in the response to the recent cyber-attack which had disrupted blood tests and transfusions at several hospitals in South East London (King's College Hospital, Guy's and St Thomas' and some primary care services). The Trust had supported care for patients in the community and those requiring complex surgery. The Trust had supported over 13,000 patients gaining access to additional results for complex surgical and maternity care as well as plasmapheresis. • That a huge amount of effort and time was being dedicated to the delivery of the financial plan and the cost improvement programme. • The challenging operating environment, including further planned industrial action. The site team had a well-developed response plan which had resulted in the delivery of seamless care during the prior periods of industrial action. • That the catering services at St George's had been recognised as "exemplary" by NHS England and had been chosen to join the NHS Exemplar Trusts Programme for Catering. SF asked about the timescales for the implementation of Martha's Rule and plans to communicate with patients and the wider public about it. The GCNO confirmed that a funding bid to support the establishment of a team had been successful and the team were in the process of working through what the Trust required in order to meet the new requirements, which would also include a detailed communications plan. In response to a query from KS related to the quality governance review and what action the Board was taking to ensure that it did not receive 'false' assurance as had been the case with maternity, the GDCEO explained that there was an item on maternity governance which would be discussed later in the agenda. In addition, he updated Governors on the development of an insights report which would include qualitative and quantitative data as well as soft intelligence which would be further iterated over the coming months and would be shared with the Board when more fully developed. The GCNO noted that that the second phase of the review of quality governance arrangements had begun and that this would focus on working with divisions to look at how they manage quality governance and the escalation of risks to the Sites, and from the Sites to the Executive and the Board. The Council noted the GCEO report.	

2.2	**Strategy Update** The GDCEO presented the strategy update. Governors were reminded that the Group strategy was being delivered via local improvements, corporate enablers and nine strategic initiatives. The Board had approved the corporate priorities for 2024/25 and these were clearly linked to the CARE framework around which the strategy was built. Financial constraints had impacted on the scope for transformation within some of the initiatives but it was hoped that this could be reinvigorated in the latter years of the strategy. Progress had been made with the enabling strategies with Board approval given for the People Strategy, the Quality and Safety Strategy and the Green Plan. Target dates for approval were in place for the remaining 3 enabling strategies. KS noted that it was good to see the progress being made against the strategy as this had not been shown as clearly over the last 10 years. With regards to the Green Plan, he queried whether his comments on an earlier iteration of the plan regarding calculations using St George's specific data rather than national data had been considered. The GDCEO agreed to ask the DCFIEO to provide the details to KS. AA asked the GDCEO to expand on the progress made against the Quality and Safety Strategy. The GDCEO clarified that the Quality and Safety Strategy had only been approved by the Board on 4 July 2024, two weeks prior to the Council meeting. The GCMO noted that the transition to the Patient Safety Incident Response Framework (PSIRF) was a key element of the Strategy and that the roll out of PSIRF had recently been completed across the organisation. In response to a question from AA as to who was responsible for PSIRF, the GCMO noted that he and GCNO were jointly responsible and would report regularly to the Quality Committee. Responsibility for the cultural changes envisaged under the new Framework was a collective responsibility. The GDCEO added that the Board Committees would oversee the delivery of each Corporate Enabling Strategy and that the Quality Committee would receive regular reports on the implementation of the Quality and Safety Strategy and would provide assurance to the Board. The Chairman noted that better flow and shorter waits was also a key element of the Quality and Safety Strategy and was critical not only for quality but also finances. AM noted that the draft Quality and Safety Strategy had been considered at the Quality Committee at its meeting in June 2024 and the Committee had been supportive of the contents and considered the ambition to be realistic. He reiterated the role of the Quality Committee in monitoring progress against the strategy. KS asked when the Board would receive its first analysis of the effectiveness of the safety actions following the learning responses under PSIRF. The GCMO commented that the reporting on PSIRF would be an iterative process of improved assurance to the Quality Committee and, through this, to the Board that the organisation was learning and changing its response to safety. The Council noted the Group Strategy Update report.	
3.0	**QUALITY AND PERFORMANCE**	
3.1	**Independent maternity governance review** The GCNO introduced the report on the independent review of maternity governance and highlighted the themes that were identified as contributing to the issues identified by the CQC. The GCMO noted that while the report might look intimidating the recommendations could be grouped into clear themes. He added that learning from the review had been taken forward as it progressed rather than waiting for the final report. The two maternity teams across the Group had been brought together and were now sharing good practice with a more transparent view of harm. The current approach to recording harm was acknowledged as not being the best way to deliver	

	quality and transparency. As a result of the learning, the GCMO and the GCNO now saw regular reports on all complications, including those related to recognised complications. The Chairman noted that the Group Chief Midwifery Officer now attended Board meetings and that the Board was now receiving a level of detail for the service that was justified in the circumstances given the high risks identified but it would not be practical for the Board to adopt this approach for every service. In response to a query from JH about whether the approach taken in maternity services could be used in other services, the GCMO confirmed that the second phase of the work would consider quality governance more broadly with a particular focus on quality governance within the divisions. While it was recognised that this further work could not cover all services, relevant learning could be identified and used. JH asked whether it was possible to identify the next troubled service. The GCMO explained that there were various services with different concerns and he reminded Governors that even in maternity there were no major areas where patient outcomes were worse than expected. In terms of a service where the outcomes were not as they should be, the GCMO highlighted major trauma and noted that this was due to service design as it had not been constructed in a way that led to optimal results. However, if the judgement was based on teamwork rather than outcomes then it was possible that other services might feature among those areas identified as challenged. The Chairman acknowledged the importance of the review. All organisations had things that go wrong and that it was not possible to guarantee that further issues would not arise. However, the key issue was for the Board to problem sense and that governance processes continued to feed information to the Board. The GDCEO added that while it was important to respond where there was noise about a service it was also important to identify areas that were quiet and this might prompt further inquiry. CL noted that it seemed as though team members were not communicating and queried whether there were any issues with bullying and harassment within the service. The GCNO commented that there were no concerns raised regarding bullying and harassment but there was a sense of frustration felt by staff that issues that they had raised had not been acted upon. CL raised a point around ‘forced’ caesareans and the GCMO stated that he did not recognise the concept of forcing patients to have any procedure. Patients with capacity were asked to consent verbally or in writing to any invasive procedure. Where patients lacked capacity a healthcare professional would make the decision based on the patient’s best interests. SF commented that seeing evidence of the experience and involvement of families, patients and staff within the PSIRF process would be helpful, particularly with regards to health inequalities in maternity and in other services. The GCNO explained that the big difference with PSIRF was the focus on patient and family voices as well as staff feedback. Feedback would be gathered via a survey that asked specific questions about involvement in the process and this would provide clear evidence. KS indicated that he was reassured by the level of detail in the management response but queried whether the issues about organisational culture were being addressed as strongly as they could. AM noted that some of the measures relating to cultural change were measured on an annual basis and that the lag in reporting could lead to a drift in in securing the changes needed. However, this would not be an excuse for a lack of action and there was a huge commitment within the organisation to do the necessary work. YJ flagged that metrics on the Freedom to Speak Up service and on maintaining professional standards were being regularly tracked and that this data	

	could also be relied on to provide insight. The Chairman noted that AM and the GCNO were also regularly visiting the maternity service on a monthly basis. KS also asked whether it was expected that the number of legal claims would reduce as a result of the improvements in the maternity service. The GCNO reminded Governors that the Trust paid into the Clinical Negligence Scheme for Trusts (CNST), an insurance scheme for clinical negligence claims. In relation to maternity services, the GCNO added that the Trust had been able to demonstrate that it had met all 10 of the safety actions under the Maternity Incentive Scheme within the CNST and had therefore received a rebate on its insurance premium. In response to a comment from KS regarding the use of the term BAME, the GCNO confirmed that the term would be replaced with the term 'global majority' in future reports. The Council noted: • The detailed observations of governance and culture at each Trust and Group level. • Noted the risks identified for delivery of the improvements and mitigations required.	
3.2	**Emergency Department Pressures** The GCMO introduced the report on Emergency Pressures describing the growing pressures on the emergency care pathway, the quality and safety issues arising from the consequent ED overcrowding, and the measures being taken to improve the situation and to mitigate risk. The GCMO highlighted that: • Over the last 10 years there had been an inexorable rise in ED attendance and a downward trajectory in ED performances across the country. • The problem was that there were multiple barriers to efficient flow throughout the inpatient pathway and beyond, and most important improvement work continued to be focused on areas outside ED. • The picture locally mirrored the national picture and while SGUH performed well when benchmarked against the rest of London, the bar was set quite low. • It was hard to maintain patient dignity and deliver safe and timely care when the ED was overcrowded and when patients were on trolleys in corridors. The risk in the waiting area in ED also increased and he noted the published research that showed that, for every 82 admitted patients whose time to inpatient bed transfer is delayed beyond 6 to 8 hours from time of arrival at the ED, there was one extra death. • The same day care function helped to bypass patients away from ED and this had helped to improve the situation with corridor care which had improved in April and May. • While the Trust could take action on things within its control, a major cause of the problem was attributable to the lack of appropriate community or home care arrangements, • The pressures in ED were leading to significant challenges to staff wellbeing and patient safety. SD asked whether the additional measures to improve performance and flow by reviewing the ED workforce were creating moral injury by asking staff to deliver more when they were already tired. The GCMO noted that the weight and the burden of moral injury extended past ED staff and that the review of workforce was focussed on the skills mix and the numbers of staff on shift to match the pattern of demand. The GCNO highlighted that the staffing needs in ED had changed as patients were now staying longer in ED and needed different care. The review was about making better use of the resources available to provide the care required.	

	In response to a question from SD about the drive to recruit more volunteers, the GCNO confirmed that the drive was going well and the SGUH was learning from ESTH which had more volunteers available to support staff. NA commented that staff well-being was paramount, and the Chairman explained that the Trust was prioritising this but it was not always easy to do given the pressures on the ED. The COO-SGUH informed Governors that she had personally met with staff in ED and that their concerns had been listened to. A table top exercise would take place on 14 August with multidisciplinary and external partners to look at how they could work together to make things better. Testing of the full capacity protocol would also take place and it was expected that this would lead to further improvements in business continuity plans and escalation plans. AM assured Governors that the Quality Committee was looking closely at ED and that it would be a subject of focus at the Committee's development session in July in preparation for a fuller report to be provided in August. KS noted that the report had been circulated late and that it would have been more helpful to Governors to have had more time to consider it. He highlighted that he had visited ED with fellow Governors and that they had seen the impact of the pressures at first hand. He queried whether the Same Day Emergency Care (SDEC) opening hours were fully utilised and whether all was being done to reduce the demand at the front door of ED. The GCMO explained that he had featured in the national press urging people to stay away from ED unless necessary. With regards to SDEC hours, this could be looked at but there was a need to balance quality and money and longer hours required extended hours for senior-decision makers. In response to a query from KS regarding the removal of ligatures in rooms where mental health patients were being treated, the GCMO confirmed that ligatures were removed even if there was no instance of suicide ideation and that the CQC expected this action to be taken.	
3.3	**SGUH Operational Performance (including Theatre utilisation)** The COO-SGUH presented the report on operational performance providing an overview of the key operational performance information, and improvement actions across SGUH based on the latest available data. The Trust had reported a number of operational performance improvements and successes in May 2024. The key highlights were as follows: • 4-hour wait performance in May 2024 was 76.8% against a trajectory of 78.6% but had improved to 81.8% in June. • There had been a reduction in 12 hour waits. • The Trust was performing well against the elective target and supporting the additional patients as a result of the cyber-attack. • There were improvements in capped theatre utilisation and the Trust achieved top quartile performance nationally, with 81.4% against the national target of 85%. There was both an improvement and transformation programme focussed on theatre utilisation and a digital view of the elective pathway was being developed allowing for a real time visualisation of theatre activity. • Cancer performance had improved to 80% in June against a target of 70%. • The number of patients with a length of stay greater than 21 days had reduced through May 2024 and ahead of planned trajectory. KS highlighted the level of detail and use of terminology in the report and questioned whether Governors were equipped to understand what was presented. He suggested that narrative rather than slides would be helpful. The COO-SGUH explained the	

	Patient Initiated Follow-up (PIFU) process and how this was expected to improve performance and outpatient value weighted activity over the coming months. Governors noted that there had been problems with recording data but that this had been resolved with changes to the way that patient data was recorded. The GDCEO highlighted how much work went into producing the report which was used by other fora and the Chairman reiterated that staff were not in a position to produce different material specifically for Governors. The COO offered to provide a workshop for Governors on how to interpret the information presented. JP noted that a mentoring/buddy systems could also be used to support Governors in their learning and development. In relation to PIFU, JH asked if there was any evidence that patients do not get back in touch when they should do. The GDCEO explained that the experience at ESTH which was 18 months ahead of SGUH in using PIFU indicated that 10-15% of patients got back in contact to reactivate appointments. ESTH had tested the responsiveness of the system and the evidence was encouraging. Similar testing at SGUH would also take place. AO asked if Governors could contribute to the planning of the agenda to ensure that matters not fully dealt with were covered. In response, the Chairman explained that the agendas were produced in line with the forward plan which had been presented to and approved by the Council in March 2024. Drafts agendas were discussed with the Lead Governor before finalising, and the Lead Governor routinely sought feedback from Governors on potential agenda items. An action log was presented to each meeting and included items where the Council had asked for further information or to revisit an issue. ABe reminded Governors to contact him if they had any matters for the agenda. The Council of Governors noted the report.	
4.0	**Finance**	
4.1	**Finance Update** AB provided a brief introduction to the paper and highlighted that: • The Trust was on plan at month 2 after bringing forward non-recurrent benefits from later in the year. • The Cost Improvement Plans (CIP) were very challenging to deliver, and further savings needed to be identified. • Pressures in the ED highlighted the challenges in balancing money and quality but safety would never be compromised. • The Trust had stepped up well in light of the cyber-attack and had treated many additional patients which had a resulted in additional costs to the Trust and loss of income. It was hoped that the Trust would be reimbursed for it costs or that missing the equivalent CIP target would be an allowable miss. • The cash position was being monitored very carefully. It was hoped that the SWL deficit would come with some cash but this was not possible at the moment. • The capital budget for 2024/25 was very constrained. AA queried whether the need for investment in IT raised the potential risk of a cyber-attack. The GCFO noted that the attack in South East London had targeted a third-party provider and that the Trust had a firewall and had taken reasonable steps to ensure that its third-party providers were protected. The Trust's cyber security arrangements had also been assessed as part of the annual data security and protection toolkit process. With regards to additional costs related to additional work taken on as a result of the cyber-attack, the GCFO explained that elective work and testing carried out by SWL Pathology would be reimbursed. However, non-elective	

	work was paid at a fixed sum and did not adequately cover the costs of more complex cases with longer stays. In response to a query from AS related to how non elective cases were tracked in order to ensure that the Trust was reimbursed, the GDCEO noted that the COO and site management maintained a tracker of the additional non elective activity. In response to a query from JH regarding the expected year end deficit, AB confirmed that the figure quoted in the paper was the last figure submitted to NHSE but that there were some changes to the planning assumptions, including industrial action not going ahead and uncertainty regarding the reimbursement of the additional costs arising from the cyber-attack. The Council noted the month 2 financial performance update.	
5.0	**Governance**	
5.1	**Annual Report from External Auditor on Annual Accounts 2023/24** AB provided a brief overview of the key findings of the 2023/24 annual external audit of the Trust's accounts which had been undertaken by Grant Thornton. The audit had been very straight forward. The key findings of the external auditors were that the Trust's financial statements gave a true and fair view of the financial position of the organisation and an unqualified opinion had been given. The auditors had identified a number of significant audit risks, particularly relating to income and expenditure given the wider financial context of the NHS, and the Value for Money audit report had highlighted a significant weakness in the Trust's value for money arrangements in relation to financial sustainability in the context of these short and medium-term financial challenges. PK noted that every Trust was facing similar challenges and encouraged Governors to read the auditors' report and, when available, the Trust's annual report which was now a much more accessible read than it had been in previous years. There were no questions from Governors. The Council of Governors noted the report.	
6.0	**Membership Engagement**	
6.1	**Report from the Membership Engagement Committee** The Committee Chair presented the first report from the newly reconstituted Membership Engagement Committee and set out the key matters considered by the MEC at its meeting on 27 June 2024: • The Committee had reviewed in detail the membership profile of each of the public constituencies of the Trust. This had included an analysis of each constituency by gender, age, ethnicity, socio-economic group and geographical distribution across each constituency. • The Committee had also considered a number of practical engagement opportunities for Governors to engage with members, and had agreed that one of the most effective routes for membership engagement was by plugging in to existing stakeholder networks and events. Governors had committed to providing details of events and networks in their constituencies so that these could be mapped and used to promote engagement. • A number of Governors had attended a conference on best practice on membership engagement where the importance of membership engagement was highlighted as essential for any high performing Trust, and that all Governors had a role to play in membership engagement.	

	• The best membership engagement was bespoke and the MEC had discussed the membership profile of each constituency in detail. • The MEC supported the proposal to develop a one year holding strategy to ensure that there was a current, in date framework to support membership engagement while a new, longer-term membership strategy was developed. • The benefits of shadow or associate governors had also been discussed as a potentially useful way of addressing under-representation of members in the 18-25 age range. • The MEC Terms of Reference had been reviewed and minor updates were suggested. ABe supported the recommendations presented and encouraged Governors to support the drive to increase attendance at the Annual Members' Meeting. KS asked for definition of the Associate Governor role. ABe explained that the idea had been discussed at a high level by the Committee and he expressed support for further work being undertaken to develop firm proposals on the matter, including detail on the selection process. AA urged Governors to support making a decision at the meeting rather than referring the matter back to MEC for further development. It was noted that Wandsworth Council had appointed a youth mayor and that this was a way to engage the future generation in the work of the Trust. Following further discussion the proposal was supported in principle, but it was acknowledged that important aspects of the role, including how an Associate Governor would be selected, needed to be developed. The Council of Governors: • Noted the matters considered by the Membership and Engagement Committee at its meeting on 27 June 2024. • Agreed the amendments to the MEC Terms of Reference. • Agreed that a 1 year holding strategy should be developed to provide a framework for membership engagement activity in the short-term while developing a long-term membership strategy over the next year informed by extensive engagement with members. • Agreed in principle to the development of an Associate Governor role specifically for those aged 18-25 years, subject to further development of the process for selection. Governors were also asked to provide the Corporate Governance Team with details of events and stakeholder groups within their constituencies to support the development of an engagement calendar for the year ahead.	**All Governors**
6.2	**Annual Members' Meeting 2024: Planning** The GCCO took the report as read and invited comments and questions. SF provided her reflections on the AMM held in 2023 and noted that it was poorly attended by both members and Governors. She emphasised that Governors should take an active role in attending the event. She also suggested improvements in planning for 2024 including: a better refreshment offer to demonstrate the value attached to members; better signposting of the venue; and early notification of the AMM date. KS supported the plan for offering health testing on the evening and it was noted that the options for testing would be explored, taking into account any associated costs and the financial challenges within the Trust. AS suggested random blood glucose testing as a cheaper option. The Council of Governors:	

	• Noted the date of the Annual Members' Meeting on 25 September 2024. • Noted that Governors would members of their local communities to attend the Annual Members' Meeting.	
7.0	**Closing Items**	
7.1	**Any Other Business** There was no other business.	
7.2	**Council of Governors Forward Plan** The forward plan was noted.	
7.3	**Reflections on the meeting** The Chairman emphasised the technical challenges involved in running the Council meeting as a hybrid meeting. The Chairman thanked everyone for their contributions.	

