



Council of Governors Meeting

Date and Time: Thursday 8 December 2022, 18:20 – 19:50
Venue: H2.5 Principal Boardroom, St George's University Hospital
 and via Microsoft Teams

Time	Item	Subject	Lead	Action	Format
1.0	OPENING ADMINISTRATION				
18:20	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Assure	Report
	1.3	Minutes of previous meeting	Chairman	Approve	Report
	1.4	Action Log and Matters Arising	All	Note	Verbal
2.0	STRATEGY & PERFORMANCE				
18:25	2.1	Group Chief Executive Officer’s Report	GDCEO	Update	Report
18:45	2.2	SWL Integrated Care System Update	GDCEO	Update	Report
19:05	2.3	Financial Performance Update	GCFO	Update	Report
3.0	MEMBERSHIP INVOLVEMENT AND ENGAGEMENT				
19:25	3.1	Membership Engagement Committee Report	GCCAO	Note	Report
4.0	QUESTIONS TO NON-EXECUTIVE DIRECTORS				
19:30	4.1	Questions to Non-Executive Directors	All	Assure	Verbal
5.0	CLOSING ADMINISTRATION				
19:45	5.1	Any Other Business	All	Note	Verbal
	5.2	Reflections on meeting		Note	Verbal
19:50	CLOSE				
Date and Time of Next Meeting: TBC February 2023					

**To be followed by a Council of Governors seminar on the development of a Group Strategy
for the St George's, Epsom and St Helier University Hospitals and Health Group**

20:00 – 21:00



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
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Julian Ma	St George's University of London	MA
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Patrick Burns	Public Governor, Merton	PB2
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
In Attendance		
Stephen Collier	Non-Executive Director, Senior Independent Director	SC
Peter Kane	Non-Executive Director	Pka
Parveen Kumar	Non-Executive Director	Pku
Tim Wright	Non-Executive Director	TW
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Tom Shearer	Group Deputy Chief Finance Officer	GDCFO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Ralph Michell	Deputy Chief Strategic Officer	DCSO
Secretariat		
Muna Ahmed	Senior Corporate Governance Manager (Minutes)	SCGM
Joan Adegoke	Corporate Governance Officer	CGO
Apologies		
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Pui-Ling Li	Associate Non-Executive Director	PLL
Ann Beasley	Non-Executive Director, Vice Chair	AB
Jenny Higham	Non-Executive Director	JH
Jenni Doman	Staff Governor, non-clinical	JD
Mia Bayles	Public Governor, Rest of England	MB
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
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)
22 September 2022, 14:00 – 17:30
Wandsworth Professional Development Centre
Building 1, Burntwood School, Burntwood Lane, SW17 0AQ

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	AA
Adil Akram	Public Governor, Wandsworth	NA
Afzal Ashraf	Public Governor, Wandsworth	AA2
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Ataul Qadir Tahir	Public Governor, Wandsworth (up to 16.00)	AQT
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
In Attendance:		
Stephen Collier	Non-Executive Director	SC
Parveen Kumar	Non-Executive Director	Pku
Jenny Higham	Non-Executive Director	JH
Pui-Ling Li	Associate Non-Executive Director	PLL
Richard Jennings	Group Chief Medical Officer	GCMO
Tom Shearer	Site Chief Finance Officer	Site CFO
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
Stephanie Sweeney	Deputy Chief Nurse	DCN
Karen Daley	Deputy Chief Medical Officer (Quality)	DCMO(Q)
Secretariat		
Patricia Morrissey	Interim Head of Group Corporate Governance (Minutes)	HoGCG
Joan Adegoke	Interim Corporate Governance Officer	ICGO
Apologies:		
Mia Bayles	Public Governor, Rest of England	MB
Patrick Burns	Public Governor, Merton	PB2
Jenni Doman	Staff Governor, Non-Clinical	JD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Julian Ma	Appointed Governor, St George's University of London	JM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Jacqueline Totterdell	Group Chief Executive Officer	JT
Ann Beasley	Non-Executive Director	AB
Peter Kane	Non-Executive Director	Pka
Tim Wright	Non-Executive Director	TW



1.0	OPENING ADMINISTRATION	Action
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting, and in particular Stephen Worrall who had recently joined the Council of Governors as an Appointed Governor for Wandsworth Council and was attending his first meeting.</p> <p>Apologies were noted as set out above.</p> <p>The Chairman commented that meetings conducted wholly in-person risked excluding Governors who were, for various reasons, unable attend in person. It was suggested that alternating in-person meetings with virtual meetings could be an option to support wider participation. It was also suggested that evening meetings should also be considered. It was agreed that having a range of meeting times on offer throughout the year could support the accessibility of meetings for all.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interest.</p>	
1.3	<p>Minutes of the Public meeting held on 5 July 2022</p> <p>The minutes of the meeting held on 5 July 2022 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council of Governors reviewed and noted the action log.</p> <p>With regards to Action COG.050722.3, the GCCAO explained that the Trust had responded to the Coroner's Prevention of Future Deaths (PFD) Report in relation to cardiac surgery on 1 August 2022. In submitting its response, the Trust had made representations to the Coroner, in line with the Chief Coroner's Publication Policy, that its response be published in the interests of open justice. The Trust had yet to receive a response from the Coroner, but had followed up its request as it considered publication of its response to be in the public interest.</p>	
2.0	TRUST UPDATES AND STRATEGY	
2.1	<p>Group Chief Executive Officer's Report, including an Integrated Care System Update</p> <p>The Group Deputy Chief Executive Officer (GDCEO) presented the report and provided the following updates:</p> <ul style="list-style-type: none"> The Trust had long a close association with the Queen, who had officially opened the current St George's Hospital site following its move from Hyde Park Corner. The Queen had also opened the South West London Elective Orthopaedic Centre in 2004. The official period of reflection provided the opportunity to remember the Queen's dedication and service, including her affiliation with St George's. Operational performance in August 2022 had improved, including compliance with the four hour emergency standard which had risen to 79.8% and there had been a reduction in the number of patients waiting 78 weeks for planned care. In line with the challenges seen across the NHS, the emergency care pathway continued to face significant pressures. The Trust, like others, was not currently achieving the Four-Hour Emergency Care Operating Standard 	



