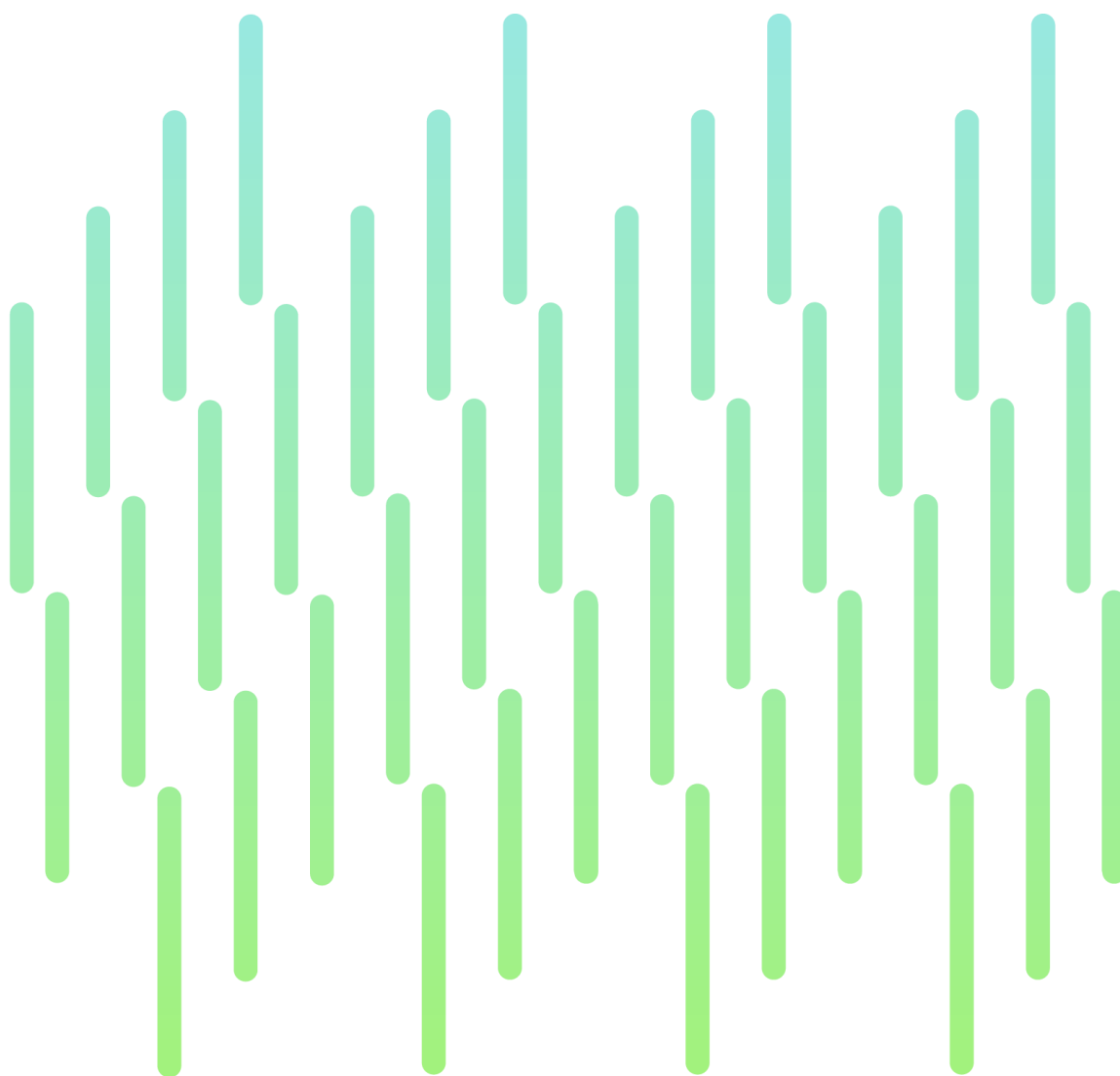




Council of Governors Meeting

5 July 2022

Agenda and papers





Council of Governors Meeting

Date and Time: Tuesday 5 July 2022, 14:00 - 17:00
Venue: Room 2.7, 2nd Floor, Hunter Wing, St George's Hospital

Time	Item	Subject	Lead	Action	Format
1.0	OPENING ADMINISTRATION				
14:00	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Assure	Report
	1.3	Minutes of meeting held on 30 May 2022	Chairman	Approve	Report
	1.4	Action Log and Matters Arising	All	Note	Verbal
2.0	TRUST UPDATE AND STRATEGY				
14:05	2.1	Group Chief Executive Officer’s Report	GCEO	Update	Report
3.0	ACCOUNTABILITY				
14:30	3.1	Questions to Non-Executive Directors	All	Discuss	Verbal
4.0	QUALITY, PERFORMANCE & FINANCE				
15:00	4.1	Financial Update	GCFO	Update	Report
15:15	4.2	Integrated Quality and Performance Report (Outcomes, Performance & Productivity)	DCEO / MD-SGUH	Inform	Report
15:40	4.3	Culture Programme Update	GCPO	Inform	Report
16:05	4.4	Estates Strategy and Sustainability Plan Update	MD-SGUH / Estates Director	Inform	Report
5.0	COUNCIL OF GOVERNORS – GOVERNANCE				
16:35	5.1	Annual Members’ Meeting 2022	GCCAO	Review	Report
	5.2	Elections to the Council of Governors 2022	GCCAO	Review	Report
6.0	CLOSING ADMINISTRATION				
16:50	6.1	Any Other Business	All	Note	Verbal
	6.2	Reflections on meeting		Note	Verbal
17:00	CLOSE				
Date and Time of Next Meeting: 22 September 2022, 14:00 - 17:00					



Council of Governors Meeting

Council of Governors Purpose:	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and Those in Attendance		
Members	Designation	Abbreviation
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AA1
Afzal Ashraf	Public Governor, Wandsworth	AA2
Padraig Belton	Public Governor, Rest of England	PB1
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Basheer Khan	Public Governor, Wandsworth	BK
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
In Attendance		
Ann Beasley	Non-Executive Director, Vice Chair	AB
Stephen Collier	Non-Executive Director, Senior Independent Director	SC
Peter Kane	Non-Executive Director	PKa
Parveen Kumar	Non-Executive Director	PKu
Jenny Higham	Non-Executive Director	JH
Pui-Ling Li	Associate Non-Executive Director	PLL
Tim Wright	Non-Executive Director	TW
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Kate Slemeck	Managing Director – St George's	MD-SGUH
Secretariat		
Patricia Morrissey	Head of Corporate Governance	HCG
Gurdeep Sehmi	Corporate Governance Officer (Minutes)	ICGO
Apologies		
Mia Bayles	Public Governor, Rest of England	MB
Patrick Burns	Public Governor, Merton	PB2
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenni Doman	Staff Governor, Non-clinical	JD
Sandhya Drew	Public Governor, Rest of England	SD
Shalu Kanai	Public Governor, Wandsworth	SK
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Quorum:	The quorum for any meeting of the Committee shall be at least one third of the Governors present.	



Minutes of the Meeting of the Council of Governors (In Public)
30 May 2022, 15:00 – 17:30

Tooting and Balham Rooms, Wandsworth PDC, Burntwood School, SW17 0AQ

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Jenni Doman	Staff Governor, Non-Clinical	JD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance:		
Jacqueline Totterdell	Group Chief Executive Officer (<i>until item 1.5</i>)	GCEO
Alison Benincasa	Director of Quality Governance & Compliance (<i>items 4.1 and 4.2</i>)	DQGC
Ann Beasley	Non-Executive Director	AB
Matteo Carnio	Senior Corporate Governance Manager	SCGO
Stephen Collier	Non-Executive Director (Senior Independent Director)	SC
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Jenny Higham	Non-Executive Director	JH
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Parveen Kumar	Non-Executive Director	PKu
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Gurdeep Sehmi	Corporate Governance Officer (minutes)	CGO
Geoff Stokes	Head of Corporate Governance	HCG
Arlene Wellman	Group Chief Nursing Officer	GCNO
Timothy Wright	Non-Executive Director	TW
Apologies:		
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AA
Mia Bayles	Public Governor, Rest of England	MB
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Patrick Burns	Public Governor, Merton	PBu
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Peter Kane	Non-Executive Director	PKa
Pui-Ling Li	Non-Executive Director	PLL



		Action
1.0	OPENING ADMINISTRATION	
1.1	Welcome and Apologies The Chairman welcomed everyone to the meeting and noted the apologies as set out above.	
1.2	Declarations of Interest The Chairman declared her interest as Chairman-in-Common at the Trust and Epsom and St Helier University Hospitals NHS Trust (ESTH). Likewise, the GCEO declared her interest as the Group Chief Executive Officer across the St George's, Epsom and St Helier University Hospitals and Health Group. The interests resulting from roles across the Group were also noted in relation to the GDCEO, GCCAO, GCNO and GCFO.	
1.3	Minutes of the meeting held on 10 March 2022 The minutes of the meeting held on 10 March 2022 were approved as a true and accurate record.	
1.4	Action Log and Matters Arising There were no open items on the action log.	
2.0	TRUST UPDATES AND STRATEGY	
2.1	Chief Executive Officer's Report The GCEO presented her report, and the following points were noted: <ul style="list-style-type: none"> • Urgent and Emergency care pathways have been extremely busy, and flow through the hospital had been particularly challenging. The Four Hour Emergency Department Standard was at 74.7% in April against a 95% target and 466 patients breached the 12-hour ED target. The operational pressures were particularly acute, not only at the Trust but across the NHS as a whole. • Ambulance turnaround times remain an issue • There had been an improvement on cancer performance, with increasing levels of referrals particularly within skin cancer but capacity challenges remained within the Cardiac MRI. • There have been several changes to the national guidance around infection control to mitigate risk of Covid infections in hospitals. While IPC arrangements had been eased, a number of measures remained in place to reduce the risk of transmission to vulnerable people. • In relation to maternity services, on 12 May 2022 the Regional Chief Midwife conducted an assurance visit to the Trust to establish the extent to which Immediate and Essential Actions emerging from the Ockenden Review had been implemented. The visit had been very positive and verbal feedback on the day confirmed 100% compliance. • The trust had analysed the 2021 NHS Staff Survey results and free text responses and, as was the case last year, the "Big 5" areas of focus and action had been identified. These are, tackling violence and aggression, staff recovery and wellbeing, living our values, speaking up, speaking out, and line manager development. • The Health and Care Bill received Royal Assent on 28 April to become the Health and Care Act 2022, placing Integrated Care Systems on a statutory basis. 	



	<ul style="list-style-type: none"> The new Group was progressing well, and the Group Executive had been in post since 1 February. <p>In response to a question on virtual outpatient appointments, it was noted that progress in implementing the Trust's digital strategy had accelerated during the pandemic but there was some evidence of a drift back to face-to-face consultations in some areas. Currently, 20% of outpatients are seen virtually. Although the Trust has learned that some changes can be fast tracked, it was emphasised that virtual appointments cannot be a substitute for all consultations as some diagnosis can only be made face-to-face. Reaching an optimal pathway requires engagement with outpatients and 16 clinical networks across SWL are discussing this as this is a complex process. However, the Trust is confident that it will see significant improvements over the next six-to-nine months.</p> <p>In response to a question from JH about cancer diagnostics, the GCEO acknowledged that the key areas of challenge were breast cancer and gastro as increased screening has led to increased referrals. Work is being done with the Royal Marsden to improve pathways. It was noted that the Finance Committee had requested a deep dive on cancer standards to investigate the case of over 180 patients having waited longer than 62 days to be seen by a specialist.</p> <p>The Council noted the report.</p>	
2.2	<p>Group Governance Arrangements</p> <p>The GCCAO presented the report, and the following points were noted:</p> <ul style="list-style-type: none"> The group governance arrangements were developed through engagement with the Boards of both organisations between November 2021 and April 2022, and the new arrangements were approved at the May Board meetings. While both Boards would continue to meet separately in 2022/23, there were opportunities to bring together several committees into 'in common' arrangements to help promote greater synergy and learning between the two trusts, whilst strengthening assurance across the Group. The new committees-in-common are the Quality Committee, the Finance Committee, and the People Committee. Chairing of committees-in-common will alternate between established chairs of the respective ESTH and SGUH committees. Assurances will be provided separately to both boards. Audit Committees of the two trusts will meet separately, at least for the first year, in order to provide assurance to their respective boards on the robustness of governance and internal control for each separate corporate entity. The SGUH Council of Governors would continue to meet as planned, and governors will continue to be able to observe Board Committees (including committees-in-common) subject to respecting the confidentiality of information relating to ESTH. A single Group Executive was established in February 2022 with accountable Executive Directors and Board members of both organisations. A Memorandum of Understanding and Information Sharing Agreement had been developed and approved by the boards and this provided a framework for the group to share information to foster its development. <p>In response to questions the following responses were provided:</p> <ul style="list-style-type: none"> The sustainability agenda would be overseen by the Finance Committee. The arrangements for alternating the chairing of meetings between the relevant St George's Committee Chair and his/her Epsom and St Helier equivalent was robust and had been tested with the Trust's legal advisers in 	



	<p>advance. It was important to note that each Trust continued to have their own separately constituted Board committees, with designated chairs.</p> <ul style="list-style-type: none"> Governors were able to observe Committee meetings, with the exception of Audit Committee and the Nominations and Remuneration Committee. Questions from Governors would need to be picked up with the Committee Chairs outside the meetings. <p>The Council of Governors noted the update on the new Group governance arrangements.</p>	
2.3	<p>Developing a New Group Strategy</p> <p>The GDCEO presented the report, and the following points were noted:</p> <ul style="list-style-type: none"> Both St George's and Epsom and St Helier have existing strategies and there is a high degree of commonality between them. The establishment of the Group required adjustments in each Trust's strategies and an opportunity existed to create a single group-wide strategy which set out a long-term vision. As well as the formation of the Group, since the two trusts' strategies had been published the external landscape had changed with the work on integration, the Covid-19 pandemic, the development of Integrated Care Systems, and plans to devolve specialised commissioning budgets. Both Boards had agreed to aim to develop and agree a new Group Strategy by the end of the financial year. Engagement and communication are key to developing the new strategy, and there would be a full process of engagement with clinical services, staff, stakeholders and Governors. <p>In response to a query from KS about measuring impact of the group model, the GDCEO explained that the Group had been in operation for approaching four months and it was quite early at this stage to identify a range of benefits that flowed directly from the establishment of the Group. As the strategic case had demonstrated, there were significant opportunities to bring together clinical services for the benefit of patients, and renal was a good early example of this, as well as opportunities to reduce unwarranted variation in the quality of and access to care. However, the benefits, inevitably, would be realised over time, rather than immediately. The GDCEO explained that his team was developing an approach to monitoring the impact of the Group and the opportunities and benefits would be tracked closely by both the Executive team and the Board.</p> <p>In response to a question from RM about the complexities of the changes to Integrated Care Systems and the impact of this on the operating environment of the Group, the GDCEO acknowledged that the changes to ICSs are significant but the establishment of the Group, and the structures put in place through the new Group Executive team, enhances the capacity and capability of both trusts to engage effectively across the South West London and Surrey systems. The key driver in bringing the Group together is delivering better outcomes for patients. The scale of the Group enables the two organisations to work differently in transforming and integrating care for patients, and collaboration with partners across the South West London and Surrey Heartlands systems is a key part of this.</p> <p>The Council of Governors noted the report and 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.</p>	<p>GCCAO / DGCEO</p>



3.0	ACCOUNTABILITY	
3.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman invited questions to Non-Executive Directors (NEDs).</p> <p>KS asked about how the Board is monitoring the delivery of the Green Plan. AB explained that an update on progress had been considered by the Finance Committee at its last meeting and this had outlined a 2028-32 plan, supported by nine work streams, to reduce the Trust's carbon footprint. Progress had been slower than hoped for but is starting to get traction. It was important to recognise that the estates and facilities functions have been extremely busy carrying out work required to adapt the hospital during the pandemic. The Board had naturally focused on safety and performance and ensuring that staff were supported during the time of the pandemic, but the Council should be in no doubt of the importance the Board attached to making clear and rapid progress in implementing the Green Plan. JD, from her perspective as deputy director of estates and facilities, agreed with the point around the pressure on the estates team during the pandemic and added that NHSE were encouraging Trusts to share their progress and undertaking work to enable validation of progress and identify ongoing gaps. There is a focus at the national level on delivery against the Net Zero commitments across the NHS and the Trust is committed to delivering its part of this.</p> <p>In response to a question from JH about staff appraisals, SC acknowledged that appraisal rates were significantly lower than they should be and this had persisted for some time despite greater focus on improving the position. Progress had undoubtedly been slower than anticipated. However, the People Committee maintained a clear focus on this and had discussed appraisals at its meeting in May at which the work being done to set expectations and support managing in prioritising appraisals had been discussed. The Chairman added that appraisals are fundamental and increasing both the number and quality of appraisals, particularly of non-medical staff where completion had been a particular issue, is key.</p> <p>In response to a query about the staff survey results and areas where results had fallen compared with the previous year, SC explained that the results of the survey had been analysed closely by the Executive, the People Committee and the Board. The results were disappointing given the level of focus in recent years on strengthening culture, even when taking into account the more challenged position across the NHS. The identification of the key themes and areas of focus would help the Trust address these areas over the coming months ahead of the next survey. The Chairman agreed that the survey results were disappointing and required a sustained focus on engagement over the coming months. She added that during her visits across the Trust, staff have invariably spoken of their pride in their service and had welcomed the support to staff provided by the Trust during the pandemic. This anecdotal feedback did not always chime with the survey results and was more encouraging.</p> <p>In response to questions about the new patient safety framework and learning from serious incidents, PKu stated that detailed feedback on serious incidents, and wider themes and learning, is reviewed regularly by the Quality Committee. The Committee regularly asks questions about the learning that has been identified and how incidents can be avoided in future. The GCNO added that serious incidents are not closed until evidence is available that action plans developed in response have been fully implemented. The embedding of learning is a challenge, but the focus on learning embedded in the new patient safety framework is welcome, albeit that its implementation has been delayed by the pandemic. The entire serious incidents process would undergo significant change once the new framework was implemented. It was agreed that the Council would receive a briefing on the Patient Safety Framework at a future meeting.</p>	GCNO



4.0	QUALITY, SAFETY & PEOPLE. PERFORMANCE	
4.1	<p>Maternity Services Update following Ockenden Review</p> <p>The DQGC introduced the report which provided an overview of the Trust's maternity services and its position in relation to the recommendations of the recently published final report by Donna Ockenden. As the GCEO had explained earlier, the Regional Midwife had conducted an assurance visit to the Trust's maternity department on 12 May. Although a report of the visit is awaited, verbal assurance was provided that the Maternity Service at SGUH is 100% compliant with the Immediate and Essential Actions arising from Ockenden.</p> <p>In response to a question about gaining feedback from patients, the GCNO stated that the service works closely with Maternity Voices, which was included in the site visit. She provided an example of their input, stating that they had been asked about the lack of private facilities in the birthing suite and had responded by saying that for them this was not an issue and that current arrangements meant that mothers received attentive care. Parveen Kumar, NED Ockenden champion, added that the visit had been very positive and that staff in the maternity department were doing an excellent job.</p> <p>The Council of Governors noted the report.</p>	
4.2	<p>Draft Quality Accounts</p> <p>The Council received the draft Quality Account 2021/22, which was being presented for comment and input from Governors ahead of final review by the Audit Committee and the Board next month.</p> <p>In response to a question about the requirement for not having external audit assurance in relation to the Quality Account, the GCNO explained that this requirement had been paused during the pandemic but was likely to be resumed next year, though there had not yet been confirmation of this.</p> <p>The Council of Governors noted the report.</p>	
4.3	<p>Annual Planning 2022/23</p> <p>The Council received a brief overview of the Annual Financial Plan 2022/23 from the GCFO, and the following points were highlighted:</p> <ul style="list-style-type: none"> • This year is particularly challenging for the Trust and the wider system, as Covid-linked funding is progressively withdrawn. • A financial plan had been submitted to NHSE on 28 April 2022 but there were ongoing discussions with NHSE about this and there was an expectation on the Trust to deliver a balanced position at year end. • The Trust needs to re-submit a break-even financial plan on 20 June 2022. It was acknowledged that this is going to be difficult and challenging. • The Capital Plan 2022/2023 reflects the capital plan submitted to SWL in April 2022 and the principles approved at the capital programme management group on 15 March 2022. <p>In response to a question from RM about whether the planned cost improvement plan is realistic, the GCFO stated that where plans are confirmed as being in place these are considered to be robust and deliverable. However, there were areas within the current plan where CIP savings were as yet unidentified and services are being supported to develop realistic and robust plans.</p>	



	<p>AB reported on the concerns of the Finance Committee regarding the scale of the financial challenge. A key driver of cost was workforce, with the headcount for the Trust having grown during the pandemic. Bringing staffing levels broadly back to pre-pandemic levels was part of the challenge, and this needed to be done in a way that did not impact on safety. The Committee would continue to monitor the financial position and CIP delivery closely over the coming months.</p> <p>The GCFO added that all Trusts are in a similar position. The Trust is aiming to be as lean as possible and is working at a system level as well as at Trust level.</p> <p>The Council of Governors noted the report.</p>	
5.0	COUNCIL OF GOVERNORS - GOVERNANCE	
5.1	<p>Council of Governors Governance – Governance Update</p> <p>The GCCAO presented the report, and the following points were highlighted:</p> <ul style="list-style-type: none"> • The dates for the Council Meetings for 2022/23 were confirmed, though there was a possibility the February 2023 date may need to be moved. It was also noted that the Council meeting on 22 September 2022 is also the date for the Annual Members' Meeting. • The work programme as attached would be adjusted to include the sessions agreed to earlier in the meeting in relation to strategy development and the patient safety framework. • The Council currently has several vacancies. Members from Wandsworth and Merton will be appointed by their respective local authorities and confirmed in due course following the recent local elections. St George's University of London were currently running an application process to select its nominated representative on the Council. • In relation to the self-certification of training of Governors, a skills needs assessment would be undertaken and a training programme developed which reflected the needs identified. The intention, as in previous years, was to include in the development programme sessions from NHS Providers' GovernWell programme. • As the Board has begun to have face-to-face meetings the limit of six Governors observing has been removed. Up to three Governors are able to observe Board Committees which take place via MS Teams. • The Code of Conduct has been updated and references the confidentiality of information relating to ESTH, to which the Governors will be party to when observing 'in-common' Quality, Finance and People Committees, has been included. <p>In response to a question about a venue for the annual meeting, the GCCAO stated that this will be confirmed closer to the date of the meeting, but the Trust was making plans to support an in-person meeting as well as contingency plans for a virtual meeting if necessary.</p> <p>The Council of Governors noted the report and agreed the changes to the Council of Governors Code of Conduct.</p>	
5.0	CLOSING ADMINISTRATION	
5.1	<p>Any other business</p> <p>There was no other business for consideration.</p>	
5.2	Reflections on meeting	