Date of next Meeting
Wednesday 25 September 2024, 13:15

DRAFT

Council of Governors - Public - 25 September 2024

NHS
St George's University Hospitals
NHS Foundation Trust

Action Log

Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.220524.3	Strategy Update	Bring an Estates and Facilities update paper to the next m eeing on 18 July 2024.	18/07/2024	DCFIEO	Deferred to September 2024 meeting due to limited resource capacity within the Estates team. Propose to defer to December meeting as the new Group Director of Estates & Infrastructure joined in September.	NOT YET DUE
COG 180724.1	Strategy Update	The Green Plan, KS queried whether his comments on an earlier iteration of the plan regarding calculations using St George's specific data rather than national data had been considered. The GDCEO agreed to ask the DCFIEO to provide the details to KS	25/092024	GDCEO/DCFIEO	20/9/24 The DCFIEO has provided the following update:: We are carrying out a full review of the current data for the sites as part of the Green Plan Strategy workstreams.	DUE
COG 180724.2	Finance Update	Non elective cases query on being tracked in order to ensure that the Trust was reimbursed, the GDCEO noted that the COO and site management maintained a tracker of the additional non elective activity. The GCFO agreed that he would test the tracking outside the meeting to ensure that all relevant activity was captured.	25/092024	GCFO	This will be reported in future updates.	DUE

Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.17.05.17/06	**NHSI Letter on the Quality Review Audits**	Circulate details of the letter from NHSI on the Quality Review Audits		MEM	Letter circulated on 17.05.17	CLOSED
COG.26.03.19/03	**Electronic Calendar for Governors**	Electronic Calendar invite options to members of the Council of Governors be explored by the MEM	22.10.19	MEM	A new St George's Governors' Google calendar has been established in which all CoG, CoG Committee, Board and Board Committee meetings are added. Calendar invites have been issued for all meetings up to the end of the 2019/20 financial year. The Secretariat has contacted each Governor to confirm whether the system is working for them. The Secretariat is currently undertaking a revamp of the content of the previously-used secure Governors' webportal. This has an up-to-date calendar of all events, copies of CoG, Board and relevant Committee papers and other reference material. The revamped portal is expected to go live in December 2019 and Governors will be issued with new log in details. Action proposed for closure on the basis that the calendar system is up and running and remaining teething issues are being ironed out.	CLOSED
COG.17.07.19/01	**iClip Concerns**	CIO to raise with CMO communication with junior doctors over options for escalating problems with iClip to programme board.	22.10.19	CIO	The CIO has taken this issue up with Matt Laundy, Chief Clinical Information Officer to ensure that all junior doctors are aware of options in escalting problems when using iClip.	CLOSED
COG.17.07.19/04	**Annual Members Meeting**	It was agreed that the marketplace stalls for the AMM would be located in the Grosvenor Wing reception area.	26.06.19	CCAO	Completed. Market place stalls were operated in the ground floor reception of Grosvenor Wing, including stalls for health checks, virtual reality pre-surgical treatment, Meet Your Governor, STG Charity, Patient Partners.	CLOSED
COG.17.07.19/05	**Non Executive Director job descriptions**	NED job descriptions to be re-circulated to Governors for information	31.07.19	CCAO	**Completed.** In addition, an additional role description for the clinical NED role was agreed on email circulation by the Governors' Nominations and Remuneration Committee on 25 July 2019, and by the Council of Governors on 30 July 2019. This followed the resignation of Professor Sir Norman Williams due to his appointment as Chair of the Independent Reconfiguration Panel from 1 October 2019. Sir Norman's final day as a NED at the Trust was 30 September 2019.	CLOSED
COG.17.07.19/07	**Cardiac Surgery Briefings**	Cardiac Surgery Service briefing dates for Governors to be circulated.	3.10.19	CCAO	Completed. The composition of interview panels and focus groups for each role was agreed by the Chair and with members of the Committee on email circulation.	CLOSED
COG.17.07.19/09	**NHS Providers London Governors Network Event**	Details of NHS Providers London Governors Network event on Monday 16 September 2019 to be circulated to Governors	16.09.19	MEM	**Completed.** Details of the event were circulated by email to the Council of Governors on the 18 July 2019. The event was chaired by the Trust Chairman and attended by the following Governors: Ms Bayles, Alfredo Benedicto, John Hallmark, Hilary Harland, Marlene Johnson, Richard Mycroft, Sangeeta Patel, Donald Roy and Stephen Sambrook.	CLOSED
COG.22.05.19/03	**Getting It Right First Time (GIRFT) and Model Hospital**	The Chairman agreed that the Chief Medical Officer would be asked to present a report at a future meeting of the Council on the assurance and governance mechanisms to ensure standardisation through the GIRFT and Model Hospital does not diminish innovation.	17.12.19	CMO	To be added to the programme of Council of Governors workshops in 2020, which is currently in development.	CLOSED
COG.17.07.19/02	**Information Technology Update**	The CIO to bring a presentation on the Digital Strategy to the Council in 2020.	19.02.20	CIO	The ICT strategy is currently being developed and is scheduled to be presented to the Board in February 2020. Ahead of this, the strategy will be brought to the Council of Governors and has been added to the Council agenda for its meeting on 19 February 2020.	CLOSED
COG.17.07.19/03	**Volunteer Update**	HPEP to present the new volunteering strategy to the COG in 2020, once agreed.	10.12.20	HPEP	Added to the Council of Governors forward plan for 2020/21	CLOSED
COG.22.10.19/01	**Chief Executive's Update**	It was agreed that the CEO would present an update at the next Council of Governors meeting on staff engagement and cultural change	17.12.19	CEO	On agenda	CLOSED
COG.22.10.19/02	**Strategy Update**	It was agreed that the Associate Medical Director for Research would be invited to present to Governors a more detailed presentation on research either at a future Council meeting or as part of an informal briefing session for Governors.	TBC	CCAO	Added to the Council of Governors forward plan for 2020/21.	CLOSED
COG.22.10.19/03	**Council of Governors Effectiveness**	The Council of Governors agreed plans for conducting a training and effectiveness survey and agreed to delegate to the Chairman and Lead Governor authority to approve any final changes to the text of the survey. The results of the survey would be brought back to the Council of Governors at its meeting on December 2019.	17.12.19	CCAO	On agenda	CLOSED
COG.17.12.19/01	**Council of Governors Effectiveness Review 2019-20**	The Council noted that the effectiveness review, the key actions to address feedback from review and that the CCAO would present an updated report at the next meeting of the Council.	19.12.19	CCAO	On agenda under item 3.3.	CLOSED
COG.17.12.19/02	**Workforce and Sickness**	It was agreed that the CCAO would arrange for the Chief People Officer to provide an update on workforce and sickness absence as part of the Council's forward work programme for 2020/21.	09.07.2020	CCAO	Added to Council of Governor workplan as a seminar	CLOSED
COG.19.02.20/01	**Coronavirus COVID-19 Update**	It was agreed that Governors would be sent a briefing on Coronavirus by email in the coming days.	26.02.2020	CCAO	Completed - a confidential briefing was emailed out to the Council on the 26 February 2020	CLOSED
COG.19.02.20/02	**Quality Indicator Audit**	The Council narrowed the choice to the following two indicators and agreed that in the interests of time at the meeting Governors would be asked to indicate their preference by email, following which the Council's decision would be relayed to the External Auditors: • Readmission within 28 days of discharge: percentage of patients readmitted within 28 days by age 0 to 14 and 15 or over; or • Infection control: rate per 1,000,000 bed days of reported C. difficile cases for patients aged 2 and over.	02.03.2020	All Governors	Completed - The Council chose Readmission within 28 days of discharge as their indicator to be audited. However due to COVID-19 pandemic and only essential work being undertaken, these were not audited by Grant Thornton.	CLOSED
COG.19.02.20/03	**Constituency Time Events**	The Council noted the update and agreed that Governors would continue to promote the Constituency Question Time events.	09.03.2020	All Governors	Completed - the events took place on 9th and 11th March and planned event on 12th March was cancelled due to the COVID-19 pandemic.	CLOSED
COG.19.02.20/04	**Governor Elections**	It was agreed that a report would to be brought to the next meeting on 5 May 2020 with an agreed timetable for election for later this year.	09.07.2020	CCAO	On agenda - See item 3.1	CLOSED
COG.19.02.20/05	**NHS System working**	The new systems chair be invited to talk to the Council at a seminar	10.09.2020	CCAO	Added to Council of Governors forward programme of work in 2020/21.	CLOSED
COG.19.02.10/06	**Annual Planning Seminar**	An Annual Planning Seminar to be arranged for the Council next month	23.03.2020	CCAO	The Annual Planning Seminar was arranged for 23 March 2020. However, this needed to be cancelled due to COVID-19 and directive from NHSE&I to suspended all non urgent work to deal with pandemic.	CLOSED
COG.09.07.20/01	Patients had reported to Healthwatch Merton receiving letters discharging them back to their GPs without being seen.	It was agreed that AB would provide more information about the letters to CEO and Chairman to follow up as it was agreed that was not the Trusts position.	10.09.20	AB	AB had been shown two letters (both from Epsom & St Helier) but patients did not give permission to take to the Chairman. Both patients preferred to try to sort matter out directly. AB agreed the action could be closed.	CLOSED
COG.09.07.20/02	Membership Engagement Committee membership	It was agreed that expressions of interest from Governors would be sought so this could be discussed and agreed at 10 September 2020 Council meeting.	10.09.20	CCAO	On agenda under item 4.1.	CLOSED
COG.09.07.20/03	CQC Actions Update	It was agreed that an update on the CQC inspection actions would be arranged for the Council of Governors.	10.12.20	CCAO	This has been added to the agenda for the meeting on the 10 December 2020. On agenda at item 3.1.	CLOSED
COG.10.09.20/01	**Emergency Floor Proposal**	A presentation on emergency floor proposals to be arranged for a future meeting of the Council of Governors.	~~10.12.20~~ 21.04.21	ICOO	**An update on the recent emergency department developments is included in the CEO's report under agenda item 2.1.** The Corporate Governance Team have also arranged for Andrew Asbury, Director of Estates & Facilities to provide Governors with a fuller update on the Trust's estates including future proposals for the emergency floor at the Governor Seminar Session on 16 March 2021.	CLOSED
COG.10.12.20/01	**Culture Programme Update**	It was agreed that the Council of Governors meeting in February 2021 would include an item on the culture programme and that, subject to the Board's review of the plan, the action plan would be presented to the Council.	16.02.21	CEO	**See agenda item 3.1**	CLOSED
COG.10.12.20/02	**Membership Engagement Report**	Agreed to support the delivery of the engagement programme by providing local stakeholder contact details to the Corporate Governance team which would be used to develop a robust stakeholder map.	16.02.21	Governors	Since the last meeting of the Council and further calls for this information no other Governors have provided information on their local stakeholder groups. **The Council of Governors is asked to consider closing delegating this action to the Membership Engagement Committee and closing it from the Council's action log.**	CLOSED
COG.10.12.20/03	**Membership Engagement Report**	Encouraged Governors to volunteer to record a video message which could be used on the Trust social media platforms to promote the Trust, role of Governors and membership of the Trust.	16.02.21	Governors	Since the last meeting of the Council no Governors have volunteered to record video messages. **The Council of Governors is asked to consider closing delegating this action to the Membership Engagement Committee and closing it from the Council's action log.**	CLOSED
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.**	CLOSED
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.**	CLOSED
COG.17.12.19/01	Council of Governors Effectiveness Review 2019-20	The Council noted that the effectiveness review, the key actions to address feedback from review and that the CCAO would present an updated report at the next meeting of the Council.	19.12.19	CCAO	On agenda under item 3.3.	PROPOSED FOR CLOSURE
COG.09.07.20/03	CQC Actions Update	It was agreed that an update on the CQC inspection actions would be arranged for the Council of Governors.	10.12.20	CCAO	This has been added to the agenda for the meeting on the 10 December 2020. On agenda at item 3.1.	PROPOSED FOR CLOSURE
COG.10.09.20/01	**Emergency Floor Proposal**	A presentation on emergency floor proposals to be arranged for a future meeting of the Council of Governors.	~~10.12.20~~ 21.04.21	ICOO	**An update on the recent emergency department developments is included in the CEO's report under agenda item 2.1.** The Corporate Governance Team have also arranged for Andrew Asbury, Director of Estates & Facilities to provide Governors with a fuller update on the Trust's estates including future proposals for the emergency floor at the Governor Seminar Session on 16 March 2021.	CLOSED
COG.10.12.20/01	**Culture Programme Update**	It was agreed that the Council of Governors meeting in February 2021 would include an item on the culture programme and that, subject to the Board's review of the plan, the action plan would be presented to the Council.	16.02.21	CEO	**See agenda item 3.1**	CLOSED
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
COG.10.12.20/02	**Membership Engagement Report**	Agreed to support the delivery of the engagement programme by providing local stakeholder contact details to the Corporate Governance team which would be used to develop a robust stakeholder map.	16.02.21	Governors	Since the last meeting of the Council and further calls for this information no other Governors have provided information on their local stakeholder groups. **The Council of Governors is asked to consider closing delegating this action to the Membership Engagement Committee and closing it from the Council's action log.**	CLOSED
COG.10.12.20/03	**Membership Engagement Report**	Encouraged Governors to volunteer to record a video message which could be used on the Trust social media platforms to promote the Trust, role of Governors and membership of the Trust.	16.02.21	Governors	Since the last meeting of the Council no Governors have volunteered to record video messages. **The Council of Governors is asked to consider closing delegating this action to the Membership Engagement Committee and closing it from the Council's action log.**	CLOSED
COG.30052022.2	Questions to Non-Executive Directors	It was agreed that the Council would receive a briefing on the patient safety framework at a future meeting.	22/09/2022	GCCAO / GCNO	On Agenda - See item 4.2.	CLOSED
COG.220922.1	Integrated Quality and Performance Report (Patient Safety and Quality Focus)	With regards to the Friends and Family test it was suggested that the Trust could helpfully publish a 'you said/we did' communication showing action taken in response to the feedback. The CCAO agreed to look at how information on the work of the Friends and Family board already in use and that the PSQG would also consider how this could be communicated.	08/12/2022	DCN	DCN spot check on friends and family boards undertaken and all boards up to date with either 'You said/we did' style communications or clear action plans. Regular reporting of Friends and Family test data presented to PSQG and Quality Committee on a quarterly basis, no further action required regarding further communication as friends and family boards in place and being monitored.	CLOSED
COG.300522.1	Developing a new Group Strategy	The Council agreed that a dedicated session would be held with Governors to provide an opportunity for the Council to input into the development of the strategy.	08/12/2022	GCCAO / GDCEO	Session is being held immediately following the Council of Governors meeting on 8 December.	CLOSED
COG.050722.3	Questions to Non-Executive Directors	Under the Chief Coroner's PFD publication policy, it was for the Coroner to determine when a PFD response could be published. Once published, the Trust would make this available to the Governors and place a copy on the Trust website.	08/12/2022	GCCAO	The Trust continues to engage with the Coroner to ensure publication of its response to the Prevention of Future Deaths Report. The Trust submitted its Response on 1 August and made representations that its response be published in line with the Chief Coroner's Publication Policy. The Group Chief Executive has written to the Chief Coroner regarding this.	CLOSED
COG.050722.1	Chief Executive Officer's Report	The SWL ICS is seeking to address population health and inequalities across South West London. It was made clear that improvements will not be easily measurable in the short-term. The GCEO agreed to provide further information on the work of the ICS at a future meeting.	08/12/2022	GCEO	A session on the work of the SWL ICS is schedule for the meeting in December 2022.	CLOSED
COG.220922.2	Finance Update	The Acute Provider Collaborative had commissioned a piece of work to look at financial sustainability across SWL and that the ESTH and SGUH Boards would shortly be asked to approve the Terms of Reference for this work. The Governors requested further updates on this work, as required.	08/12/2022	GCFO	The Trust Board reviewed the scope of this work at its private meeting in October 2022 and has provided feedback on this. It was anticipated that a final report would be available in around May 2023 (tbc).	CLOSED
COG.180523.1	Questions to Non-Executive Directors	Stephen Collier to provide a summary note on the response provided to the Council on a question by Patrick Burns regarding the decision made by the People Committee in April, to give the assurance rating of 'good' to the Strategic Risk 8 (SR8) (Culture).	26/07/2023	Stephen Collier	The summary was sent to the Governors on 19th June 2023.	CLOSED
COG.260723.1	External Audit Tender	There was a requirement for at least 3 Governors to join the membership of the Working Group, to undertake the review and selection process. It was agreed that the GCCAO would write out to Governors for any expressions of interest.	20/09/2023	GCCAO	GCCAO sent an email on 31 July 2023 for expressions of interest. The 3 Governors who put themselves forward for the working group were: - Khalid Simmons - Richard Mycroft - John Hallmark	CLOSED
COG.260723.2	External Audit Tender	GCCAO added that a guide on the tender process and Governor's role would also be shared. In-house training could also be provided, particularly if NHS Providers was unable to provide training at short notice.	20/09/2023	GCCAO	A GovernWell guide for Governors appointing the external auditor was sent to Governors on 31 July 2023.	CLOSED
COG.260723.4	Questions to Non-Executive Directors	SD requested Governor site visits to be reinstated. Rod Stansfield, Chief Executive, agreed that he would consider a night shift. SD CN explained that a 4 monthly programme would start from September and that he would look into the possibility of a night shift.	20/09/2023	GCCAO		CLOSED
COG.260723.5	Questions to Non-Executive Directors	SD suggested shadowing NEDs on visits. The Chairman felt it would be more useful for Governors to observe NEDs at Committees. A list of Committee dates would be sent out for expressions of interest to attend. The Council agreed to consider alternative ways that Governors and NEDs could develop a better understanding of their work and progress issues.	20/09/2023	GCCAO	Committee dates recirculated to Governors on 4 September 2023 further to circulation in March and April 2023.	CLOSED
COG.260723.6	Any Other Business	Annual members meeting - GCCAO confirmed the format would be similar to previous years and would circulate the plans to Governors. The date had been confirmed.	20/09/2023	GCCAO		CLOSED
COG.200823.1	Maternity Services Update	Governors requested to see the terms of reference for the Governance Review.	22/11/2023	GCCAO	The terms of reference for the quality governance review were included in the papers for the Council of Governors meeting on 26 July 2023 and have been recirculated ahead of the November 2023 meeting.	PROPOSED FOR CLOSURE
COG.221123.1	Feedback from Governor visits	Discussion on the purpose of the Governors visits would be scheduled once the newly elected Governors had joined the Trust.	20/03/2024	GCCAO	Included in the Governance Update paper on the agenda for 20 March 2024.	PROPOSED FOR CLOSURE
COG.221123.3	Chief Executive Officer's Report	To add a presentation on the work being undertaken with the mental health Trust on the forward plan for Governors in 2024/25 aswell as an item on developing leadership to discuss at a future meeting in the next financial year.	20/03/2024	GCCAO	Added to the forward plan included in the Governance Update paper on the agenda for 20 March 2024.	PROPOSED FOR CLOSURE
COG.221123.4	Questions to Non-Executive Directors	Khalid Simmons (KS) had submitted 4 questions prior to the meeting. The Chairman had responded to 3 questions in writing. The fourth question would be circulated to Governors.	20/03/2024	GCCAO	Circulated as part of the distribution of papers for the Council of Governors meeting on 20 March 2024.	PROPOSED FOR CLOSURE
COG.260723.3	Integrated Quality and Performance Report (IQPR highlights)	There was a discussion about theatre utilisation which was an area of focus for the Trust. There were 33 theatres in total (20 at SGUH and 4 at Queen Mary's Hospital). Theatre utilisation had increased. A deep dive was due to go to the Finance Committee and it was agreed that the paper would also come to the Council.	20/03/2024	Kate Semeck (MD)	This has been added to the Council of Governors forward plan for the July meeting linked to the operational performance item due for consideration at the meeting. Finance Committee has considered a report on theatre productivity at SGUH. On this basis propose to close.	PROPOSED FOR CLOSURE
COG.221123.2	Action Log and Matters Arising	Corporate Governance Team to seek new expressions of interest from Governors in becoming members of and chairing the Membership Engagement Committee following the Council meeting on 20 March 2024.	21/03/2024	GCCAO	Action complete. MEC membership refreshed and first meeting scheduled for 27 June 2024.	PROPOSED FOR CLOSURE
COG.300324.1	Patient Experience Update	Volunteer update to be added to the forward plan for consideration at a future meeting.	01/04/2024	GCCAO/GCNO	Added to plan.	PROPOSED FOR CLOSURE
COG.220524.2	Feedback from visits	Consider if dedicated space can be made available for gynaecology patients.	18/07/2024	GCEO	The COO informed Governors that gynaecology patients were currently bedded on surgical wards as the current demand of 7 cases per week did not give rise to a requirement for a dedicated gynaecology ward. The demand for beds was reviewed each year as part of the bed modelling exercise and gynaecology demand would continue to be reviewed as part of this. She reassured Governors that female patients were treated within the female pathway for surgical bed care.	PROPOSED FOR CLOSURE
COG.220524.4	Quality Priorities 2024-25	Revise wording on measure regarding the reduction in cardiac arrest calls to make it clearer that it was about early escalation leading to a reduction in cardiac arrest calls.	ASAP	GCNO	Feedback from the Quality Committee resulted in a reduction in the number of quality priorities to provide for an increased focus on safety with reference to the Emergency Departments, clinical governance, maternity services and fundamentals of care. The quality priority related to the measure regarding the reduction in cardiac arrest calls is no longer included.	PROPOSED FOR CLOSURE
COG.220524.5	Quality Priorities 2024-25	Further consideration would be given to the measures regarding ED flow ahead of the Quality Committee.	ASAP	GCNO	Consideration was given to the measures regarding flow ahead of the Quality Committee at the meetings listed below and the decision made was for these measures to remain unchanged: •Group Executive Board, 4 June 24 •Audit Committee, 12 June 24 •Gwen Quality group, 13 June 24	PROPOSED FOR CLOSURE

Council of Governors

Meeting on Wednesday, 25 September 2024

Agenda Item	2.1	
Report Title	**Group Chief Executive Officer's Report to Council of Governors**	
Non-Executive Lead	Jacqueline Totterdell, Group Chief Executive Officer	
Report Author(s)	Jacqueline Totterdell, Group Chief Executive Officer	
Previously considered by	n/a	-
Purpose	**For Noting**	

Executive Summary

This report summarises key events over the past two months to update the Council of Governors on strategic and operational activity. Specifically, this includes updates on:

- The national context and impact at the trust level
- Our work to date
- Staff news and engagement
- Next steps

Action required by Group Board

The Council of Governors is asked to note the report.