	<p>and there had been an increase in the number of patients waiting 12 hours in the Emergency Department (ED).</p> <ul style="list-style-type: none"> • The Urgent Treatment Centre (UTC) was now open and provided a purpose-built area close to the ED that would support capacity for treating urgent cases. • Cardiac Catheterisation Laboratories three and four were now operational, and Laboratory five remained on track to open shortly. • The recent heatwave had created additional operational challenges. Areas of the estate were not designed for intense hot weather and this had led to difficult conditions for both staff and patients. Valuable learning around the integrated communications plan used during the heatwave would be used to form a winter plan and would underpin the planning already commenced. • The launch of the Values-Based Behaviours guide for staff had taken place and this described how all staff could live the St George's values of Excellent, Kind, Responsible and Respectful. A total of 30 Culture Champions had been appointed from SGUH staff to support this work. • The South West London Integrated Care System has continued to develop since its launch on a statutory basis on 1 July 2022 and St George's continued to be an active partner in the ICS. The GCEO is a member of the Integrated Care Board and is the lead chief executive for the South West London Acute Provider Collaborative. The Managing Director for St George's is part of the local cross-sector leadership teams in Wandsworth and Merton. <p>The following issues were raised and noted in discussion:</p> <ul style="list-style-type: none"> • In response to a question regarding the interface between the ED and the UTC, the GDCEO and MD-SGUH explained that the UTC would assist with mitigating the pressures on the ED by treating patients with lower acuity. Primary Care clinicians were working in the UTC and the skills mix within the Centre was vital to its success in helping to prevent unnecessary admissions to hospital and ensuring that patients received the right care at the right time in the right place. The launch of the UTC had been a success, but the Trust was conscious about the risk it could be overloaded in terms of demand and steps were being taken to ensure its use was promoted appropriately. The Chairman also highlighted that the Trust's ED was one of the best performing EDs in the country and the second best performing in London. • In response to a question about what more could be done to reduce delays with discharging patients who did not meet the criteria to reside, the MD-SGUH responded that action to work in more of an integrated way across the system was continuing but that there remained challenges with finding support for patients with higher acuity and more complex needs, including mental health patients. A key focus was trying to support frail and elderly patients to remain at home, when appropriate, working with primary care partners to develop new care pathways suitable for an aging population with more complex needs. • In response to a question about activity levels, the GDCEO informed Governors that a significant number of outpatient appointments were not adding value and that closer working with GPs and patients would be undertaken to develop new pathways rather than to fall into a pattern of repeated appointments. In relation to breast cancer new efficiencies meant that in a single appointment a patient could have a scan, meet with a 	
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	<p>consultant and have a biopsy, delivering in a single visit what used to take three appointments. Theatres was another area where further optimisation was required to increase activity levels from 70% to 85%.</p> <ul style="list-style-type: none"> • In response to a question about diagnostic delays, the GDCEO confirmed that 10.9% of patients were waiting more than 6 weeks for a diagnostic test against a target of 5%. The Trust was not where it wanted to be in relation to this and staffing challenges, such as those in gynaecological ultrasound, had in part impacted on the Trust's ability to meet the volume of tests required. He also explained that dermatology referrals had peaked in the summer months with an increase of 120% against the baseline. In order to meet this demand a tele-dermatology pilot was being developed to offer advice to patients without seeing them in the hospital. Delays in urology were linked to a group of patients with complex needs. • In relation to equality and Inclusion and the forthcoming launch of wearing 'See Me First' badges, it was noted that a supporting communications plan would be helpful to ensure that everyone understood the rationale for wearing the badges. • In relation to comments about the on-going challenges of climate change and the potential for regular heatwaves, the GDCEO and MD-SGUH explained that the estates plan would be revisited and that there would be a need to prioritise work in ward spaces and clinical areas but that there was limited capital resource available. The existing heat plan would be reviewed annually in accordance with established practice. • In response to a question regarding the ICS and forthcoming changes in the arrangements for specialised commissioning, the GDCEO noted that devolution of specialised commissioning in certain specialities from April 2023 if approached in the right way could help to improve flow and provide more control over effective ways of working. The Trust's relationships with the other acute providers in SWL were good and the ways of working with the ICS were continuing to develop. <p>The Council noted the report.</p>	
2.2	<p>Developing a new Group Strategy</p> <p>The GDCEO presented the report on the development of the new Group Strategy for the St George's, Epsom and St Helier University Hospitals and Health Group (GESH) which was intended to take effect from April 2023 and invited the Council to consider the key themes emerging from the engagement undertaken to date with staff, patients and partners. It was noted that the current SGUH strategy had been published in 2019 and the ESTH strategy in 2020, and that the world had moved on significantly both in terms of the pandemic and the financial context.</p> <p>The following issues were raised and noted in discussion:</p> <ul style="list-style-type: none"> • It was suggested that the new strategy should evolve from, and build on, the current SGUH strategy, notwithstanding that the world had very much changed since the previous strategy was developed. • It was also suggested that when the new strategy is published that there should be some communication about the previous strategy and what had been achieved. The GDCEO confirmed that the new strategy would be a living document and that the Board would monitor its implementation plan. 	



	<ul style="list-style-type: none"> • The ICS would be developing its own strategy and the GESH strategy would be cognisant of this and there would need to be an appropriate balance between organisational ambitions and the complex landscape at system level. • The GDCEO highlighted the choice that the organisation would consider in relation to health inequalities and GESH as an anchor institution using the organisations assets and resources to influence the health and wellbeing of the local community. • In response to a question around the terminology used, the Chairman noted that the term 'strategy' was being used as it had been used previously and that it was important to focus on gaining clarity about what the Trusts wanted to achieve. <p>The Council noted the update and welcomed having the opportunity of having a dedicated seminar to contribute to the development of the strategy in the coming months.</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>Richard Mycroft, Public Governor, South West Lambeth, asked about the use of agency staff, including on-boarding processes, to ensure that when working for the Trust these members of staff worked in ways aligned with the Trust's values and behaviours. Stephen Collier, Chair of the People Committee, explained that where gaps in rotas were filled with bank staff, the costs were similar to those of substantive staff and did not incur agency fees. When agency staff were used to fill shifts this was either 'on framework' with financial limits in place, or 'off framework' where there were no specified financial limits; the use of 'off framework' arrangements was kept to a minimum and only used for specific specialities and hot spot areas. He noted that over the last four months agency spend had reduced while bank spend had increased, and that this was the right trend. In terms of induction, Stephen Collier noted that two thirds of bank staff were already Trust employees and as such fully inducted. Inductions were arranged for all other staff filling rota gaps in shifts in line with the CQC requirements. There had been no clinical incidents where a lack of induction was a contributory factor. The Deputy Chief Nurse also noted that efforts to recruit new staff were continuing and that nurse vacancies were currently below trajectory at 8%.</p> <p>Richard Mycroft also asked about the Committees-in-Common arrangements and the experience six months in to the new ways of working. In response, the Chairman acknowledged that although there was some early teething issues overall the quality of the papers presented to the Committees had improved and that the ability to of the Committees to compare and contrast performance across SGUH and ESTH often led to a better quality discussion in the meetings. Parveen Kumar noted that the Quality Committee papers were gradually being brought together in joint papers making it clear where learning could be shared. Pui-Ling Li echoed the comments and noted that the discussions at Quality Committee had become richer as the new arrangements embedded. Stephen Collier reflected on the additional work for the NEDs and Execs and noted the challenge of creating time to follow-up on Trust specific issues, as well as the need to also consider performance across SWL not just across the Group. The GCCAO noted that it was envisaged at the outset that the Committees-in-Common approach would take time to embed, but while it was undoubtedly the case that there was scope for further improving the way in which the</p>	