	<p>The following reflections on the meeting were noted:</p> <ul style="list-style-type: none"> • The Chairman commented on the large number of apologies received for the meeting and asked Governors for their views on whether alternating meetings between in-person and virtual formats would help, particularly as some Governors had caring responsibilities which meant they could not attend in person. It was agreed that this would be explored with members of the Council. • It was noted that a number of Board Committees had received late papers which made it challenging for the Committees to perform their roles effectively. 	<p>Chairman</p>
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Meeting ended: 17.35

**Date of next Meeting
5 July 2022**

DRAFT

<div>  <div> Council of Governors - 5 July 2022 <div>  <div> St George's University Hospitals NHS Foundation Trust </div> </div> </div> </div>						
Action Log						
Action Ref	Section	Action	Due	Lead	Commentary	Status
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.	22/09/2022	GCCAO / GDCEO	A timing for the meeting is currently being finalised and will likely take place in October / November. The meeting date will be confirmed with members of the Council ahead of the next scheduled Council meeting on 22 September.	NOT YET DUE
COG.300522.2	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	A session is planned for the September 2022 Council meeting.	NOT YET DUE



Group Chief Executive's Report to Council of Governors 5 July 2022

Jacqueline Totterdell
Group Chief Executive Officer

5 July 2022



Introduction

2

Purpose

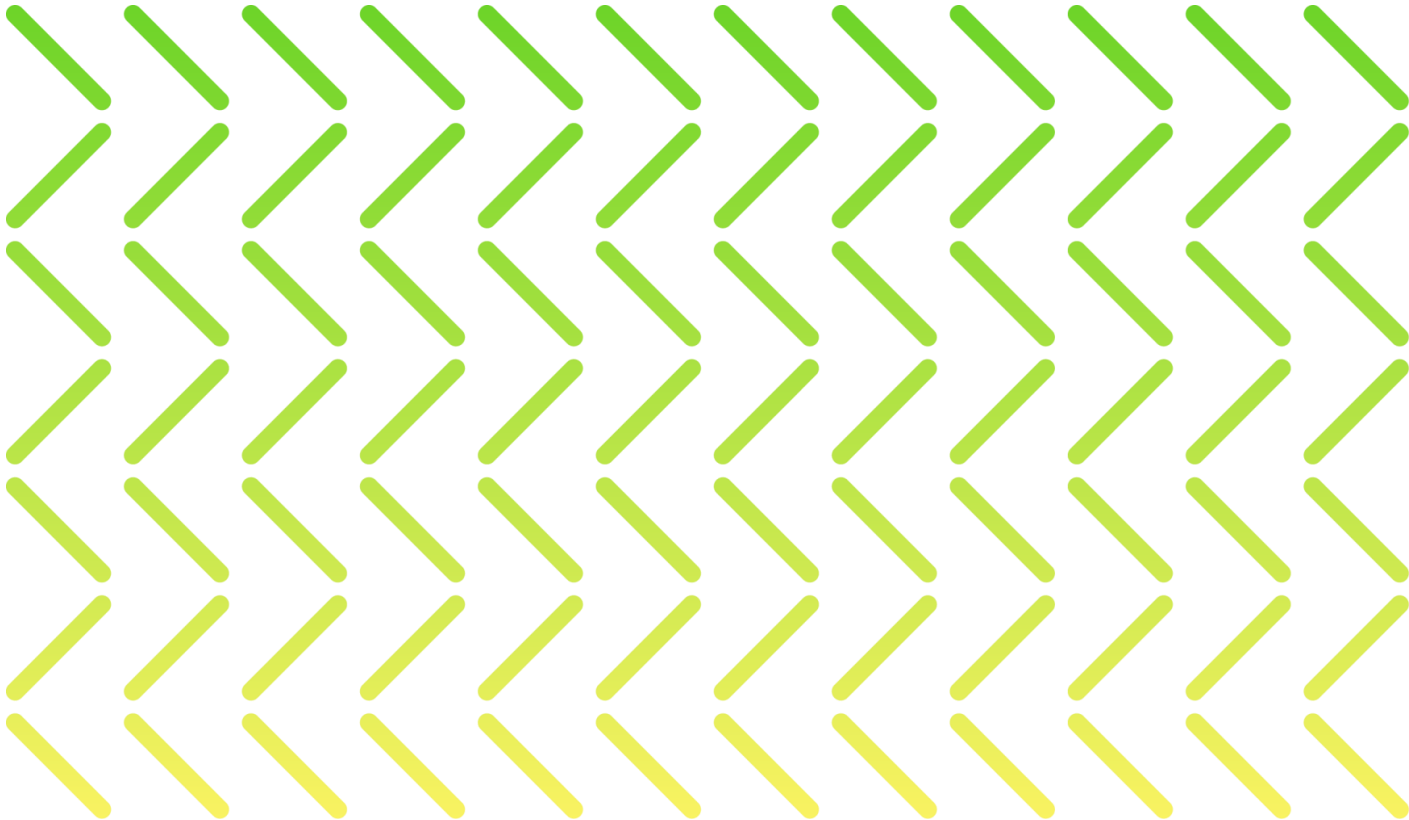
This report provides the Council of Governors with an update on key developments in the Trust and its wider external strategic and operating environment.

Recommendation

The Council is asked to receive and note the report.

CARE

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

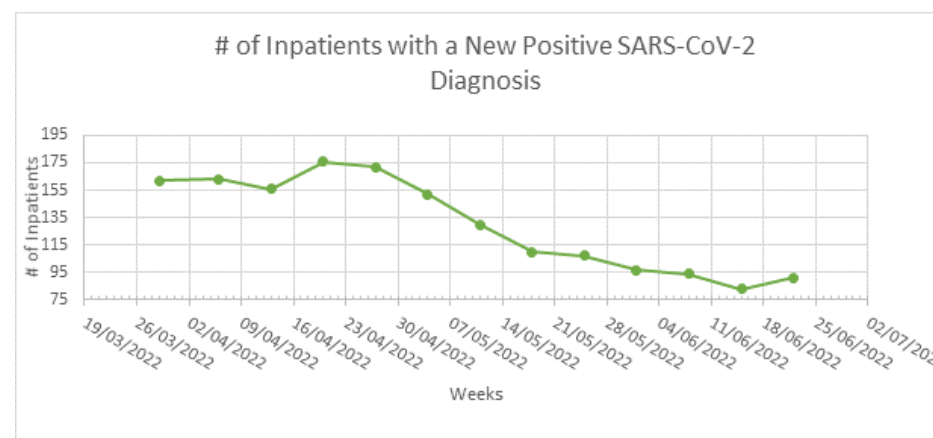
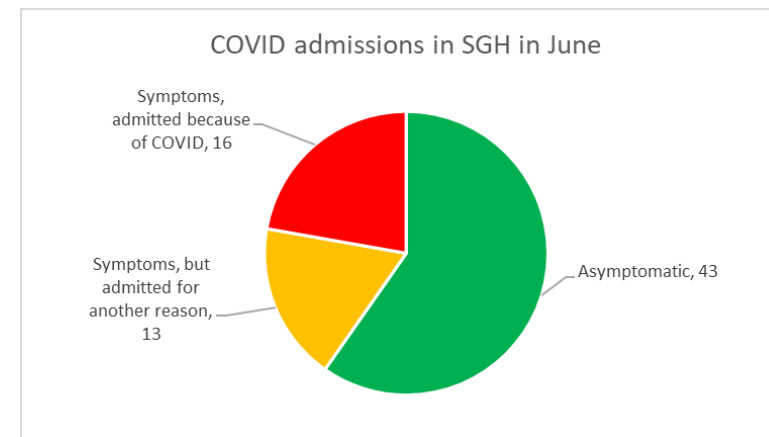


Operational performance

Covid

Pressure in our hospital remains high and covid admissions have increased

- The trend at the end of June was a slight increase in cases.
- On 22 June there were 91 Covid positive patients in the hospital
- However, only 2 requiring ITU admission which reflects the reduced morbidity compared to earlier waves.
- Most patients were asymptomatic mean they didn't have symptoms.
- We are now trying to keep Covid patients in their speciality where they will receive better care.



Living with Covid-19

Infection control in our hospitals

We continue to monitor and revise our infection control guidance for staff and the public in line with national NHS advice and the Government's Living with Covid-19 plan.

We, along with many other Trusts, recently changed our guidance on wearing masks in our hospitals. With the exception of a few areas where we are treating vulnerable patients (such as wards/rooms with confirmed Covid positive patients) staff and members of the public are no longer required to wear a mask unless they wish to.

Areas where masks are still required will be clearly signposted, and masks will be provided on entry for those who do not have one.

Social distancing is no longer needed and signs will be removed.

We continue to keep an eye on the local and national Covid picture and will make any further changes necessary, as and when they are required.

Monkeypox

How we are caring for patients

Since my last update to Governors, there has been a rise in cases and there are now over 500 in the UK with most in London

While there has been a rise in cases, monkeypox is still rare, and usually results in only a mild infection.

St George's hosts the regional Infectious Diseases unit and is supporting the clinical diagnosis and management of cases in Southwest London.

At the end of June we had only one inpatient with Monkeypox, and 22 at home on the new virtual ward

Illness generally quite mild – some patients need admission for pain control, proctitis.

Transmission requires considerable direct contact (no hospital-acquired infections expected).

Infection prevention & waste management policies based on national guidance.

Any potentially exposed staff are being assessed by Occupational Health and are offered vaccine as per national guidance (same vaccine as for Smallpox).

CULTURE

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



Platinum Jubilee at St George's Celebrations

To thank our staff working during the four day Platinum Jubilee weekend, and to help them feel part of the celebrations, we organised festive kits containing bunting and balloons as well as some cake for staff to share on wards and in departments.

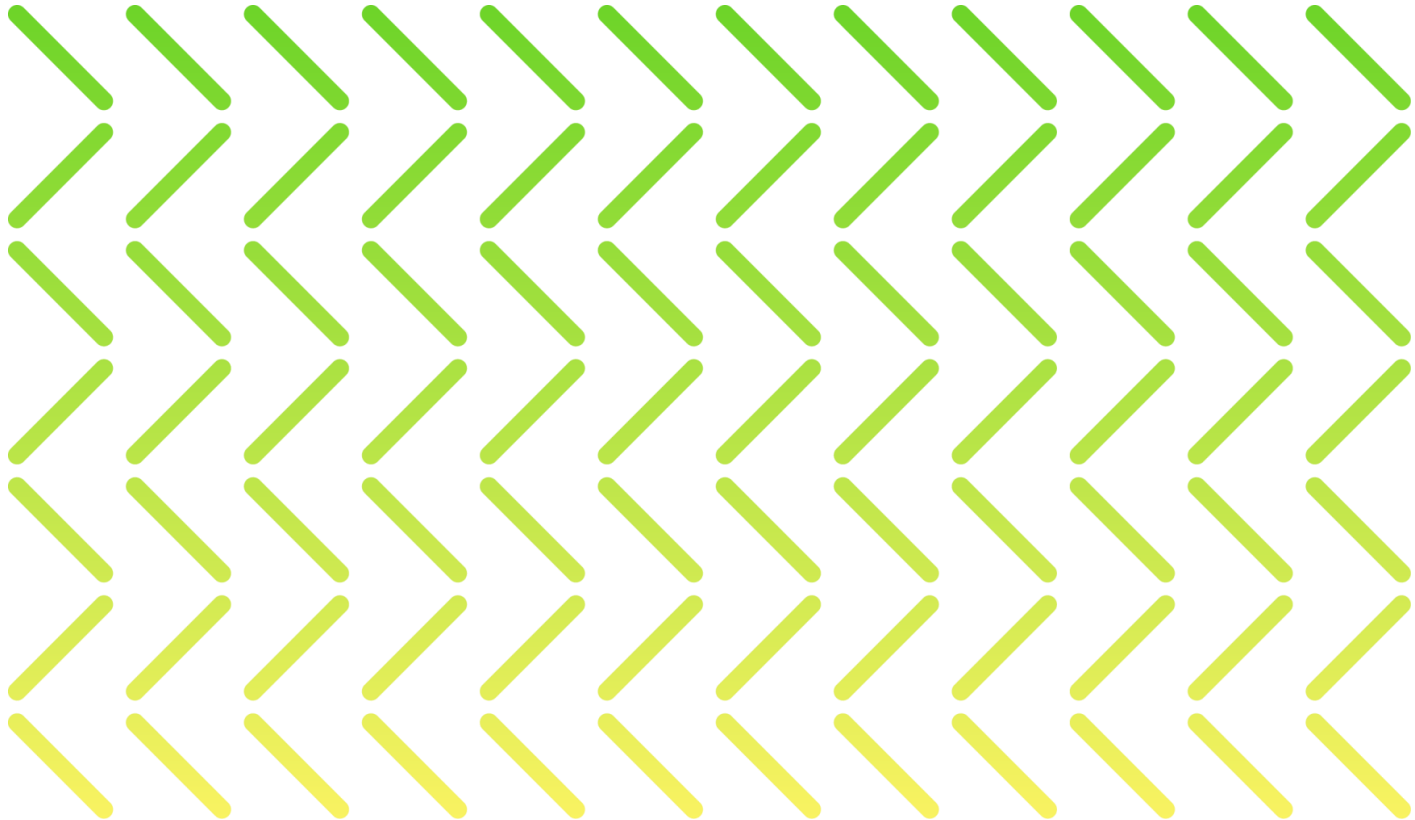
Two of our staff were also invited to the BBC's 'Platinum Party at the Palace' concert which took place in front of Buckingham Palace. The staff nominated were Arezou Rezvani, Consultant Midwife, and Ana Seco Ferreira Vaz, Head of Nursing to thank them for their incredible work.

The front entrance to the hospital was also decorated and our patient menus were Jubilee themed over the weekend so that patients who are with us during the bank holiday can also take part in some of the festivities.



COLLABORATION

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



The new Health and Care Act 2022

The South West London Integrated Care System is launched

I have been briefing the Council of Governors on the legislation which has gone through Parliament to establish Integrated Care Systems

On 1 July 2022, South West London Integrated Care System went live and took on health and care statutory responsibilities. It will have four purposes:

1. improving outcomes in population health and healthcare
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money
4. supporting broader social and economic development



The South West London Integrated Care System will bring our health and care partners closer together, to make sure local people receive the best care

New legislation, outlined in the 2022 Health and Social Care Act, makes it easier for GPs, hospitals, mental health, social care, community services, and the voluntary sector to work together more closely.

By working together, we can do more to: support people to live healthier and happier lives; prevent ill-health; keep people independent for longer; and take action together to address the wider-determinants of health. Examples of these wider-determinants of health are jobs, housing, education and our environment. We know these have a big impact on our health.

All over the country, in the poorest areas people have worse health and lower life expectancy than the people living in the richest areas. Our South West London ICS will focus on reducing these health inequalities or unfair differences in health in different groups within our six boroughs.

Developing our hospital group with Epsom and St Helier Update

The Boards of St George's and Epsom and St Helier Trusts have agreed to develop a single Group strategy by March 2023 to give staff a common sense of direction and a clear set of priorities for the years ahead.

We are not starting from a blank page - both Trusts have existing strategies, against which they are making good progress. However, the impact of Covid, advances in technology, closer collaboration between local health organisations, and the creation of the Group, all mean that parts of both strategies need refreshing. The result will be one Group strategy that clearly sets out what the Trusts will do in common as a Group, as well as their separate roles and identities.

A key building block for the Group strategy will be engagement over the summer to generate analysis, proposals and options. This will take place with individual clinical and corporate services, all staff at both Trusts, governors, patients, and external partners.

This will inform which strategic ideas to pursue and build into a final strategy that benefits both Trusts and the communities we serve.



Secretary of State for Health Visits St Georges Sajid Javid

We recently welcomed the Health Secretary, Sajid Javid, to St Georges to show him our amazing clinical research work.

Mr Javid was joined by the Chief Executive of Moderna, Stéphane Bancel, for a tour around our Vaccine Institute and Clinical Research Facility. During the visit I introduced them to staff in the unit and they spent time with Professor Dan Forton, Dr Catherine Cosgrove, and Professor Paul Health to learn more about the work we do.

The visit coincided with an announcement made earlier today about the Government's £1bn deal with Moderna to build the country's first manufacturing centre for vaccines.

Matron Tinashe Samakomva also spoke to the Health Secretary, and introduced him to a patient involved in research around booster vaccines.

Mr Javid was very impressed with our research teams and the different studies that are currently open to recruitment.



Financial position Update

- It has been confirmed that the requirement from the national NHS is for all Trusts is to achieve a breakeven financial position for 22/23.
- The Trust has submitted a balanced financial plan that includes a significant savings target
- Some of this has been identified and is being delivered, but the target is substantially more challenging than previous years.
- The main reasons behind this financial challenge are:
 - Underlying financial challenges in previous years were not offset by cost improvement programmes as they would normally be because of the pandemic
 - Decreased NHS funding (whilst greater than pre-pandemic levels, significant lower than the last 2 years)
 - Cost pressures such as capital charges and inflation
- The Trust is not alone in facing significant financial challenges, but it is expected that the Trust, along with the South West London ICS, face a more material financial challenge than most.
- We will keep the Council of Governors updated on the steps we are taking to meet out financial targets.



Other updates

Mitie Industrial Action

Mitie staff who are part of the GMB Union at St George's have held industrial action strikes on 30 May, 6 and 7 June and 20 – 26 June.

We encouraged members of the public to continue accessing our hospital care throughout the strikes while Mitie staff – including cleaners and caterers – took industrial action. Additional resources were put in place to support teams during this time to continue to provide services safely and mitigate any disruption.

Clinical services remained unaffected and there were no issues with maintaining high standards of cleanliness and hygiene.

St George's are around 2 years into a 10-year contract with Mitie, and there are no plans to cut this short as some GMB protestors requested.

The strikes came about due to complications with Mitie's staff pay cycle when it changed from every 4 weeks to monthly. Mitie have confirmed this has now been communicated, discussed with the teams and rectified.

Mitie staff are very much a hugely valued and key part of the St George's team and we have expressed our gratitude for their work.

Pride month

June is Pride Month, which celebrates LGBTQ+ people in all their diversity, raises awareness, and combats prejudice with education. At the beginning of the month we raised our Pride Progress flag, and we are also giving out NHS Rainbow badges and lanyards to anyone who makes a pledge to reduce inequalities and support LGBTQ+ people. As part of Pride celebrations at St George's, there will be a staff network event in the Hyde Park Room on 1st July with talks, information, and a photography exhibition.

National Healthcare Estates and Facilities Day

In June we celebrated the first ever National Healthcare Estates and Facilities Day. A fantastic event was held where our estates and facilities teams showcased all the work they do, and prizes and awards were given out. These are teams that do so much for us, our patients, and visitors - and it was great to have a special day to say thank you.

St George's Hospital Charity

St George's Hospital Charity recently publicly launched their new children's appeal, Time for a Change, in partnership with, AFC Wimbledon. The launch event was a fantastic success - the [Time for a Change](#) appeal launch day activity raised a staggering £286,000! All the money raised from the Time for a Change auction will go towards helping to transform Children's Services and expand our Paediatric Intensive Care Unit at St George's hospital. The money raised will make a real difference to our littlest patients, their families and the staff who care for them. A huge thank you and congratulations to everyone who helped to make it happen.

Awards

15

I would like to share two recent awards with you

Professor Indranil Chakravorty

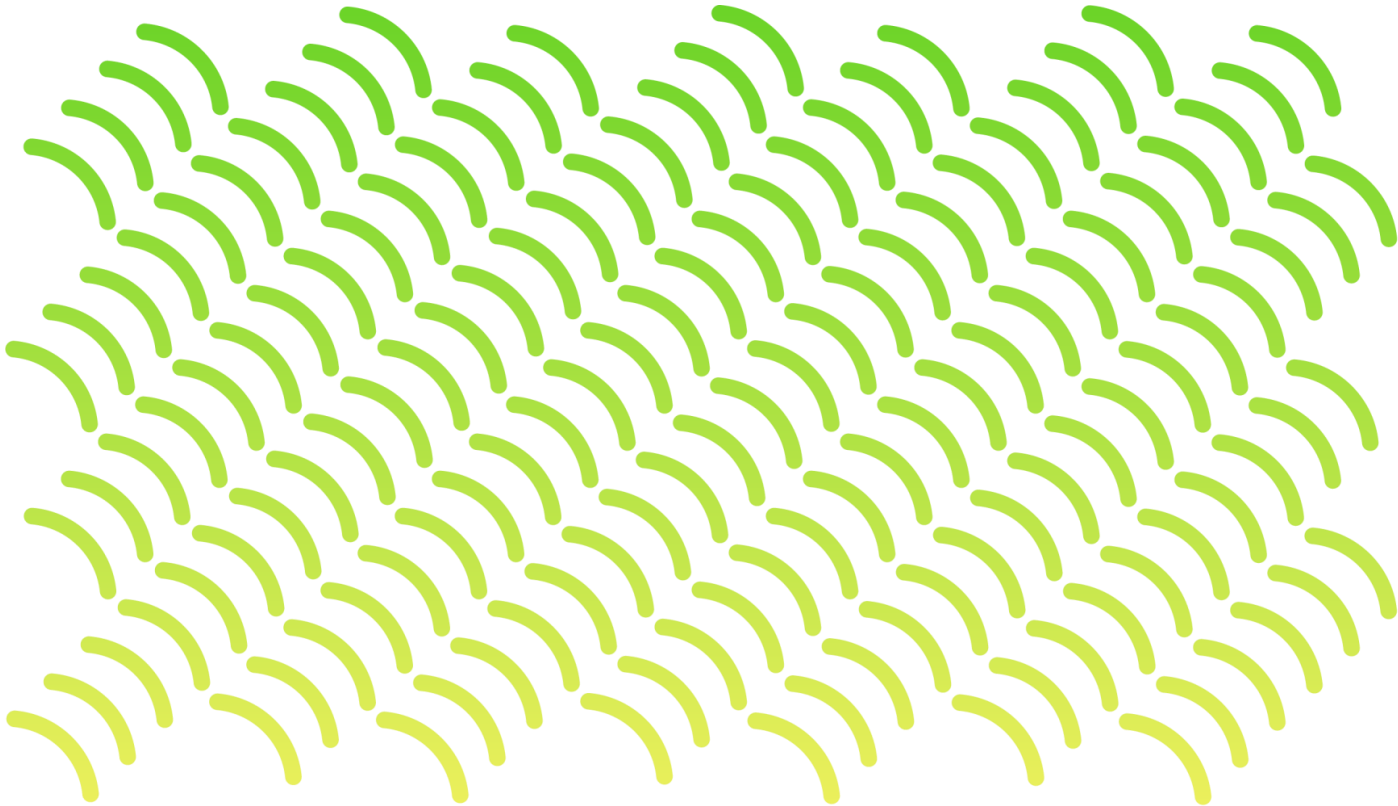
Congratulations to Professor Indranil Chakravorty – consultant in acute and respiratory medicine at St George's – who's been awarded an MBE for his contributions to healthcare as part of the Queen's platinum jubilee honours. Indranil is passionate about diversity and inclusion in healthcare, and has made an enormous contribution to medical education, and research into tackling health inequalities. Well done to Indranil for being recognised for his commitment and many achievements.