Committee Assurance	
Committee	N/A
Level of Assurance	Not Applicable

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	N/A

Implications				
Group Strategic Objectives				
☒ Collaboration & Partnerships			☒ Right care, right place, right time	
☒ Affordable Services, fit for the future			☒ Empowered, engaged staff	
Risks				
As set out in paper.				
CQC Theme				
☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led
NHS system oversight framework				
☒ Quality of care, access and outcomes			☒ People	
☒ Preventing ill health and reducing inequalities			☒ Leadership and capability	
☒ Finance and use of resources			☒ Local strategic priorities	
Financial implications				
N/A				
Legal and / or Regulatory implications				
N/A				
Equality, diversity and inclusion implications				
As set out in paper.				
Environmental sustainability implications				
N/A				

Group Chief Executive Officer's Report

1.0 Purpose of paper

This report provides the Council of Governors with an update from the Group Chief Executive Officer on strategic and operational activity at St. George's University Hospital. Specifically, this includes updates on:

- The national context and impact at the trust level
- Our work to date
- Staff news and engagement
- Next steps

2.0 Overview

2.1 Over the last few months, we have continued to work towards achieving our strategic ambitions of providing outstanding care across our hospital Group.

2.2 Staff across our Group continue to work hard to deliver high-quality care and timely treatment while achieving financial efficiency. The most critical operational pressures we face at both Trusts continue to be the high numbers of unplaced patients remaining in the EDs and the large number of patients with mental health needs presenting at our EDs, a setting which is often not best suited to their needs. Wider flow through our hospitals represents an ongoing challenge, and we are undertaking work to ease long lengths of stay, working closely with our partners across the wider system.

2.3 In mid-August, I joined the monthly meeting of the SGUH staff REACH Network, where I heard harrowing stories from staff about racist abuse directed at them, including at our hospital sites. I was shocked by the racist riots I saw on the news, across the country, and in our communities in south London over this past month. In my previous update, I wrote about the events we organised across our hospital group to celebrate our diverse teams.

Seeing this news reinforced my commitment to remind staff that people of all faiths and backgrounds are respected and valued members of our phenomenal team at gesh. I wrote to staff to remind all that discriminatory and racist behaviour will not be tolerated at gesh, and that we have incorporated the principles underlying diversity, equity, and inclusion into our CARE strategy and throughout our Group. However, this will not be enough, and we must continue to address any discriminatory conduct regardless of who it is against.

2.4 The remaining sections of this report will highlight the progress we have made within our Group and outline our upcoming plans for the next few months.

3.0 National Context and Updates

3.1 New Hospital Programme:

The New Hospital Programme was established in 2020 with the goal of building 40 new hospitals in England by 2030. The Programme also aims to revolutionise the development of NHS healthcare infrastructure, including the standardisation of hospital design.

Following an announcement from the Chancellor, the Department of Health and Social Care are reviewing the Programme with input from NHS England. We are awaiting further details of this review and any impact that this may have on ESTH's Building Your Future Hospitals scheme.

3.4 Clade 1 Mpox Virus

The World Health Organisation (WHO) has determined that the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa constitutes a public health emergency of international concern. The emergence last year and rapid spread of a new virus strain in DRC, clade 1b, is one of the main reasons for the declaration. The WHO regional director for Europe has emphasised that Mpox is not the new COVID because authorities know how to control its spread.

We have produced Group-wide guidance on managing suspected cases and established clear pathways for both sites. To date, only one suspected case presented to Epsom Hospital ED on 19 August, which was managed as per our Group guidance. Precautions were taken, and the patient was discharged.

We are working to ensure that staff have access to the appropriate PPE as recommended by NHSE and have alternatives that can be used in the event of a suspected case.

4.0 Our Group

4.1 Principal Treatment Centre for Children's Cancer

Wandsworth Council is leading a campaign against the NHSE decision to move children's cancer services from St George's. In March, the decision was made to relocate children's cancer services for south London and the southeast to the Evelina London Children's Hospital in Lambeth from Autumn 2026. Currently, The Royal Marsden Hospital and St George's University Hospital collectively provide cancer care for approximately 1,400 children under the age of 15.

Council leaders from Sutton, Kingston, Richmond, Merton, Wandsworth, Surrey County, and Croydon have formally requested the Secretary of State for Health to review the decision to move specialist care services to the Evelina London Children's Hospital. They have provided evidence of significant costs associated with the relocation, the impact on health and health inequalities, treatment expertise and transportation, and the quality of patient and public engagement in the decision-making process. These findings were based on an independent review commissioned by the Mayor of London.

4.2 CQC Visit

On 6 and 8 March 2024, the CQC conducted focused, unannounced assessments of Urgent and Emergency Services at SGUH. The assessment was prompted by two separate incidents involving falls of patients in ED in which the patients subsequently died. The draft report was received on 19 August and is currently being checked for factual accuracy. Once the final report is received it will be shared.

4.3 Breast Cancer Services

Providing high-quality services is a top priority for us. We are currently focusing our efforts on resolving performance issues within our Breast Cancer Services at SGUH. The services have encountered significant operational challenges, and as a result, I have initiated a review of our processes and requested the development of a performance improvement plan to ensure that

patients get the timely treatment they need. We are in close contact with RM Partners and the SWL ICB.

4.4. Surrey Downs Health and Care Partnership

The integrated Home First Service at Surrey Downs Health and Care Partnership provides health and social care support to people in their homes as an alternative to hospital admission or an extended acute stay. This work has been highlighted as national best practice by Amanda Pritchard, Chief Executive of NHSE. This recognition comes as updated operational guidance on virtual wards and single point of access hubs was published. Through this model of care, we are closing the gap between services and providing accessible, joined-up care.

5.0 Appointments, Events and Our Staff

5.1 Our Staff

Hyper Acute Stroke Unit
The Hyper Acute Stroke Unit (HASU) in William Drummond Ward at SGUH was awarded Gold Accreditation. This award is a testament to the staff's dedication and hard work and recognises the high standard of acute stroke care that the staff consistently deliver. HASU received eleven gold ratings (90+) out of the thirteen areas.

High Performing Teams
We are working to embed a management system that enables continuous improvement of access, quality, experience, and outcomes. Our aim is that by 2024, we will have successfully translated our gesh strategic objectives into priorities that are viable and understood at every level of the organisation; our performance data, systems, and behaviours are well aligned; and standardised improvement habits and tools are supported across gesh.

Currently, our site teams use a visual management board to support their weekly huddles. I have joined these discussions and have seen how it's improved communication and created a clear understanding of priorities. We have started collecting data from all parts of the organisation and analysing it as an executive team. This will help us identify common themes and trends across different departments and bring attention to services that may require improvement, as well as areas where we can implement best practices. This work is ongoing, and we are excited to share more in the upcoming months.

5.2 Events

GESH Long Service Awards

At the beginning of this month, we hosted the inaugural "gesh 25" event to honour colleagues from across the Group who have dedicated over 25 years of service to the NHS. This marks a new approach by the Group to acknowledge and reward staff with 25 years or more of continuous NHS service. We organised an afternoon tea for 30 members of staff and inducted them into our digital Hall of Fame to document their accomplishments and service. This event is the first of six long service events across our sites over the coming months.

6.0 Recommendations

6.1 The Council of Governors is asked to note the report.

St George's University Hospitals
NHS Foundation Trust

Council of Governors

Meeting in Public on Wednesday, 25 September 2024

Agenda Item	2.2	
Report Title	**Group Strategy Update**	
Executive Lead(s)	James Marsh, Group Deputy Chief Executive Officer	
Report Author(s)	Zahra Abbas, Group Strategy and Planning Manager	
Previously considered by	n/a	
Purpose	**For Noting**	

Executive Summary

On 15 May 2023 we launched our new five-year strategy for St George's, Epsom and St Helier University Hospitals and Health Group. **Our vision for 2028 is – we will offer outstanding care, together.**

Our strategy describes how we will achieve our vision through the delivery of:

1. **Local improvements**: against a framework of annual priorities aligned to our CARE objectives.
2. **Corporate enablers**: corporate departments, working with clinical teams developing and implementing enabling strategies.
3. **Strategic initiatives**: nine large, complex, long-term, Board-led, transformational programmes of work.

This report describes progress in these three areas since the last COG update.

Action required by Council of Governors

The Council of Governors is asked to:

1. Note the update

St George's University Hospitals
NHS Foundation Trust

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	Group Strategy Update

Implications				
Group Strategic Objectives				
☒ Collaboration & Partnerships			☒ Right care, right place, right time	
☒ Affordable Services, fit for the future			☒ Empowered, engaged staff	
Risks				
Regulated activities				
CQC Theme				
☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led
NHS system oversight framework				
☒ Quality of care, access and outcomes			☒ People	
☒ Preventing ill health and reducing inequalities			☒ Leadership and capability	
☒ Finance and use of resources			☒ Local strategic priorities	
Financial implications				
As per report				
Legal and / or Regulatory implications				
Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations				
Equality, diversity and inclusion implications				
As per report				
Environmental sustainability implications				
As per report				

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Group Strategy update

Council Of Governors

Ralph Michell
Director of Strategy

Report Author:
Zahra Abbas, Strategy and Planning Manager

25 September 2024

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Introduction

On 15 May 2023 we launched our new five-year strategy for St George's, Epsom and St Helier University Hospitals and Health Group. **Our vision for 2028 is – we will offer outstanding care, together.**

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St George's Council of Governors is asked to:

- Note the update

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Delivering our 5-year vision

Local improvement

A range of work is underway to embed the CARE framework across the organisations, and to support staff to pursue improvement against it. In May, the Board agreed 2024/25 'board to ward priorities' to support this. Board-level metrics dashboard has been developed to track the delivery of these.

Strategic initiatives

Each of our nine strategic initiatives have been set up as programmes of work, led by an Executive SRO, and are progressing. The Board and then COG receive a full progress report on these initiatives on a 6-monthly cycle, with the next Board review due in January 2025.

Corporate enablers

The Board has agreed 24/25 objectives for corporate teams, and has also approved a People Strategy, Quality and Safety Strategy and a Green Plan to date.

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Local improvement update

A range of work is underway to embed the CARE framework across the organisations, and to support staff to pursue improvement against it, for example:

- Board to Ward priorities have been communicated to staff, and the Board now receives regular progress updates against the via the Integrated Quality and Performance Report (IQPR)
- The CARE awards have been launched with 12 categories explicitly linked to our CARE strategy and vision to provide outstanding care, together. Categories include patient safety, innovation, unsung team or person, championing our plans to be greener, and leader of the year. The awards are scheduled for 10 December 2024 and will host an audience of over 400 staff. Nominations opened on 10 September 2024 and will run for six weeks.
- Individual teams are continuing to articulate their priorities/purpose using the CARE framework, with the offer of facilitation available from corporate teams.
- Ongoing communication campaign, with CARE branding being disseminated across our physical sites and virtually. Staff comms on our main campaigns and priorities have been explicitly linked to our five-year strategy.

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Corporate enablers update

The Board has previously agreed that six corporate enabling strategies should be developed:

Strategy	Update
People strategy	Approved by Board in May 2024, and now being translated into an implementation plan
Quality & safety strategy	Approved by Board in July 2024, and now being translated into an implementation plan
Green plan	Approved by Board in July 2024, and now being translated into an implementation plan
Estates	Work commenced. We are targeting spring 2025 for approval.
Digital	Work commenced. We are targeting summer 2025 for approval.
Research & innovation	We are targeting July 2025 for board approval.

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Strategic initiatives update

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Initiative / Programme	Update
Building Your Future Hospitals	• The Group awaits the outcome of the Government's review of the National Hospitals Programme, announced in July 2024. • SECH RIBA Stage 2 design is complete after internal Trust and external stakeholder engagement. Refinement is ongoing, along with Sutton site master planning with Aviva/Socius (London Cancer Hub), RMH, and the Institute of Cancer Research. This includes a site travel strategy and key legal agreements with stakeholders.
High Performing Teams & Leaders *(CII)*	• Refreshed governance structures to develop a group wide Quality Management System (QMS), with workstreams mobilised • Launched cohort 2 of the SGUH Leading Improvement programme focused on building improvement capability and hosted the ESTH CIconverge4 to celebrate our current improvement success stories. • Liaising with Royal Surrey NHS Foundation Trust, North Middlesex University Hospital Trust and Surrey and Sussex Healthcare Trust to share best practice on implementing a Quality Management System
Shared EPR	• The programme is on track to go live in 2025 • Programme director role, a key leadership role for the programme, is now filled.
Transforming Outpatients	• Established governance structure to oversee the delivery of transformation now in place. This arrangement ensures the group initiative will also provide additional check and challenge of delivery of transformation at each site. • Established interface with primary care is helping to improve cross sector working, including referral practices, advice and guidance and specific patient pathways. • Collaborating with SWL partners to identify best practice in reducing the impact of health inequalities for patients on our waiting lists.
SWL Collaboration	• Work ongoing to strengthen Acute Provider Collaborative partnerships hosted by SGUH and ESTH, led by gesh executive directors. • SWL Clinical networks have agreed priorities for action over the coming months, and the Trusts continue to pursue collaborative programmes in elective recovery, diagnostics, outpatient transformation, and on workforce issues.
Transforming Our Culture (Diversity & Inclusion)	• The programme is preparing for a full refresh which will be led by the new Group Chief People Officer. • The refreshed programme will also seek to align with the People Strategy.
Collaboration with Local Partners (Surrey, Sutton, Merton & Wandsworth)	• Re-scoping activity undertaken to clearly define deliverables, risks and benefits for the three workstreams (Transformation of Community Services, SWL Frailty / Length of Stay Model of Care, GESH Integrated acute frailty Service) • A new governance structure has been established, with a Community of Practice feeding into a Steering Group
Collaboration across GESH	• Integration of corporate services is progressing, allowing for quality benefits (e.g. greater specialisation in larger teams) and cost savings. Strategy, improvement, project management, corporate affairs, communications, corporate nursing and some corporate medicine teams have all been integrated, with other corporate medicine teams, finance, HR and IT to follow. • In clinical services, further developments and positive progress across renal, urology, paediatric gastroenterology, community paediatrics and respiratory physiology aiming to improve access, efficiency and quality of service. • Group Pharmacy Strategy signed off by Board in September. Work progressing on Group Surgery Strategy and Group Children's Services Strategy.
Strengthening our Specialist Services	• A range of projects have been mobilised to strengthen specialised services which in the Group strategy we said we wish to be renowned for (such as major trauma, renal, neurosurgery) • Discussions ongoing with NHSE re how to mitigate the impact on tertiary children's services from moving paediatric cancer to the Evelina

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Summary

Recommendation:

St George's Council of Governors is asked to:

- Note the update

Council of Governors

Meeting in Public on Wednesday, 25 September 2024

Agenda Item	2.4	
Report Title	**Group Green Plan 2024-2028**	
Executive Lead	**Jenni Doman, Deputy Group Officer, Facilities, Infrastructure and Environment**	
Report Author(s)	**Sam Hall – Group Green Plan Assistant Director** **Emma Norris – Group Head of Green Plan** **Jen Goddard – Strategy and Partnerships Manager**	
Previously considered by	Group Board	05 September 2024
Purpose	**For Noting**	

Executive Summary

The Group Green Plan is a key enabler to deliver our vision that by 2028 we will achieve outstanding care, together by integrating sustainability into everything we do.

A draft Group Green Plan was positively discussed at the Group Board Development session in June 2024 and the following amendments have been made based upon that discussion:

- Under the objective about supporting our clinical/ operational teams to consider sustainability in their delivery of care, it has been added that this may also include getting our clinicians out into the community to deliver appointments closer to home, reducing unnecessary patient transport and cost, and improving experience
- A section about taking a partnership approach to sustainability has been added into the enablers section, and references working closely with partners such as the University and Integrated Care Board
- The workforce enabler now notes that we will support staff to be empowered and enabled to take personal responsibility for sustainability
- The financial sustainability section at the start now details an indicative outline of the financial benefits of delivering the Green Plan is in development
- Finally, a glossary of terms has been added at the end of the Green Plan

Action required by Council of Governors

The Council of Governors is asked to note the final Group Green Plan 2024-2028

Committee Assurance	
Committee	Infrastructure Committees-in-Common
Level of Assurance	NA

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	Green Plan 2024-2028

Implications

Group Strategic Objectives

☒ Collaboration & Partnerships	☒ Right care, right place, right time
☒ Affordable Services, fit for the future	☒ Empowered, engaged staff

Risks

As per report

CQC Theme

☐ Safe	☒ Effective	☐ Caring	☐ Responsive	☒ Well Led

NHS system oversight framework

☒ Quality of care, access and outcomes	☐ People
☒ Preventing ill health and reducing inequalities	☐ Leadership and capability
☒ Finance and use of resources	☒ Local strategic priorities

Financial implications

As per report

Legal and / or Regulatory implications

As per report

Equality, diversity and inclusion implications

As per report

Environmental sustainability implications

As per report

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Group Green Plan 2024-2028

Enabling delivery of our CARE strategy

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Contents

1. Executive Summary
2. Where are we now?
3. What do we want to achieve?
4. How do we get there?
5. Glossary of terms

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Executive Summary

As a Group we are committed to driving sustainable development to deliver our five-year strategy, and our vision for 2028 of outstanding care, together.

Our Group's strategic Green Plan acts to:

- Publicly set out our sustainability ambitions for our estates & facilities, travel & transport, clinical provision, and supply chain & procurement
- Define the strategic objectives for these key areas that will help us meet our legislative requirements and ambitions, including Net Zero Carbon
- Set out governance arrangements for how we will monitor and assure delivery of this Green Plan
- Demonstrate how we will evaluate our impact and continually improve our performance

Fundamentally our Green Plan is based upon becoming an environmentally sustainable organisation which follows four key principles:

- Eliminating waste and pollution
- Implementing the principles of a circular economy
- Regenerating nature and operating within ecosystem boundaries
- Developing the environmental management systems to support this

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Where are we now?

National

In June 2019 the UK government adopted the legally binding target of achieving Net Zero Carbon by 2050. Enacted through the Climate Change Act of 2008, this enables the UK to achieve its nationally determined contributions and help the international community to achieve the Paris Agreement 2015 target of limiting global warming to 2°C by the year 2100, with an aspiration of 1.5°C.

The NHS

The Vision: ***To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.***

In October 2020, the NHS became the world's first health service to commit to reaching Net Zero Carbon recognising that climate change has direct consequences for patients, the public, and the NHS as a whole. In July 2022, the NHS embedded the net zero requirement into legislation, through the Health and Care Act 2022. This places a duty on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets.

The Act requires commissioners and providers of NHS services specifically to address the net zero emissions targets:

- for emissions controlled directly - net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for emissions that can be influenced - net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

It also covers measures to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act. Trusts and integrated care boards (ICBs) will meet this new duty through the delivery of their localised Green Plans, and every Trust and ICB in the country is also required to have a board-level lead. To support these aims, statutory guidance including the Delivering a Net Zero National Health Service report and the Net Zero Supplier Roadmap, have been developed.

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Where are we now?

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Work to improve sustainability is already underway through the St George's Green Plan agreed by Board in July 2021, and the Epsom & St Helier Green Plan agreed at Board in June 2023. The Group strategy 2023-2028 outlines a Group wide gesh Green Plan as one of six corporate enabling strategies, and therefore this gesh Green Plan strategic document builds on progress to date as a key corporate enabler for delivery of our vision for 2028 – Outstanding Care, Together.