	Committees operated, there were clear benefits from the arrangements and an increasing focus on assurance. The Chairman invited further comments from Governors and in response it was noted that the additional papers created extra work for Governors observing meetings, that too much information was being presented to the Committees and that some attendees contributed at meetings when it was not necessary adding to the length of the meetings. The Chairman noted that the chat function in on-line meetings could be used by attendees as a means of contributing as opposed to waiting to speak.	
4.0	QUALITY, PERFORMANCE AND FINANCE	
4.1	<p>Integrated Quality and Performance Report (Patient Safety and Quality Focus)</p> <p>The Deputy Chief Nurse (DCN) introduced the report that was based on August 2022 data, and the following points were highlighted:</p> <ul style="list-style-type: none"> • In relation to Covid-19, the Trust had moved away from swabbing all patients attending hospital for planned operations and procedures to swabbing only those that were immunosuppressed or had Covid-19 symptoms. • Between April and August 2022 there had been a total of 32 cases of <i>C. difficile</i> infection. This was a significant number and the rise in infections was also being seen at other teaching hospitals in London. Deep dives had taken place in relation to 29 cases to ascertain what might be driving the trend and there was nothing found linking the cases. • MRSA bacteraemia was reported from a blood culture taken from a patient on CTICU. The patient had no previous admissions to St George's and it had been established that the source of the infection was not at the Trust and was thought to be linked to treatment elsewhere prior to admission. The Trust was working with the Trust which had provided care to this patient prior to admission to SGUH. • Staffing within maternity remained extremely challenging across the month with vacancies, sickness absence and Covid isolation continuing. However, there was a strong pipeline of midwifery candidates coming through in September and October which would reduce the vacancy rate. • Long waits in the Emergency Department continued to impact on its Friends and Family Test results and focus had been placed on supporting patients waiting with the provision of additional staff and making food and drinks more readily available. • In response to a question about student midwifery placements and maintaining this a route for filling vacancies, the DCN acknowledged that this was something that could be looked at as there were not as many students coming through training. However, Governors were assured that St George's was considered to be a good place to work by the midwifery community. • With regards to the Friends and Family test it was suggested that the Trust could helpfully publish a 'you said/we did' communication showing action taken in response to the feedback. The DCN agreed that the actions could be made clear on the Friends and Family board already in use and that the PSQG would also consider how this could be communicated. <p>The Council of Governors noted the report.</p>	DCN



4.2	<p>New Patient Safety Framework</p> <p>The Deputy Chief Medical Officer (Quality) (DCMOQ) introduced the paper, which provided a high-level briefing and update on the new Patient Safety Incident Reporting Framework (PSIRF) outlined in the national Patient Safety Strategy.</p> <p>In response to a question about the regular reporting of incidents, the DCMOQ explained that the paper focussed on the future arrangements but that in meantime current reporting continued to the Quality Committee and that the number of Serious Incidents was stable. Future reporting would involve less detail about individual cases but would focus on learning and include more triangulation of information from different sources, including from complaints, friends and family test and litigation.</p> <p>In response to a question about the reporting of near misses, the DCMOQ explained that currently near misses were managed at a local level but that the new framework would cover a wider remit and the new patient safety strategy would support a culture where staff feel able to speak up and raise concerns, including in relation to near misses. The GCMO also noted that there were now more instances in which staff raised safety concerns to the Freedom to Speak Guardian and this was positive. He also reiterated that the 44 departments at SGUH had structured ways to review when things had gone wrong and the leadership in the organisation was leading the way to foster the psychological safety necessary to talk about errors.</p> <p>The Council noted the report.</p>	
4.3	<p>Patient Experience Annual Review</p> <p>The DCN introduced the Patient Experience Report for the period 1 April 2021 to 31 March 2022, and the following points were highlighted:</p> <ul style="list-style-type: none"> • Following a 6-month vacancy, a new Head of Patient Experience and Partnership had been appointed and the Trust's patient experience work was back on track. • The Trust received 59,044 responses to the Friends and Family Test (FFT), an increase of 38% on the previous year. • More work would be done on communicating actions in response to feedback via 'you said/we did' style communications, including in relation to complaints. • The Patient Partnership Engagement Group (PPEG) had met following a pause to refresh, recruit and re-energise. A total of 7 Patient Partners had been appointed to the Group. <p>During discussion, it was noted that the newly reinvigorated PPEG should be given the full support necessary to thrive to avoid the disillusion that the members of the original PPEG had felt.</p> <p>In response to a question about the drop in FFT recommend scores in the Medicine and Cardiovascular Division, the DCN explained that the division was very large and included the emergency department and senior health, and had been very pressurised during the pandemic which had impacted on the drop in scores. Pre-Covid values and behaviours were returning and nurse managers were going back to the floor every Friday in an effort to improve patient satisfaction.</p>	
4.4	<p>Finance Update</p> <p>The GDCFO presented the report, and the following points were highlighted:</p> <ul style="list-style-type: none"> • The Trust was reporting a deficit of £21.5m at M4, which was £4.5m adverse to plan. There are significant risks to delivery in the second half of the year 	



	<p>and achieving breakeven will be a huge challenge. Weekly senior team meetings focussed on financial and productivity improvement had been in place for a few months and it was expected that benefits would start to be realised over the coming weeks. Monthly Trust Management Group meetings were taking place focussing on financial delivery, improvement, productivity and efficiency, including operational efficiency.</p> <ul style="list-style-type: none"> • A medium term improvement plan was in development at Group level, looking at maximising the benefit of closer working within the Group and wider SWL system. • Given the deficit position a Cash management plan was in place to ensure the cash position can be managed pending agreement externally of cash funding to support any reported deficits. • The governance around savings programmes had been strengthened, to ensure Quality Impact Assessments (QIAs) have been completed for key schemes to ensure quality and safety is not compromised. There were likely to be difficult and challenging decisions ahead and the support and buy-in of clinical colleagues would be vital. <p>In response to a question around energy and inflation costs, the GDCFO explained that the planning process had been based on an inflation rate of 2% but national funding had been granted to cover the inflationary pressures. While the Trust was protected in many of its contracts against price rises, the inflationary pressures were a significant risk for 2023/24. The financial risk was reflected on the Trust's Corporate Risk Register with a score of 25, the highest score. Difficult decisions were going to be required at a time when the Trust was already facing operational pressures.</p> <p>The Chairman also flagged that the Acute Provider Collaborative had commissioned a piece of work to look at financial sustainability across SWL and that the ESTH and SGUH Boards would shortly be asked to approve the Terms of Reference for this work. The Governors requested further updates on this work, as required.</p> <p>In response to a question regarding the reporting arrangements for the Trust, the GDCFO explained that the Trust reports to the SWL Integrated Care Board and through this to the NHS England London Regional Team. The Chairman also noted that the Board was actively monitoring the financial situation and pressing for more efficiency.</p> <p>In response to a question about the new hospital due to be built in Sutton, the Chairman confirmed that ESTH was still waiting to hear the outcome of the decision. The GDCEO confirmed that HM Treasury had agreed to the separate new renal build, although the letter confirming the decision was still awaited. In the meantime, collaborative working across the Group could deliver both patient and financial benefits. Clinical immunology lab services had moved from ESTH to SGUH and there were opportunities of scale to be explored across pharmacy services, as well as cardiology and urology.</p> <p>The Council noted the update.</p>	GCFO
5.0	COUNCIL OF GOVERNORS - GOVERNANCE	
5.1	<p>External Auditor Reports 2021/22</p> <p>The Council noted the External Audit Findings Report and Value for Money Report on the Trust's 2021/22 financial accounts, which had been approved at the Trust Board in June 2022.</p>	