Improving Quality in Liver Services (IQILS) accreditation

We were recently assessed by the Improving Quality in Liver Services (IQILS) programme run by the Royal College of Physicians. The aim of the programme is to improve the quality of medical liver services throughout the UK. I'm pleased to say that following our assessment we have received accreditation for the service. This is great news and well done to the teams involved for all their hard work during the accreditation process.







Council of Governors Meeting: 04th July 2022

Financial planning update

GCFO & SGH Site CFO



Executive summary

Key metrics

Metric	SGH	
	Value	Comment
Turnover	£1,028.6m	No material change from previous planning papers
CIP target	£95.6m	9.3% of turnover, with c2% expected to be delivered through non-recurrent benefits
CIP unidentified	£41.9m	44% of the target remains unidentified, which is phased in the back half of the year.
CIP non-recurrent actions included	£20.0m	There is a material level of non-recurrent actions in the CIP plans (largely identified). This will impact the following year.
Exit run rate	£3.9m (surplus)	This includes non-recurrent benefits, and unidentified savings in plan
WTE: Plan at April 2022	10,195	Includes c200 CIP phased from M1
WTE: Planned reduction in WTE	305/ 1,502	305 included in current plans. This increases to 1,502 if required impact from unidentified CIPs within the plan is actioned through pay
Capital plan	£45.1m	Includes £10m renal funding from NHS London
Opening cash balance	£68.5m	Significant risk of requirement for cash funding from National if unidentified CIP not delivered.
Elective Activity targeted	100%	As per previous submissions, with 104% targeted from a value weighted perspective.
BAF/CRR scores	BAF 5: 25 BAF 6: 20	BAF 5 Financial sustainability. Currently at material risk. BAF 6: Sourcing sufficient capital. Some risk to delivering plans but safety can be protected.

Income and expenditure

Scoping the challenge: Initial estimates pre-guidance

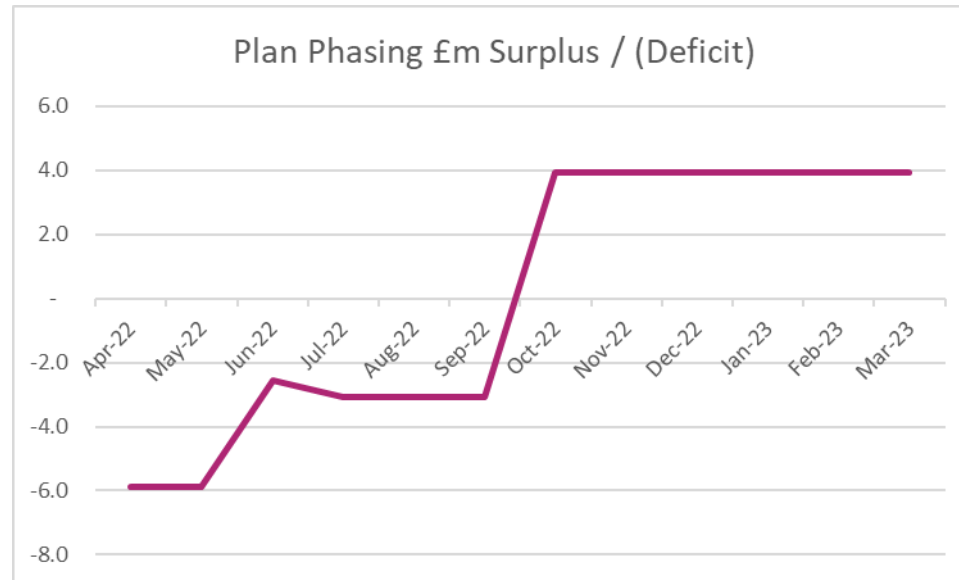
£m	2021/22 outturn	2022/23 Apr Subm FIC	2022/23 Jun Subm	Movement
Income	1016	1015	1029	14
Pay	605	637	610	27
Non-pay	367	374	364	10
Cap charges	44	55	55	(-)
Deficit	--	(51)	0	51

- The table to the left shows an update of the current modelled position (including an assumption of improvement), vs the position shown in the previous month.
- This position has improved by £51m to a breakeven position due to:
 - £14m of additional funding expected to cover non-pay inflation pressures, as well as capital charges from TIF investments.
 - Additional £4m of non-recurrent savings included within the plan
 - £33m of additional savings targeted to achieve a break even position

£m	Inc	Pay	NP	CC	Def
20/21 outturn	1016	605	367	44	0
Underlying exit RR 20/21	1019	644	373	48	(46)
Underlying 22/23 plan pre action	1,028	668	401	55	(96)
22/23 planning draft position	1,029	610	364	55	0

Income and expenditure

I&E Run rate

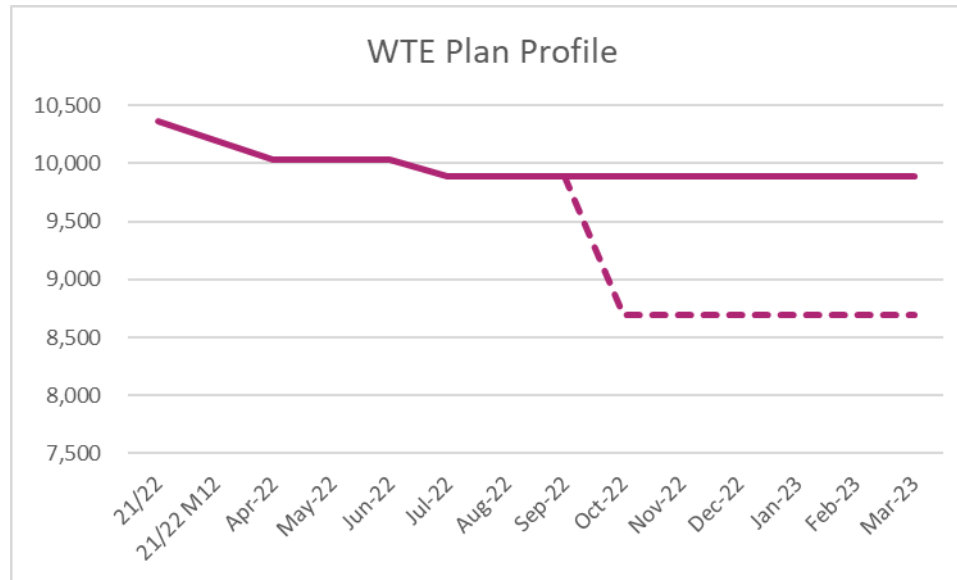


- The graph to the left shows the phasing of the Trusts run rate deficit/surplus across 22/23.
- It is based on the known profiling of baseline expenditure plans, and reflects the timing of investments and savings where known.
- An unidentified CIP of £42m has been profiled across Q3 and Q4 and drives the improvement in that period. This equates to £7m per month.
- The Trust plans to exit the year with a £3.9m per month surplus.
- If non-recurrent actions and unidentified savings are removed, the underlying exit run rate deficit is £4.8m per month.

Workforce plan 2022/23

Whole Time Equivalent 2022/23 profile

	21/22	21/22 M12	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
WTE	10,367	10,195	10,031	10,031	10,031	9,890	9,890	9,890	9,890	9,890	9,890	9,890	9,890	9,890
WTE inc. unidentified as WTE	10,367	10,195	10,031	10,031	10,031	9,890	9,890	9,890	8,693	8,693	8,693	8,693	8,693	8,693



- The Trusts WTE plan has been derived from the financial plan, with the exception of unidentified CIP.
- Opening workforce numbers are lower than in post 21/22 due to FYE and investments and start of 22/23 offset with savings.
- The dashed line shows the impact of unidentified CIP being delivered through WTE reductions. This shows a reduction of 1,200 WTE.
- Overall, a net reduction of c14.7% in headcount between 21/22 and the end of 22/23 to deliver unidentified savings through WTE reductions.

Board Assurance Framework (BAF)

SGH BAF Risk scores for the start of 2022/23

Risk	Strategic Risk description	Proposed score (L/I)	Comment
SR5	We do not achieve financial sustainability due to under-delivery of cost improvement plans and failure to realise wider efficiency opportunities	25 (5/5)	<p>The Trusts financial plan is currently breakeven. However, with the overall scale of the CIP needed to reach breakeven, the material level of unidentified CIP and the fact there is considerable uncertainty that the plan can be delivered.</p> <p>The lack of visibility of a clear path to breakeven and the level of concern within the Executive Group and discussions at the last Finance Committee it is proposed to score this risk as 25.</p>
SR6	We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds	20 (5/4)	<p>Whilst the Trust currently has a capital plan that remains within allocations for 22/23, there are significant number of risks that are unaffordable within the current allocation. In addition, there are many schemes and projects required to be delivered within the year 2 to 5 plan that are currently unaffordable within allocations within SWL.</p> <p>It is unlikely that the Trust will be able to undertake all the investments it would like over the next 5 years, however, the trust will have access to significant sums of capital meaning that it will be possible to address critical issues.</p>



Integrated Quality and Performance Report

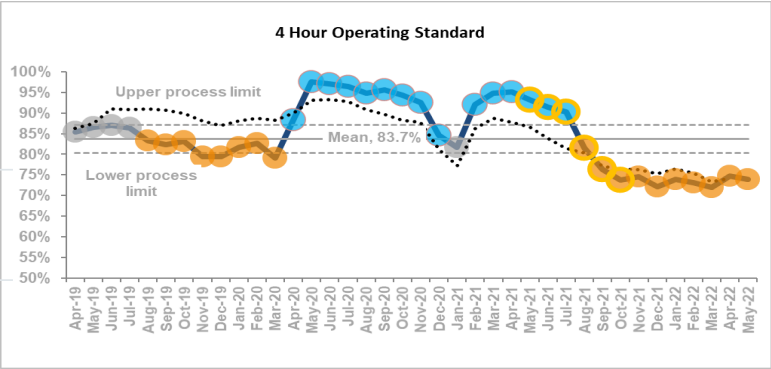
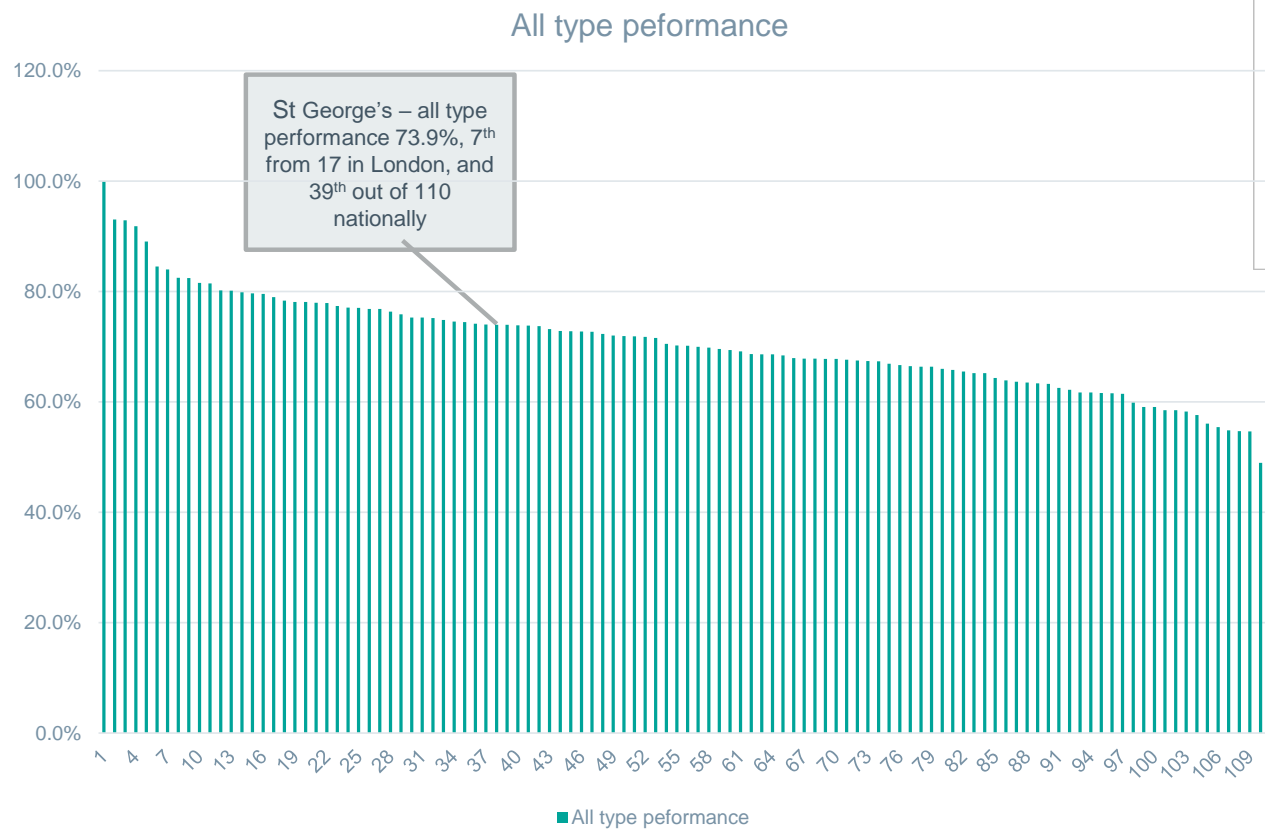
Productivity and Performance



Kate Slemeck
Managing Director – St George's Hospital NHS Foundation Trust

5th July 2022

A+E Performance



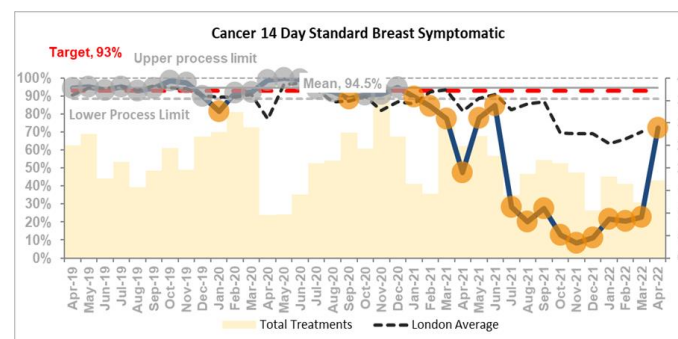
A+E Performance was 73.9% in May, and has been running at a similar level since October 2021. In May this placed St George's 7th in London and 39th nationally.

Cancer 1/2

April 2022 CWT POSITION				
CWT Standards	Total Seen/Treated	Total Compliant	Performance	Required
TWW				
TWW Standard	1449	1156	79.8%	93%
Breast Symptomatic	172	124	72.1%	93%
31 Day				
First Treatment	193	186	96.4%	96%
Subsequent Drug	130	130	100.0%	98%
Subsequent Surgery	54	52	96.3%	94%
62 Day				
GP	69	49.5	71.7%	85%
Screening	33.5	24.5	73.1%	90%
Consultant Upgrade	6.5	6	92.3%	Internal - 85%
FDS				
TWW	1345	1008	74.9%	
Breast Symptomatic	170	154	90.6%	
Screening	115	107	93.0%	
Combined	1630	1269	77.9%	75%

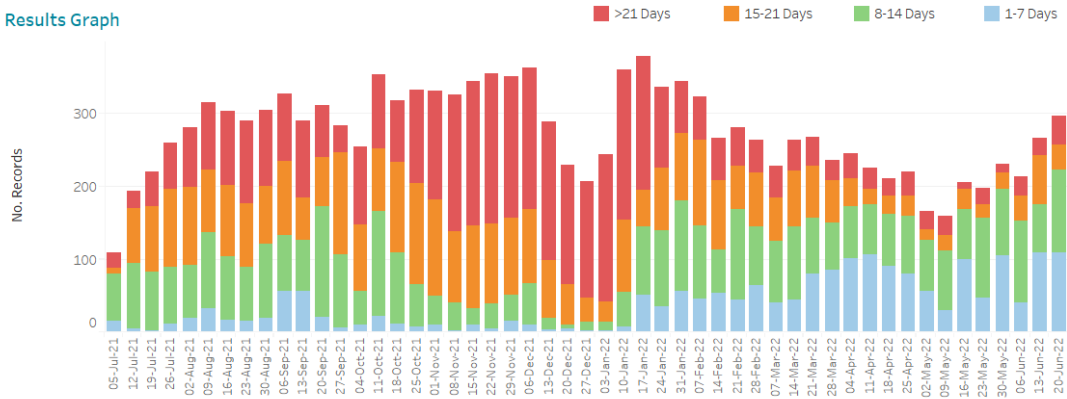
Cancer recovery is ongoing, with a number of improvements in recent data.

Three cancer targets were met in April, and a dramatic improvement was seen in breast symptomatic 14 day performance.



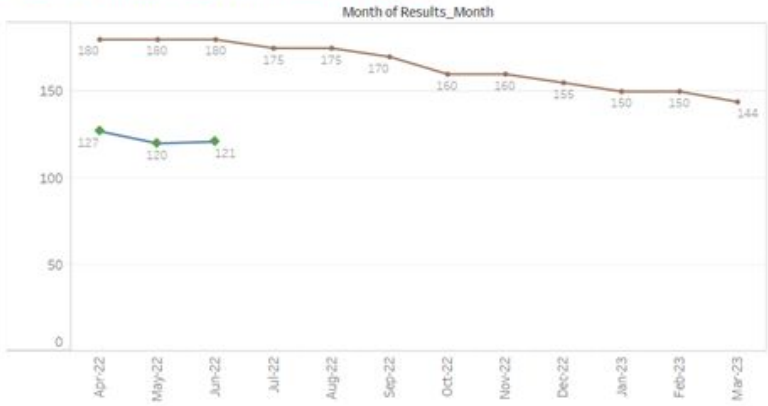
Cancer 2/2

PTL Breakdown by Waiting Time Band (Ref to First Seen, Days)



There has been a big focus on recovery of the waiting times for breast cancer through additional clinics being provided. The weekly data for the breast PTL shows the improvement in wait times that has been seen in recent months.

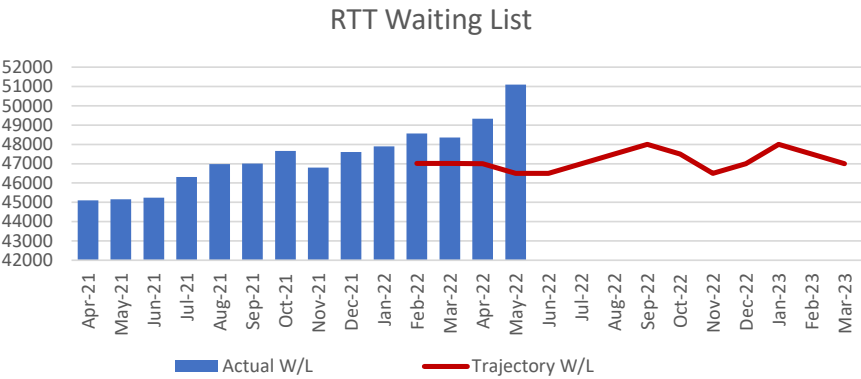
Backlog Performance Vs Trajectory (FY 22/23)



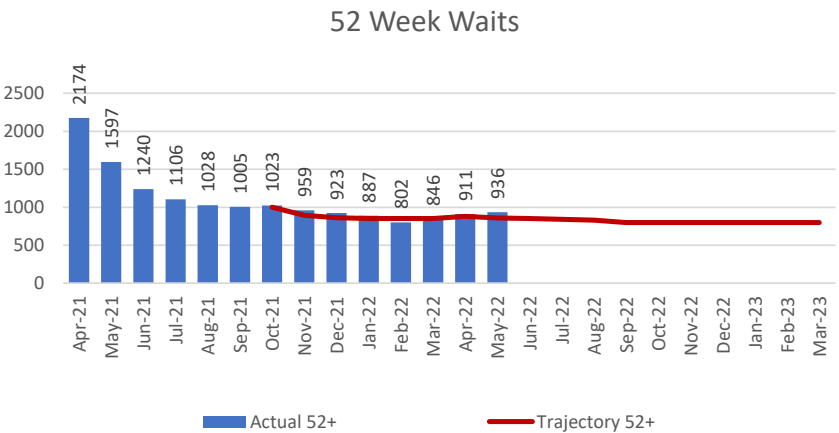
Across all tumour groups the overall number of patients waiting over 62 days on the waiting list has continued to decrease and remain below trajectory. The backlog was over 230 at its peak.