Some excellent progress to date on sustainability matters has also already been made at both St George's and Epsom & St Helier, including:

St George's (SGUH)

- An Estates Decarbonisation Strategy document has been produced, giving a pathway to Net Zero
- We have developed the UK's first SMART theatres, reducing energy use and improving patient flow and outcomes
- We have ended the use of highly polluting anaesthetic gases, moved to low carbon methods of administering anaesthetics, decommissioned our Nitrous Oxide manifold and installed Nitrous Oxide cracking technology
- A programme of work has been implemented encouraging active travel e.g. Cycle to work events held, Dr Bike (free bike repair workshops for staff), Cycle to Work Scheme, and offering only ULEZ compliant and electric lease cars

Epsom & St Helier (ESTH)

- A Heat Decarbonisation Plan document has been produced by an external contractor through the Low Carbon Skills Fund, giving a pathway to Net Zero for energy.
- A programme of work implemented encouraging active travel e.g. Staff travel survey, Travel Plan, Cycle to work events held, Dr Bike (free bike repair workshops for staff), Cycle to Work Scheme, and offering only ULEZ compliant & EV lease cars
- Low carbon patient menus have been implemented
- Tree planting scheme in place
- Grant received for walking aid return scheme

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Financial sustainability

Financial sustainability

Delivery of this green plan will also support financial sustainability longer term for gesh by:

- Reducing costs due to improved efficiency with a lower carbon footprint and lower energy demand. For example, moving from combined heat and power systems to air source heat pumps will reduce organisational running costs long term
- Future proofing the Trust against energy price shocks and by minimising the risk of emergency expenditure from climate issues
- Increasing self-sufficiency and reducing the risk associated with supply chain partners
- Delivering benefits of the circular economy by reusing equipment and supplies rather than buying new
- Improving the performance of clinical service delivery through efficiency savings, better use of staff time, and through reduced use of materials, transportation, and energy
- Acting as an anchor organisation communicating the co-benefits of environmental sustainability (e.g. active travel) thus improving health of patients and reducing the strain on services

To ensure delivery of commitments and funding to support this Green Plan we will investigate and explore external funding opportunities, alternative finance options, and innovative mechanisms designed to keep costs of change low. An indicative outline of the financial benefits of delivering this Green Plan is in development.

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Key challenges

Finance

In a financially challenging environment, internal and external funding needs to be accessed for longer term sustainability initiatives e.g. electric vehicle pool cars and charging points, and for developing and delivering investment grade proposals for estates heat decarbonisation

Capacity and capability

Building capacity and capability around "green" issues. Understanding needs to be developed across gesh that achieving sustainability is a requirement for the whole organisation not just estates and facilities

Accountability

Given that sustainability has many factors, setting up robust Group oversight whilst also having site-based action plans, and real ownership of actions within all sustainability workstreams is a challenge

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Opportunities

Scale and spread

The benefits of Group level collaboration provide a real opportunity to scale and spread what is working well at each site and also to share sustainability resources e.g. training, education and awareness raising materials

Building a reputation for sustainability

Delivering the gesh Green Plan will improve the reputation and standing of the organisation as a centre of sustainability excellence

Improved outcomes and efficiency

Using a continuous improvement approach to deliver the Group Green Plan will lead to efficiency savings, better clinical services and improved outcomes for patients

What do we want to achieve?

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Our vision is that by 2028 we will achieve outstanding care, together by integrating sustainability into everything we do:

Estates and Facilities
- We will be well on the way to reducing our direct emissions of carbon by 80% to hit the 2032 target
- For indirect emissions, we will have made significant progress towards reaching the 80% reduction target (by 2036 to 2039)
- We will produce minimal waste and be meeting national waste targets
- Our current and new infrastructure will be sustainable, and resilient to the impacts of a changing climate
- Patients, staff and the public will benefit from flourishing grounds and outdoor spaces

Travel and Transport
- We will transition to an electric fleet, generating minimal harmful air pollution
- We will promote virtual care where possible
- We will promote zero emission travel for staff, patients and the public

Clinical provision
- Outstanding care will be provided across the Group in a financially and environmentally sustainable manner
- We will have minimised the environmental impact of the medicines and care we provide

Supply chain
- We will reuse and repair everything that can be reused and repaired
- Our hospital supplies will be sourced from environmentally friendly suppliers who can demonstrate a commitment to achieving Net Zero Carbon
- We will be applying the principles of a circular economy in all our procurement decisions i.e. avoiding single use equipment and buying reusable goods

All our staff will have the opportunity to benefit from sustainability training and education

We will support the delivery of our vision with internationally recognised management standards

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Principles

We will be guided by towards our vision for environmental sustainability by the following principles:

- The ecological principle – we rely on ecosystems as the basis of life and wealth, ecosystems are our life support systems
- The prevention of pollution principle – we have a responsibility to prevent pollution of and damage to our ecosystems
- The polluter pays principle – if we cause the pollution we should be responsible for the costs of cleaning it up
- The hierarchy approach – we will seek to prioritise prevention, then reduction, reuse and recycling of: waste, materials, energy and water
- The principles of a circular economy – ensuring we avoid extraction of raw materials and maximise reuse and recycling of materials
- Supporting regenerative processes over extractive processes – seeking to support ecological regeneration
- The principle of nonmaleficence – the obligation of a physician not to harm the patient, as the ancient Greek physician Hippocrates said "to do good or to do no harm" and in this case we recognise that damaging the environment damages the health of our patients

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Domains

- Estates and Facilities
- Travel and Transport
- Clinical provision
- Supply chain and procurement

gesh

Estates and Facilities

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Where are we now?

This domain covers all functions which are responsibilities of Estates and Facilities including: waste, energy, capital projects, biodiversity, adaptation for climate change, and food & nutrition. The Green Plan Team is embedded in Estates & Facilities with the Deputy Group Officer for Facilities, Infrastructure and Environment leading on the Green Plan. Estates & Facilities is therefore at the heart of Group action on sustainability and is the division with the largest input into Green Plan Progress so far:

- St George's have developed the SMART Theatres project saving £750k and 1,346 tonnes of CO_2 every year
- We are replacing the fleet cars with Electric Vehicles (EVs) at St George's
- Both St George's and Epsom & St Helier have diverted all of their waste from landfill
- Our capital projects, Intensive care and Renal are targeting Building Research Establishment Environmental Assessment Method (BREEAM) ratings of "Very Good" and "Outstanding" respectively
- Our estates strategy is being informed by the Green Plan and Decarbonisation Strategies for St George's and Epsom & St Helier
- We have an abundant and varied set of gardens that provide a healing resource for staff, visitors and patients across gesh
- We have low carbon patient and canteen menus in place, digital ordering for the patient menu, and have moved to reusable cutlery and crockery and waste food recycling in the canteens across gesh

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Estates and Facilities

What do we want to achieve?

Energy - we will be delivering key elements of our roadmap to 80% carbon reduction by 2028-32 and net zero carbon by 2040 and have moved a significant portion of the estate from gas to electric heating. Significant upgrades will have been made to more efficient fabric, and low energy lighting, and smart metering. We will have minimised our air pollution through energy efficiency work.

Capital projects - our new buildings and refurbishments (Intensive care, Renal, SECH) will all meet the NHS Net Zero Building Standard (NZBS) and target the BREEAM ratings of "Outstanding" and "Very Good", demonstrating sustainable construction and minimising embodied carbon, as well as reducing their operational energy demand.

How will we get there?

To do this we will **deliver our Estates Decarbonisation Strategies for each site.** This will include:

- moving from gas to all electric heating and cooling, and improving the efficiency of our building fabric and lighting
- Applying for funding for further decarbonisation support to replace equipment coming to the end of its life through upcoming phases of the Public Sector Decarbonisation Scheme (PSDS) and Low Carbon Skills Fund (LCSF)
- Developing the on-site renewables capacity and battery storage

We will **achieve key standards in the delivery of all new capital projects (e.g. BREAAM and NZBS).** We will:

- Ensure ongoing delivery in line with the requirements of the Net Zero Building Standard
- Integrate the requirements of BREEAM/ NZBS into business as usual and achieve them where appropriate

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Estates and Facilities

What do we want to achieve?

Waste - our waste volumes going to incineration will be low, and we will have improved segregation and recycling rates. In particular we will be achieving the targets for reducing the carbon footprint of our waste to Net Zero and implementing the requirements of the Clinical Waste Strategy 60/20/20

Adaptation - our approach to adapting to climate change will be well defined, with clear protocols and risk assessments across the Group to respond to heat waves, cold weather, floods and other aspects of climate change.

Landscape and biodiversity - we will be recognised as a leader in this area, with a robust biodiversity management plan in place across all current and future group sites. We will work in partnership with our patients, staff and communities to enhance our biodiversity and connection to it.

How will we get there?

To do this we will **deliver national Clinical Waste targets**, and develop a detailed plan for delivering the required Clinical Waste Targets, and ensure that the waste targets are embedded in relevant contracts

We will **develop and implement group wide protocols/ plans for responding to climate emergencies,** assessing the vulnerability of the existing group estate against a list of key climate scenarios. We will develop group wide climate risk assessment templates, and group protocols/ action plans for responding to climate emergencies which will also include consideration of longer-term potential issues e.g. flooding and overheating

We will develop and **implement a group Biodiversity Management Plan.** This will include a review of open spaces across all current and future sites to prioritise the maintenance and development of landscape and biodiversity. We will identify opportunities to engage with staff, public and local communities to support ongoing promotion and development of biodiversity and wellbeing

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Estates and Facilities

What do we want to achieve?

Food and nutrition - our delivery of food and nutrition across gesh will ensure minimal food waste, organic certification of products, delivery of low carbon menus, local sourcing and reduced food miles, and enhanced nutritional content.

How will we get there?

We will **integrate sustainability into the delivery of food and nutrition** by mapping current food provision across sites and identifying opportunities for improvement. We will also develop improved purchasing and provision of 'sustainable' food e.g. organic certification, low carbon, locally sourced minimal waste

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Travel and Transport

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Where are we now?

This domain covers electrification of the group fleet and transport, and encouraging active travel (cycling, walking etc.). Good progress has been made to date with the following success:

- We have ensured all Trust Vehicles (owned and leased) are ULEZ compliant across gesh
- Also across gesh only Low Emissions Vehicles (LEV) and Zero Emissions Vehicles (ZEV) vehicles available to staff through Trust lease scheme
- An inter-site shuttle bus is available to staff and public at ESTH, and ESTH has a travel plan currently awaiting approval
- A digital parking system was introduced in April 2024 at ESTH saving the equivalent of 350 trees per year compared with the scratch card system
- Cycle to work schemes are in place for staff with active cycling groups at both Trusts and the Cycle2Work scheme is available for staff across the group (includes electric bikes)
- DASH cycle hire scheme is also available for staff at St George's
- "Dr Bike" free bike repair is available across both Trusts and keen to roll out further at ESTH

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Travel and Transport

What do we want to achieve?

Transport
The Group will be well along its roadmap of transition to an electric fleet with pooled community cars and couriers, shuttle buses, and an electric Patient Transport fleet generating minimal harmful air pollution

Travel
Our staff across the Group will be able to work flexibly as appropriate and supported to choose sustainable methods of transport for their commute, with high levels of staff using active travel

How will we get there?

We will **progress the transition to low carbon transport by implementing an electric fleet.** This will entail:

- A review of loading capacity across the Group
- A review of connection to the grid, and infrastructure/ investment required for charge points
- New vehicles leases for pooled/ community/ courier vehicles
- The Patient Transport Service vehicle provider to offer a proposal for ambulance charging infrastructure and transition to an all-electric fleet

A key focus will be to **promote active travel for staff, patients and the public:**

- We will prioritise promoting the health and cost benefits to staff of active travel as well as the reduction in air pollution
- A travel survey will be carried out annually and actions determined from staff feedback
- Criteria for staff parking across the Group will be reviewed and aligned
- An investment programme to be determined for staff cycling facilities
- A programme of awareness raising will be developed for staff to include information on public transport/ active travel and air quality awareness
- We will continue to work to develop air quality monitoring information by implementing an air quality node

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Clinical provision

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Where are we now?

Clinical provision is key to achieving sustainability, and this area covers optimising prescribing, substituting high carbon products for low-carbon alternatives, and making improvements in service delivery and waste processes. Additionally, development of more sustainable clinical models of care will also help to prevent unnecessary journeys through improved preventative medicine and enhanced digital care. So far, the following progress has been made

- We have decommissioned use of desflurane across gesh, moved to TIVA pumps and oral anaesthetics, significantly reducing the clinical carbon footprint
- St George's are planning to close nitrous manifolds in September 2024, and ESTH are planning to review nitrous oxide manifold closure in 2024/25
- Clinicians have been involved in the SMART theatres project and in implementing the Intercollegiate Green Theatre Checklist

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Clinical provision

What do we want to achieve?

Sustainable models of care - we will deliver the best quality of care while being mindful of its social, environmental and financial impact and we will take a whole systems approach to the way it is delivered. Our approach will embed consideration of sustainability into any existing or new clinical model/ service change.

Medicines - our clinical colleagues will be supported to optimise prescribing for example, by reducing the use of inhalers, nitrous oxide, and anaesthetic gases. We will have low levels of drug waste and will have minimised our emissions from medicines.

How will we get there?

We will **support our clinical and operational teams to consider sustainability in their delivery of care** by:

- Developing green toolkits and educational materials for clinical teams, to help them learn from early sustainability champion successes, and give them the tools to assess their own service provision. This will also include how to encourage discussions with patients about active travel, exercise etc.
- Ensuring sustainability is embedded as a requirement for consideration in any future service change
- Supporting programmes of work to avoid clinically unnecessary interventions
- Minimising environmental impact of delivery e.g. outpatient follow up activity to be delivered digitally and only by patient initiation, or seeking if possible to deliver patient care in community-based settings closer to people's homes
- Developing a programme of communication/ engagement to promote sustainability in service provision with clinical and operational colleagues, and other key stakeholders

We will **implement plans to optimise sustainability in pharmacy.** This will include:

- Manifold closures to reduce wastage (leaks)
- Introduction of N_2O cracking for patient-controlled delivery
- Promotion of Sevoflurane (least global warming potential)
- Investment in TIVA
- Increase of dry powder inhaler prescriptions
- Developing a programme of awareness raising for staff e.g. "don't open it unless you need it"

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Supply chain and procurement

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Where are we now?

The NHS Carbon Footprint Plus considers an expanded scope of emissions that Trusts does not control directly but can influence (these are known as Scope 3 emissions). This includes consideration of all the products procured from our suppliers, where we can use our Group purchasing power to influence change. To date progress includes:

- Sustainability and social value added to all tender key performance indicators (KPIs)
- Carbon reduction plans required for all tenders from April 2024
- A sustainable procurement working group running across the Group

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Supply chain and procurement

What do we want to achieve?

Supply chain and procurement - we will be an ethical and sustainable procurer of goods and services, with clear requirements for all our suppliers to outline their own sustainability plans and pathway to net zero. We will implement the principles of a circular economy prioritising products that can be reused and recycled. Greatly reducing single use plastics, substituting high carbon products with low-carbon alternatives and procuring products from sustainable sources.

How will we get there?

We **will build sustainability requirements into procurement processes and contracts** and:

- Review procurement spend to identify high carbon products and contracts and develop a plan to tackle these as a priority
- Ensure social value/ sustainability has 10% weighting for all tender contract scoring
- Make sure KPIs for sustainability are built into all contracts
- The procurement team will engage with all suppliers on net zero requirements

We will **review all goods purchased against key sustainability criteria**

- This will ensure as a group we:
    - Remove any unnecessary single use plastics from supply chain by 2025
    - Ensure plastic packaging purchase contains at least 30% recycled plastic
    - Only purchase recycled paper
    - Only purchase reusable equipment and textiles
- Develop and promote a programme to ensure all products procured are reusable, recyclable and from sustainable sources.

In summary there are 12 strategic objectives in the Green Plan, mapped below to where there are national requirements/ targets for delivery:

Domain	Ambitions from our vision	Strategic objectives 2024-2028	National targets/ requirements
Estates and Facilities	• We will be well on the way to reducing our direct emissions of carbon by 80% to hit the 2032 target • For indirect emissions, we will have made significant progress towards reaching the 80% reduction target (by 2036 to 2039) • We will produce minimal waste and be meeting national waste targets • Our current and new infrastructure will be sustainable, and resilient to the impacts of a changing climate • Patients, staff and the public will benefit from flourishing grounds and outdoor spaces	1: Deliver our Estates Decarbonisation Strategies for each site 2: Achieve key standards in the delivery of all new capital projects (e.g. BREAAM and NZBS) 3: Deliver national Clinical Waste targets 4: Develop and implement group wide protocols/plans for responding to climate emergencies 5: Implement a group biodiversity management plan 6: Integrate sustainability into the delivery of food and nutrition	1. Net zero carbon emissions targets 2. Net zero building standards 3. Clinical waste segregation targets
Travel and transport	• We will transition to an electric fleet, generating minimal harmful air pollution • We will promote virtual care where possible • We will promote zero emission travel for staff, patients and the public	7: Progress the transition to low carbon transport by implementing an electric fleet 8: Promote active travel for staff, patients and the public	7. From 2028 all new vehicles owned/ leased by the NHS will be zero emission vehicles
Clinical provision	• Outstanding care will be provided across the Group in a financially and environmentally sustainable manner • We will have minimised the environmental impact of the medicines and care we provide	9: Support our clinical and operational teams to consider sustainability in their delivery of care 10: Implement plans to optimise sustainability in pharmacy	10. NHS contract includes specific requirements to reduce piped nitrous oxide waste, and also for providers to reduce the proportion of desflurane to all volatile gases used in surgery to 2% or less by volume
Supply chain and procurement	• We will reuse and repair everything that can be reused and repaired • Our hospital supplies will be sourced from environmentally friendly suppliers who can demonstrate a commitment to achieving Net Zero Carbon • We will be applying the principles of a circular economy in all our procurement decisions i.e. avoiding single use equipment and buying reusable goods	11: Build sustainability requirements into procurement processes and contracts 12: Review all goods purchased against key sustainability criteria	11/12. From April 2028 all NHS suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target

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Enablers

Quality and Digital Strategies

- This Green Plan will support delivery of the Quality Strategy, specifically the priority domain of "sustainably resourced". We will implement the principles of ISO14001 to ensure the consistency and rigour in developing appropriate management systems
- The Digital Strategy will align with the Green Plan in terms of leveraging the benefits of digital innovation e.g. use of patient apps to encourage patient access and communications

Workforce

- We will ensure all staff have the opportunity to access a Group programme of sustainability training and education from Board level down, this will be role specific and key to increase education and raise awareness in clinical and corporate teams
- We want staff to be enabled and empowered to take personal responsibility for ensuring sustainability in everything they do
- Workforce enablers will involve ensuring the sustainability team is fully recruited to enable ongoing Green Plan delivery
- Working in an integrated way with the Group Communications team will be vital to share sustainability messaging also
- There is also a key link into wellbeing and Health and Safety teams to align sustainability messages and promote the importance for workforce wellbeing

Partnership approach

- We will work closely with other stakeholders who utilise our estate or where we lease estate, particularly with St George's University of London as they merge with City, to ensure we are delivering against our sustainability vision in a collaborative manner
- We will also work closely with colleagues at SWL ICB, the London Sustainability team and national Greener NHS team to deliver our plan

How do we get there?