5.2	<p>Council of Governors Learning and Development Programme</p> <p>The Group Chief Corporate Affairs Officer presented the paper which set out the results of the Governor skills, training and development survey undertaken in September 2022 with a view to informing the development of a new Governor training and development programme, and highlighted that:</p> <ul style="list-style-type: none"> • Overall, a total of 14 Governors responded to the survey, and of this: <ul style="list-style-type: none"> ○ 73% of Governors felt they had a good understanding of the role of the Council in the overall governance of the Trust. ○ 61% of Governors felt the Council was effective in holding the NEDs to account for the performance of the Board. ○ 98% of Governors felt the Council was effective in representing the interests of members and the public. ○ 50% of Governors felt they had a good understanding of the development of ICSs and the South West London ICS in particular, although. • Wider issues provided in the feedback included: <ul style="list-style-type: none"> ○ The importance of undertaking site visits. ○ The desire to engage with NEDs outside formal meetings. ○ The challenges faced by some Governors in attending in-person meetings and the risk of excluding some Governors by not holding hybrid meetings. ○ Desire to resume Meet Your Governor events. ○ The importance of case studies from other trusts where Governors worked effectively. <p>In response to a question regarding the provision of resources and facilities to communicate with members in their constituencies, including member email addresses, the GCCAO noted that there was a dedicated membership email address, which was publicised on the Trust's channels, to which any constituents could ask questions or raise issues, which would then be communicated to the local Governors. In terms of engagement with members more generally, the GCCAO flagged that the development of the new engagement strategy was intended to include a suite of engagement activities.</p> <p>The Council agreed to use the key areas for skills and knowledge-based training to develop a comprehensive training and development programme for the balance of 2022/23. Opportunities for member engagement would also be pursued through the forthcoming Membership and Engagement Committee.</p>	
6.0	CLOSING ADMINISTRATION	
6.1	<p>Any other business</p> <p>The GDCEO updated the Council of Governors on the availability of flu and Covid vaccinations at St George's. The GDCEO explained that both vaccines were available to staff and that a dedicated communications campaign had been rolled out to support the uptake of vaccinations. The GCCAO added that flu vaccinations would be available at the forthcoming Annual Members meeting.</p>	
6.2	<p>Reflections on meeting</p> <p>SW noted that he was impressed with the discussion and debate at the meeting and that this was compared very favourably to his prior experience as a Governor at another Trust.</p>	





	<p>The Chairman reiterated the concerns from some Governors that having wholly in person meetings risked excluding some members of Council. The option to alternate with wholly in person or wholly virtual meetings had been suggested previously. The Trust would explore the possibility of holding the next Council meeting in the evening and would also explore the feasibility of using a University meeting room which could support hybrid meetings.</p>	GCCAO
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Meeting ended: 17.00

Date of next Meeting
18:00 – 20:00, Thursday 8 December 2022

DRAFT

<div>  <div> Council of Governors - 8 December 2022 </div> <div>  St George's University Hospitals <small>NHS Foundation Trust</small> </div> </div>						
Action Log						
Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.050722.3	Questions to Non-Executive Directors	Under the Chief Coroner's PFD publication policy, it was for the Coroner to determine when a PFD response could be published. Once published, the Trust would make this available to the Governors and place a copy on the Trust website.	08/12/2022	GCCAO	The Trust continues to engage with the Coroner to ensure publication of its response to the Prevention of Future Deaths Report. The Trust submitted its Response on 1 August and made representations that its response be published in line with the Chief Coroner's Publication Policy. The Group Chief Executive has written to the Chief Coroner regarding this.	DUE
COG.050722.1	Chief Executive Officer's Report	The SWL ICS is seeking to address population health and wellbeing, to reduce the need for acute services. However, improvements will not be easily measured in the short term. The GCEO agreed to provide further information on the work of the ICS at a future meeting.	08/12/2022	GCEO	A session on the work of the SWL ICS is scheduled for the meeting in December 2022.	DUE
COG.220922.2	Finance Update	The Acute Provider Collaborative had commissioned a piece of work to look at financial sustainability across SWL and that the ESTH and SGUH Boards would shortly be asked to approve the Terms of Reference for this work. The Governors requested further updates on this work, as required.	08/12/2022	GCFO	The Trust Board reviewed the scope of this work at its private meeting in October 2022 and has provided feedback on this. It was anticipated that a final report would be available in around May 2023 (tbc).	DUE
COG.220922.1	Integrated Quality and Performance Report (Patient Safety and Quality Focus)	With regards to the Friends and Family test it was suggested that the Trust could helpfully publish a 'you said/we did' communication showing action taken in response to the feedback. The DCN agreed that the actions could be made clear on the Friends and Family board already in use and that the PSQG would also consider how this could be communicated.	08/12/2022	DCN	DCN spot check on friends and family boards undertaken and all boards up to date with either You said/we did style communications or clear action plans. Regular reporting of Friends and Family test data presented to PSQG and Quality Committee on a quarterly basis, no further action required regarding further communication as friends and family boards in place and being monitored.	PROPOSED FOR CLOSURE
COG.300522.1	Developing a new Group Strategy	The Council agreed that a dedicated session would be held with Governors to provide an opportunity for the Council to input into the development of the strategy.	08/12/2022	GCCAO / GDCEO	Session is being held immediately following the Council of Governors meeting on 8 December.	PROPOSED FOR CLOSURE