RTT Performance 1/2



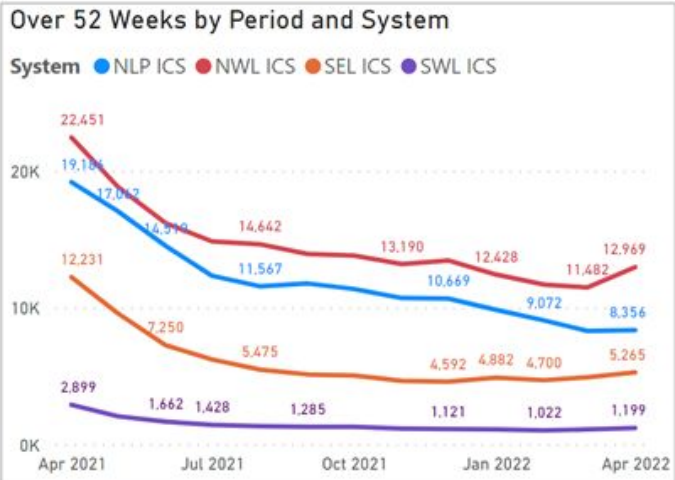
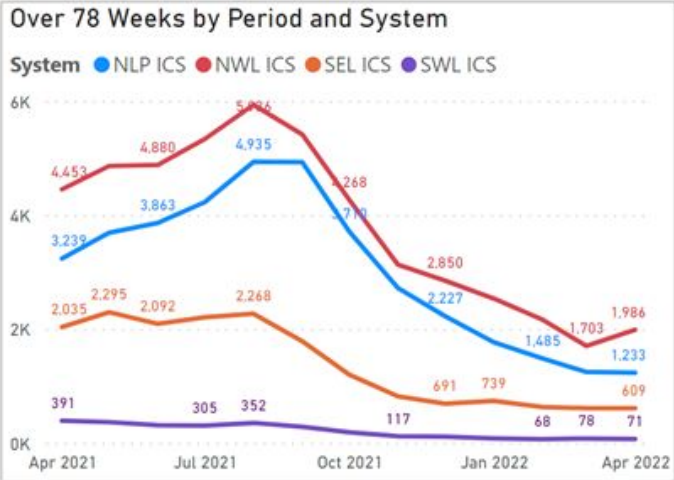
The number of patients on the RTT waiting list has continued to rise, and is now above the agreed trajectory.



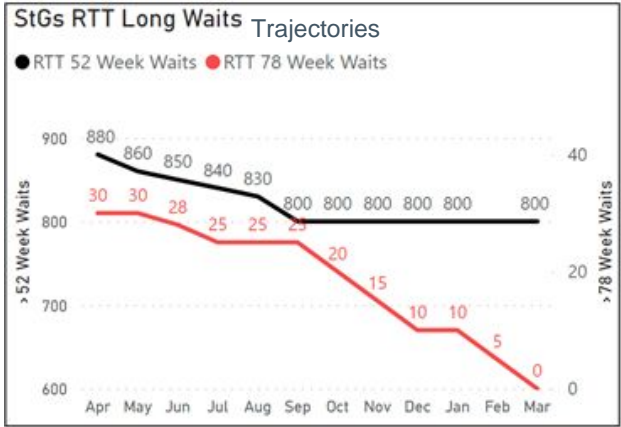
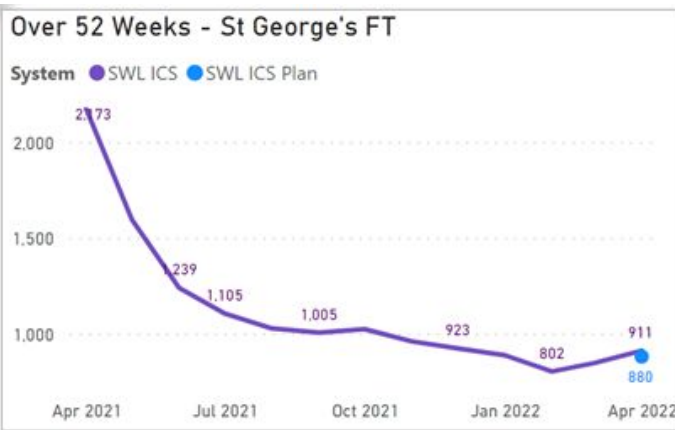
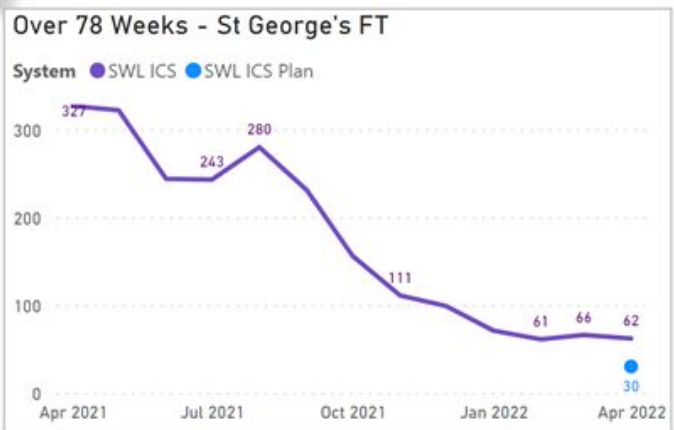
The number of patients waiting over 52 weeks continued to decrease until the last few months. At the end of May there were 936 patients waiting over 52 weeks against a trajectory of 860. At the peak there were 2644 patients waiting over 52 weeks.



RTT Performance 2/2



As a system SWL has the smallest volume of patients waiting over 52 weeks and over 78 weeks across London. Due to organisational size St George's makes up the majority of the SWL volumes, but all providers in SWL were over trajectory for patients waiting over 52 weeks at the end of April. Trajectories have been agreed to reduce the number of patients who are waiting 78 weeks or more to zero by March 2023, and the number of patients waiting 52 weeks or more to 800.



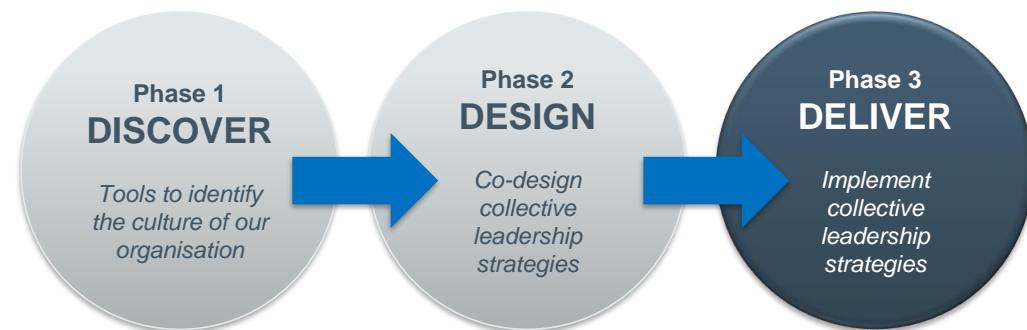


Meeting Title:	Council of Governors		
Date:	5 July 2022	Agenda No	4.3
Report Title:	Culture, Equity and Inclusion (CEI) Programme: Programme Board Report		
Lead Director/ Manager:	Paul da Gama, Chief People Officer		
Report Author:	Daniel Scott, Associate Director of Leadership and OD		
Presented for:	Information, assurance		
Executive Summary:	<p>This paper offers an update on the Culture, Equity and Inclusion (CEI) Programme at St George’s.</p> <p>A summary of general updates is provided firstly, arranged by (i) programme management, (ii) the two main sub-programmes (D&I and Culture & Leadership) and (iii) ‘other projects’ related to culture.</p> <p>Following are three ‘updates in focus’ which provide a more detailed update on particular areas with the programme. These include:</p> <ul style="list-style-type: none">1. <i>Terms of Reference Review</i><ul style="list-style-type: none">• Programme Board Governance• Updated Overview of CEI Programme Projects2. <i>Living Our Values</i><ul style="list-style-type: none">• Draft text of the Behaviours Framework• Embedding the New Framework – Overview of Plans3. <i>Staff Survey Big 5</i><ul style="list-style-type: none">• Introduction• Overview, Objectives and Measures• Big 5 Activity Plans		
Recommendation:	The Council of Governors is asked to note the updates for information.		
Supports			
Trust Strategic Objective:	Culture		
CQC Theme:	Well-Led		
NHS System Oversight Framework:			
Implications			
Risk:	CEI Programme risks are identified and managed by the CEI Programme Board		
Legal/Regulatory:	n/a		
Resources:	n/a		
Equality and Diversity:	n/a		
Previously Considered by:	n/a	Date	
Appendices:	PowerPoint document attached: Culture, Equity and Inclusion (CEI) Programme: Programme Board Report		



Culture, Equity and Inclusion (CEI) Programme

Programme Board Report



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Updates in Focus

1. <i>Terms of Reference Review</i>	4
<ul style="list-style-type: none"> • Programme Board Governance • Updated Overview of CEI Programme Projects 	
2. <i>Living Our Values</i>	7
<ul style="list-style-type: none"> • Draft text of the Behaviours Framework • Embedding the New Framework – Overview of Plans 	
3. <i>Staff Survey Big 5</i>	11
<ul style="list-style-type: none"> • Introduction • Overview, Objectives and Measures • Big 5 Activity Plans 	



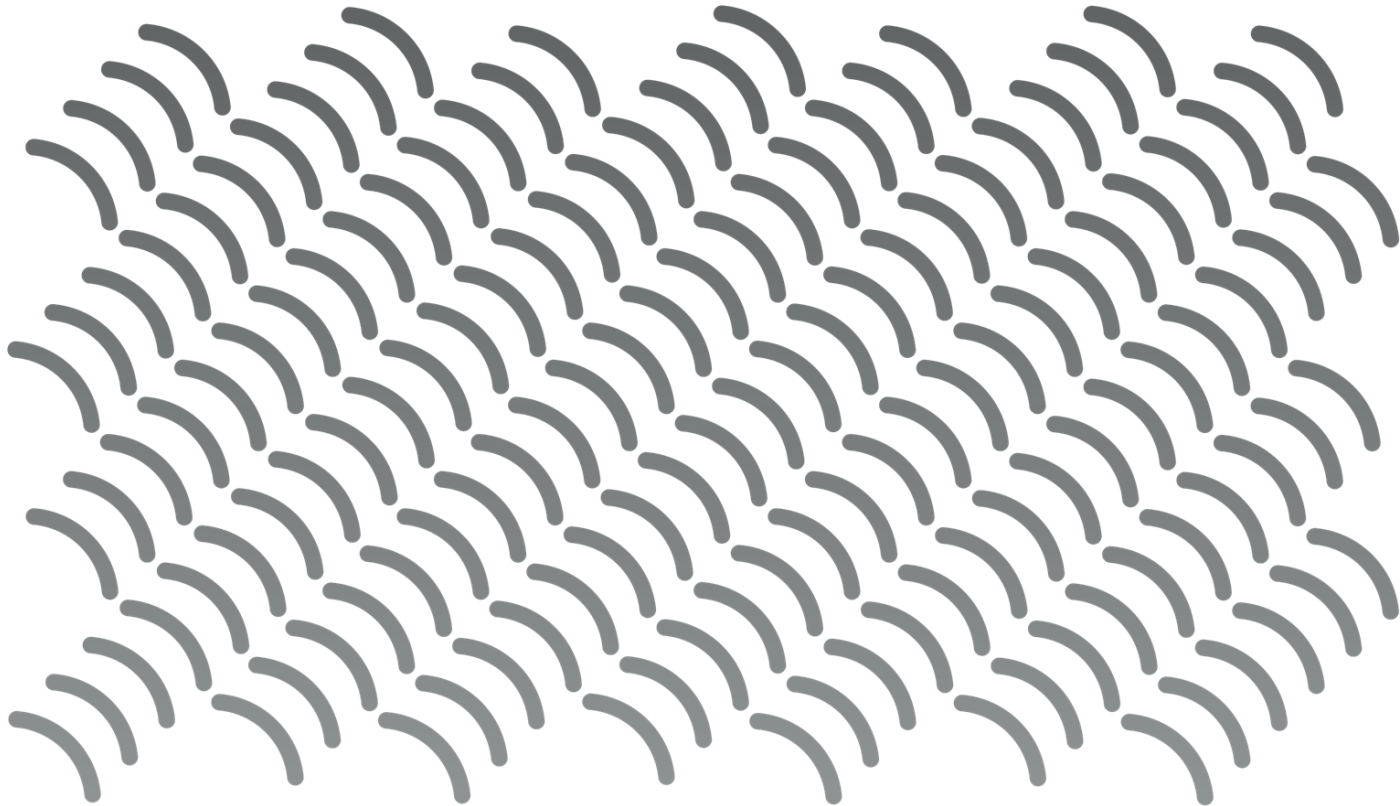
Summary of General Updates

Programme Management	<ul style="list-style-type: none"> • Most recent CEI Programme Board monthly meetings held on 31 May and 29 June • The programme board's TOR has been revised and was approved at the May meeting (see Update in Focus #1) <ul style="list-style-type: none"> ○ The new TOR document reflects amended governance arrangements and includes an updated list of workstreams and projects that sit within the overall CEI Programme. • The CEI Programme Board at ESTH continues to meet monthly in parallel, also chaired by the Group CEO: <ul style="list-style-type: none"> • Alignment is being created between the two programme boards where possible, however both Trusts are in fairly different places with their Culture programmes. • A combined Group-wide report will be prepared for future People Committee meetings, which reports on the work of both Trust-specific CEI Programme Boards.
Culture & Leadership Programme	<ul style="list-style-type: none"> • The Living Our Values project is progressing as planned. Current focus is on finalising the values and behaviours framework document and detailed planning and preparation for embedding the new framework (See Update in Focus #2) • Work continues on building the new comprehensive management development offer ('Management Fundamentals') for all new and existing line managers - To be launched in September 2022. • Currently procuring an external partnership to (i) design and deliver a Leadership Development Programme for c45 Care Group Leads (to commence in October 2022) and (ii) to develop set of recommendations for building a strategic, long term and multi-disciplinary Group-wide Leadership Development approach

3

D&I Programme	<ul style="list-style-type: none"> • Currently producing our annual Workforce Race and Disability Equality Reports (WRES and WDES) • Pilot and launch of new mandatory e-learning modules – 'Disability Awareness' for all staff and 'Workplace Adjustments' for line managers • Debiasing Recruitment: <ul style="list-style-type: none"> ○ Conducted a Recruitment Inclusion Specialist train the trainer workshop for SWL EDI Leads and SWL Recruitment Hub ○ Continue to develop Recruitment and Selection training as a mandatory requirement ○ Continuing to implement actions from the recent Recruitment Inclusion Specialist scheme review • Training Needs Analysis of staff networks to understand development and education needs • Ally Movie nights continue to be organised and well attended • Network activities: <ul style="list-style-type: none"> • Pride Planning, LGBTQ+ awareness sessions • Mental Health and Deaf Awareness Weeks
Other Projects and Initiatives	<ul style="list-style-type: none"> • Staff Survey and the Big 5 (See Update in Focus #3): <ul style="list-style-type: none"> ○ Big 5 campaign for this year is underway, currently in our second month (focus on Recovery and Wellbeing). ○ Subgroups around each of the 5 themes are led by Site Exec team members and have developed objectives and actions around each. • Our Local OD Service continues to serve Divisional leaders, supporting leaders and teams facing challenges to strengthen team effectiveness and overall team 'health' <ul style="list-style-type: none"> ○ OD Leads are now preparing and sharing a monthly overview report of all local OD activity (reactive work) ○ OD Leads are also working with HRBPs and Divisional leaders to drive Trust-wide culture initiatives down through the Divisions (proactive work)

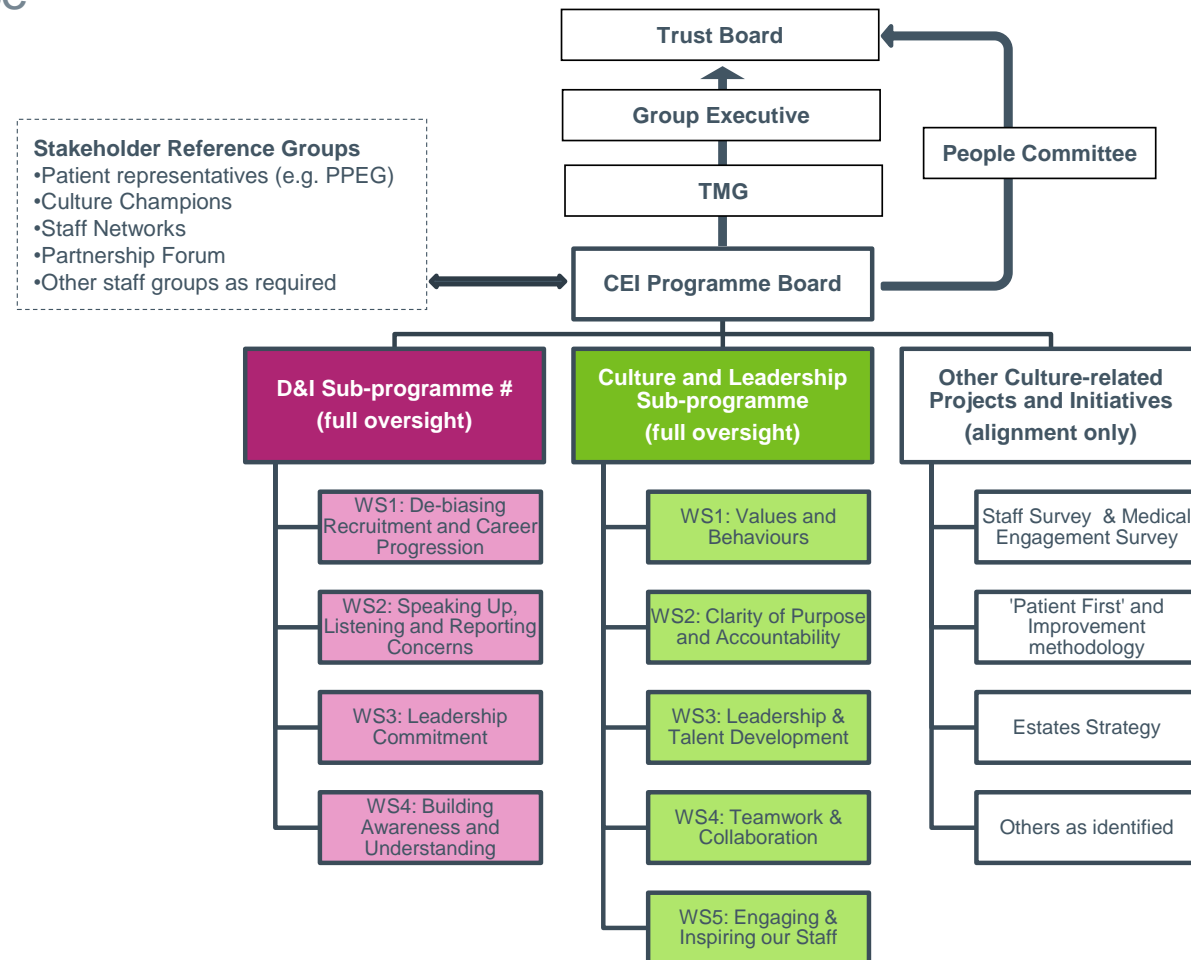
Update in Focus #1
Terms of Reference (ToR) Review



ToR Review

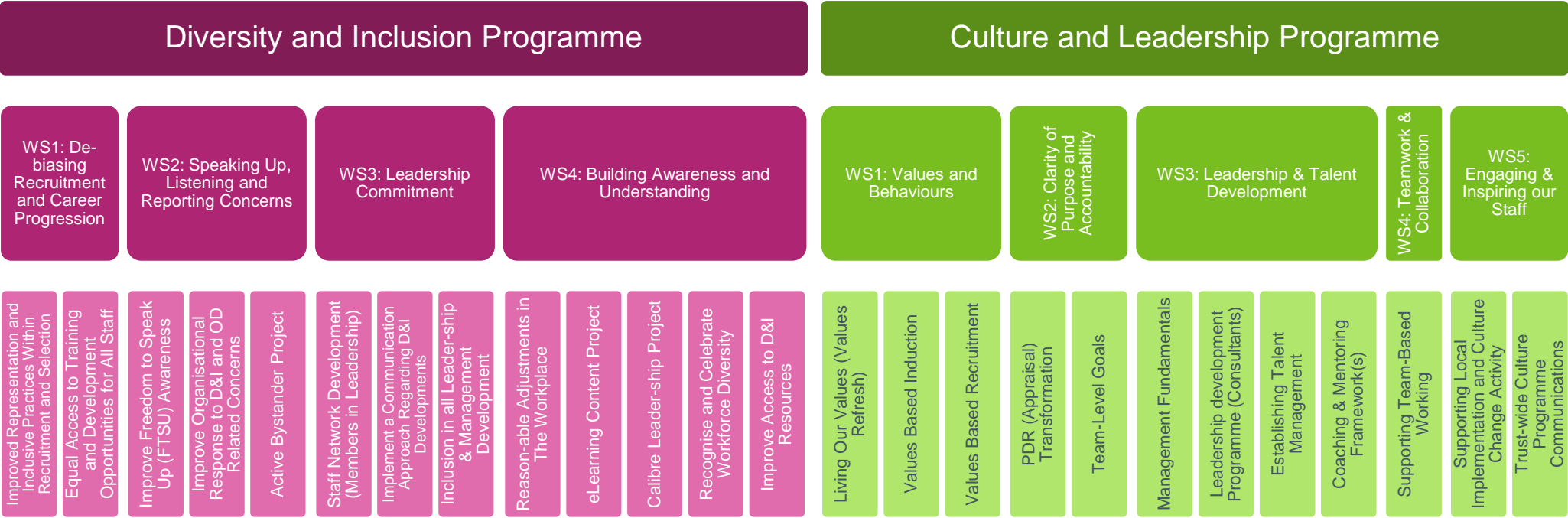
Programme Board Governance

- The revised ToR document includes the overview of diagram illustrated opposite.
- The following slide depicts an updated overview of the whole CEI Programme – including the workstreams and projects that make up each sub-Programme.