Group Green Plan

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Implementation approach

Implement-ation

- We will develop a road map of the high-level milestones for achieving the strategy phased over the four years of delivery
- Implementation will then be delivered through annual action plans for each year of the strategy which will contain the detailed actions required to step gesh towards delivering key strategic objectives in each of the four domains
- Work to define the financial cost/ benefit analysis of actions will be a key part of implementation planning to ensure financial benefits are derived through implementation

Evaluating impact

- A scorecard/ dashboard will be developed with key metrics to track progress and impact such as:
  - Air quality improvements
  - Carbon Emissions
  - Efficiency savings
  - Sustainable procurement

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Implementation approach

Governance

- There will be a gesh Green Plan Steering Group providing oversight for delivery of the gesh Green Plan
- Progress in each of the four domains will feed into this Steering Group
- The gesh Steering Group will report into the Group Executive meeting and then up to the Infrastructure Committee-in-Common
- Each site will progress delivery of local actions through existing governance meetings
- Progress against key elements of delivery may also be fed into external governance structures for e.g. South West London Procurement Partnership

Glossary of terms

Group Green Plan

Glossary

St George's, Epsom and St Helier University Hospitals and Health Group

BREEAM	Building Research Establishment Environmental Assessment Method
EV	Electric Vehicle
ICB	Integrated Care Board
LCSF	Low Carbon Skills Fund
LEV	Low Emissions Vehicle
NOx	Nitrous Oxide
NZBS	Net Zero Building Standards
NZC	Net Zero Carbon
PSDS	Public Sector Decarbonisation Scheme
SECH	Specialist Emergency Care Hospital
TIVA	Total intravenous anaesthesia
ULEZ	Ultra Low Emission Zone
ZEV	Zero Emissions Vehicle

St George's University Hospitals NHS Foundation Trust

Council of Governors

Meeting in Public on Wednesday, 25 September 2024

Agenda Item	3.1	
Report Title	**SGUH Operational Performance**	
Executive Lead(s)	Group Deputy CEO	
Report Author(s)	Group Director of Performance & PMO	
Previously considered by	N/A	
Purpose	**For Noting**	

Executive Summary

This report provides an overview of the key operational performance information, and improvement actions across St George's Hospitals (SGUH) based on the available data (July 2024).

SGUH reported a number of operational performance improvements and **successes** in July 2024. The key highlights are as follows.

- Advice & Guidance utilisation rates continue to exceed the target of 16 requests per 100 outpatient appointments.
- Patient Initiated Follow-up (PIFU) activity continues to increase at SGUH with full rollout scheduled for September 2024 which will considerably improve our performance.
- SGUH performed better than trajectory for all three standards, 28-Day Faster Diagnosis (75%), 31-Day Decision to Treatment (96.2%) and 62 Day Referral to First Treatment (77.2%).
- Diagnostic waiting time performance at SGUH continues to be within 5% of national recovery target with 1.9% patients waiting for more than six weeks at the end of June 2024.
- Against the 4-hour ED waiting time standard, SGUH delivered 81.6% in July 2024 exceeding trajectory and demonstrating continuous improvement alongside other urgent and emergency care metrics including a significant reduction in LAS handover waiting times and length of stay.

A summary of the **key challenges** and **mitigating actions** are as follows.

- The number of RTT pathways exceeding 65 weeks has also increased with Neurosurgery being the most challenged specialty. There is a risk of approximately 20 patients being over 65 weeks by the end of September 2024, some due to patient choice.
- Theatre capped utilisation rates reduced to 77% at SGUH through July 2024 due to delays to the start of lists which led to over runs. The delays were caused by estates issues. There is continued emphasis on scheduling and the new 6-4-2 meeting structure rolled out in July 2024 and overseen by the site Chief Operating Officer.
- DNA rates remain above target, with noticeable improvements in recent months. Teams are exploring a number of improvement opportunities including data quality of inactive slots and services reviewing

their appointments that have one-way reminder texts monthly for Day 7 and Day 2 before appointments.

- Pressures in Urgent and Emergency Care (UEC) services remain across the Trust with high numbers of medically optimised patients occupying acute beds. High numbers of unplaced patients including mental health patients continue to stay in ED for prolonged periods. Actions to mitigate the pressures in ED are being considered at a local and SWL level.

Action required by Council of Governors

The Council of Governors is asked to:

1. Note the report.

Appendices

Appendix No.	Appendix Name
Appendix 1	N/A

Implications

Group Strategic Objectives

☒ Collaboration & Partnerships	☒ Right care, right place, right time
☒ Affordable Services, fit for the future	☒ Empowered, engaged staff

Risks

Regulated activities

CQC Theme

☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led

NHS system oversight framework

☒ Quality of care, access and outcomes	☒ People
☒ Preventing ill health and reducing inequalities	☒ Leadership and capability
☒ Finance and use of resources	☒ Local strategic priorities

Financial implications

Legal and / or Regulatory implications

Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations

Equality, diversity and inclusion implications

Environmental sustainability implications

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SGUH Operational Performance Report

July 2024

Lead Executive:
Dr. James Marsh, Group Deputy Chief Executive Officer

Outstanding Care, Together: Our strategy 2023 to 2028

Publication Date: 18 Sept 2024

Executive Summary
Operational Performance

St George's Hospital

Successes

- Advice and Guidance utilisation rates at SGUH continue to improve and exceed target.
- Patient Initiated Follow-up (PIFU) activity continues to increase. Currently rolled out in six services (T&O, Urology, Plastics, Gynae, Dermatology and Therapies) with full rollout scheduled for September 2024. This will considerably improve our performance and improve our Outpatient value weighted activity as a result over the coming months.
- The first and procedure outpatient (OP) attendances as a percentage of total OP appointments continues to exceed target achieving 52% - above the national ask of 49%.
- Faster Diagnosis cancer performance in June 2024 was 75.1 % meeting plan of 75 %.
- 62-day Performance was at 77.2% against a plan of 75% for June 2024, but above the system target of 70%.
- Diagnostic waiting time performance continues to be within 5% of national recovery target with 1.9% patients waiting for more than six weeks at the end of June 2024.
- Performance against the 4-hour operating standard exceeded the plan in July 2024, achieving 81.6%.
- Ambulance handover times improved significantly, weekly meetings with LAS continuing.
- The number of super stranded in-patients (length of stay over 21 days) remained below plan. Non-elective length of stay has decreased for a 3rd consecutive month nearing 6 days.
- There has been significant improvement in the number of NCTR forms completed prior to 9.30am daily, which in turn is now reflecting a more accurate number of patients NCTR.

Challenges

- The number of RTT pathways waiting for more than 52 and 65 weeks has increased with Neurosurgery the most challenged specialty. We have a risk of approximately 20 patients being over 65 weeks by the end of September, some due to patient choice.
- Waiting list size continues to see increasing growth, 12-week validation of new patients has been absent while we migrated to a new IT platform. This has impacted the wait list.
- Faster Diagnosis performance within Breast has seen a decline in performance to a non-compliant position due to Breast moved to a non-compliant position. A recovery action plan is in development with support from RMP. Lower Gi most challenged with a performance of 53% with CTC access at QMH and endoscopy process delays being contributing factors, recovery actions being developed.
- High proportion of beds continue to be occupied by patients not meeting the criteria to reside, and Pathway 2A (Merton + Wandsworth) and Pathway 3 awaiting discharge, impacting on flow.
- Over 72-hour mental health breaches in the ED continues to be an issue. This is being reviewed at an ICS level to see what can be done to mitigate the pressures in ED across SWL.

Operational Performance

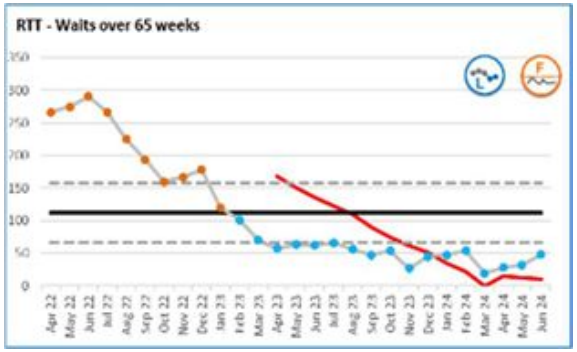
Overview Dashboard | Elective Care

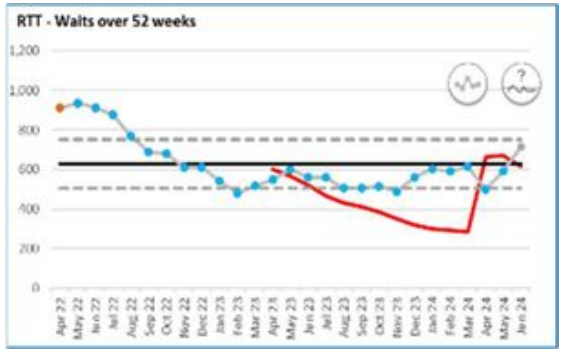
	St George's						
KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
Elective Ordinary Activity	Jul 24	1125	1108	1277			
Elective Daycase Activity	Jul 24	4653	4930	4928			
Outpatient first attendances without a procedure - ERF scope	Jul 24	30738	31568	23295			
Outpatient procedures - ERF scope	Jul 24	15291	13833	17595			
Diagnostic Activity	Jun 24	19108	18352	19027			
Day Case Rates (BADS Procedures)	Mar 24	70.2%	70.0%	85.0%			Lowest Quartile
Theatre Utilisation (Capped)	Jul 24	81.7%	77.7%	85.0%			Top Quartile
Outpatients Patient Initiatied Follow Up Rate (PIFU)	Jun 24	1.1%	1.1%	5.0%			Lowest Quartile
First and Procedure Attendances as a proportion of Total Outpatients	Jul 24	53.6%	52.2%	49.0%			
Outpatients Missed Appointments (DNA Rate)	Jul 24	10.1%	10.0%	8.0%			Lowest Quartile
Outpatient Advice & Guidance Rate per 100 First OPA	Jun 24	22.7	18.5	16.0			3rd Quartile
RTT - Waits over 65 weeks	Jun 24	32	48	10			Top Quartile
RTT - Waits over 52 weeks	Jun 24	591	714	616			2nd Quartile
RTT - Total Size Incomplete Waiting List	Jun 24	64096	64657	64495			
RTT - Percentage within 18 weeks	Jun 24	67.5%	66.2%	92.0%			2nd Quartile
RTT - Median Waiting Time	Jun 24	11.9	12.1	-			Top Quartile
Cancer - 28 Day Faster Diagnosis Standard	Jun 24	74.4%	75.0%	77.0%			3rd Quartile
Cancer 31 Day Decision To Treat to Treatmnent Standard	Jun 24	96.1%	96.2%	96.0%			2nd Quartile
Cancer 62 Day Referral to Treatment Standard	Jun 24	80.0%	77.2%	70.0%			2nd Quartile
Diagnostics - 6 Week Waits	Jun 24	1.3%	1.9%	5.0%			Top Quartile
On the Day Cancellations not re-booked within 28 days	Jul 24	3	3	0			

Targets based on internal plan for DC/EL activity and OP ERF Scope

Operational Performance

Exception Report | SGUH Referral to Treatment (RTT)

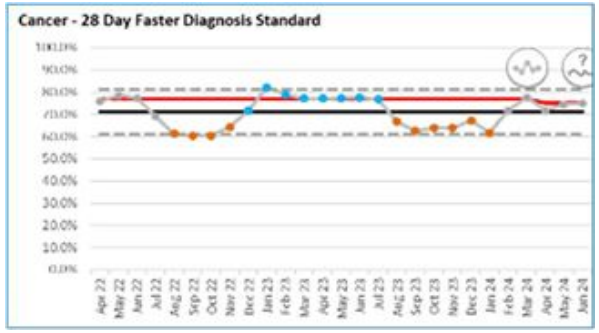




Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH 65 week waits behind plan of 10 52 week waits behind plan of 616 Waiting List Size above plan of 63,605	• 65 week waits reporting 48 pathways against plan of 10. Largest proportion of waits within Neurosurgery (15), Plastics (8), Gynae (5) • 1.2% Waiting list growth in the last month within non-admitted pathways predominantly in Dermatology, Diabetes and Bariatric Surgery.	**Theatre Transformation Programme:** This is now set up to look at utilisation, late starts, early finishes, rising non pay costs, pre op assessment and general efficiencies to process **Revision of booking processes:** To reduce the unwanted variation to booking, the Trust is looking to standardise processes so that all administrative teams are following the same standard operating procedure. **Waiting List Validation:** We are moving our 'technical' wait list validation process over to the patient portal. This will allow us to run technical validations more frequently with less administrative burden. **Recovery plans:** Specialties not meeting ERF trajectory have been asked to finalise recovery plans to show actions and timelines to improve activity gaps	September 2024 (Risk with 20 patients)	sufficient for assurance

Operational Performance

Exception Report | SGUH Cancer Faster Diagnosis Waiting Times

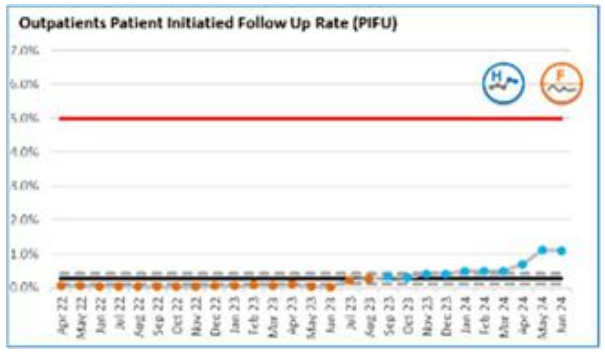


Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH FDS – Plan not consistently met however showing normal variation	**Faster Diagnosis performance of 75.1 % against plan of 75 % for June 2024.** • Improvement of 0.6% compared to May 2024. • Breast moved to a non-compliant position. • Lower GI most challenged with a performance of 53% with CTC access at QMH and endoscopy process delays are contributing factors. • Gynaecology (59.8%) continued to be behind target due to access to one stop clinics and scans. • Radiology diagnostic modalities are not consistently achieving the NHSE recommended turnaround time of 7 days for reporting of OP FDS diagnostics. • Pathology: Turn around time are being reviewed due to longer waits. **62-day Performance was at 77.2% against a plan of 75% for June 2024** • Front end delays due to Breast and Gynaecology • Theatre capacity constraints in Lung, H&N and Urology.	• **Summer Resilience funding (70K**) has been awarded for Q1 to support performance delivery. Tumour sites awarded include Haem, H&N, LGI, Derm, Breast and Urology. • **Gynaecology** plan to run an all-day one-stop clinic at QMH now expected to begin from September 2024. RMP funding has been agreed and will support this service to improve the position. Also changes to existing footprint on the SGH's site will increase hysteroscopy throughput. • **Pathology:** Dashboard under development to support real time tracking of pathology on winpath against patients in the cancer PTL with and FDS clock. • **Radiology:** Dashboard under development to support real time tracking of radiology scans and reports against national KPIs. • **Lung thoracic:** The delays are due to increased referrals relating to Targeted Lung Health Checks programme. Theatre WLI (10 have been planned for September 24. • **Haem Oncology clinic** demand and capacity review is under way. • **Breast** has a recovering plan in development with support from RMP. Cultural/ behaviours are being addresses along with operational issues.	Recovery time scales are dependent on resources	sufficient for assurance

Operational Performance

Exception Report | SGUH Patient-Initiative Follow Up (PIFU)

St George's

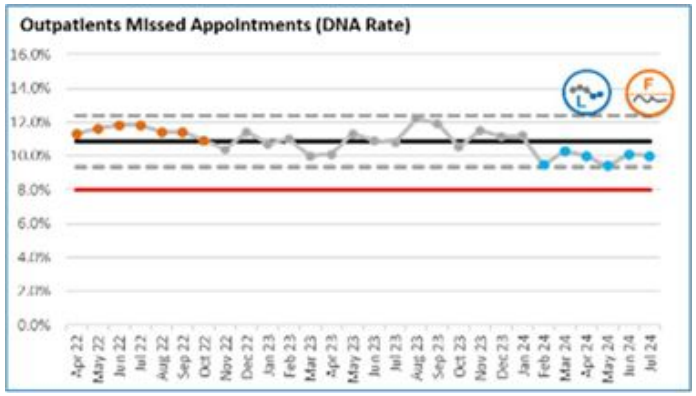


Rate reported one month in arrears in line with Model Hospital reporting

Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH PIFU Rate: Consistently not meeting target, improving trend	In month performance for June was 1.1% - as per Model Hospital. Activity continues to increase with the technical solution to PIFU now designed and rolled out in 6 services (T&O, Urology, Plastics, Gynae, Dermatology and Therapies)	• 23rd September (IT Transformation led project) all specialist will be rolled out • This includes PIFU to Long Term Condition (LTC) and PIFU to discharge (6 options for timeframes signed off at working group) • Tableau report has now launched and shows PIFU Orders by Clinician, Speciality %, Patient Demographics and patient level details – we currently have 1551 patients on a PIFU pathway, 92% are PIFU to discharge and 8% are PIFU Long Term Conditions	2% planned for October 2024 – post launch of PIFU order for all specialities	sufficient for assurance

Operational Performance

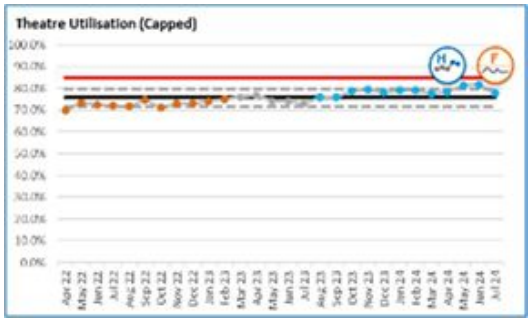
Exception Report | SGUH Missed Appointments (DNA Rate)

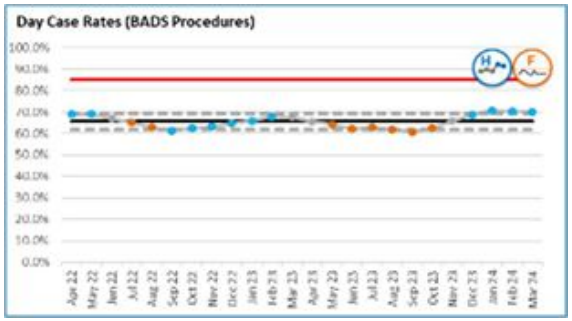


Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH Special cause variation of an improving nature however has consistently failed target	Continued improvement of position	• All services review their appointments that have one way reminder texts monthly for Day 7 and Day 2 before every appointment (one way message to patient but they cannot text back) – Gynae have done a focused approach to this and turned on over 20 + texts this month • BI and OP operational team supported review of reporting issues. Identified that SUS submission includes DNA % inclusive of both removed and active clinic slots – this is correctly included as advised by BI • OP team present clinics with high DNA every week at Elective Access prompting review and updates from specialities	TBC	sufficient for assurance

Operational Performance

Exception Report | SGUH Theatre Utilisation (Capped) & Daycase Rate





Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH Theatre Utilisation (capped): 78% 81%- IP 75%-DSU 62%- QMH Day Case Rates (BADS Procedures) not meeting 85% target with improving trend	• Estates issues in July 2024 caused some delays to the start of lists which led to over runs, negatively affecting capped theatre utilisation. • Furthermore, junior doctors IA impacted theatre productivity. Internal Tableau data suggests that Theatre utilisation has deteriorated by 4% from June to July, from 82% to 78%. However, Model Health data shows a capped theatre utilisation for July of 82.5 %. Ongoing work with BI to understand reasons for the discrepancy. • Data quality issues such as where patients on day case wards (particularly DSU wait) had LoS of 1 or more days. • Effects of data correction and improved recording continues to show an improving trend. • Procedures normally coded as daycase often booked as an elective overnight due to the complexity of patients referred to SGUH. Co-morbidities / pre-existing conditions are a factor in not being compliant with the BADS procedure national target	• Continued emphasis on scheduling, particularly 6-4-2 escalation processes, to ensure fully booked theatre lists. New 6-4-2 meeting structure rolled out in July overseen by the Chief Operating Officer. • Lists not booked to more than 75% utilisation with 2 weeks' notice are being reviewed and stood down. Unless there is a clinical exception to this standard. • Further work is being planned to understand the scope for improvement of average cases per session across different specialities, particularly at QMH. • Theatre Transformation support started in May 2024, theatre user group meetings are now taking place regularly with each speciality to critically analyse theatre performance, in addition to demand and capacity. • BADS compliance is being discussed with all surgical specialities within theatre transformation deep dives to explore opportunity. • Further work is required to ensure cases are being coded appropriately from DTT. • Undertaking a significant piece of work on QMH which includes expanding the inclusion criteria at QMH which will increase throughput. • Recognition that SGUH often receives complex referrals due to tertiary status. Which means cases usually coded as a BADS procedure often have overnight stay etc, meaning they are counted as an elective ordinary	TBC	sufficient for assurance

Operational Performance

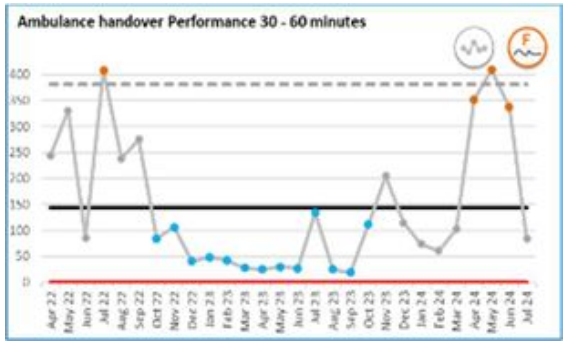
Overview Dashboard | Urgent and Emergency Care