Group Chief Executive's Report to Council of Governors 8 December 2022

Jacqueline Totterdell
Group Chief Executive Officer

8 December 2022



Introduction

2

Purpose

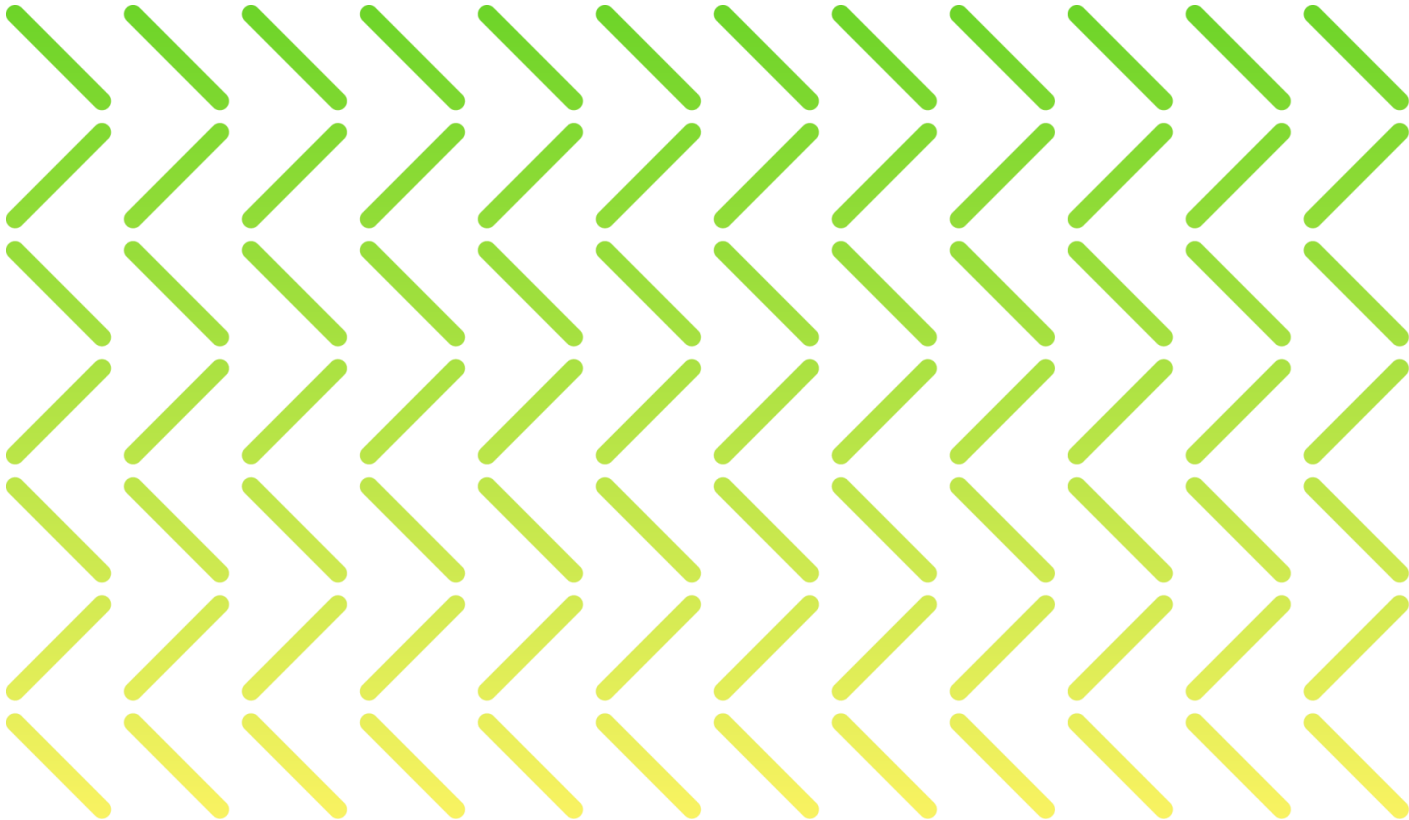
This report provides the Council of Governors with an update on key developments in the Trust and its wider external strategic and operating environment.

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



Performance Activity Summary

Safe, high quality care performance:

Safe, High Quality Care	St George's						13-Month Trend
	Monthly Target	Jul-22	Aug-22	Sep-22	YTD Target	YTD Actual	
Never Events	0	0	0	0	0	1	
Serious Incidents	8	8	5	3	96	23	
Number of Falls With Harm (Moderate and Above)	TBC	5	2	2	TBC	16	
Pressure Ulcers - Acquired category 3&4	0	15	17	9	0	82	
Dementia - Assessment & Investigation of Patients at risk of Dementia							
Nutrition							
Mental Capacity Act & Deprivation of Liberties - Level 1	90%	90%	89%	87%	90%	88%	
Mental Capacity Act & Deprivation of Liberties - Level 2	85%	72%	69%	70%	85%	70%	
Infection Control - Number of Cdiff - Hospital & Community	4	4	6	7	52	41	
Infection Control - Number of MRSA	0	0	1	0	0	1	
Infection Control - Number of E-Coli	9	5	10	4	111	33	
VTE Risk Assessment	95%	96.2%	96.5%	96.5%	95%	97%	
Mortality - HSMR	<1	83.5	89.2	88.5	<1	87.07	
Mortality - SHMI	<1	0.91	0.91	0.85	<1	0.89	

*These performance reports are taken from Trust Board, 3rd November.

Performance Activity Summary (2)

Non-elective care performance:

St George's							
Responsive and Productive Services - Elective Ca	Monthly Target	Jun-22	Jul-22	Aug-22	YTD Target	YTD Actual	13-Month Trend
RTT – total size of waiting list*	47,500	52,351	54,199	55,626			
RTT - Waits over 52 weeks*	830	914	877	768			
RTT - Waits over 78 weeks*	25	48	42	35			
RTT – Performance	92%	72.5%	71.2%	71.4%			
Cancer 14 Day Standard	93%	83.2%	79.6%	74.6%			
Cancer 14 Day Standard Breast Symptomatic	93%	50.0%	32.7%	27.6%			
Cancer 31 Day Diagnosis to Treatment	96%	92.0%	96.5%	94.7%			
Cancer 31 Day Second or subsequent Treatment (Surgery)	94%	98.0%	96.0%	91.0%			
Cancer 31 Day Second or subsequent Treatment (Drug)	98%	100%	100%	100%			
Cancer 62 Day Referral to Treatment Screening	90%	86.5%	82.0%	66.7%			
Cancer 62 Day Referral to Treatment Standard	85%	74.8%	73.8%	68.9%			
No. of patients over 62 days	175	117	124	161			
Cancer – 28 day Faster Diagnosis Standard	75%	78.6%	77.3%	69.1%			
	Monthly Target	Jul-22	Aug-22	Sep-22	YTD Target	YTD Actual	13-Month Trend
Diagnostic activity	TBC	15,651	15,638	15,568	TBC	219,127	
Diagnostic performance	5%	5.8%	10.9%	11.6%			

*These performance reports are taken from Trust Board, 3rd November.