ToR Review

Updated Overview of CEI Programme Projects

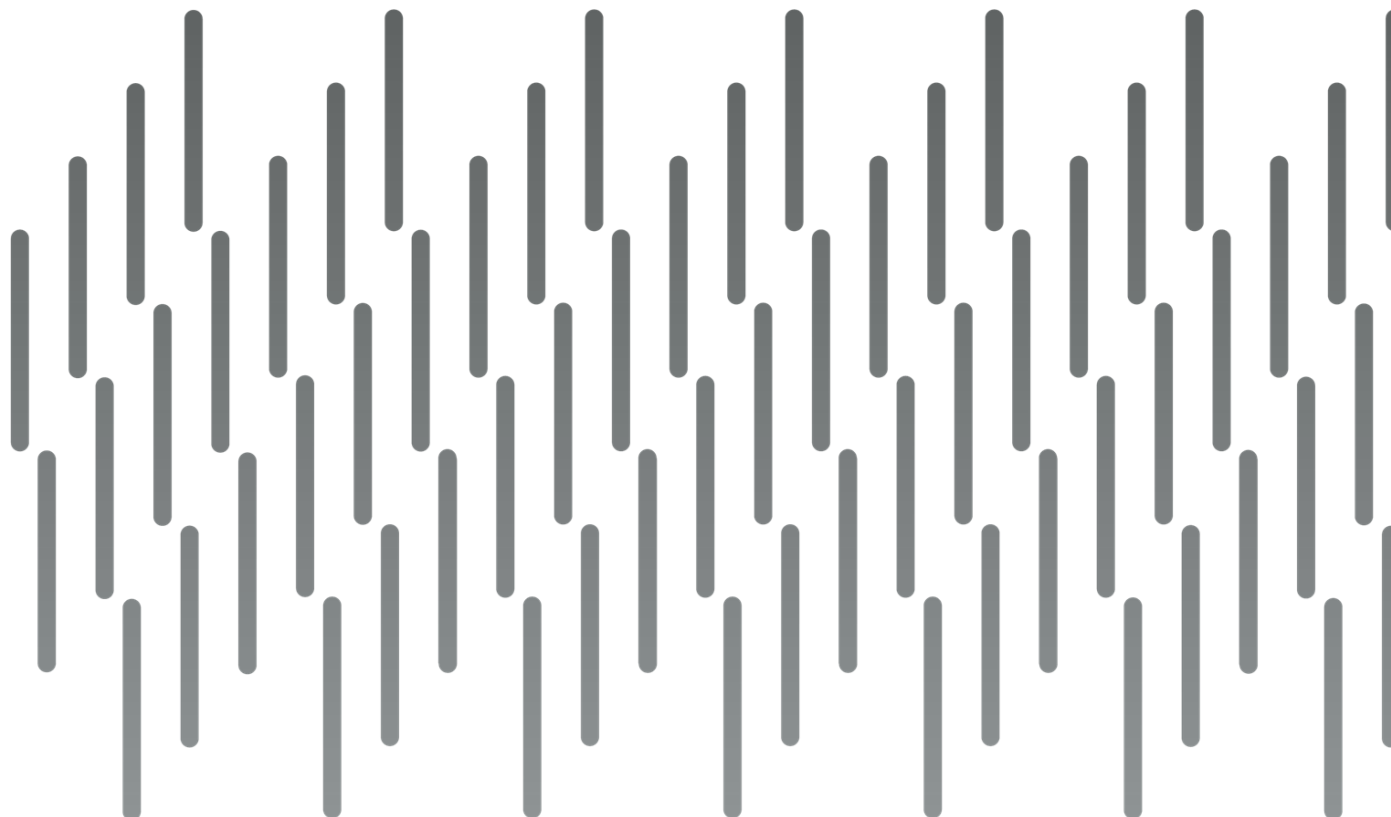


Update in Focus #2

Living Our Values

There are 2 parts to this update in focus:

1. The **values and behaviours framework** will be launched toward the end of July.
 - The current wording of our draft behaviours for each of the SGH four values are included over the next 2 pages.
 - An illustrated 12 page document is currently being professionally designed while the text is finalised.
 - This will be accompanied by a short-version poster and a revised Values policy.
2. An overview of **plans to embed** the new values and behaviours framework, including a high-level timeline of activity over the coming year.



Living Our Values

Draft text of the Behaviours Framework

Excellent

EXCELLENT means providing the highest standards of service and care to our patients and colleagues, working as a team, and improving by learning from successes and mistakes.

What we EXPECT to see	What we LOVE to see
• Delivering high standards of work	• Role modelling high standards of work
• Focusing on team success	• Promoting and celebrating team successes
• Building positive working relationships	• Helping others to build and maintain positive working relationships
• Being willing to try new things	• Supporting others to try new things
• Learning from our successes and mistakes	• Encouraging others to learn from their successes and mistakes
• Suggesting and making improvements	• Helping colleagues to suggest and make improvements
• Giving and welcoming constructive feedback	• Actively seeking and offering constructive feedback
What we DON'T want to see	
<ul style="list-style-type: none"> • Seeking only to deliver the bare minimum • Focussing only on problems and being unwilling to find solutions • Refusing to work as a team • Not being open to feedback • Taking credit for other people's achievements • Blocking change and improvements without reason 	

Kind

KIND means showing empathy and compassion in everything we do, caring for ourselves, and supporting the wellbeing of others.

What we EXPECT to see	What we LOVE to see
• Showing compassion	• Role modelling and encouraging compassion in others
• Trying to understand other people's views	• Promoting patience and understanding in your team
• Looking after your wellbeing and asking for help	• Proactively supporting the health and wellbeing of others
• Checking in on how others are feeling and finding time to listen	• Noticing when people are struggling and taking steps to help
• Being courteous and polite	• Upholding polite behaviour, even in stressful situations
• Challenging unkind behaviour in ourselves and others	• Helping others to identify and challenge unkind behaviour
• Making colleagues and patients feel recognised and welcome	• Role modelling warm, positive and welcoming behaviour
What we DON'T want to see	
<ul style="list-style-type: none"> • Shouting at people • Being patronising or sarcastic • Not listening on purpose • Being rude or dismissive • Not taking your health and wellbeing seriously • Ignoring when people are struggling 	



Living Our Values

Draft text of the Behaviours Framework

Responsible

RESPONSIBLE means taking personal responsibility for our words, actions and commitments, and driving our own career development.

What we EXPECT to see	What we LOVE to see
<ul style="list-style-type: none"> Taking responsibility for our actions and following through on our commitments 	<ul style="list-style-type: none"> Holding ourselves and others to account
<ul style="list-style-type: none"> Approaching interactions, situations and challenges positively 	<ul style="list-style-type: none"> Bringing visible positive energy to team and group situations
<ul style="list-style-type: none"> Owning our mistakes and being willing to say sorry 	<ul style="list-style-type: none"> Be willing to accept apologies, forgive others and move on
<ul style="list-style-type: none"> Responding promptly and professionally 	<ul style="list-style-type: none"> Ensuring high personal and professional standards, whatever your role
<ul style="list-style-type: none"> Raising concerns when something is wrong 	<ul style="list-style-type: none"> Supporting others to raise concerns, even when it feels difficult to
<ul style="list-style-type: none"> Seeking out and making the most of personal development opportunities 	<ul style="list-style-type: none"> Creating and sharing opportunities for others to learn and grow
What we DON'T want to see	
<ul style="list-style-type: none"> Expecting others to sort out our issues Ignoring concerns when raised Refusing to own your mistakes and apologise Being quick to blame others Refusing to learn and develop your skills Ignoring requests from colleagues and patients 	

Respectful

RESPECTFUL means treating everyone with equal respect while challenging bullying and discrimination. We celebrate and find strength in our diversity and help everyone to feel they truly belong at St George's.

What we EXPECT to see	What we LOVE to see
<ul style="list-style-type: none"> Treating everyone fairly 	<ul style="list-style-type: none"> Role modelling fair and equitable treatment
<ul style="list-style-type: none"> Treating everyone with the respect and dignity they deserve 	<ul style="list-style-type: none"> Challenging others when they act disrespectfully
<ul style="list-style-type: none"> Challenging racism and all forms of discrimination in ourselves and others 	<ul style="list-style-type: none"> Educating ourselves and others on racism and other forms of discrimination
<ul style="list-style-type: none"> Calling out bullying behaviour 	<ul style="list-style-type: none"> Helping others to challenge bullying behaviour
<ul style="list-style-type: none"> Acknowledging peoples' differences and needs 	<ul style="list-style-type: none"> Celebrating and valuing people's differences
<ul style="list-style-type: none"> Allowing everyone to have a voice 	<ul style="list-style-type: none"> Actively seeking a diverse range of views
<ul style="list-style-type: none"> Including others because we all belong and matter 	<ul style="list-style-type: none"> Reaching out to connect with less included people and groups
What we DON'T want to see	
<ul style="list-style-type: none"> Rude or mean behaviour Gossiping and 'cliques' Racist, discriminatory or excluding behaviour Bullying in any form Ignoring or belittling the views and ideas of others Using stress as an excuse for poor behaviour Favouritism 	



Living Our Values

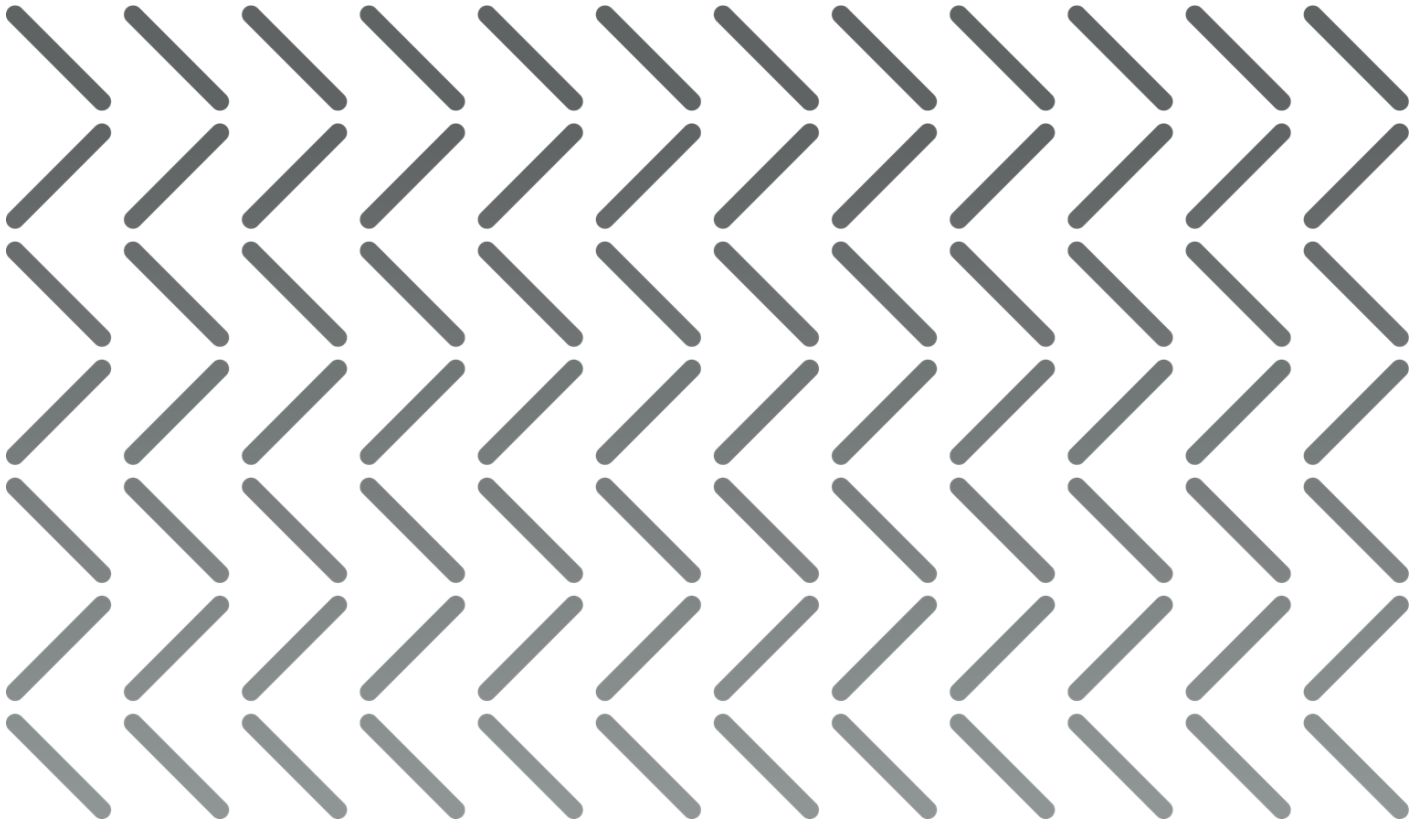
Embedding the New Framework – Overview of Plans

- Once the new framework is launched, the new behaviours will be aligned to all key employee lifecycle processes through a range of smaller 'embedding' projects including:
 - A new corporate Induction process aligned to the new behaviours
 - Values-based recruitment to reflect our values in selection processes
 - An adapted appraisal process that considers the demonstration of our values behaviours (*how we work*) as equal to the achievement of objectives (*what we deliver*)
 - All Leadership and Management Development will be aligned to our values
- There will be 2 main training workshops available to embed the behaviours across all staff at SGH:
 - An introductory workshop will be available from July and all staff are expected to participate. This will initially be a facilitated 45-60 min experience to educate staff on the framework, to ensure everyone is aware of their obligation to live our values, and to help staff challenge poor behaviour.
 - An alternative e-learning version will be made available soon after to help ensure we reach all staff.
 - A team-level workshop will be made available from October to support teams consider what the values look like specifically in their teams and day to day work activities.

	2022						2023					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Values / behaviours framework												
Training for Individuals												
Values-based Induction												
Workshop for Teams												
Values-based Appraisal Including LMS development, and new training												
Values in Management and Leadership Development			Mgmt. Fundamentals	CGL leadership								
Values-based Recruitment												



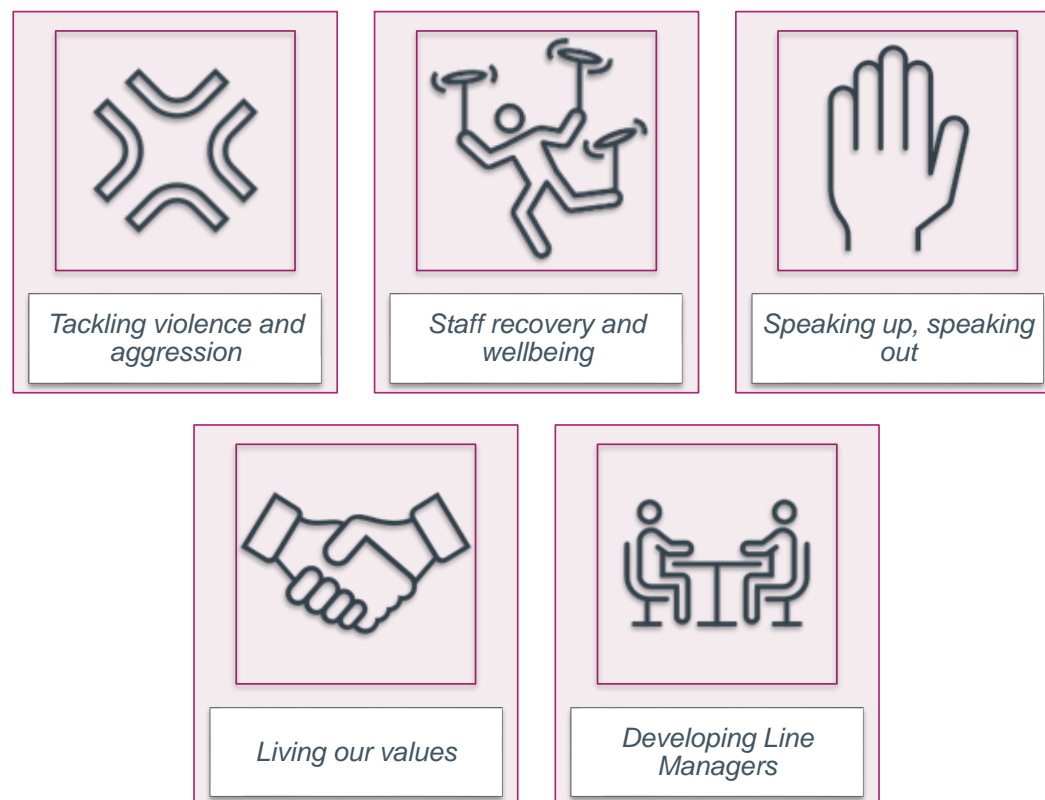
Update in Focus #3
Staff Survey Big 5



Staff Survey Big 5

Introduction

- The aim of the Big 5 is to:
 - Demonstrate we are 'listening' and 'acting' on staff survey feedback
 - Create a stronger sense of employee voice within the organisation
 - Build faith in the integrity and value of the staff survey process
 - Encourage an increase in response rates in future years
- The following 5 themes have been decided upon by the SGUH Site Executive (see opposite)
- A significant change this year involves launching all 5 themes in April and running them all for the whole duration of the Big 5 campaign. Different themes will be showcased/emphasised at different times.
 - This is moving away from last year's approach where each theme was launched and executed in one month only, from May to Sept
- In the following pages, please find:
 - An overview of the Big 5 topics identified for SGH this year, including the theme, focus, objectives, relevant staff survey measures, and Site Exec sponsor(s)
 - An agreed plan of activity for each of the themes, as developed and agreed with respective subgroups and Site Exec sponsors.



Staff Survey Big 5

Overview, Objectives and Measures

Theme	Angle/Focus	What is our objective?	Staff Survey measures	Site Exec Sponsor/s
Tackling violence and aggression	Having empathy and understanding for each other, backed up by zero tolerance for reckless behaviours	<ul style="list-style-type: none"> Recognise this is a complex subject, with increasing amounts of aggression between staff Help staff recognise and diffuse difficult situations Enforce a zero tolerance approach to reckless behaviour 	<ul style="list-style-type: none"> Q13a - In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public? Q13b - In the last 12 months how many times have you personally experienced physical violence at work from managers? Q13c - In the last 12 months how many times have you personally experienced physical violence at work from other colleagues? 	Andrew
Staff recovery and wellbeing	As the nature of Covid changes, what can we do to care for ourselves and each other and overcomes the risk/reality of burnout which many of us are facing.	<ul style="list-style-type: none"> Demonstrate to staff that the Trust acknowledges it's been difficult and that we recognise the continuous efforts and work during this challenging time. Listening to staff to understand where the issues are for them and also providing space for them to share experiences and views on what will make life better for them. Promotion of existing wellbeing tools, materials and avenues of support for staff to access. Providing support for managers in regards to their own wellbeing and also looking after their teams wellbeing. 	<ul style="list-style-type: none"> Q11a - My organisation takes positive action on health and well-being Q12b- How often, if at all, do you feel burnt out because of your work? Q12e- How often, if at all, do you feel worn out at the end of your working day/shift? Q11c- During the last 12 months have you felt unwell as a result of work related stress? 	Luci, Steph
Speaking Up, Speaking Out	Enabling and encouraging people to speak up and raise concerns, especially when it comes to patient safety concerns. Speaking up is better for our staff and patients and enables us to deliver excellent patient care.	<ul style="list-style-type: none"> Highlighting existing processes and routes to speak up (such as the F2SU process, incident reporting, etc.) Supporting teams to locally deal with concerns. 	<ul style="list-style-type: none"> Q17a- I would feel secure raising concerns about unsafe clinical practice Q21e - I feel safe to speak up about anything that concerns me in this organisation Q21f - If I spoke up about something that concerned me I am confident my organisation would address my concern 	Luci, Steph

Staff Survey Big 5

Overview, Objectives and Measures

Theme	Angle/Focus	What is our objective?	Staff Survey measures	Site Exec Sponsor/s
Living our values	Building on our progress around behaviour towards colleagues. Being kind and respectful, including work on civility and inclusion / anti-discrimination.	<ul style="list-style-type: none"> Improve the experience of our staff as evidenced by their feedback in the Staff Survey to 'selected' questions Improve our engagement score "would recommend SGUH as a place to work" from 6.8 (avg) to over 7 KS to commit to personal leadership of the V+B Policy and launch All staff (managers?) to participate in a 'learning' experience Site Executive Team complete individual and team level workshop of Values and Behaviours Framework 	<ul style="list-style-type: none"> Q21c - I would recommend my organisation as a place to work Q18 - I think that my organisation respects individual differences(e.g. cultures, working styles, backgrounds, ideas, etc). Q8b - The people I work with are understanding and kind to one another Q8c - The people I work with are polite and treat each other with respect Q14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? Q14c - In the last 12 months how manytimes have you personally experienced harassment, bullying or abuse at work from other colleagues? 	Kate
Developing Line Managers	Supporting line managers with clarity on their role (emphasising elements of staff wellbeing and development), and training to build line manager capability at all levels	<ul style="list-style-type: none"> Improvements in staff survey questions with regards to perceptions of line managers 	<ul style="list-style-type: none"> Q9a - Immediate manager encourages me at work Q9b - Immediate manager gives clear feedback on my work Q9c - Immediate manager asks for my opinion before making decisions that affect my work Q9d - Immediate manager takes a positive interest in my health & well-being Q9e - Immediate manager values my work Q9f - Immediate manager works with me to understand problems Q9g - Immediate manager listens to challenges I face Q9h - Immediate manager cares about my concerns Q9i - Immediate manager helps me with problems I face 	Anne, Tom



Big 5 Activity Plans

Big 5 theme	Activity	Owner	Deadline
<i>Tackling Violence and Aggression</i>	Presentation at Senior Leaders event	AC/AA	20 May 22
	All staff event. A key point is the messaging, recognising that we want a slightly more nuanced message that solely zero tolerance. We are thinking first about empathy and understanding for each other, medical circumstances of our patients, but then backed up with a zero tolerance for intentionally reckless behaviour.	AC/AA/Comms team	25 May 22
	Dedicated V&A H&S page on the intranet: Health and Safety - Big 5 - Violence and Aggression (unily.com)	AC/Comms team	09 June 22
	Issue supporting existing guidance V&A <ul style="list-style-type: none"> Resolving Violence and Aggression in the NHS – Streams Guideline Meeting needs and reducing distress PSVA Security leaflet 	AC/Comms team	09 June 22
<i>Staff Recovery and Wellbeing</i>	Listening to staff - utilising regular conversations staff support have with clinical teams and gaining feedback	Staff Support/Comms	10 June
	Listening to staff –agree the process to act on feedback from HWB team round of ward walkarounds	Luci sent the list of DDNGs	10 June
	Listening to staff – create a virtual suggestion box (hosted on the intranet) and promote via our channels to capture more staff	HWB/Comms	30 June
	Listening to staff - Schwartz Round on burnout	Comms	26 July
	Listening to staff - promote WC network and provide regular wellbeing updates to be shared locally	HWB/Comms	15 June
	Listening to staff - Suggestion Boxes (Hyde Park Room); back to the floor (nursing led)	Catherine Sam Page	30 June
	Improving the environment – Encouraging staff to use outside spaces: Walking around the Perimeter Road, Guided walk with information about trees on site.	Kristina (pavements) Suzanne (event) Giovanni (IT)	30 June
	Improving the environment - Promoting what the charity can do in terms of involvement and funding for improvements to working environments	Molly	15 June
	Promotion of existing initiatives - Charity work (e.g. staff choir)	Molly/Emily	Throughout June
	Promotion of existing initiatives - Staff Support and Wellbeing team initiatives (e.g. SWL wellbeing events, lottery)	Kristina/Emily	Throughout June
	Providing managers with resources to have wellbeing conversations – development of managers hub on intranet. Also ensuring wellbeing is weaved into management fundamentals project.	HWB	30 June