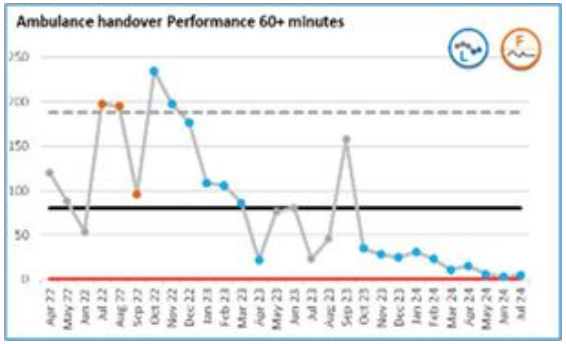
St George's

KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
4 Hour Operating Standard	Jul 24	81.8%	81.6%	78.0%			2nd Quartile
Over 12 Hours in ED from Arrival (%)	Jul 24	5.5%	8.0%	-			
Ambulance handover Performance 30 - 60 minutes	Jul 24	337	84	0			
Ambulance handover Performance 60+ minutes	Jul 24	3	5	0			
Mental health delays 4 Hour Breaches	Jul 24	102	147	-			
30-Day Emergency Readmission Rate	Jul 24	11%	11%	-			
Non Elective Length of Stay	Jul 24	6.7	6.3	5.4			
Length of stay > 21 days (super stranded)	Jul 24	163	155	142			
Overnight G&A beds occupancy - Adults	Jul 24	95.0%	94.2%	91.5%			
Number of patients not meeting criteria to reside (Daily Avg)	Jul 24	145	135	86			

Operational Performance

Exception Report | SGUH Ambulance Handovers

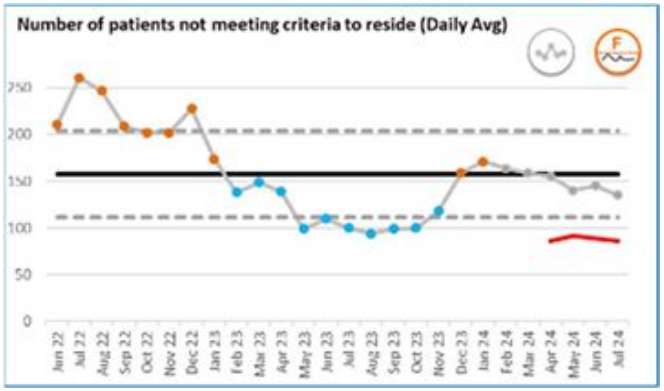


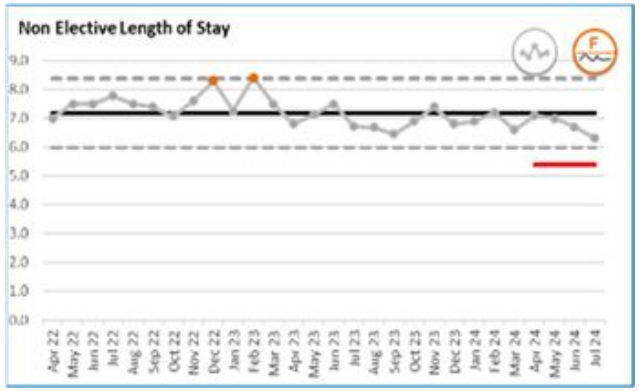


Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH LAS Target consistently not met	Four Hour Performance in July 2024 was 81.% exceeding plan of 77.19%. On average across the month 90 ambulance conveyances arrived per day compared to 85 through June 2024. 81.5% of 2,784 LAS arrivals were off-loaded <15 minutes. Significant decrease in the number of patients waiting for more than 30 minutes for ambulance handover The key drivers of operational pressures and delays are: • DTA's in department high number of complex mental health patients spending 24hrs in department • Limited in-and-out spaces to see and treat patients	• Dedicated ECCU space (regardless of DTA status) opened 18th June • Increased number of in-and-out spaces • RAT rota fully established to redirect patients where appropriate • Continue to work with 111 to optimise UTC utilisation • Community in reach to aid admission avoidance to be pushed for • Development of SDEC Medical pathways live 15th May Surgical SDEC live in June Trusted assessor model (LAS straight to medical SDEC) launched June • Additional EP to front of house for UTC to improve wait times for investigations • Enhanced boarding and cohorting continue to be business as usual across site • Weekly meetings with LAS are underway to resolve issues both Trust and LAS have faced	August 2024	Internal validated figures reported

Operational Performance

Exception Report | SGUH No Criteria to Reside (NCTR) and LOS





Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH NCTR: Consistently not meeting target LOS - not meeting target of 5.4 days showing improving trend	• Non-Elective Length of Stay improved. • Largest cohort of patients awaiting; Speciality/ Medical/ Psychology Review or Plan, Care Package (Social) and Residential home - Including interim (Social) • There has been significant improvement in the number of NCTR forms completed prior to 9.30am daily, which in turn is now reflecting a more accurate number of patients NCTR. This is being reviewing in the daily 10.30am bed meetings. • Specialties with high volumes are Elderly Medicine Service and Trauma and Orthopaedics	• The Emergency floor and the Integrated Care Transfer Hub continue to review if Social Workers & CLCH partners can attend on site. • Good improvement in earlier discharges • MADE “style” Events has resumed given increased operational pressure • Transfer of Care team provided vital in-person support on the wards to facilitate discharge • The Trust has replaced Red2Green with the National Criteria to Reside tool for daily electronic tracking patients' readiness for safe and timely discharge to improve patient flow and reduce length of stay. • Focussed sessions with ward teams to improve NCTR data capture and accuracy, supported by Transfer Of Care Team.	TBC	sufficient for assurance

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Appendices

12

Statistical Process Control (SPC)

Interpreting Charts and Icons

	Variation/Performance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature.	**Something's going on!** Something a one-off, or a continued trend or shift of numbers in the wrong direction	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an IMPROVING nature.	**Something good is happening!** Something a one-off, or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?

	Assurance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 2

Metric Technical Definitions and Data Sources

Metric	Definition	Strategy Drivers	Data Source
Cancer 28 Day Faster Diagnosis Standard	The proportion of patients that received a diagnosis (or confirmation of no cancer) within 28 days of referral received date.	NHS Oversight Framework, Constitution, and Priorities & Operational Planning Guidance	NHS England
Cancer 31 Day Decision to Treat Standard	The proportion of patients beginning their treatment within 31 days of deciding to treat their cancer. Applies to anyone who has been diagnosed with cancer, including people who have cancer which has returned.	NHS Oversight Framework, Constitution, and Priorities & Operational Planning Guidance	NHS England
Cancer 62 Day Standard	The proportion of patients beginning cancer treatment that do so within 62 days of referral received date. This applies to by a GP for suspected cancer, following an abnormal cancer screening result, or by a consultant who suspects cancer following other investigations (also known as 'upgrades')	NHS Oversight Framework, Constitution, and Priorities & Operational Planning Guidance	NHS England
Referral to Treatment Waiting Times	Monitors the waiting time between when the hospital or service receives your referral letter, or when you book your first appointment through the NHS e-Referral Service for a routine or non-urgent consultant led referral to treatment date.	NHS Oversight Framework, Constitution, and Priorities & Operational Planning Guidance	NHS England
Diagnostic Waits > 6 Weeks	Percentage of patients waiting for more than 6 weeks (42 days) for one of the 15 diagnostic tests from referral / request date.	NHS Oversight Framework, Constitution, and Priorities & Operational Planning Guidance	NHS England
Venous thromboembolism VTE Risk Assessment	Percentage of patients aged 16 and over admitted in the month who have been risk assessed for VTE on admission to hospital using the criteria in a National VTE Risk Assessment Tool.	NHS Standard Contract & Constitutional Standard	Local Data
Capped Theatre Utilisation Rate	The capped utilisation of an individual theatre list is calculated by taking the total needle to skin time of all patients within the planned session time and dividing it by the session planned time	NHS Priorities & Operational Planning Guidance	Model Hospital
PIFU Rate	Numerator: The number of episodes moved or discharged to a Patient Initiated Follow Up (PIFU) pathway. Denominator: Total outpatient activity	NHS Priorities & Operational Planning Guidance	Model Hospital
DNA Rates	Numerator: Outpatient missed outpatient appointments (DNAs) Denominator: Total outpatient appointments	Group and System Priority	Model Hospital
Advice and Guidance Rates	Utilisation of Specialised Advice. It is calculated based on the number of 'Processed Specialist Advice Requests' and is presented as a rate per Outpatient First Attendances.	Group, System and National Priority	NHS England Model Hospital
Never Events	Never Events are serious incidents that are entirely preventable	National Framework for Reporting and Learning from Serious Incidents	Local Data
Serious Incidents	An incident that occurred in relation to NHS-funded services and care resulting in one of the following: Acts or omissions in care that result in; unexpected or avoidable death. injury required treatment to prevent death or serious harm, abuse.	National Framework for Reporting and Learning from Serious Incidents	Local Data
Patient Safety Incidents Investigated	Any unintended or unexpected incident which could have, or did, lead to harm for one or more patient's receiving healthcare	National Framework for Reporting and Learning from Serious Incidents	Local Data
Falls	Number of unexpected events in which a person comes to the ground or other lower level with or without loss of consciousness	Gesh Priority - Fundamentals of Care	Local Data
Pressure Ulcers	Number of patients with pressure ulcer (Category/Stage 3 & 4) in the Trust over a specific period of time.	Gesh Priority - Fundamentals of Care/ National Patient Safety Incidents	Local Data
Mental Capacity Act and Deprivation of Liberty (MCADoL)	The Deprivation of Liberty Safeguards are a part of the Mental Capacity Act and are used to protect patients over the age of 18 who lack capacity to consent to their care arrangements if these arrangements deprive them of their liberty or freedom. Percentage of staff receiving MCA Dols Level 2 Training	Gesh Priority	Local Data
SHMI	Rolling 12 months ratio between the actual number of patients who die following hospitalisation at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.	NHS Oversight Framework	NHS Digital
FFT scores	Proportion of patients surveyed that state that the service they received was 'Very Good' or 'Good'.	NHS – National Priority	NHS Digital

Glossary of Terms

Terms	Description
A&G	Advice & Guidance
ACS	Additional Clinical Services
AfPP	Association for Perioperative Practice
AGU	Acute Gynaecology Unit
AIP	Abnormally Invasive Placenta
ASI	Appointment Slot Issues
CAD	computer-assisted dispatch
CAPMAN	Capacity Management
CAS	Clinical Assessment Service
CATS	Clinical Assessment and Triage Service
CDC	Community Diagnostics Centre
CNS	Clinical Nurse Specialist
CNST	Clinical Negligence Scheme for Trusts
CQC	Care Quality Commission
CT	Computerised tomography
CUPG	Cancer of Unknown Primary Group
CWDT	Children's, Women's, Diagnostics & Therapies
CWT	Cancer Waiting Times
D2A	Discharge to Assess
DDO	Divisional Director of Operations
DM01	Diagnostic wating times
DNA	Did Not Attend
DTA	Decision to Admit
DTT	Decision to Treat
DQ	Data quality

Terms	Description
EBUS	Endobronchial Ultrasound
eCDOF	electronic Clinic Decision Outcome Forms
E. Coli	Escherichia coli
ED	Emergency Department
eHNA	Electronic Health Needs Assessment
EP	Emergency Practitioner
EPR	Electronic Patient Records
ESR	Electronic Staff Records
ESTH	Epsom and St Helier Hospital Trust
EUS	Endoscopic Ultrasound Scan
FDS	Faster Diagnosis Standard
FOC	Fundamentals of Care
GA	General Anaesthetic
H&N	Head and Neck
HAPU	Hospital acquired pressure ulcers
HIE	Hypoxic-ischaemic encephalopathy
HTG	Hospital Thrombosis Group
HSMR	Hospital Standardised Mortality Ratios
ICS	Integrated Care System
ILR	Implantable Loop Recorder
IPC	Infection Prevention and Control
IPS	Internal Professional Standards
IR	Interventional Radiology
KPI	Key Performance Indicator
LA	Local anaesthetics

Terms	Description
LAS	London Ambulance Service
LBS	London Borough of Sutton
LGI	Lower Gastrointestinal
LMNS	Local Maternity & Neonatal Systems
LOS	Length of Stay
N&M	Nursing and Midwifery
MADE	Multi Agency Discharge Event
MAST	Mandatory and Statutory Training
MCA	Mental Capacity Act
MDRPU	Medical Device Related Pressure Ulcers
MDT	Multidisciplinary Team
MHRA	Medicines and Healthcare products Regulatory Agency
MMG	Mortality Monitoring Group
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculoskeletal
NCTR	Not meeting the Criteria To Reside
NEECH	New Epsom and Ewell Community Hospital
NHSE	NHS England
NMC	Nursing and Midwifery Council
NNU	Neonatal Unit
NOUS	Non-Obstetric Ultrasound
O2S	Orders to Schedule
OBD	Occupied Bed Days
OPEL	Operational Pressures Escalation Levels

Terms	Description
OT	Occupational Therapy
PIFU	Patient Initiated Follow Up
PPE	Personal Protective Equipment
PPH	postpartum haemorrhage
PSIRF	Patient Safety Incident Response Framework
PSFU	Personalised Stratified Follow-Up
PTL	Patient Tracking List
QI	Quality Improvement
QMH	Queen Mary Hospital
QMH STC	QMH- Surgical Treatment Centre
QPOPE	Quick, Procedures, Orders, Problems, Events
RAS	Referral Assessment Service
RADAH	Reducing Avoidable Death and Harm
RCA	Root Cause Analyses
RMH	Royal Marsden Hospital
RMP	Royal Marsden Partners Cancer Alliance
RTT	Referral to Treatment
SACU	Surgical Ambulatory Care Unit
SALT	Speech and Language Therapy
SDEC	Same Day Emergency Care
SDHC	Surrey Downs Health and Care
SGH	St Georges Hospital Trust
SHC	Sutton Health and Care
SHMI	Summary Hospital-level Mortality Indicator
SJR	Structured Judgement Review

Terms	Description
SLT	Senior Leadership Team
STH	St Helier Hospital site
STG	St Georges Hospital site
SNTC	Surgery Neurosciences, Theatres and Cancer
SOP	Standard Operating Procedure
TAC	Telephone Assessment Clinics
TAT	Turnaround Times
TCI	To Come In
ToC	Transfer of Care
TPPB	Transperineal Ultrasound Guided Prostate Biopsy
TVN	Tissue Viability Nurses
TWW	Two-Week Wait
UCR	Urgent Community Response
VTE	Venous Thromboembolism
VW	Virtual Wards
WTE	Whole Time Equivalent

Council of Governors

Meeting on Wednesday, 25 September 2024

Agenda Item	4.1	
Report Title	**Finance report Month 04 (July)**	
Executive Lead(s)	Andrew Grimshaw, Group Chief Finance Officer	
Report Author(s)	GCFO plus site CFOs	
Previously considered by	Finance Committees-in-Common	30 August 2024
Purpose	**For Noting**	

Executive Summary

The trust is £3.0m adverse to plan at Month 4. The YTD deficit position is driven by the impact of Industrial Action (£2.1m) and Cyber Attack (£0.9m).

There are pressures on the plan that are being managed with non-recurrent resources and delivery of the plan by year end is at risk. The key message from the Trust Board to SWL and NHSE is:

- Delivery of the year end financial plan remains at risk
- More radical steps are required and the group is working on detailed actions to support this.

The Group Executive Team are focused on seeking to deliver this and provide regular reports to the Finance Committee and Trust Board.

Action required by the Council of Governors

The Council is asked to note this paper

Committee Assurance

Committee	Finance Committees-in-Common
Level of Assurance	Limited Assurance: The report and discussions did not provide sufficient assurance that the system of internal control is adequate and operating effectively and significant improvements are required and identified and understood the gaps in assurance

Appendices

Appendix No.	Appendix Name
	None

Implications

Group Strategic Objectives	
☒ Collaboration & Partnerships	☒ Right care, right place, right time
☒ Affordable Services, fit for the future	☒ Empowered, engaged staff

Risks
BAF SR4.

CQC Theme				
☒ Safe	☒ Effective	☐ Caring	☐ Responsive	☒ Well Led

NHS system oversight framework	
☐ Quality of care, access and outcomes	☒ People
☐ Preventing ill health and reducing inequalities	☒ Leadership and capability
☒ Finance and use of resources	☐ Local strategic priorities

Financial implications
IN support of delivering the Group financial plans.

Legal and / or Regulatory implications

Equality, diversity and inclusion implications

Environmental sustainability implications

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Council of Governors 25th September 2024
2024/25 Month 4 (July) Financial Performance

GCFO

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Summary Month 4 position

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	Issue	Action
Summary I&E	• Trust on plan after bringing forward NR benefits from later in the year (£1.8m). • Trust has also used additional NR benefits above plan of £0.8m in M4, as well as a YTD ERF delivery adjustment of £2.3m to support delivery of M4 CIP.	• Continued focus on cost control and the development and delivery of CIPs through site management meetings. • Work with system partners to identify actions to address operational pressures.
Workforce costs and WTE plan	• Pay expenditure is overspent against budget. • WTE is adverse to plan by 196 due to the 197 step up in CIP delivery planned for in M4.	• Increased focus on control actions in key areas notably agency controls all staff groups, medical temporary staff costs, nursing rota management and continued challenge through vacancy control. • Opportunities for system wide work on medical staffing and agency costs. • Management of activity pressures, especially in the UEC pathway in support of both CIP plans and mitigating current pressures above plan.
CIP delivery	• On plan (although the latter includes b/f £0.8m benefit) with £15.2m in opportunity and £3.0m in unidentified.	• Continued focus on CIPs identification and delivery within the Trust. • Work actively with SWL groups to identify other opportunities and system wide actions, including estates, medical staffing and agency.
Capital	• M3 YTD position is behind plan mainly due to SECH enabling unlikely to be drawn down in year and slippage in ITU • Minor delays in ITU could attract NHSE attention.	• Careful monitoring and forecasting of capital will be required in both trusts across the year. • Continue focus on key projects.
Cash	• NHSE have informed the system that the £120m system deficit cash backed support has been delayed from previously advised M3 payment. This is currently with treasury for approval and it is now unclear when this will be approved. • Material pressure on cash could be experienced at both trusts given potential risk against CIPs and other expenditure pressures.	• Finance Committee updated on current and expected drawdown position. • Maintain focus on cashflow forecasting and management ensuring effective processes in place for working capital management.

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SGH - Summary Reported Position

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Table 1 - Trust Total

		Full Year Budget (£m)	M4 Budget (£m)	M4 Actual (£m)	M4 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Income	Patient Care Income	982.2	88.2	88.2	(0.0)	335.3	335.2	(0.0)
	Other Operating Income	154.4	13.1	14.3	1.2	51.4	54.2	2.7
Income Total		**1,136.6**	**101.3**	**102.5**	**1.2**	**386.7**	**389.4**	**2.7**
Expenditure	Pay	(721.7)	(61.9)	(60.6)	1.3	(247.5)	(248.5)	(1.0)
	Non Pay	(439.9)	(40.3)	(43.1)	(2.7)	(154.7)	(159.3)	(4.7)
Expenditure Total		**(1,161.6)**	**(102.3)**	**(103.6)**	**(1.4)**	**(402.2)**	**(407.9)**	**(5.7)**
Post Ebitda		(25.1)	(2.1)	(2.1)	0.0	(9.9)	(9.9)	0.0
Grand Total		**(50.1)**	**(3.1)**	**(3.2)**	**(0.1)**	**(25.4)**	**(28.4)**	**(3.0)**

The Trust is reporting a £28.4m deficit YTD in M4, which is £3.0m adverse to plan. The YTD deficit position is driven by the impact of Industrial Action (£2.1m) and Cyber Attack (£0.9m).

Income

- Income is £1.2m favourable in month with IA and Cyber driving a £0.1m adverse variance. The underlying in month position is £1.3m favourable driven by additional R&D, corporate and pharmacy income offset by additional costs. YTD IA and Cyber are driving a £1.4m adverse variance, resulting in an underlying YTD position that is £4.1m favourable. Of this £3.1m relating to additional income offset by additional costs and £0.9m relates to ERF overperformance.