Performance Activity Summary (2)

Non-elective care performance:

Responsive and Productive Services - Elective Ca	St George's						
	Monthly Target	Jul-22	Aug-22	Sep-22	YTD Target	YTD Actual	13-Month Trend
4 Hour Operating Standard	95%	72.2%	79.8%	79.1%	95%	75.0%	
12 Hour Trolley Waits	0	579	612	351	0	2554	
Ambulance handover Performance 30 minutes	0	408	239	275	0	1583	
Ambulance handover Performance 60 minutes	0	198	195	96	0	751	
Non elective length of stay	TBC	7.8	7.5	7.4	TBC	7.46	
Mental health delays 4 Hour Breaches	TBC	71	112	125	TBC	493	
Redmission Rate - Non Elective	TBC	8.7%	9.2%	8.1%	TBC	8.7%	
Length of stay > 7 days (stranded)	TBC	399	349	375			
Length of stay > 21 days (super stranded)	TBC	175	163	169			

*These performance reports are taken from Trust Board, 3rd November.

Preparing for Winter & Doing Things Differently

A new patient flow model is being trialled at St George's Emergency Department

On Monday 14th November, St George's launched a **new way of supporting the flow of patients through the hospital**. This includes a method of 'pushing' patients through the system in a more planned way, called *regularised flow*. This regularised flow model, developed at North Bristol Trust, has already been trialled in other hospitals and led to a significant reduction in delays for ambulance handovers and patients reaching their inpatient beds. By regularly moving patients in ED waiting for an inpatient bed to the relevant units, and from those units to the relevant wards, we will even out flow across the day from earlier in the morning and minimise late in the day transfers and the build-up that creates in the emergency department.

We are pleased to report **early signs of success**, and will continue to support teams to implement this way of working, including working closely with our system partners to support discharge rates too.

As we make progress, we will **share lessons across the Group** to ensure Group-wide benefits for all at Epsom, St Helier and St George's.



Preparing for Winter & Doing Things Differently (2)

Our flu and Covid vaccination clinics continue, and the Winter Plan gains Board approval

The **St George's Winter Plan** was approved at Trust Board, 3rd November. Demand and capacity modelling indicates that adult medical G&A bed capacity could be as high as 55 inpatient beds short at peak winter, even with our 'winter ward' remaining open since the onset of the Pandemic. This is driven primarily by the increased length of stay for medical frailty patients and increased care needs upon discharge, which put significant additional pressure on domiciliary and post-acute care capacity.

The Winter Plan document includes **plans for demand and capacity** modelling; a review of Merton and Wandsworth **winter pressures funding**; external operational processes, quality improvement and governance to **minimise avoidable admissions** and optimise Flow; actions in place to sustain **elective and cancer recovery**; and workforce and staff **support plans**.



New MRI Lab Opening

We are proud of our new MRI lab, which will transform the patient and staff experience

On 30th November, a **new MRI lab** was opened, which is a state of the art piece of equipment that will improve patient experiences and support diagnostics. The new facility will provide a much better experience for staff and patients to give and receive care, and also provide vital extra diagnostic capacity.



Chief Executive Officer Report to the Council of Governors – December 2022
St George's University Hospitals NHS Foundation Trust



Managing Director of St George's, Kate Slemeck, cut the ribbon and I am proud of the great team work that this opening represents.



Childhood Cancer Awareness Event

St George's hosted its first ever childhood cancer awareness event

On 29th September, St George's held its first childhood cancer awareness event, bringing together former young patients and their families to raise awareness and celebrate their cancer journeys, and our staff who have treated them. Our work, jointly with the Royal Marsden, on paediatric oncology is inspiring and outstanding. I was delighted to speak at this event, thanking our dedicated staff and congratulating our youngest patients on their bravery and strength.



Lord Markham's Visit to St George's Emergency Department

Lord Markham was impressed by digital innovation in our Emergency Department

On 23rd November, St George's hosted a visit from Lord Markham CBE, Parliamentary Under Secretary of State at the Department of Health and Social Care. I met with him to discuss our aspirations for the Group, our new hospital programme, and the ways we try to do things differently to achieve success for the NHS.

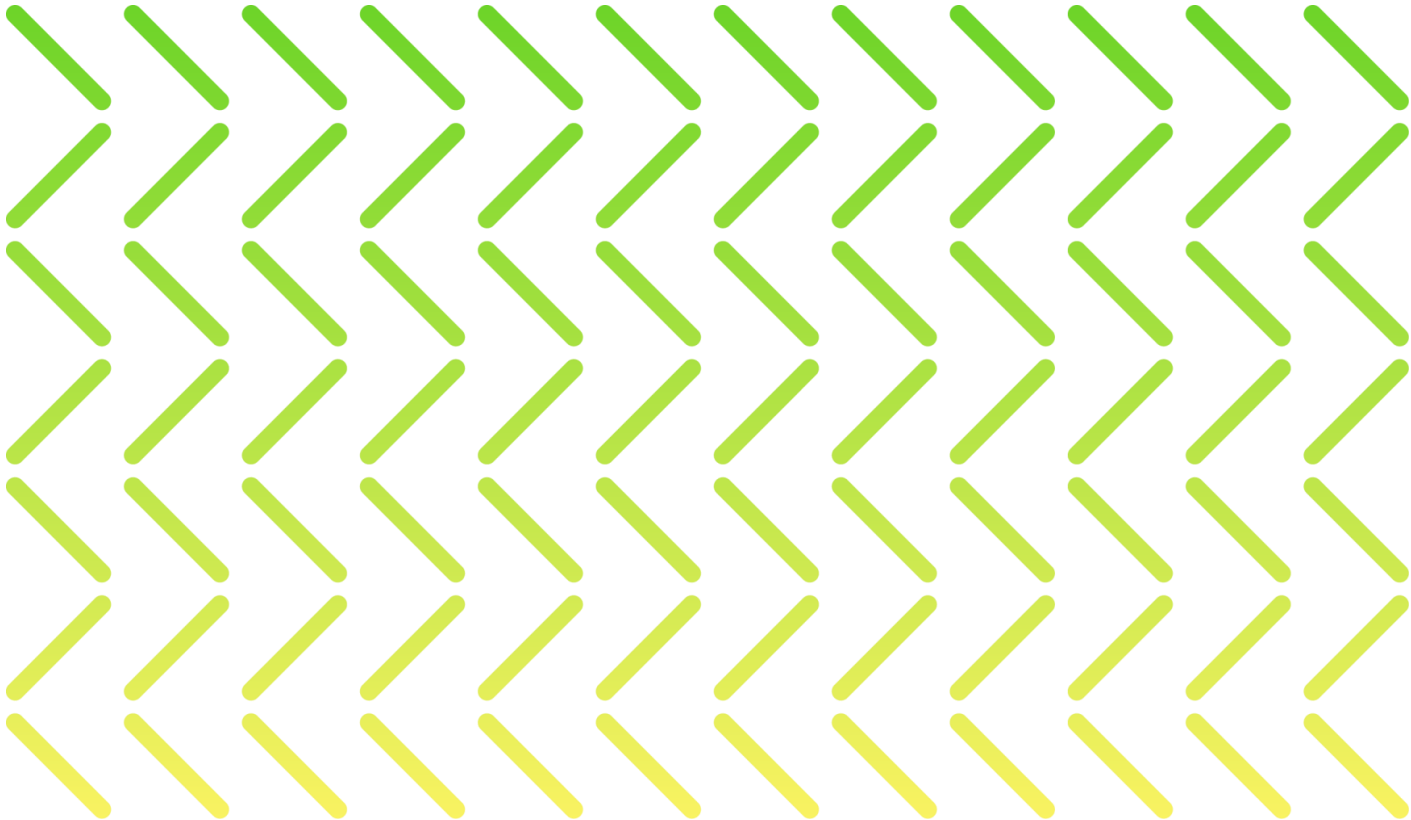
Managing Director, Kate Slemeck, and I led the visit which included a tour of our Emergency Department and the Urgent Treatment Centre. The visit focused on digital innovation in the Emergency/Acute medicine pathway from the Emergency Department to discharge.