Big 5 Activity Plans

Big 5 theme	Activity	Owner	Deadline
<i>Living our Values</i>	Launch of Values and Behaviours Framework	CM/DS	July 2022
	Living our Values video – reflecting on staff experience in relation to our values	CM/DS	July 2022
	Delivery of training workshops for individuals on our values	CM/DS	July- Dec 2022
	Launch of Values-based induction	CM/DS/BKP	Sep 2022
	Delivery of Values in Management and Leadership Development (management fundamentals and Care Group Leads programme)	DS/HC	Sep–Oct 2022
	Launch of training workshop for teams on values	CM/DS	Dec 2022
	Launch of Values based appraisal (Including LMS development, and new training)	CM/DS/BKP	Jan 2023
	Delivery of Values-based Recruitment	DS/CM	Nov 2022– Mar 2023
	Launch of Values and Behaviours Policy	CM/DS	TBC
<i>Speaking up, speaking out</i>	Launch of Freedom to Speak up newsletter – to reintroduce service, signposting, processes, testimonials	F2SU team/Comms	Aug 2022
	Revisiting Freedom to Speak Up as part of inductions	F2SU team	Aug 2022
	Training and education - promoting our existing offer of e-learning – Speak Up, Listen Up, Follow Up, through newsletter and comms channels	F2SU team	Aug 2022
	Delivery of F2SU training sessions and discussion groups	F2SU team	Aug 2022
	Communications – Sharing quotes from individuals who have spoken up and sharing their experience (potentially utilise F2SU testimonials) – through newsletter and comms channels	F2SU team/Comms	Aug 2022
<i>Developing our line managers</i>	Subgroup established and pattern of regular meetings	HC	Completed Jan 2022
	Identifying what topics we need to form part of the management fundamentals toolkit	HC/Working Group	1st Aug 2022
	Questionnaire to managers and soft launch of mgt. fundamentals	HC/Comms	Completed July 2022
	Develop new content to be included in the toolkit	SMEs	End Aug
	Launch of first iteration of management fundamentals toolkit	HC/Working group	Aug 2022
	Launch of completed management fundamentals toolkit	HC/Working group	End Sep 2022





Meeting Title:	Council of Governors		
Date:	5 July 2022	Agenda No	4.4
Report Title:	Estate Strategy & Green Plan Update		
Lead Director/ Manager:	Andrew Asbury, Director of Estates and Facilities		
Report Author:	Andrew Asbury, Director of Estates and Facilities		
Presented for:	Review		
Executive Summary:	<p>This presentation provides an overview on progress to date on both the Trust's Estate Strategy and Green Plan, together with key actions being undertaken over the next 3-6 months.</p> <p>A key theme across both plans has been working closely with the emerging SWL ICS strategies to ensure that our plans are aligned and embedded within SWL's plans.</p>		
Recommendation:	The Council of Governors is asked to note progress in developing the Trust's Estate Strategy & Green Plan.		
Supports			
Trust Strategic Objective:	Building a Better St George's		
CQC Theme:			
NHS System Oversight Framework:			
Implications			
Risk:			
Legal/Regulatory:			
Resources:			
Equality and Diversity:			
Previously Considered by:		Date	
Appendices:	Green Plan Action Tracker		



Estate Strategy & Green Plan Update

Council of Governors

July 2022

Andrew Asbury, Director of Estates and Facilities

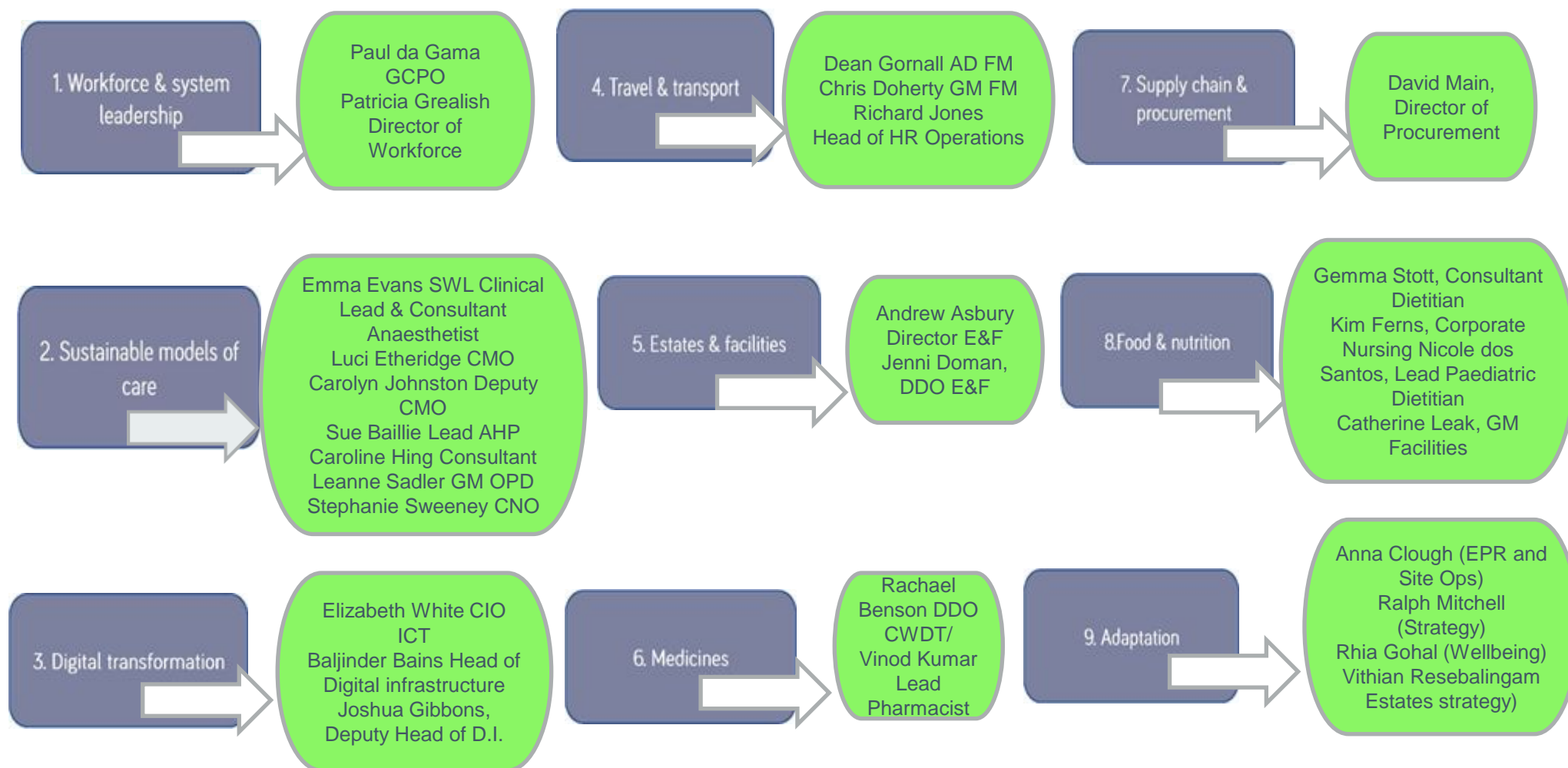
Green Plan Progress Summary

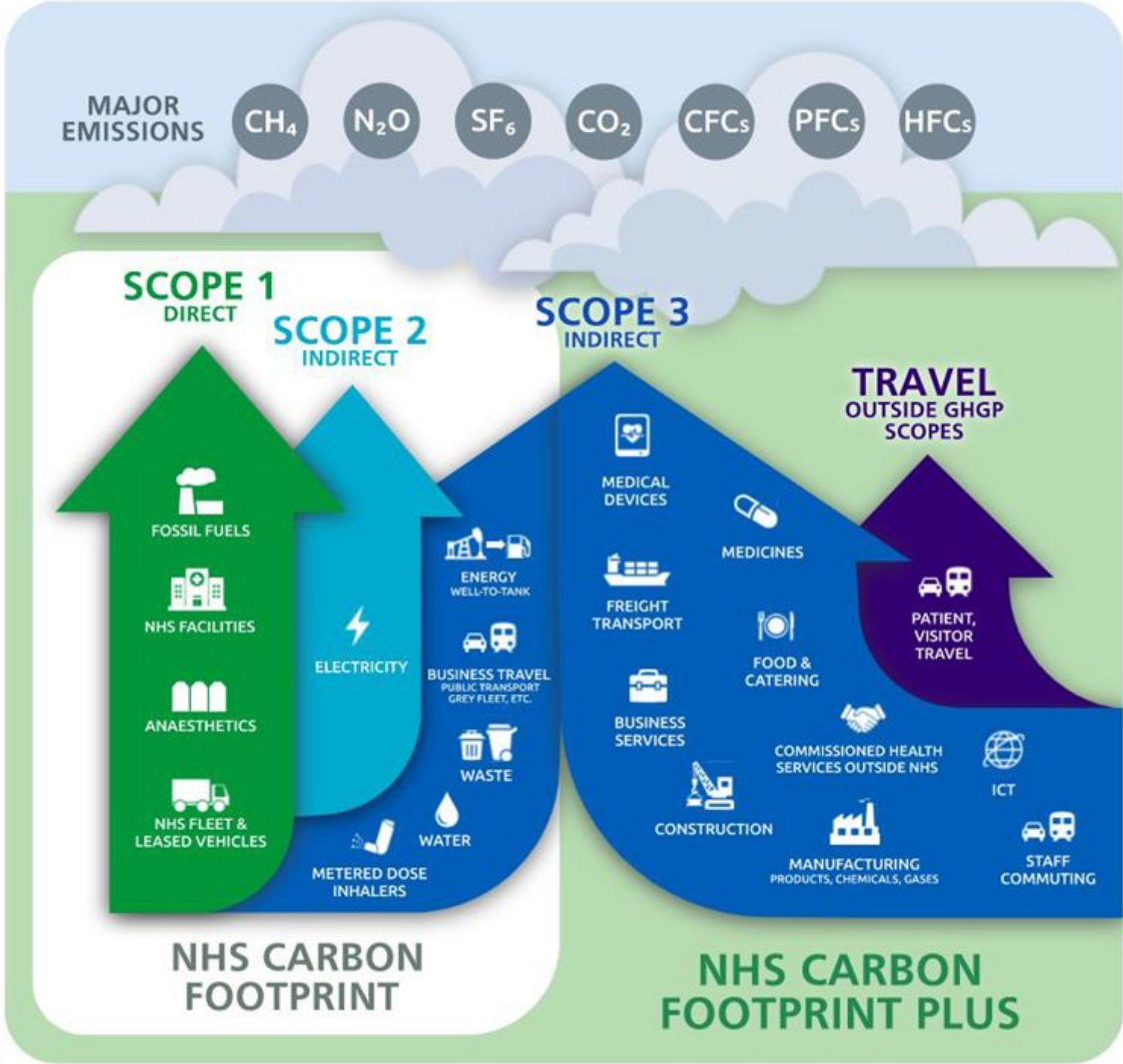
- Since completing our initial Green Plan in September 2021, we have been working closely with South West London to assist with their production of an ICS Green Plan which builds on our work and will assist in seeking central funds to undertake carbon interventions. This Green Plan was recently completed and will be adopted by the ICS in July 2022. Whilst St George's is the largest contributor of carbon in SWL, we are leading the way in SWL in developing our strategies and action plans.
- We have now welcomed an interim Green Plan Manager to assist with the development of a detailed governance plan and carbon reduction plan over the coming months. We are establishing 9 workstreams aligned with South West London's and our green plan. These are shown overleaf. These 9 workstreams will report into an executive group, chaired by the Site Managing Director.
- Our first significant objective from the Green Plan is to reduce our carbon footprint of the 'NHS Carbon Footprint' by 80% by 2028-32. This footprint comprises of a number of emission contributors, predominantly Scope 1 and 2 emissions, as shown graphically on slide 5.
- The overall NHS footprint has been estimated by NHSE/I extrapolating from known emissions, this has then been calculated for South West London by emission category shown in the pie chart on slide 6. From this data, the emissions of each SWL organisation have been estimated in the critical areas affected by the 2028-32 target.
- We have now converted the Green Plan into a detailed action tracker across all of our proposed workstreams, this is attached in draft form and still has a number of significant gaps that we are working to fill, but it helps articulate the scale of the undertaking that will be necessary to deliver on our commitments.
- We are working closely with the National Greener NHS team who are developing a Green Plan Tool Kit to help Trusts undertake the work described above, and to align a national set of KPIs to monitor performance. We are trying to ensure that we comply now with their future requirements and have asked to be considered as an exemplar site.

Green Plan

Progress Summary

- Our planned activities over the next 3-6 months are:
 - Assigning carbon emission reduction targets to the 9 workstreams and supporting them with developing a Terms of Reference and action plans for their areas through a series of workshops
 - Revalidating our carbon footprint, concentrating on those areas in scope for 2028-32 reduction
 - Within the Estates & Facilities workstream, producing (with WSP) a decarbonisation strategy to describe the scope and cost of the capital projects to convert the Trust to an all electric site (thereby decommissioning the CHP plan) with electric heat and steam generation. This work is well underway and will be complete by Christmas. It's aim will be to crystalise the interventions needed to hit the 80% reduction in energy / building emissions and set annual reduction targets. These reduction targets are likely to be a series of steps coinciding with physical interventions rather than a smooth gradual reduction.
 - Ensuring that we are working closely with our finance colleagues to ensure that long term capital and revenue projections to enable this work are understood, together with the clear social and economic benefits.
 - Rolling our carbon literacy training to the whole Trust, having certified as
 - Developing a BREEAM strategy for the Trust, ensuring that there is a clear approach for all capital projects
 - Ensuring that any actions identified in the Green Plan have been assigned to one of the 9 workstreams, together with any existing actions underway, and included within the terms of reference. A first draft of these actions is included separately within a work-in-progress action tracker.
 - Developing the membership and terms of reference for the executive oversight group that will monitor and report on progress of all of the above
 - Working with NHSE/I on the development and roll out of their tool kit



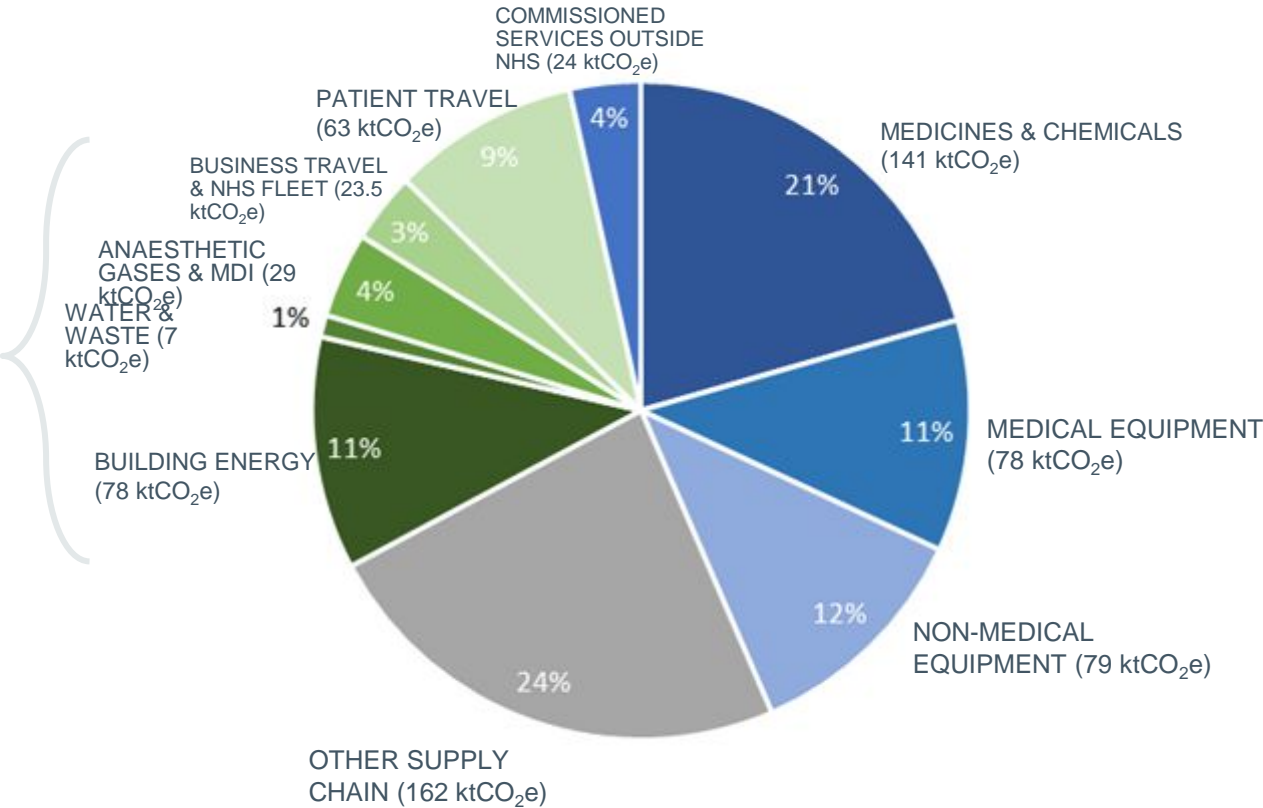


SW London Carbon Footprint Plus (685 ktCO₂e)

SWL Carbon Footprint (138 ktCO₂e)

London carbon footprint is c. 1 mtCO₂e

This is the footprint for reduction by 80% by 2028-32



This has been extrapolated using national percentage figures against known emissions

SW London Baseline core footprint data estimates

2019/20 CO ₂ e Emissions (kilo-tonnes) ¹	Building Energy	Water & Waste	Anaesthetic gases & metered inhalers	Business Travel & NHS Fleet	Total
CLCH ²	4.5 (1.0e)	0.4 (0.1e)	0.2 (0.1e)	0.5 (0.1e)	5.7 (1.3e)
Croydon	10.7	0.2	1.9	1.6	14.4
Epsom	10.0e	1.0e	2.5e	9.0e	22.5e
HRCH	3.0e	0.4e	0.2e	0.5e	4.1e
Kingston	10.5	1.5	9.8	0.4e	22.2e
Royal Marsden	8.2	0.1	1.4	0.2	9.9
St. George's	29.4	2.4e	12.1e	10.4e	54.3e
St George's Mental Health	5.2e	1.3e	1.0e	1.3e	8.8e
Total ³	78	7	29	23.5	138

We are currently around 40% of SWL's output
 Like all other Trusts, only 20% of our overall carbon footprint is 'accurate' as
 described above

Estate Strategy

Progress Summary

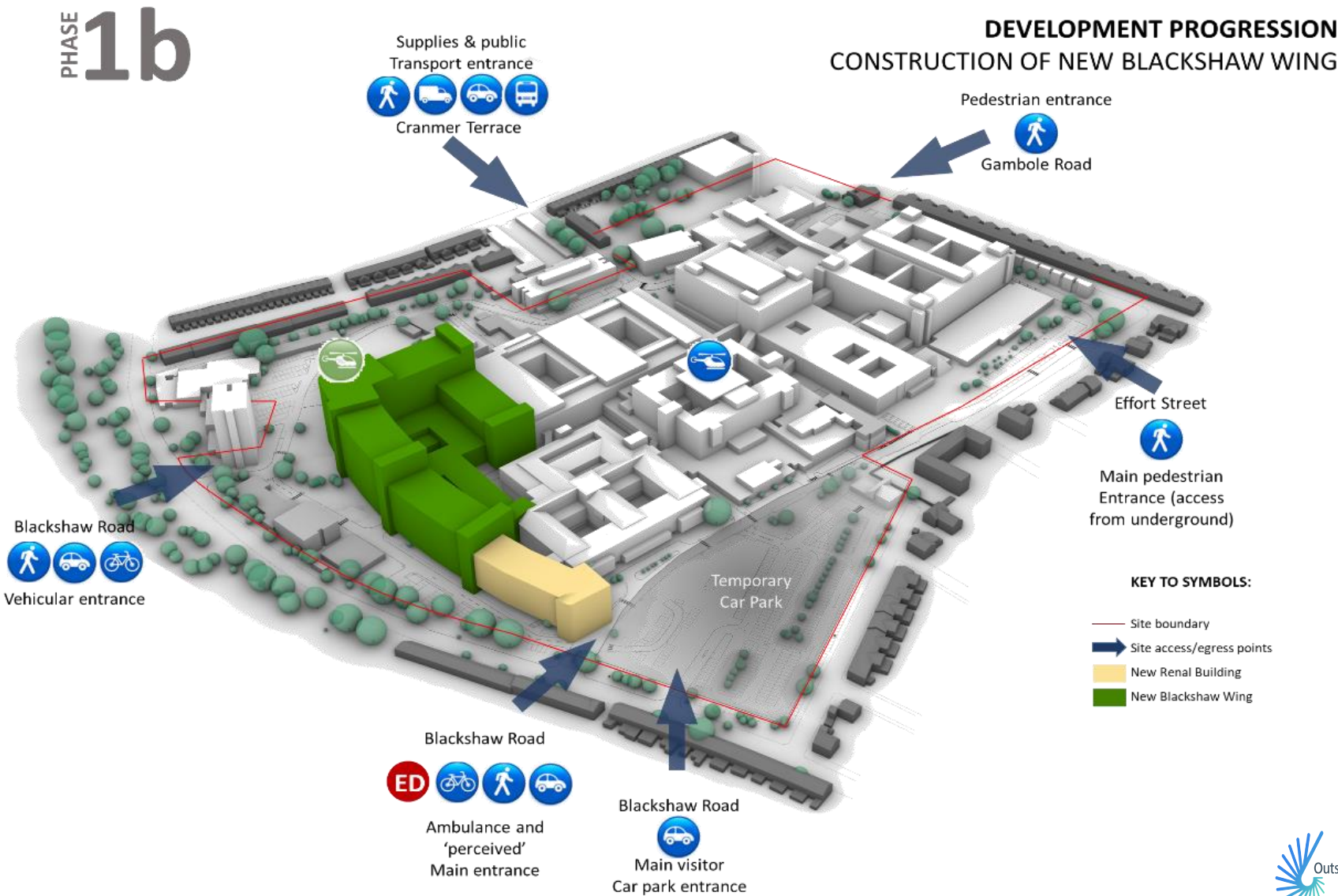
- Further to completion of our estate strategy in August 2021, we submitted an Expression of Interest (EoI) to the New Hospitals Programme in September 2021. This EoI proposed a scheme for £620m to provide a large new building to accommodate a contemporary Care and Major Trauma at SGUH, incorporating ED, Acute Medicine and Major Trauma Services and also the aspects of Critical Care, Diagnostics, Theatres and Wards that support this. It also included for the refurbishment of St James Wing to accommodate Women and Children's activities with the full vacation and demolition of the Lanesborough building. £25m of recurrent benefits were identified, together with over £50m of eliminated backlog maintenance costs. These savings / benefits were based on:
 - Reduced energy, estates and maintenance cost from a greener, more modern building. Backlog maintenance and statutory compliance issues on both Lanesborough and St James Wing are eliminated (~£50m). Annual carbon benefits are estimated at an equivalent of £0.6-£2m based on 2021 pricing.
 - Better adjacencies of clinical services and dedicated ambulatory facilities resulting in improvements to patient experience, clinical flow and throughput.
 - Improved theatre through-put, utilising less invasive techniques and more appropriate streaming of patients within SGUH and across SWL facilities. Providing purpose built procedure rooms, 23-hour units, IR and robotic suites will mean patients have access to the state of the art most advanced technology available.
 - A fully integrated digital operation from primary care through District Generals, to the tertiary hub. This ensures that the patient is rapidly diagnosed and streamed to the most appropriate treatment setting across SWL.
 - Pioneering systems and buildings will make SGUH a more attractive place to work reducing sickness, turnover and allowing innovative new roles to be designed with improved retention and recruitment. Digital command and control systems will allow flexible and targeted rostering of staff ensuring cost effective staffing levels are maintained, together with better management of the estate utilising digital BMS.
 - Enhancing patient flow by increasing same day emergency care interventions, thereby reducing admissions and offering faster treatment. This greater efficiency avoids the need to open more beds.