Pay

- Pay is £1.3m favourable in month with IA and Cyber driving a £0.1m adverse variance. The underlying in month position is £1.4m favourable driven by a positive CIP target variance of £1.3m which is offset in non-pay. YTD IA and Cyber are driving a £1.5m adverse variance and CIP target a £1.4m positive variance resulting in an underlying YTD position that is £1.0m adverse, driven by ward nursing.

Non-Pay

- Non-Pay is £2.7m adverse in month. Of this £1.2m is driven by a negative CIP target variance which is offset in pay, while the remaining £1.5m in is driven by additional costs offset by additional income and corporate inflationary pressures. YTD IA and Cyber are driving a £0.1m adverse variance resulting in an underlying position that is £4.5m adverse. Of this £2.3m relates to a negative CIP target variance which is offset in pay and by ERF income The remaining £2.2m adverse variance driven by additional costs offset by additional income and corporate inflationary pressures.

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SGH revenue metrics Scorecard

Finance

SGH		YTD Plan	YTD Actual	YTD Variance	RAG	% Variance	FY Plan	FOT	Variance	RAG	% Variance
OPEX	Substantive	216.3	222.9	-6.6	A	-3.0%	642.1	642.1	0.0	G	0.0%
	Bank	21.0	20.8	0.1	G	0.7%	61.9	61.9	0.0	G	0.0%
	Agency	6.0	4.8	1.1	G	18.8%	17.6	17.6	0.0	G	0.0%
	Total Pay	**247.5**	**248.5**	**-1.0**	**A**	**-0.4%**	**721.7**	**721.7**	**0.0**	**G**	**0.0%**
	Non-pay	155.0	159.9	-4.9	A	-3.2%	440.8	442.8	-2.0	A	-0.5%
	Total OPEX	**402.5**	**408.4**	**-5.9**	**A**	**-1.5%**	**1,162.5**	**1,164.5**	**-2.0**	**A**	**-0.2%**
Income	Operating income patient care	335.6	335.2	-0.4	A	-0.1%	983.8	983.8	0.0	G	0.0%
	Other operating income	51.1	55.1	4.1	G	7.9%	152.8	153.8	1.0	G	0.7%
	Total Operating income	**386.7**	**390.4**	**3.7**	**G**	**0.9%**	**1,136.6**	**1,137.6**	**1.0**	**G**	**0.1%**
I&E	**Reported I&E**	**-25.4**	**-28.4**	**-3.0**	**R**	-11.9%	-50.1	-50.1	-0.0	G	0.0%
	Recurrent I&E	**-31.6**	**-33.6**	**-2.0**	**R**	-6.4%	-70.8	-70.8	0.0	G	0.0%
Cash	**Cash & cash equivalents**	**31.6**	**47.7**	**16.1**	**G**	51.0%	15.0	15.0	0.0	G	0.0%

Total pay costs at SGH are rated amber, with an overspend of 0.4% or £1.0m. The Trust is £1.4m favourable on CIP target (offset in Non-Pay), with IA/Cyber impacts accounting for £1.5m adverse and challenges in ED and acute wards accounting for the majority of the balance. Non-pay has an adverse variance of £4.9m (3.2%) and this variance is partially driven by a mismatch in income and non pay which is in review. The remaining challenge is from CIP and inflationary pressure.

Workforce

SGH		Plan (in-month)	Actual (in-month)	Variance (in-month)	RAG	% Variance
WTEs	Substantive	9,492	9,574	-82	A	-0.9%
	Bank	610	838	-228	R	-37.4%
	Agency	253	143	110	G	43.5%
	Total WTEs	10,355	10,555	-201	A	-1.9%
Cost per WTE	Substantive	5.5	5.8	-0.2	A	-4.4%
	Bank	8.4	5.3	3.1	G	36.7%
	Agency	5.8	6.4	-0.6	R	-10.9%
	Total WTEs	5.7	5.7	-0.0	A	-0.7%

SGH are behind plan in M4 with increases in ward nursing and an additional CIP assumption of 223 WTE only partially delivered.
SGH have significantly lower agency WTEs than plan which is driving a favourable variance against total WTE plan. Agency costs per head, however, were higher than plan so the underspend in cost for agency is not of the same scale and the reduction in WTEs.

Efficiency

SGH		YTD Plan	YTD Actual	YTD Variance	RAG	% Variance	FY Plan	FOT	Variance	RAG	% Variance
Efficiency	Recurrent efficiency	9.2	9.3	0.1	G	1.1%	46.0	46.0	0.0	G	0.0%
	NR efficiency	4.9	4.8	-0.1	A	-2.1%	22.5	22.5	0.0	G	0.0%
	Total efficiency	**14.2**	**14.2**	**0.0**	**G**	0.0%	68.5	68.5	0.0	G	0.0%

SGH are now slightly ahead of plan on recurrent CIP, which is owing to a YTD performance adjustment related to ERF. The Trust will need to ensure that recurrent efficiency continues to be delivered in year so as not to increase the financial challenge in 2025/26. ERF also has challenges related to industrial action and cyber attack that will impact on delivery.

Performance

SGH Metric	M01	M02	M03	YTD	Target	Variance
ERF	114%	114%	101%	109%	105%	+4%
LoS*	10.08	10.28	8.13	10.18	9.37	(0.81)
Outpatient attendances as a First or Procedure*	50%	50%	50%	44%	49%	(5%)
A&E Target	80%	77%	82%	78%	78%	+0%

*Based on 23/24 average of 11.30 days and ambition to reduce by 1.5 days
**Based on system target of 49%

Council of Governors

Meeting in Public on Wednesday, 25 September 2024

Agenda Item	5.2	
Report Title	**Fit and Proper Persons Test Annual Compliance Report 2023/24**	
Executive Lead(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Report Author(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Previously considered by	-	-
Purpose	**For Assurance**	

Executive Summary

This paper provides assurance to the Council of Governors that all Non-Executive Directors remain fit and proper for their roles in line with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Fit and Proper Persons Test Framework for England published in August 2023.

All Non-Executive Directors on the Board at SGUH have successfully undergone all of the required checks under the Fit and Proper Persons Test Framework in 2023/24 and the Trust has made the required submission to NHS England.

One Non-Executive Director left the organisation in 2023/24. The required Board Member References have been completed for them in line with the requirements of the Framework.

Action required by Council of Governors

The Council is asked to note that the Fit and Proper Persons Test has been conducted for the period 2023/24 and that all Non-Executive Directors at SGUH satisfy the requirements of the Test.

Committee Assurance	
Committee	N/A
Level of Assurance	Not Applicable

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	FPPT Checks Annual Compliance 2023/24

Implications

Group Strategic Objectives

☐ Collaboration & Partnerships	☐ Right care, right place, right time
☐ Affordable Services, fit for the future	☒ Empowered, engaged staff

Risks

If we do not implement fully the new FPPT Framework and apply it consistently, there is a risk that directors could be appointed to the board who do not meet the required standards for appointment. This could potentially impact on patient safety and / or organisational performance and would likely trigger external regulatory intervention.

CQC Theme

☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☒ Well Led

NHS system oversight framework

☐ Quality of care, access and outcomes	☒ People
☐ Preventing ill health and reducing inequalities	☒ Leadership and capability
☐ Finance and use of resources	☐ Local strategic priorities

Financial implications

There are no significant financial implications of the introduction of the new Framework. The increased requirements of the new Framework are being managed within the Corporate Affairs team.

Legal and / or Regulatory implications

Full implementation of the Fit and Proper Persons Test is a requirement under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the 2023 Fit and Proper Persons Test Framework for board members.

Equality, diversity and inclusion implications

There are no specific EDI implications associated with the fulfilment of the FPPT requirements.

Environmental sustainability implications

There are no specific environmental or sustainability implications associated with the FPPT requirements.

Fit and Proper Persons Test Annual Compliance Report 2023/24
Council of Governors, 25 September 2024

1.0 Purpose of paper

1.1 The purpose of this paper is to provide assurance to the Council of Governors that all Non-Executive Directors at the Trust remain fit and proper for their roles in line with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Fit and Proper Persons Test Framework for England published in August 2023.

2.0 Background

2.1 In 2014, the Government introduced a 'fit and proper person' requirement which applies to directors and those performing the functions of, or functions equivalent or similar to the functions of, a director in all NHS organisations registered with the Care Quality Commission (CQC), which includes all provider licence holders and other NHS organisations to which licence conditions apply. These 'fit and proper person' requirements were introduced via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 5 recognises that individuals who have authority in NHS organisations that deliver care are responsible for the overall quality and safety of that care. The Regulation 5 requirements are that:

a) The individual is of good character (whether the individual has been convicted of an offence; whether the individual has been erased, removed or struck off a register maintained by a regulator of health and social care professionals).
b) The individual has the qualifications, competence, skills and experiences that are necessary for the relevant office or position or the work for which they are employed.
c) The individual is able by reason of their health of properly performing tasks that are intrinsic to the office or position for which they are appointed or to the work for which they are employed.
d) The individual has not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not) while carrying out a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
e) None of the grounds of unfitness specified in the Regulation apply to the individual (undischarged bankrupt, subject of a bankruptcy restriction, insolvent, included in the children's or adults' barred lists for safeguarding, or prohibited from holding relevant office).

2.2 In 2018, Tom Kark KC was asked by the Government to lead a review of the scope, operation and purpose of the Fit and Proper Person Test (FPPT) as it applies under the 2014 Regulations. The Kark Review was tasked with determining whether the fit and proper person test was working in its existing form and how it might be adapted to ensure better leadership and management and prevent the employment of directors who are incompetent, misbehave or mismanage. It included looking at how effective the FPPT was "*in preventing unsuitable staff from being redeployed or re-employed in the NHS, clinical commissioning groups, and independent healthcare and adult social care sectors*". Published in 2019, the Review highlighted areas it considered needing improvement to strengthen the existing regime, including seven recommendations to Government. These included proposing that: all directors meet specific standards of competence to sit on the board of any health-providing

organisation; a central database of directors be established to hold relevant information about qualifications and history; a mandatory reference be required for each director; the test be applied to commissioners and arms length bodies.

2.3 In August 2023, NHS England published a new *Fit and Proper Persons Test Framework for board members* in response to the Kark Review, and grounded in the requirements of the 2014 Regulations. In publishing the new Framework, NHS England explained that it would "*support the implementation of the recommendations of the Kark Review*", "*promote the effectiveness of the underlying legal requirements*", and "*introduce a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set a standard competences for all board directors, a new way of completing references with additional content whenever a director leave an NHS board, and extension of the application to some other organisations, including NHS England and the CQC*". The new Framework became effective on 30 September 2023, with certain provisions (such as the introduction of mandatory new Board member references and using a new Leadership Competency Framework in all new board member recruitment) being introduced immediately and other elements (such as requirements around the storing of information on the Electronic Staff Record) being introduced in a phased way ahead of full implementation of the Framework by 31 March 2024.

2.4 Under the new Framework, full Fit and Proper Person Test assessments must be undertaken:

- For all new appointments to board member roles, whether permanent or temporary, where greater than six weeks (including promotions, temporary appointments and secondments, acting-up arrangements.
- Where an individual board member changes role within their current organisation (e.g. if an existing board member moves into a new board role that requires a different skill set).
- Annually, for all existing board members, that is, within a 12-month period of the date of the previous FPPT assessment to review any changes over the previous 12 months.

2.5 As part of the Framework, there is a requirement for NHS organisations to formally capture FPPT information, and wider information to support recruitment referencing and ongoing development of board members, and entering this onto board members' ESR record.

2.6 For departing board members, the employing organisation is now required to complete a Board Member Reference in all circumstances, including retirement, which is retained in that individual's FPPT files in the event that it is requested for new board appointments at another NHS organisation.

2.7 In terms of assurance and oversight, the Framework sets out that:

- As part of Well-Led Reviews, the CQC will consider the quality of processes and controls supporting FPPT, the quality of individual FPPT assessments, board member references, and the retention of relevant data.
- NHS England has oversight through receipt of an annual FPPT submission by NHS organisations.
- Every three years, NHS organisations are expected to undertake an internal audit to assess the processes, controls and compliance supporting the FPPT assessments.
- Annually, an update should be taken to a meeting in of the Board in public to confirm that the requirements for the FPPT have been satisfied.

3.0 Fit and Proper Persons Test: Summary of Checks Undertaken

3.1 The following checks are undertaken as part of the FPPT assessment for all Board members of St George's University Hospitals NHS Foundation Trust (SGUH):

FPPT Checks for new starters	Annual FPPT Checks
Identity Check inc. Right to Work in the UK	FPPT Self Declaration
Disclosure and Barring Service Check	Check of Professional Registration (if applicable)
Check of educational qualifications	Check of Insolvency Register
References covering the past 6 years	Check of Disqualified Directors Register
Check of Professional Registration (if applicable)	Check of Charity Commission Register for Removed Trustees
Check of Insolvency Register	Check of Employment Tribunals Register
Check of Disqualified Directors Register	Media Check
Check of Charity Commission Register for Removed Trustees	Social Media Check
Check of Employment Tribunals Register	
Media Check	
Social Media Check	
FPPT Self Declaration	
Occupational Health Check	

3.2 Board Member References are also completed for all board members who have left the board during 2023/24.

4.0 Fit and Proper Persons Test: Outcome and Compliance 2023/24

4.1 Under the supervision of the Group Chairman, who is accountable for FPPT under the Framework, all existing Non-Executive Directors have undergone the annual FPPT assessment as outlined above for 2023/24:

- All Non-Executive Board members completed Annual FPPT Self Assessment Forms. These forms have been reviewed and are all satisfactory.
- The further annual check set out above were undertaken by an independent background checks company contracted by South West London Recruitment Hub.
- These checks have been completed for all Board members and no issues have been identified that affect the fit and proper status of any member of the Trust Board.

4.2 Appendix 1 sets out the completion of the tests for Non-Executive Directors of the Board in 2023/24.

4.3 Following the completion of the FPPT checks, SGUH has made the annual compliance submissions to NHS England in line with the requirements of the Framework.

Departing Board members, 2023/24

4.4 During 2023/24, the following Non-Executive Director left the Board of SGUH:

Board member	Role	Date left	Board Member Reference Completed
Stephen Collier	Non-Executive Director	12 October 2023	Y

4.5 Under the new FPPT Framework, the employing NHS organisation is required to complete a Board Member Reference for any departing Board member using the prescribed reference template. Board Member References are completed by the Chairman for all Non-Executive Directors departing the organisation. This has been completed.

New Board members, 2023/24

4.6 From 13 October 2023 Yin Jones was appointed by the SGUH Council of Governors from her substantive role as Associate NED at SGUH to fill a substantive NED vacancy following the departure of Stephen Collier, SGUH Non-Executive Director. Relevant FPPT checks have been completed. A Board Member Reference is not required for changes in role.

New Board appointments in current year (2024/25)

4.3 Although beyond the scope of the reporting year (2023/24), the following two Board members have joined the Board of SGUH and have successfully completed all of the necessary checks to meet the FPPT requirements:

Board member	Role	Date joined	FPPT completed
Yin Jones	Non-Executive Director	2 September 2024*	Y
Professor Philippa Tostevin	Non-Executive Director	5 September 2024	Y

** Appointed to a substantive Non-Executive position having previously held the role on an interim basis from substantive role as an Associate NED since 13 October 2023*

4.4 Claire Sunderland-Hay is in the process of and is currently undergoing FPPT and will commence her term of office upon completion of the checks.

Conclusion

4.5 All Directors on the Board of St George's University Hospitals NHS Trust satisfy the requirements of the Fit and Proper Persons Test required under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and meet the requirements of NHS England's Fit and Proper Persons Test Framework for board members 2023.

5.0 Recommendations

5.1 The Council of Governors is asked to note that the Fit and Proper Persons Test has been conducted for the period 2023/24 and that all Board members satisfy the requirements of the Test.

St George's University Hospitals NHS Foundation Trust - Fit and Proper Persons Test Annnual Compliance 2023/24

Last Name	First Name	Job Role	Qualification	Occupational Health Check	References Check	Open/Upheld	Open/Upheld	Social Media Date Checked	Not Disqualified	Not Disqualified	No Employment	DBS Requireme	Not Found on Insolvency	Prof Reg Check	Self-Declaration
Norton	Gillian	Chair	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	N/A	Completed
Beasley	Ann	Non Executive Director	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	N/A	Completed
Collier	Stephen	Non Executive Director (departed 12 October 2023)	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	N/A	Completed
Higham	Jenny	Non Executive Director	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	Completed
Jones	Chiew Yin	Non Executive Director	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	N/A	Completed
Kane	Peter	Non Executive Director	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	N/A	Completed
Murray	Andrew	Non Executive Director	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	Completed
Wright	Timothy	Non Executive Director	Completed	Completed	Completed	None	None	Completed	Confirmed	Confirmed	Confirmed	Confirmed	Confirmed	N/A	Completed

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Council of Governors

Meeting in Public on Thursday, 25 September 2024

Agenda Item	6.1	
Report Title	**Report from the Membership Engagement Committee**	
Executive Lead(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Report Author(s)	Sandhya Drew, Governor	
Previously considered by	n/a	-
Purpose	**For Noting**	

Executive Summary
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Committee Assurance	
Committee	Not Applicable
Level of Assurance	Not Applicable

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	Membership One Year Strategy 2024-2025
Appendix 2	Plan for role of Associate Governor (Young People)
Appendix 3	AMM flyer

Implications				
Group Strategic Objectives				
☐ Collaboration & Partnerships		☐ Right care, right place, right time		
☐ Affordable Services, fit for the future		☐ Empowered, engaged staff		
Risks				
N/a				
CQC Theme				
☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☐ Well Led
NHS system oversight framework				

☐ Quality of care, access and outcomes	☐ People
☐ Preventing ill health and reducing inequalities	☐ Leadership and capability
☐ Finance and use of resources	☐ Local strategic priorities
Financial implications	
N/a	
Legal and / or Regulatory implications	
N/A	
Equality, diversity and inclusion implications	
As set out in paper.	
Environmental sustainability implications	
N/A	

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Report from the Membership and Engagement Committee

Council of Governors, 25th September 2024

1.0 Purpose of paper

1.1 To request that the Council approve the new Membership Engagement Strategy for 2024-2025.

1.2 To request that the Council note and, if necessary, approve the detailed MEC plans for the first post of Associate Governor (Young People), following its approval of the broad proposal for such a role at the Council of Governors meeting on 18th July 2024.

1.3 To report on the arrangements for the AMM and the steps requested of Council members.

1.4 To report on the arrangements for a more active Engagement Programme and the steps requested of Council members.

2.0 Items considered by the Committee

2024-2025 Membership Engagement Strategy

2.1 At the Council meeting of 18th July, the principle of a one-year Strategy was approved, to be followed by a full three-year strategy. The 2024-2025 Membership Engagement Strategy was approved by the MEC at an online meeting on August 19th. It is attached at Appendix 1.

Associate Governor (Young People)

2.2 At the Council meeting of 18th July, the proposal for an Associate Governor role was approved and it was agreed in principle to the appointment of one Associate Governor in the age range 18-25. At its meeting on 19th August, the MEC therefore proceeded to form a detailed plan for the Associate Governor. A Working Group was appointed to finalise the Plan, comprising Afzal Ashraf, Jackie Parker and Liz Dawson, to whom special thanks are expressed. That plan is attached at Appendix 2. The Council is invited to note and to approve it.

2.3 The key elements of the Plan are:

The role will be named Associate Governor (Young People)

It will be filled by appointment.

It will be unpaid.

The duties and nature of the role will mean that the role will not be a worker.

The selection panel of 3 will be made up of two Governors and the Group Director of Group Governance.

Eligibility criteria would include membership and residence and being between 18-25.

Recruitment for the role: we will publicise it across youth groups, students and patients.

The term would be for one year, renewable once. It would have two main aspects:

(a) Learning governance. The proposal anticipates rotating shadowing. The role would not carry voting rights or rights to attend private council, board or committees-in-common. We would seek feedback on governance from a youth perspective.
(b) We would also ask the role-holder, perhaps towards the second half of the year of, to speak to youth groups about engaging with the Trust, consistently with Objective 2 of our 2024-2025 Strategy.

Administrative support would be provided by the Governor and Member Engagement Officer.

2.4 Two issues arise for consideration. First, whether the Constitution permits this role. Second, what the status of the appointed role is. These will be addressed in turn.

Constitution: is there a power to appoint an Associate Governor?

The first question is whether this process is led by Corporate Governance or by the Governors. Since it is led by Corporate Governance, the power to appoint is being exercised by the Trust as a whole and is therefore within powers. Governors have a duty under §16.1.2 to represent the interests of members of the trust as a whole and the interests of the public. The mentoring of the Associate Governor is done pursuant to this duty.