Lord Markham said: *"The new hospital programme, which I look after, is very much about looking at best practice and innovation around the world and making sure that we employ the best in our new hospitals and across all our trusts."*



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.



Equality and Inclusion (2)

Our Race and Disability equality standard action plans achieved Trust Board approval

Both the **Workforce Race Equality Standards** (WRES) and **Workforce Disability Equality Standards** (WDES) reports are mandatory annual workforce equality reports that focus on a specific protected characteristic – WRES focuses on race and WDES on disability.

Our 2022 Reports and Actions Plans have undergone extensive internal stakeholder engagement and have been developed in collaboration with our Staff Networks and with our counterparts at ESTH. Whilst there are several differences between SGH and ESTH we have been able to create a good degree of alignment which will support a more consistent approach across the group in the future and allow for improved monitoring and reporting via our shared committees.

Key WRES Actions:

- Improving Equal Representation in Leadership
- Debiasing Recruitment
- Improving Career Development Opportunities
- Building an Anti-Discrimination Culture

Key WDES Actions:

- Improving Equal Representation of People with a Disability
- Building an Anti-Discrimination Culture
- Improving Managerial and Organisational Support for Staff with a Disability.



Equality and Inclusion

St George's Black History Month & See ME First initiative launched in October

Black History Month took place in October this year. It was an opportunity to celebrate the achievements and contributions of Black people in the UK and around the world. It's also a time for continued action to tackle racism, and ensure Black history is represented and acknowledged all year round.

I was delighted to attend the event at St. George's to discuss with staff how we can ensure we are combatting racism and discrimination across our organisation.

Our **See ME First** initiative means we are signed up to the below statement as a Board and I am proud to support this work:

"The Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation."



Long Service Awards

After a long hiatus due to the pandemic, our joyful Long Service Awards return

On 19th October, St George's held its **Long Service Awards**. Our Long Service Awards have made a return after a temporary pause during the pandemic. All three events in October included live entertainment, and a chance to speak with long-serving staff about their experiences working at St George's for extraordinarily long times – from 25 years up to 40 years.

The commitment and dedication of our staff is what enables us to continue to deliver excellent care, **and it is absolutely inspiring to see**. I am sure you will join me in thanking our longest serving staff for their unending commitment and service to the NHS.



Staff Survey

We welcome feedback from our staff to help us keep improving our organisation

One of the key objectives set out by NHS England is to ensure staff attraction and retention. Our staff survey is a **key way of ensuring we hear from our teams about what they feel about working here** and how we can keep improving our organisational culture.

Unfortunately, this year our staff survey participation rates are low. This is the case across many NHS Trusts this year, but it is still an area we are keen to improve. **St George's is reporting an estimated 43% participation rate.** This figure is average compared to national rates.

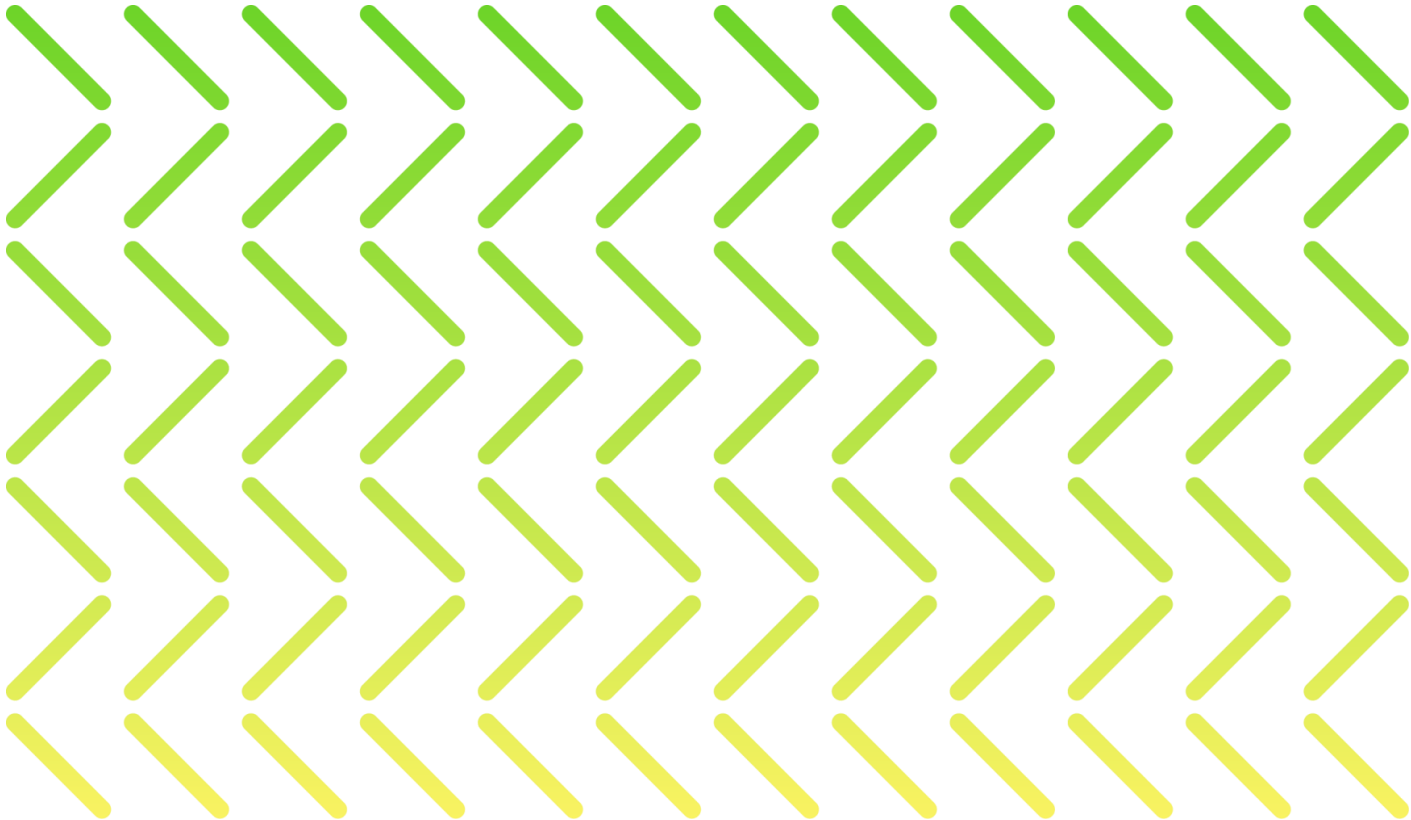
Nevertheless, we are going to take steps next year to support staff in taking time out of their busy schedules to fill out the staff survey, which ought to take only 15 minutes to fill out. It is a crucial mechanism to hear feedback from our teams.