Estate Strategy Progress Summary

- We believe we are in a strong position with this EoI having consulted heavily with clinicians during the estate strategy development together with having vacant land immediately available for construction. However, funding difficulties within the New Hospitals Programme has delayed their response to us and we have still not heard if our application will be shortlisted for further development.
- We therefore embarked in January in developing a Strategic Outline Case business case, that would both further develop these ideas and clinical engagement, but also give the Trust a wider range of strategic options for the proposed site, should NHP funding not be available. If we were to be shortlisted, it would also place us in a strong position to respond to NHSE/I on the development of our plans.
- The Strategic Outline Case will be completed by the end of September 2022, broadly outlining 4 options for the site, together with an analysis of a 'Do Nothing' scenario. The four options are:
 - Relocation of ED services to a new building
 - Relocation of ED + some supporting services to a new building
 - The scheme detailed in the EoI
 - A new build scheme for the whole of the current St James and Lanesborough Wings
- Whilst this last scheme is unlikely ever to be affordable, we thought it important that we were seen not to always be pursuing the most expensive option in terms of a business case.
- Whilst developing this Strategic Case, we will also be updating our masterplan to cover more recent developments such as the new ITU building adjoining Atkinson Morley and the proposed new Renal building, for which the likelihood of building is now looking much more certain over the next 5 years.
- In addition, we have been strongly supporting the SWL ICS Estate Strategy development and have been the most actively engaged Trust, identifying opportunities around outpatients transformation and an off-site hub for services such as pathology.

Estate Strategy

Proposed New Build for EoI Submission



Green Plan Action Tracker

Objectives	Headline Objectives	Workstream					
Carbon/Energy	To align to the NHS net zero carbon pledge and become net zero carbon by 2040.	Steering group					
Carbon/Energy	To achieve the NHS target of 80% carbon reduction by 2028-32	Steering group					
Sustainability Governance	To attain a Green Plan Support Tool / Sustainable Development Assessment Tool (SDAT) score of 70+ by the end of 2022.	Steering group					
Sustainable Use of Resources	Capital Projects						
Sustainable travel & logistics							
Green Space and Biodiversity							
Climate Change Adaptation							
Our People							
Sustainable Care Models							
Communication & Engagement							
Sustainability Governance							
Headline Targets	Targets	Priority	Workstream	Progress	Timeline	Owner	Resources
Target Areas	Carbon	To align to the NHS net zero carbon pledge and become net zero carbon by 2040.	Steering group / Estates & facilities				
	Carbon	Develop a Climate Change Adaptation Plan (CCAP).	Steering group / Adaptation				£10-20k
	Carbon	To switch our electricity to green energy providers by the end of 2021.	Steering group / Estates & facilities				
	Materials	Complete the shift from paper based to efficient and effective electronic clinical systems	Steering group / Digital transformation				
	Biodiversity	To create and action a Biodiversity Strategy by 2025.	Steering group / Estates & facilities				Strategy - £5-10k Actioning the strategy - £20+k
	Management	To re-introduce a Sustainability Champion Group (SCG).	Steering group / Workforce & system leadership				
	Management	To attain a Sustainable Development Assessment Tool (SDAT) score of 70+ by the end of 2022.	Steering group / Estates & facilities				
	Management	To continuously monitor, measure, report and be accountable of our sustainability orrersses. This includes input to St George's annual report.	Steering group				
	Management	To align to the London Plan, in particular to its Circular Economy principles.	Steering group				
	Management	To undertake audits of our green space/ biodiversity, travel plans, digital infrastructure, and wellbeing strategies by 2025.	Steering group				
	Management	We will ensure Sustainable Development is referenced in St George's vision and corporate objectives by 2024.	Steering group				
Action Areas	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources
Energy	Emissions Mapping	Map out the full SGUH emissions for scopes 123 from all sites	Estates & facilities				£10-20k for extra sites
	Emissions Pathway	Calculate a compliance pathway for reducing emissions to meet the NHS targets (80% by 2028-32 and 100% by 2040) for each building in the estate	Estates & facilities				Potentially £m's but will have payback / break even point and should be part of the E&F strategy
	Efficiency	Calculate a possible efficiency savings and pathway for efficiency for each building / process in the estate	Estates & facilities				
	Vehicles	Calculate a pathway for reducing vehicle emissions to zero by changing the fleet to electric	Estates & facilities / Supply chain & procurement				Significant investment c £100k - but can be part of rolling contract replacement
	Heating	Map out a pathway for moving to electrical heating & cooling. Including the decommissioning of the CHP unit.	Estates & facilities				Significant investment but can be managed as part of the estates strategy
	Lighting	Map out a pathway for moving to LED & PIR systems throughout the estate	Estates & facilities				Costs at implementation stage
	Batteries	Complete a feasibility study for batteries to be used in the move away from the CHP unit and Oil Back-up generators	Estates & facilities				Largely done may require more studies and costs
	Renewables	Complete a PV feasibility study for all of the SGUH sites	Estates & facilities				Likely to be low cost as can be completed by the installer/supplier
	BMS	Review of the set points (temperature and hours)	Estates & facilities				
	BMS development	Develop a centralised management system to link the sub meters to the BMS and efficiency aims	Estates & facilities				
	Metering	Install sub meters for high energy use areas	Estates & facilities				£10k
	Staff engagement	Develop and implement an energy efficiency awareness / behavioural change programme (learn lessons from other trusts, awards & rewards)	Estates & facilities				Partly covered by the Carbon literacy project
	Fabric improvement	Review the building stock for opportunities to improve the thermal efficiency of the building fabric	Estates & facilities				
	Glazing improvement	Review the building stock for opportunities to improve the efficiency of the glazing	Estates & facilities				
	Air tightness improvement	Review the building stock for opportunities to improve air tightness	Estates & facilities				
	Steam heating distribution system	Review the current system in terms of efficiency improvements, replacement costs (with LTHW heat pumps)	Estates & facilities				
	Back-up electricity systems	Review the feasibility and cost of replacing the oil fired back-up generators	Estates & facilities				Likely high cost linked with batteries action above
	Electricity provider	Switch our electricity to green energy providers by the end of 2021. Supplier to provide 100% renewable electricity to SGUH.	Estates & facilities				
	Switch to electricity	By 2024 we aim to undertake a study of switching to all electric energy use	Estates & facilities				
	Smart Energy Management Plan	A full study for a Smart Energy Management Plan for St George's should be undertaken by 2025	Estates & facilities				
	DEC's	To undertake a DEC assessment for each operational site	Estates & facilities				Significant costs
	EPC's	To undertake an EPC assessment for each operational site	Estates & facilities				Significant costs
Sustainable Use of Resources	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources
	Targets	Zero avoidable waste by 2050	Estates & facilities		2050		
		Eliminate avoidable plastic by 2042			2042		
		Increase the recycling rate for municipal waste to 65% by 2035			2035		
		Ensure that municipal waste sent to landfill is less than 10% by 2035			2035		
		Increase the recycling rate of packaging to 75% by 2030			2030		
		Increase the recycling rate of St George's to 50% by 2025			2025		
		Any unnecessary SUP packaging is eliminated from the supply chain by 2025			2025		
	Monitoring	Plastic packaging contains at least 30% recycled plastic	Estates & facilities				
		Develop the waste 4Rs e.g. total waste produced, tonnes of waste by spend/staff/floor space, materials procured, %age recycled, %age landfilled, %age incinerated, total avoidable waste, total SUP.	Estates & facilities				
	Single Use Plastic	Conduct the SUP audit for SGUH and plan out how to implement the Single Use Plastic pledge and hierarchy	Estates & facilities / Supply chain & procurement				
	segregation and signage	Map out areas of good and bad practice in terms of segregation and signage currently and use this to target areas for improvement.	Estates & facilities				
	Communications	Develop a staff and service user behavioural programme to improve recycling and waste minimisation	Estates & facilities				
	Communications	Publish and report on commitments externally	Estates & facilities				
	Communications	Appoint Sustainability Champions to promote recycling etc.	Estates & facilities				
	Training	Develop a staff training programme on waste, 'waste awareness' days	Estates & facilities				
	Duty of Care	Map out the waste duty of care - waste carriers and disposal sites.	Estates & facilities				
	Procurement - waste	Seek opportunities for improving the waste management procurement of services e.g. contractual ties to recycling targets, demonstration of sustainability, ISO14001, BES6001.	Estates & facilities / Supply chain & procurement				
	Paper	Monitor paper use and set targets to reduce printing	Estates & facilities				
	Procurement - Circular economy	Develop a study to understand opportunities for implementing circular economy principals in procurement at the hospital - Product as a service, circular resource supplies, product life extension, review procurement policy	Estates & facilities / Supply chain & procurement				
	Reuse	Explore the possibility of using charities like Warp-it for reusing waste equipment	Estates & facilities				
	Water	Conduct a water audit	Estates & facilities				
	Leak detection	Bulld leak detection into the cleaning, review and maintenance programme	Estates & facilities				
	Technology	Add flow restrictors, non-convulsive self-closing taps and sensor taps where possible.	Estates & facilities				
Capital Projects	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources
	New buildings	For new buildings integrate sustainable development issues (e.g. carbon, materials, waste, biodiversity, water, air quality, pollution) into the scheme from RIBA stage 1 - 7.	Estates & facilities				High costs
	Existing buildings	For existing buildings integrate sustainable development issues (e.g. carbon, materials, waste, biodiversity, water, air quality, pollution) into the scheme from RIBA stage 1 - 7	Estates & facilities				
	Circular economy	Integrate the principals of circular economy into the design and construction of new builds and refurbishments.	Estates & facilities				
	Post-completion	Develop procedures around post-completion, operational and end-of-life stages to ensure sustainable outcomes	Estates & facilities				
	BREEAM	Develop a policy for delivering the central government targets of achieving BREEAM 'Excellent' on new projects, and all refurbishment projects achieving 'very good'.	Estates & facilities				
	Energy efficiency	Develop a policy decision on minimum performance targets for energy efficiency (e.g. which energy credits will be sought from BREEAM)	Estates & facilities				
Sustainable travel & logistics	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources
	Travel plan - development	Update and implement the Travel Plan for 2022	Travel & transport		2022		
	Target - parking	Achieve the Travel Plan targets: To ensure that only those staff requiring to use their cars while at work are allocated a parking space.	Travel & transport				
	Target - cycling	To increase the proportion of staff who cycle to work as their main mode of travel by 25% points	Travel & transport				
	Target - public transport	To increase the proportion of staff who use public transport to work as their main mode of travel by 10% points	Travel & transport				
	Target - walking	To increase the proportion of staff who walk at some point during their journey to work by 10% points	Travel & transport				
	Survey	Run the staff travel survey on an annual basis	Travel & transport				
	Behaviour change	Develop a plan to encourage staff to use low or zero carbon modes of transport	Travel & transport				
	Travel plan	Begin implementation of the Travel Plan including incentives and rewards for sustainable travel	Travel & transport				
	Consultation	Launch the staff travel consultation group	Travel & transport				
	Cycling	Develop the cycle route through the SGUH site	Travel & transport				
	Collaboration	Link with the Wandsworth Council proposed active travel improvements	Travel & transport				
	Air quality	Identify and baseline carbon and air pollution emissions on the site	Travel & transport / Estates & facilities				

	Patient travel	Review and develop a strategy for low carbon patient travel, with targets for carbon and pollution reduction		Travel & transport				
	Virtual appointments	Continue to support virtual appointments - in line with the NHS Long Term Plan, digital appointments should continue to be offered to patients even once COVID-19 travel restrictions are lifted, so that 'over the next 5 years every patient in England will have a new right to choose this option'		Travel & transport / Digital transformation				
	Operational travel strategy	Review and develop operational travel strategy – this will encourage use of sustainable modes for operational travel where possible, replacement of operational vehicles with electric vehicles, and the development of electric vehicle charge points to serve these vehicles. Targets for carbon and pollutant reduction should be included. Underpinned by Delivering 'Net Zero' National Health Service targets for a net zero emissions vehicle fleet by 2032		Travel & transport / Estates & facilities / Supply chain & procurement				
Green Space and Biodiversity	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources	
	Strategy	Develop a Green Space and Biodiversity strategy that balances user wellbeing with biodiversity value.	Estates & facilities		2025			
	Action plan	Develop a Green Space action plan to guide the development and use of the available and potential green spaces translating the strategy into action	Estates & facilities					
	Consultation	Consult with stakeholders to understand needs of different groups that use (or could use) the available green space	Workforce & system leadership / Estates & facilities / Adaptation					
	Survey	Conduct an ecological survey to understand the ecological context and value of the SGUH site and how this could be improved	Estates & facilities					
	Planning Policy	Meet planning requirements for new developments by: evidencing the provision of appropriate mitigation for impacts to protected biodiversity; and providing a Biodiversity Net Gain assessment.	Estates & facilities					
	Biophilic design	Integrate biophilic design into the green space strategy, action plan and all new projects in the estates development plan	Estates & facilities					
	Management plan	Develop an ongoing management plan for Green Space and Biodiversity at St George's looking at promoting biodiversity, wellbeing and reducing waste / input time (e.g. reduce mowline). To cover 1v and 5v targets.	Estates & facilities					
	Trees	Complete the cataloguing of trees at SGUH	Estates & facilities					
	Impact assessment	For all redevelopment projects conduct an ecological impact assessment and biodiversity net gain assessment. Consider targeting BREEM credits for ecology. Target a 10% increase in biodiversity for all development	Estates & facilities					
	Map	Map out the location of biodiversity features on the SGUH site.	Estates & facilities					
	Landscape design	Produce a landscape design at St George's which meets the needs provided by Green Space and Biodiversity strategy.	Estates & facilities					
	Wellbeing surveys	Provide twice yearly surveys detailing the wellbeing of staff and patients and specifically how green spaces effects it.	Estates & facilities / Workforce & leadership					
	Processes	Develop the internal redevelopment processes to include consideration of biodiversity at the stages of Design, Construction and Operation.	Estates & facilities					
	Signage	Produce a landscape design at St George's which provides links to external green spaces (e.g. Wandale Regional Park, avenues of street trees or the nearby cemeteries) using appropriate signage.	Estates & facilities					
	Rainwater harvesting	Set up a rainwater harvesting system which can be used for St George's gardens and green spaces.	Estates & facilities					
	Garden waste	Create a garden waste strategy that can provide compost to St George's allotments.	Estates & facilities					
Climate Change Adaptation	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources	
	Risk register	Embed the effects of climate change in St George's risk register, in relation to clinical needs, types of clinical intervention, the quality of the estate and supporting infrastructure, vulnerable communities and vulnerable existing patients.	Adaptation					
	Risk planning (CCRA)	Develop local protocols (aligned to national heat wave plans, cold weather plans and multiagency flood plans) as well as a Climate Change Risk Assessment (CCRA) to highlight risks to continuity and resilience of supply and review those annually.	Adaptation		2024			
	Adaptation Plan (CCAP)	Develop a Climate Change Adaptation Plan (involving representatives from sustainability, finance, estates management, emergency preparedness/planning, HR, business continuity and local partner organisations or communities to ensure a co-ordinated and integrated adaptation plan).	Adaptation		2025			
	Procurement and Supply Chain - HTM	Allow for Health Technical Memoranda (HTM) compliant contingencies for water/power shortages and supply chain failures to reduce the impact on the service delivery captured in the CCRA with mitigating measures.	Adaptation					
	Procurement and Supply Chain - resilience	Ensure major suppliers and their supply chain have resilience and contingencies measure during any extreme weather events.	Adaptation					
	Estate	Assess local climate change impacts and prioritise actions/interventions, as well as conduct a flood risk assessment of the estate	Adaptation					
	Overheating strategy	Develop a monitoring process for overheating events (aligned to Estates Returns Information Collection (ERIC) reporting) and a rectification/implementation strategy to manage over heating risk especially in clinical and ward areas.	Adaptation					
	Quantifying cost	Assess the financial impacts of climate change to the organisation and communicate the cost of doing nothing to the board.	Adaptation					
	Patients and communities	Ensure vulnerable communities and vulnerable existing patients are prioritised and supported in the event of major and extreme events.	Adaptation					
	Training	Equip the workforce with training and awareness material (posters etc.) on how to deal with different extreme weather scenarios and risks.	Adaptation					
	Innovation	Research and implement innovative/new technologies that help improve the resilience, flexibility and adaptation of our systems and infrastructure.	Adaptation					
	Adaptation lead	Appoint an Adaptation lead, responsible for coordination of adaptation planning, resilience and emergency preparedness, who will be supported with training, access to CPO events and local/national forums for sharing of best practice/innovation.	Adaptation					
	Resilience testing	Conduct resilience test exercises with the main stakeholders and embed the learning outcomes into the adaptation plans.	Adaptation					
	Flood risk assessment	Undertake a Flood Risk Assessment (FRA) of the estate, access routes, supporting infrastructure and workforce (based on the Wandsworth Multi-Agency Flood Plan)	Adaptation					
	Staff Awareness Programme	Develop a 'Summer / Winter Plan - Staff Awareness Programme' issuing simple guidance and advice aimed at promoting no cost/low cost measures to minimise the impact of the hot / cold weather.	Adaptation					
	Natural ventilation	Seek opportunities for natural ventilation instead of air conditioning as heatwave temperatures become more frequent	Adaptation / Estates & facilities					
	Natural cooling	Identify cool spots within buildings for patients and staff to use during hot weather. Also consider use of trees, shade and other green infrastructure to provide cooling outdoors (link with the biodiversity and landscape strategies)	Adaptation / Estates & facilities					
	Drainage and humidification	Maximise the quality and resilience (i.e. through implementation of sustainable drainage systems) of the existing green space in the courtyards, to help manage surface water drainage and cope with rising temperatures and heat waves.	Adaptation / Estates & facilities					
	Pledge and reward scheme	Develop a sustainability pledge and reward scheme for staff.	Workforce & system leadership					
	Smart technology	Install new and innovative smart technology to mitigate and monitor the environmental impacts, including local air pollution, flooding, heatwaves and cold weather. This could include frequent air quality monitoring with on-site equipment	Adaptation					
Our People	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources	
	Staff facilities	Undertake an audit with the facilities team of the existing staff facilities to formally identify what provisions do/ do not need upgrading	Estates & facilities					
	Food and drink suppliers	Identify existing suppliers of food and drink and when contracts are due to expire, look to incorporate requirements for healthy choices such as limited sugar content and whole grain options.	Food & nutrition / Supply chain & procurement					
	Food and drink options	Include nutritional standards within tenders and increased availability of healthy options.	Food & nutrition / Supply chain & procurement					
	Refurbishment & new build	Outlining the use of non-emitting or low Volatile Organic Compound (VOC) materials and products where possible.	Supply chain & procurement					
	Thermal comfort	Develop a platform to monitor thermal conditions frequently	Estates & facilities					
	Air quality - monitoring	Aiming to monitor the air quality of all regularly occupied spaces for at least 2 of the following pollutants: a. Particle count (resolution 35,000 counts per m³ or particle mass; b. Carbon dioxide (resolution 25 ppm or finer); c. Ozone (resolution 10 ppb or finer). Develop an internal Air Quality (IAQ) plan for construction of any new buildings to ensure good air quality during construction.	Estates & facilities					
	Air quality - Construction plan	Undertaking bi-annual training surveys to understand how effective the outcomes are for staff awareness of mental health, musculoskeletal health and healthy lifestyles	Workforce & system leadership					
Sustainable Care Models	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources	
	Reduce secondary care admissions	To continue to work to reduce secondary care admissions with more services being delivered close to home in primary or community settings.	Sustainable Care Models					
	Focus on prevention and early intervention	To continue to focus on prevention and early intervention measures to ensure that our populations stay as healthy as possible for as long as possible and are cared for within the community if required.	Sustainable Care Models					
	Integrated services	To work with local authorities and other key partners to plan and commission integrated services.	Sustainable Care Models					
	Partnerships	To continue working in close partnership with St George's, University of London and Kingston University.	Sustainable Care Models					
	Engagement	To increase our engagement with local schools, colleges and community groups to promote healthier lifestyles.	Sustainable Care Models					
	Collaboration	To increase collaboration with our partners, particularly via the South West London Acute Provider Collaborative (APC).	Sustainable Care Models					
	Digital tools	Work to create or contribute to digital tools to help people better manage their conditions and symptoms, therefore helping to improve physical and mental health remotely.	Digital transformation					
	Remote working	Ensure that managerial and clinical staff have the ability to work remotely and flexibly when needed (for example sufficient deployment of laptops, software, information governance etc.)	Digital transformation					
	Teleconferencing	Offer teleconference options to patients and improve their access to more care at /or closer to home, thus helping to reduce pressure from wait times.	Digital transformation					
	Accessibility	Co-design with patients and the public to ensure our digital infrastructure is user friendly and equally accessible for all patients.	Digital transformation					