Status of Associate Governor (Young People)

The Associate Governor (Young People) would be appointed, not elected, and therefore their status will be different to that of other Governors. They are appointed to further the constitutional aim (§16.1.2) of representing all members and the public, including the young, which is a gap we have identified and addressed in our 2024-2025 Membership Engagement Strategy. It is not anticipated that they will be paid. They will not have a contract, although they will be introduced to the standards governors are expected to abide by. Their activities will be to observe rather than a duty to carry out. They will not be subject to managerial control in their duties of speaking to youth groups. They will therefore be a volunteer and not paid. It may be decided that like Governors, they can claim for expenses, especially travel expenses.

The AMM

2.5 The Annual Members' Meeting is a Constitutional meeting set out in §11 of our Constitution. We have not had a well- attended AGM, since the outbreak of Covid and good attendance of

members would be a huge boost to morale. The flyer is attached at Appendix 3. Each member of Council is asked to publicise the AMM widely and to encourage at least 3 members to attend.

The active membership engagement plan

2.6 *Support system*

The Engagement Plan is led by Governors, including Governors not on the MEC, engaging with the members in their constituency. This is ably supported by Corporate Governance, with thanks to Stephen Jones, Anna Missir and with the welcome addition of Elizabeth Dawson.

Incoming communication.

2.7 Emails for the geographic constituencies have now been created. The Committee agreed governors needed training on signposting eg directing where more relevant to speak up, complaints and PALS to support them in engaging with members. A session was unfortunately cancelled. It is hoped it will be rescheduled.

Outgoing communication

2.8. Collective communication is done via the Communications department and a working system is being developed. A newsletter has been planned since June and it is hope will be sent out soon.

Calendar of events

2.9 The system for this is at present that Governors email their activities to Corporate Governance. It is hope that this will be replaced by a drive system which will permit a more dynamic Engagement Plan. As requested at the Council on July 18th, all Governors are asked to plan at least one engagement event after the AMM and to send details in.

3.0 Recommendations

3.1 The Council of Governors is asked to note the update on the matters considered by MEC at its August 19th meeting and the outcome of its Working Group and:

(a) To approve the 2024-2025 Membership Engagement Strategy.
(b) To note and approve the Associate Governor plan.
(c) To lend its support to the AMM by attendance.
(d) To provide the Corporate Governance team with details of events and stakeholder groups within constituencies which could be used to develop an engagement calendar for the year ahead.

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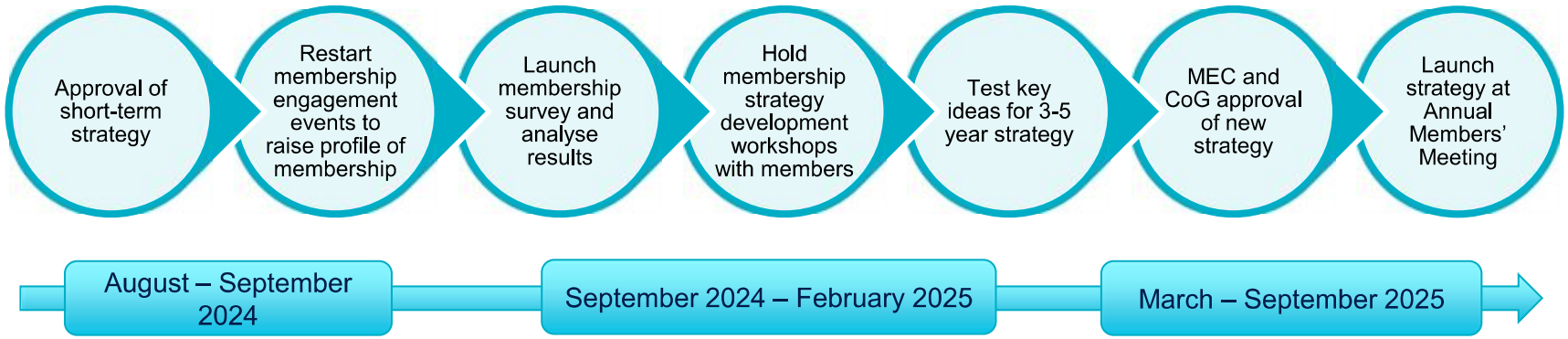
Draft 2024-2025 membership strategy

Our 2024-2025 objectives and timeline

- Improve the quality of two-way engagement with members
- Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members
- Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth



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Objective 1: Improve the quality of two-way engagement with members		
Aim	Action	Success Measure
To provide members and governors with increased opportunities to engage with each other using a variety of media that is inclusive to a wide range of groups, leading to higher levels of connection with SGUH.	• Relaunch SGUH membership newsletter • Relaunch Meet Your Governor (MYG) events on hospital sites • Develop Governor outreach events • Confirm and deliver a calendar of regular member talks • Launch Governor constituency email addresses	• SGUH membership newsletter issued monthly with open rate of tbc% • Each Governor to have participated in at least one MYG and outreach event • Minimum of 4 talks held during 2024/25
To better understand the needs of members and how they can be supported in their engagement with SGUH.	• Undertake survey of members • Hold focus groups with members	• Survey issued with at least tbc% of members responding
To better understand survey data and develop the 3 year strategy in collaboration with stakeholders.	• 2024-25 Strategy development workshops	• Series of workshops held • 3 year strategy approved

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Objective 2: Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members		
Aim	Action	Success Measure
Ensure that all communication is up to date, accessible and inclusive leading to increased member engagement member recruitment.	• Review and refresh membership pages on website and other literature to ensure that is inclusive, developing specific materials for under represented groups where necessary.	All communication tools reviewed and relaunched.
Increase membership of under represented groups.	• Identify forums and local groups who connect with under represented groups, including younger members, as a focus for outreach activity. • Hold engagement events at City St George's University • Hold Governor-led engagement events with secondary / tertiary education providers.	All under represented groups show an increase in membership.

Objective 3: Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth

Aim	Action	Success Measure
Increase in member numbers* *success with objective 1 should maintain current member levels	• All member events/activity to include a 'bring a friend' element with facilities available for immediate new member sign up • Governors to attend events within SGUH and community to promote membership • Corporate Governance Team to work with teams within SGUH to identify opportunities for membership promotion eg: PPEG and Comms	5% increase in member numbers
Increase number of members in SW Lambeth.	• Identify forums and local groups within SW Lambeth • Targeted advertising and governor engagement	5% increase in members from SW Lambeth

St George's University Hospitals NHS Foundation Trust

Appendix 2 to MEC Report to Council of Governors September 25th, 2024
MEC WORKING GROUP DETAILED PLAN

Background and Context
The NHS Trusts are increasingly recognising the importance of involving young people in governance to ensure services are reflective of the communities they serve. Engaging youth in governance roles can enhance accountability and bring fresh perspectives to the Trust's strategic planning.

Purpose of Scheme
The Young Shadow Governor Scheme is designed to:

- Provide young people with an opportunity to engage with and understand NHS governance.
- Ensure that the views and needs of younger community members are considered in Trust decisions.
- Develop leadership skills among young participants, preparing them for future roles in public service.
- Advance strategic Objective 2 of increasing membership among 16-25 year olds.

Notes:

Young Governors. Some Trusts have young people as elected governors because it is possible at 16 or over to be a members of an NHS Foundation Trust (e.g. Manchester University NHS Foundation Trust: https://mft.nhs.uk/the-trust/governors-and-members/information-about-governors/) as part of their drive to encourage a diverse range of individuals to apply, reflecting the community's demographics.

Youth-Specific Roles. Some NHS Trusts have specific roles for young people, such as Youth Governors, who are nominated from partner organizations. This inclusion helps bring the perspectives of younger populations into the governance process.

In both above cases, Trusts can operate mentoring schemes to help young people adapt and grow into the role. In our case the Associate Youth Governor role is not an elected role with full or even partial responsibilities or powers.

Who Qualifies
Young individuals aged 18-25 who are members of the community served by St George's Hospital Trust.
Candidates should demonstrate an interest in healthcare, governance, or community service.

How We Will Advertise the opportunity

- Collaborations with local schools, colleges, and universities to reach potential candidates. St Georges University and South Thames College are two obvious places of higher education.
- Patient groups via the Patient Partnership and Engagement group
- Use of social media platforms and the Trust's website to promote the scheme.
- Engagement with youth organisations and community groups to spread awareness.

How We Will Select a Suitable Applicant

- A transparent application process involving a written application and interview.
- Selection criteria will include demonstrated interest, community involvement, and potential for leadership.
- A panel of three. Two governors to include the Lead Governor, and the head of Corporate Governance.

The role and duties of the Young Shadow Governor

- Young Shadow Governors will attend Council of Governors meetings and other meetings deemed of interest. They will not attend private meetings of the Council or Board or Committees. Fron this they will learn about the Governor role such as holding non-executive directors accountable, representing the interests of trust members and the public, and engaging with the wider community.
- They will be involved in specific projects or committees relevant to youth interests.
- They will be encouraged to engage and increase youth membership.
- They could be a useful source of informal advice from a youth perspective.
- The experience should benefit them by inspiring them or their age group contacts to apply for full governor roles, enrich their CVs and give them self-confidence.

Management of and Responsibility for the Scheme

- The scheme will be overseen by a dedicated programme coordinator within the Trust.
- Regular meetings and feedback sessions will be held to ensure the scheme meets its objectives.
- A structured program of activities and learning opportunities will be provided.
- A lead mentor would be appointed and they would then identify other individuals they should meet with or meetings they might attend.
- Administrative support for the scheme would be provided by Anna Missir as the Governor and Member Engagement Officer.
- The Trust's Governance and Membership Office will be responsible for the overall management and implementation of the scheme.

How We Will Choose mentors

- Mentors will be selected from among experienced governors and senior staff members.
- Criteria for selection will include experience in governance, commitment to youth development, and understanding of the Trust's strategic goals.
- NHS Trusts provide comprehensive training and support for governors, including young people, to equip them with the necessary skills and knowledge to perform their duties effectively. This includes induction programs and ongoing training sessions.

How We Will Review and Improve the Scheme

As this is a new initiative for the Trust, we will include a process of feedback:

- From the young person involved, on how to improve the scheme.
- From other Governors and NEDs on the value to them of the Scheme
- From the Membership and Engagement staff to review any impact on membership
- and engagement of the youth cohort
- It is hoped that the scheme will start in good time so that we can begin to test it.
- Annual reviews will be conducted to assess the scheme's impact and areas for improvement.
- Feedback will be solicited from participants, mentors, and other stakeholders.
- Adjustments will be made based on evaluation findings to enhance the scheme's effectiveness and sustainability.

Timeline

Mid-December in post.

We will start to advertise as soon as possible.

Council of Governors (PUBLIC): FORWARD PLAN 2024-25

SECTION	ITEM TITLE	THEME	LEAD	ACTION	FORMAT	FREQUENCY	May-24	Jul-24	Sep-24	Dec-24	Mar-25
OPENING ITEMS	Welcome and Apologies	Administration	Chairman	Review	Report	Every meeting	✓	✓	✓	✓	✓
OPENING ITEMS	Declarations of Interest	Administration	All	Review	Report	Every meeting	✓	✓	✓	✓	✓
OPENING ITEMS	Minutes of previous meetings	Administration	Chairman	Assure	Report	Every meeting	✓	✓	✓	✓	✓
OPENING ITEMS	Action Log and matters arising	Administration	Chairman	Assure	Report	Every meeting	✓	✓	✓	✓	✓
OPENING ITEMS	Welcome to New Governors	Administration	Chairman	Assure	Report	Annually					✓
REPRESENTATION	Feedback from Governors from constituencies and any key meetings attended including Board Committees and visits	Representation	Governors	Inform	Verbal	Every meeting	✓	✓	✓	✓	✓
STRATEGY	Group Chief Executive's Report	Strategy	GCEO	Inform	Report	Every meeting	✓	✓	✓	✓	✓
STRATEGY	Strategy Update	Strategy	GDCEO	Inform	Report	Every meeting	✓	✓	✓	✓	✓
STRATEGY	Corporate priorities 2024-25	Strategy	GDCEO	Inform	Report	Annually	✓				
STRATEGY	Trust Initiatives and Innovation (request from Atif Mian - timing to be confirmed)	Strategy	GDCEO	Inform	Report	Adhoc		✓			
PERFORMANCE	Performance (Operational; People, Quality - alternating cycle)	Performance	GCNO/GCMO	Inform	Report	Every meeting	✓	✓	✓	✓	✓
PERFORMANCE	Theatre utilisation (as part of the operational performance item)	Performance	MC-SGUH	Discuss	Report	Adhoc		✓			
QUALITY	Quality Priorities 2024-25	Quality	GCNO/GCMO	Review	Report	Annually	✓				
QUALITY	Patient Safety Incident Response Framework Update	Quality	GCNO/GCMO	Review	Report	Biannually	✓			✓	
QUALITY	Working with the mental health trust to address ED pressures	Quality	GCNO/GCMO	Discuss	Report	Adhoc		✓			
QUALITY	Infection Prevention and Control Update	Quality	GCNO	Review	Report	Annually			✓		
QUALITY	Learning from Complaints	Quality	GCNO	Review	Report	Annually				✓	
QUALITY	Patient Experience and Engagement Update	Quality	GCNO	Review	Report	Annually					✓
QUALITY	Volunteers	Quality	GCNO	Inform	Report	Adhoc			✓		
FINANCE	Finance Update	Finance	GCFO	Discuss	Report	Every meeting	✓	✓	✓	✓	✓
FINANCE	Governor Input into Annual Plan	Finance	GDCEO	Review	Report	Annually				✓	✓
PEOPLE	NHS Staff Survey results, themes and actions	People	GCPO	Discuss	Report	Annually	✓				
PEOPLE	Culture programme update	People	GCPO	Discuss	Report	Annually		✓			
PEOPLE	Leadership	People	GCPO	Discuss	Report	Annually			✓		
PEOPLE	Raising Concerns Update	People	GCCAO	Discuss	Report	Annually				✓	
GOVERNANCE	Receive the Trust's Annual Report & Account and Quality Account (at a general meeting combined with the Annual Members' Meeting)	Governance, Risk, Audit	GCFO	Receive	Report	Annually			✓		
GOVERNANCE	Annual Report from External Auditor on Annual Accounts	Governance, Risk, Audit	GCFO	Receive	Report	Annually		✓			
MEMBERSHIP ENGAGEMENT	Report from the Membership Engagement Committee	Membership	Committee Chair	Inform	Report	Every meeting		✓	✓	✓	✓
MEMBERSHIP ENGAGEMENT	Review of plans for Annual Members' Meeting - September 2024	Membership	GCCEO	Review	Report	Annually	✓				
MEMBERSHIP ENGAGEMENT	Review new membership engagement strategy	Membership	GCCAO	Review	Report	Annually					✓
COUNCIL GOVERNANCE	Review of Council of Governors effectiveness	Council of Governors	GCCAO	Review	Report	Annually					✓
COUNCIL GOVERNANCE	Annual Review of Governor Skills and Training Needs	Council of Governors	GCCAO	Review	Report	Annually					✓
COUNCIL GOVERNANCE	Annual Review of CoG and Committee terms of reference	Council of Governors	GCCAO	Review	Report	Annually					✓
INFRASTRUCTURE	Estates/Building update	Infrastructure	GCOIE	Inform	Report	Ad Hoc			✓		
CLOSING ITEMS	Any Other Business	Administration	All	Note	Verbal	Every meeting	✓	✓	✓	✓	✓
CLOSING ITEMS	Council of Governors Forward Plan	Administration	All	Note	Verbal	Every meeting	✓	✓	✓	✓	✓
CLOSING ITEMS	Reflections on Meeting	Administration	All	Discuss	Verbal	Every meeting	✓	✓	✓	✓	✓

Board, Committees and Council of Governors Calendar 2024/25

St George's University Hospitals NHS Foundation Trust

Month	Date	Meeting	Time	Location / Format
	26 July	Finance Committees-in-Common	09:00 – 13:00	MS Teams
August	8 August	People Committees-in-Common	09:00 – 12:30	MS Teams
	19 August	Membership and Engagement Committee (Ad Hoc)		
	22 August	Governors Visit to Support Services (TBC)	11:00 – 13:00	TBC
	W/C 26 August	Governors Nomination and Remuneration Committee	11:00 – 13:30	MS Teams
	29 August	Quality Committees-in-Common	09:00 – 12:30	MS Teams
	30 August	Finance Committees-in-Common	09:00 – 13:00	MS Teams
September	4 September	Governors Training and Development Session	14:00 - 16:00	Postponed to 8th November
	5 September	Group Board Meeting (Public and Private)	08:30 – 16:00	Conference Room 1, Wells Wing, Epsom Hospital
	17 September	Governors/NED Meeting (TBC)	10:00 – 11:00	Hyde Park Room, St Georges Hospital
	17 September	Governors Visits – Estates	11:30 - 13:30	
	17 September	Governors Scheduled Visits – Renal Services	14:30 – 16:30	Renal Services Visit
	25 September	SGUH Annual Members' Meeting	17:00 – 20:00	Hyde Park Room, St George's Hospital
	25 September	Council of Governors Pre-meet	12:15 – 13:15	Room 52, 1st Floor Grosvenor Wing
	25 September	Council of Governors	14:00 – 17:00	Board room h2.5, 2nd floor Hunters Wing
	27 September	Finance Committees-in-Common	09:00 – 13:00	MS Teams
October	16 October	Governors Visits – Children's services	09:00-11:00	Visits to Children's services
	24 October	People Committees-in-Common	09:00 – 12:30	MS Teams
	29 October	Membership and Engagement Committee	TBC	TBC – provisional date TBC to be agreed with chair
	31 October	Quality Committees-in-Common	09:00 – 12:30	MS Teams
November	1 November	Finance Committees-in-Common	09:00 – 13:00	MS Teams
	4 November	Governors Visits - Theatres	14:00 -16:00	Visits around theatres
	7 November	Group Board Meeting (Public and Private)	08:30 – 16:00	Wandsworth Professional Development Centre
	8 November	Governors Training and Development Session (PSIRF)	13:00 – 15:00	Room 52, 1st Floor Grosvenor Wing and MS Teams
	W/C 18 November	Membership Engagement Committee (TBC)	11:00 – 13:00	TBC
	W/C 18 November	Governors Nomination and Remuneration Committee	TBC	TBC
	21 November	Governor/NED Meeting	14:00 – 15:00	TBC

Board, Committees and Council of Governors Calendar 2024/25

St George's University Hospitals NHS Foundation Trust

Month	Date	Meeting	Time	Location / Format
	29 November	Finance Committees-in-Common	09:00 – 13:00	MS Teams
December	3 December	Governors Visits	10:00 – 12:00	Neurology Visits
	12 December	People Committees-in-Common	09:00 – 12:30	MS Teams
	12 December	Council of Governors	14:00 – 17:00	Wandsworth Professional Dev. Centre & MS Teams
	19 December	Quality Committees-in-Common	09:00 – 12:30	MS Teams
	20 December	Finance Committees-in-Common	09:00 – 13:00	MS Teams
January	9 January	Group Board Meeting (Public and Private)	08:30 – 16:00	Hyde Park Room, St George's Hospital
	15 January	Governors Training and Development Session (TBC)	TBC	TBC
	16 January	Governors Visits	10:00 – 12:00	Queen Mary's Hospital
	22 January	Governors Training and Development Session (TBC)	TBC	TBC
	31 January	Finance Committees-in-Common	09:00 – 13:00	MS Teams
February	5 February	Governors Visits	14:30 – 16:30	Maternity
	W/C 17 February	Membership and Engagement Committee (TBC)	TBC	TBC
	W/C 17 February	Governors Nomination and Remuneration Committee	TBC	TBC
	20 February	People Committees-in-Common	09:00 – 12:30	MS Teams
	27 February	Governors Visits (TBC)	TBC	TBC
	27 February	Quality Committees-in-Common	09:00 – 12:30	MS Teams
	28 February	Finance Committees-in-Common	09:00 – 13:00	MS Teams
March	4 March	Governors Training and Development Session (TBC)	TBC	TBC
	6 March	Group Board Meeting (Public and Private)	08:30 – 16:00	Hyde Park Room, St George's Hospital
	12 March	Council of Governors	14:00 – 17:00	Hyde Park Room, St George's Hospital & MS Teams
	19 March	Governors Training and Development Session (TBC)	TBC	TBC
	20 March	Governors Visits	15:00 – 17:00	Cardiology and Cardiac Surgery
	28 March	Finance Committees-in-Common	09:00 – 13:00	MS Teams