Assess viability	Assess whether digital infrastructure is the best model of care for all (e.g. autism, dementia-friendly) and understand when the reduction in or loss of visual cues associated with digital care models is not effective or sufficient for certain patients.	Digital transformation					
IT infrastructure	Upgrade our IT infrastructure and telephony systems to be interoperable and strengthens our systems and processes for cyber-security and education/training procedures.	Digital transformation					
Digital service model	Ensure that our digital service model is designed into our care pathways	Digital transformation					
Communication & Engagement	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources
Community consultations	Undertake local community consultations to understand what value St George's can bring to the community by hosting charity events, local farmers markets, fun runs etc.		Workforce & system leadership				
Corporate communications	Include regular articles in workforce and corporate communications.		Workforce & system leadership				
Sustainability notice board	Ensure each site has a visible and designated sustainability notice board to engage all stakeholders.		Workforce & system leadership				
Local press	Positive news stories related to sustainability will be shared with the local press		Workforce & system leadership				
Community events	Community events and partnerships will be used to further engagement.		Workforce & system leadership				
Local government and business	We will work with local government and businesses to plan and promote sustainable goals and services.		Workforce & system leadership				
Information exchange	St George's will exchange information to define issues and debate problems and solutions with the public to enhance the role of health and sustainability.		Workforce & system leadership				
Intranet	Key sustainability news and policies will be available on the intranet		Workforce & system leadership				
Social media	St George's social media pages (e.g. Twitter) will be used to share sustainability news.		Workforce & system leadership				
Platforms	St George's will ensure platforms are kept up to date and regularly used to share sustainability/estate news.		Workforce & system leadership				
Ideas consultation	Polls and digital Q&A sessions will be used to seek innovative ideas.		Workforce & system leadership				
National sustainability awards	Where appropriate, St George's will apply for national sustainability awards.		Workforce & system leadership				
Internal sustainability awards	Sustainability Awards will occur annually in recognition of individuals, projects and departments which engage with or action positive sustainable efforts.		Workforce & system leadership				
Sustainability Governance	Headline Actions	Priority	Workstream	Progress	Timeline	Owner	Resources
Green Plan update	Development of a new Green Plan by the end of 2025. Examine and evaluate the progress made within this Green Plan; Accordingly update objectives, processes and programmes, and; Develop a new Green Plan.		Steering group				
Governance Structure	Development of the corporate governance structure - main overarching / central group and sub groups covering the key areas of the Green Plan		Steering group				
National report	Report to NHS England via the Sustainable Development Assessment Tool (SDAT) or it's successor tool		Steering group		2022		
Monitor	Monitor implementation of the Green Plan actions		Steering group				
Annual Board report	A sustainability update to be provided to the St George's Board on an annual basis depicting progress against targets, short term and long term plans to meet any remaining or future targets		Steering group				
Annual Trust Report	St George's SDAT score will be reported upon in the Annual Trust Report.		Steering group				
Performance reporting	St George's will report updates on each area of the Model Hospital tool and the Green Plan annually and within the Annual Trust Report.		Steering group				
Sustainability Champion Group	Set up the Sustainability Champion Group		Steering group		2022		
NHS England report	Complete mandatory annual return to NHS England on all areas of Sustainable Development SDAT / SRP or latest reporting tool.		Steering group		2022		
Performance target	Attain a Sustainable Development Assessment Tool (SDAT) score of 70+ (or latest tool equivalent)		Steering group				
Green Plan review	Undertake a mid term review of the Green Plan. Report our progress and outline action plans to address any objectives which are behind schedule, and; Consider the relevance of ambitions, content and context of this Green Plan in preparation for the updated version in 2025.		Steering group				
Corporate vision and objectives	Ensure Sustainable Development is referenced in the St George's vision and corporate objectives		Workforce & System Leadership		2023		
Other actions	SWL Green Plan targets (that apply to all trusts)						
Leadership	Leadership and staff pledges		Steering group				
Paper	Using only recycled paper and reducing paper usage year on year		Supply chain & procurement				
Inhalers	Creating recycling points for MDI's in all GP surgeries and community pharmacies, and ensure clinical guidance on appropriate inhaler usage is clear and helps reduce MDI prescriptions		Medicines				
N2O	Cut out all N2O wastage / leakage by 2023		Medicines		2023		
Desflurane	Keep desflurane usage to below 3% in 2022		Medicines		2022		
Electric transport	Go electric for patient, inter-site and courier transport by 2027		Travel & transport		2027		
Carbon from buildings	Reduce carbon emissions from buildings by 20% vs. 2020 by 2025		Estates & facilities		2025		



Annual Members' Meeting 2022: Proposed Approach

Stephen Jones

Group Chief Corporate Affairs Officer

Anna Macarthur

Director of Communications and Engagement

5 July 2022



Overview

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Summary:

This paper outlines plans for delivering the Trust's Annual Members Meeting on 22 September 2022.

Recommendation:

The Council of Governors is asked to consider and agree the proposals for the Annual Members Meeting on 22 September 2022 in line with the plans outlined in the report.

Annual Members Meeting 2022

- The next Annual Members' Meeting takes place on Thursday 22 September 2022. The meeting will be an in-person meeting, following two years of virtual AMMs during the pandemic, and will be held at St George's Hospital.
- While attendance at previous AMMs has averaged 70-80 attendees, last year's attendance at the second virtual AMM was disappointing with just over 20 attendees. The over-riding focus in the preparation for this year's meeting is making the event as accessible as possible and boosting attendance. We have looked at how we structure the event, including how we can make it more engaging and interactive, as well as how we promote and market it.
- While there are a number of regulatory requirements which govern what we need to do at the AMM (specifically presenting the Trust's latest Annual Report and Accounts and the report of the Auditors) but there is sufficient scope to shape the event as we choose and tailor it to our needs.
- Our aims for the AMM are:
 - *To showcase the work of the Trust and our key achievements over the past year*
 - *To demonstrate the progress we are making in improving services for patients and the populations we serve, while acknowledging areas of challenge*
 - *To provide an opportunity for members of the Trust and the public to ask questions to the Board*
 - *To increase attendance among both public and staff members*
 - *To make the event accessible to those who cannot attend in person*
 - *To meet our statutory duties in relation to the AMM*
- The programme for the AMM would include, as a minimum, presentations from the CEO, (Overview of Trust Performance and Strategic Update), Lead Governor (Overview of Council of Governors activities, membership and engagement), a patient/staff story (topic to be confirmed) and Q&A session. As the paper below sets out, we are also exploring options for making the event more interactive on the day.



Annual Members Meeting 2022

Content and Structure of the Event



At the core of the event will be an overview of the highlights from the Trust over the past year. The Group Chief Executive will, as usual, provide a short overview, but in addition to this we plan to have a number of film clips of staff reflecting on the year and the Trust's – and their own – achievements.

Attendees at the AMM will receive feedback forms and we will use the feedback received to plan for future meetings.



We plan to combine this with a look back at some of the key achievements of staff over the past year and recognise the awards staff have received.



As usual, we are planning to have a patient story, recorded ahead of time if necessary, with members of staff also present to discuss the care provided and the patient's experience.



We are exploring options for more a more interactive element of the evening, including a panel discussion and Q&A and the use of technology to promote engagement in the run up to and during the event.



Annual Members Meeting 2022

Making the event accessible and promotional activity



While the event will be in-person, we want to make it as accessible as possible, particularly to those who cannot attend due to shielding or as a result of caring responsibilities. We are therefore planning to live stream the event, so members of the public can watch the AMM remotely if they cannot attend in person.



To generate interest in the AMM, we plan to run a series of tweets throughout the day leading up to the start of the AMM, as well as through the meeting itself. In the weeks leading up to the event, we will also use social media channels to promote the AMM, using video clips of Board members, Governors and staff encouraging people to attend.



Resuming a successful practice used prior to the pandemic, we plan to hold a marketplace outside the meeting rooms – with a range of engaging stalls, including a Governors stand, Charity stand, health checks, displays etc. We will also run a raffle (or similar) offering various prizes which will be announced during the AMM itself.



From late July through to the event itself on 22 September, we will run a promotional campaign to generate interest in the AMM – using our social media channels, our stakeholder and members newsletter, newspaper adverts, local radio slots, posters and flyers, and staff emails to encourage participation. Word of mouth will also be key – Governors encouraging members and the public from their constituencies to attend will shape how successful the event will be (we can supply Governors with promotional material for use in local constituencies)

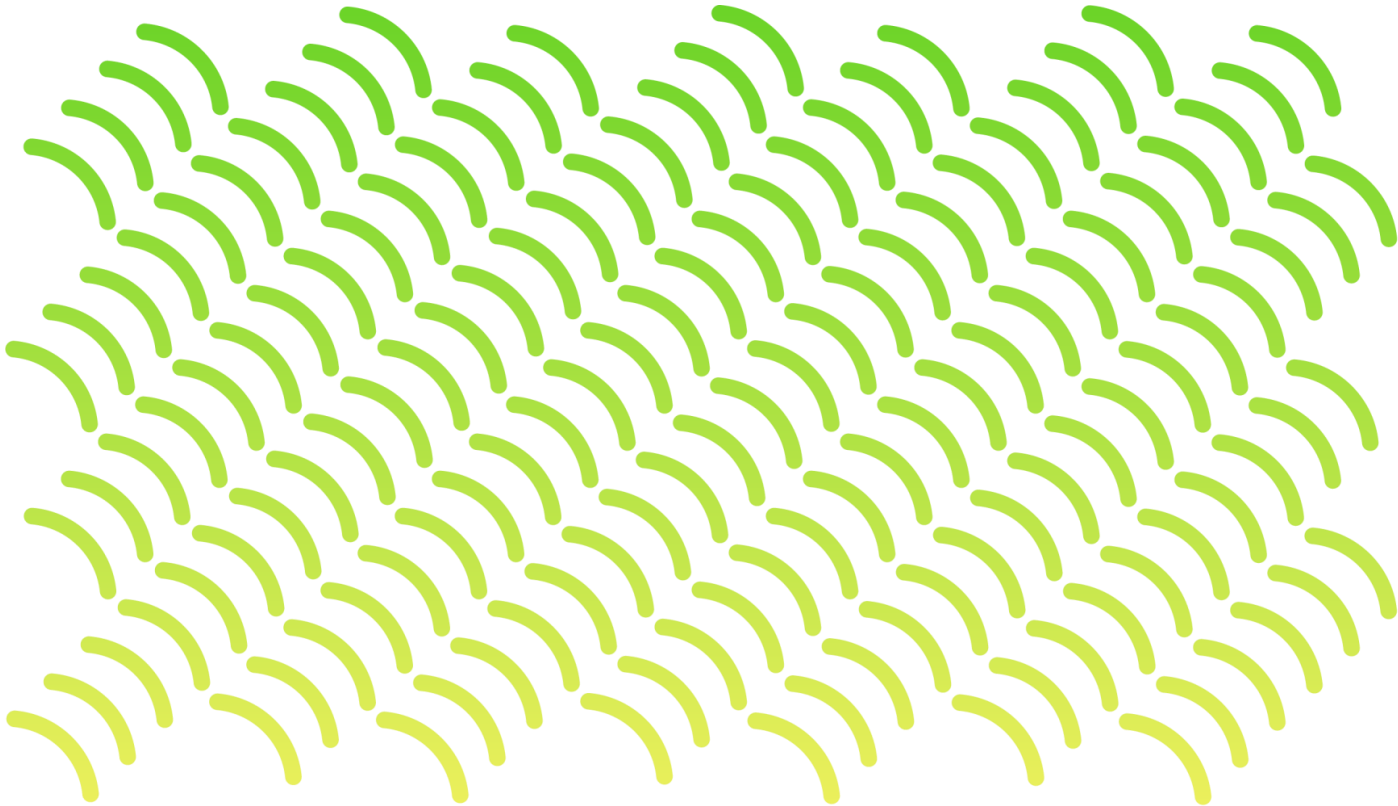


Annual Members Meeting 2022: High-level timetable

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Action	Completed by
Website Development and Publication	
Create specific web page for AMM, upload joining details for 2021 meeting, agenda, previous minutes and annual report and accounts	25/07 – 01/08/2022
Upload presentation to webpage	21/09/2022
Internal/external promotion	
Confirm Calendar Invite to key presenters, Trust Chairman, Executive Team, Non-Executive Directors, Leader Governor, External Auditors, Council of Governors	Completed
Confirm invites to the executive and non-executive directors and Council of Governors	Completed
Ongoing social media publication - Linked-in, Facebook and Twitter	Commence August 2022
Complete design of poster and issue advert in local newspapers and partner organisations news publication	w/c 01/08/2022
Send posters and advert to Governors to circulate in their local networks	w/c 01/08/2022
Confirm live streaming arrangements	w/c 12/08/2022
Article in The Brief, Save the date in staff bulletin	w/c 25/07/2022
Email invitation from Trust Chairman to key organisational stakeholders	w/c 25/07/2022
Article in The Brief, September edition of By George and asking St George's Charity to publish poster and advert	w/c 22/08/2022
Intranet news story and Story on website homepage	w/c 30/08/2022 (weekly thereafter)
Email Reminder invites to all members	w/c 30/08/2022 (weekly thereafter)
Other Preparations	
Confirm Agenda and on the day arrangements	w/c 30/08/2022
Commence presentation development and development of Q&A for Chairman, Executive team and Lead Governor	w/c 30/08/2022
Request from Governors questions for use at AMM which would be of interest to members	w/c 30/08/2022
Rehearsal/run through of AMM	w/c 12/09/2022
Finalise presentations for speakers approval	w/c 12/09/2021
Final briefing to executive team	13/09/2021
AMM Event	
Set up hashtag and tweet throughout day	22/09/2022
Live stream event	22/09/2022





Annual Members' Meeting: Proposed Approach





Meeting Title:	Council of Governors		
Date:	5 July 2022	Agenda No	5.2
Report Title:	Elections to the Council of Governors 2022/23		
Lead Director/ Manager:	Stephen Jones, Group Chief Corporate Affairs Officer		
Report Author:	Stephen Jones, Group Chief Corporate Affairs Officer		
Presented for:	Review		
Executive Summary:	<p>The next elections to the Council of Governors are scheduled to be held later this year. A total of eight seats on the Council are open to election in 2022/23, including seven public governors and one staff governor. We plan to begin publicising the elections from August onwards through a range of communications channels. We will also be holding a number of in person and virtual awareness sessions for prospective candidates in September and October. On current timescales, we anticipate that candidates will be required to submit their nominations during October with the poll opening in early November, closing in early December and the results being published by mid-December 2022. Successful candidates in the elections will take up office on 1 February 2023 which means that we can provide induction training to newly elected governors during January 2023.</p> <p>One of our longstanding public governors has indicated that, for health reasons, they intend to stand down later this year. The Trust has two options for filling the forthcoming vacant seat; either approach the next highest unsuccessful candidate in the most recent election for this seat, or hold a special election. As elections are planned for November and December 2022 in any case, it is proposed that an election is held for the vacant position and that we wrap this into the wider set of elections, with the post being filled for the remainder of that governor’s term of office, that is to 31 January 2024.</p>		
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none">• Note the plans for holding elections to the Council of Governors during Q3 2022/23; and• Agree that the forthcoming vacant public governor seat on the Council be filled through the 2022/23 elections, with the successful candidate being appointed for the remainder of the existing term of office.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well-Led		
NHS System Oversight Framework:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	Not engaging sufficiently with members and having vacant seats for elected positions.		
Legal/Regulatory:	The Trust’s Constitution sets out the election process following Model Election Rules in Annex 4 and additional provisions for the Council of Governors at Annex 5.		



Resources:	The costs of appointing a provider of independent electoral services, including the function of Returning Officer, is expected to be in the region of £5-10k. The Trust is required to communicate with all its public and staff members to inform them about the upcoming election. Given that the Trust only holds email addresses for around half of its public members, the Trust must write out to the approximately 6,500 members for whom it holds only postal addresses. This will cost approximately £5k.		
Previously Considered by:	N/A	Date	
Appendices:	N/A		



Elections to the Council of Governors 2022/23

Council of Governors, 5 July 2022

1.0 ISSUE

- 1.1 This paper provides an update to the Council of Governors on the plans for holding the next scheduled elections to the Council during 2022/23. It also sets out proposals for filling a forthcoming vacancy among the public governors on the Council later this year.

2.0 BACKGROUND

- 2.1 The Council of Governors comprises 15 elected public governors, four elected staff governors, and eight appointed governors. Terms of office are three years and, for public and staff governors, are staggered so that not all governors are up for election at the same time. Governors may stand for re-election but are not permitted to serve on the Council for more than nine consecutive years. The elected seats on the Council are:

Constituency type	Constituency	Number of Governors
Public	Wandsworth	6
	Merton	4
	South West Lambeth	1
	Rest of England	4
Staff	Medical and dental	1
	Nursing and midwifery	1
	Allied health professionals and other clinical and technical staff	1
	Non-Clinical	1
Total		20

- 2.2 The process of elections to the Council are set out in the Trust's Constitution, which incorporates the model election rules defined by the Department of Health and Social Care. The election rules make provisions for the timing of elections, the appointment of a returning officer, notices to be served, eligibility, requirements and nominations of candidates for election, the list of eligible voters, and the process of conducting the poll, and provisions around the count and declaration of results.

3.0 ELECTIONS IN 2022/23

- 3.1 A total of eight seats on the Council of Governors will be open to election in 2022/23; seven public governors and one staff governor:

Governor	Constituency type	Constituency	End of current term of office
Nasir Akhtar	Public	Merton	31 January 2023
Patrick Burns		Merton	31 January 2023
Afzal Ashraf		Wandsworth	31 January 2023
Basheer Khan		Wandsworth	31 January 2023
Ataul Qadir Tahir		Wandsworth	31 January 2023
Sandhya Drew		Rest of England	31 January 2023
Stephen Sambrook		Rest of England	31 January 2023
Jenni Doman	Staff	Non-Clinical	31 January 2023



- 3.2 Under the Trust's Standing Financial Instructions, a mini-tender exercise is required for awarding contracts under up to the value of £50,000. This exercise involves securing three tenders from service providers and assessing the cost and quality of the tenders. This tender will be conducted over the summer and the outcome will be reported to the Council at its meeting in September 2022. The Trust will select the best quote based on which provider sets out the most compelling case for providing a high quality service at a competitive price. We anticipate the cost of a returning officer support to be in the region of £5-10k.
- 3.3 The key stages of the elections cycle as a whole are set out in the table below. The dates set out are indicative and are subject to minor amendments following discussions with the appointed Returning Officer:

ELECTION STAGE	DATE
Tender for Returning Officer	July 2022
Article on Governor elections in new Members and Stakeholder Bulletin and in Staff newsletters	August and September 2022
Governor Awareness Sessions for prospective candidates	Mid-September – late October 2022
Notice of Election / nominations open	Early October 2022
Nominations deadline	Late October 2022
Summary of valid nominated candidates published	Early November 2022
Notice of Poll published	Early November 2022
Voting packs dispatched	Early-to-Mid November 2022
Close of election	Mid-December 2022
Declaration of results	Mid-December 2022

4.0 COMMUNICATIONS AND PUBLICITY

- 4.1 From August 2022 through to the close of the election, we plan to run a sustained communications campaign to promote the elections. The elections will be promoted through a range of media, including the monthly e-bulletin *The Brief*, which is circulated to all members and key stakeholders; staff newsletters, including eG, the Trust's website and intranet, posters around the Trust, and through our social media channels. We also plan to run adverts in the local newspapers. This is to both encourage members to nominate themselves to stand as candidates and to encourage as many members as possible to participate in the election. The Corporate Governance team, which is managing the elections with the Returning Officer, will work closely with the Communications team on the election awareness campaign.
- 4.2 For prospective governors, we plan to run a number of awareness sessions to enable prospective governors to get a better understanding of the role and time commitment required and to inform them about the election process. Dates for these sessions are currently being confirmed and details will be circulated to all members of the Trust. We plan to offer both in-person and virtual sessions in order to make these as accessible as possible to the largest number of prospective candidates.



- 4.3 The Trust is required to notify all members of the upcoming elections. While the communications via email will reach around half of the Trust's public members, for around 6,500 members the Trust only holds postal address contact information. As a result, hard copy letters will need to be sent to these members to let them know about the election and the fact that they may put themselves forward as candidates. Costs for this have been calculated and are expected to be in the region of £5k for the mailing.

5.0 FILLING A NEW VACANCY ON THE COUNCIL OF GOVERNORS

- 5.1 In addition to the scheduled vacancies on the Council which will be filled through the 2022/23 elections, a further vacancy among public governors on the Council is expected later this year as Mia Bayles has indicated that for health reasons she intends to step down from the Council prior to the end of her term of office, which runs to 31 January 2024.
- 5.2 Under the Trust's Constitution (section 4.1.2), there are two options for dealing with such vacancies:
- hold an election for the remainder of the term of office for the governor who is being replaced, or
 - invite the next highest polling candidate for that seat at the previous election to fill the role for the remainder of the term.
- 5.3 The election for the seat held by Mia Bayles was conducted in November 2020, around 20 months ago.
- 5.4 Given that the 2022/23 elections are now imminent, it is proposed that these elections be extended to include an election for the remainder of Mia Bayles' term as governor. It is not permissible under the Trust's Constitution for Mia's position to be offered up to election as a three-year term; only the remaining term of office ending 31 January 2024 can be contested.

6.0 RECOMMENDATION

- 6.1 The Council of Governors is asked to:
- Note the plans for holding elections to the Council of Governors during Q3 2022/23; and
 - Agree that the forthcoming vacant public governor seat on the Council be filled through the 2022/23 elections, with the successful candidate being appointed for the remainder of the existing term of office.

Stephen Jones
Group Chief Corporate Affairs Officer
5 July 2022