Our staff survey is now closed, and we will be reviewing the results and sharing our findings with you in due course. I look forward to reporting back to you on these important issues.



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.



NHS England Publishes Operating Framework

The new framework clarifies roles and responsibilities across the system

Since my last update to you, NHS England has published an 'Operating Framework' which seeks to clarify the roles and responsibilities of the various organisations within the system, including:

NHS providers will:

- Retain their statutory responsibilities for the delivery of safe, effective, efficient, high-quality services; and
- Continue to comply with the provider licence, Care Quality Commission (CQC) standards and NHS planning guidance requirements.

Integrated Care Boards (ICBs) will:

- Provide effective system leadership and oversee delivery of system strategies, plans and Long-Term Plan priorities;
- Commission and manage contracts, delegation and partnership agreements; and
- Oversee the budget for NHS services in their system.

NHS England will:

- Agree the mandate for the NHS with government and secure required resources;
- Shape and set national policy, strategy and priorities, and support systems and providers to achieve these, including via statutory intervention;
- Remain accountable to Parliament, via the Secretary of State;
- Oversee ICBs' delivery of plans and performance; and
- Directly oversee providers' delivery by exception and "generally in agreement" with ICBs.



Group Strategy Development: Phases

Our strategy development is mid-way and we welcome your views

Our Group Strategy Development work continues across both St Georges and Epsom and St Helier, including the following key activities:

- We are now mid-way through the process of developing a new strategy for the Group.
- We are conducting a significant programme of stakeholder engagement, talking to patients, the public, our staff and partners about the future of St George's and Epsom St Helier. So far we have engaged over 750 people, in addition to thinking through strategic challenges and opportunities with 67 individual clinical services.
- The Boards have been reviewing the output from that engagement work and discussing what the Group's strategic aspirations should be. In the new year, the Boards will review the totality of what they have heard and make decisions on prioritisation and deliverability.
- There is a fuller discussion on the Group strategy on the agenda today, for Council of Governors to help shape the new strategy.



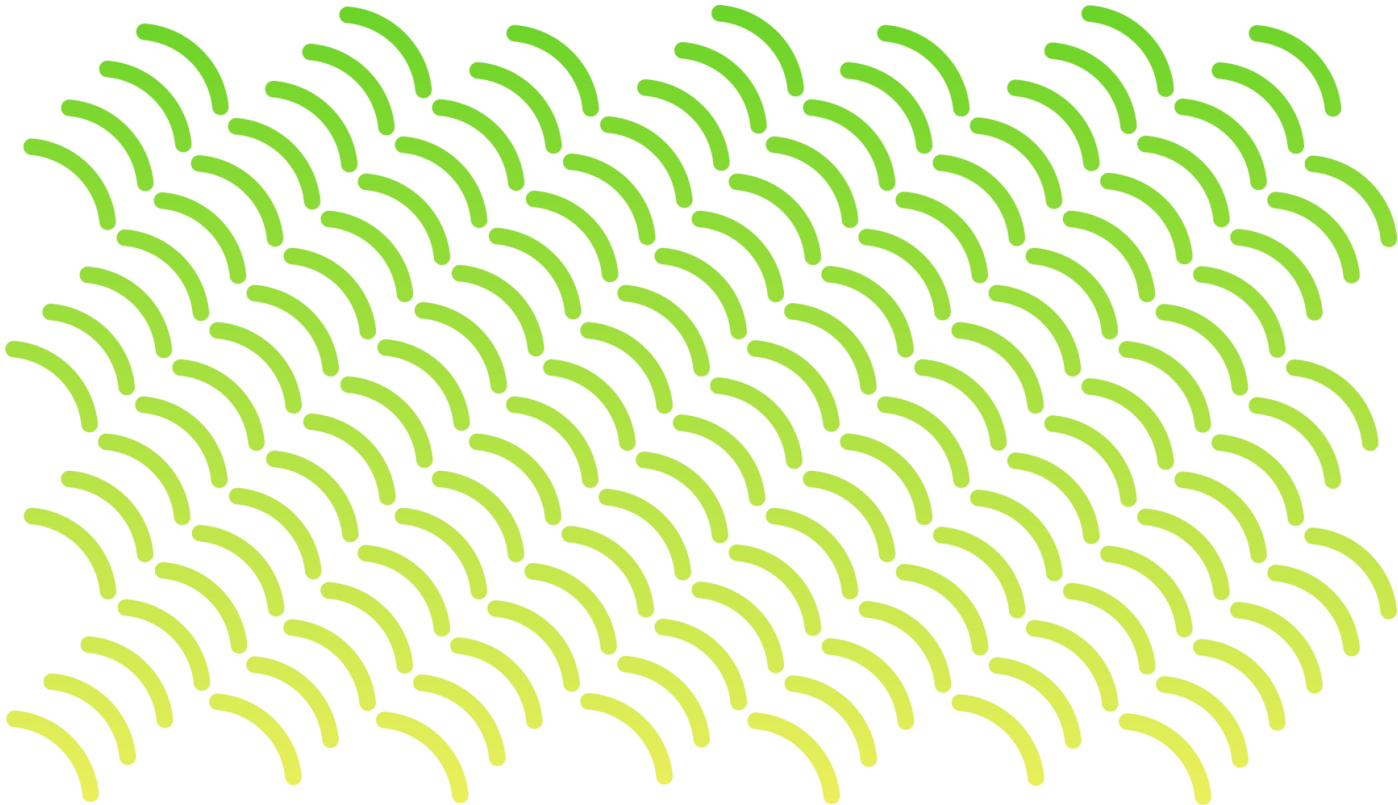
Secretary of State for Health and Social Care: Visit to St George's ED

The Health Secretary received his Flu and Covid vaccinations at St George's

On 3rd November we welcomed Secretary of State for Health and Social Care, Rt Hon Steve Barclay, to St George's to receive his flu and Covid vaccinations. I was delighted to have the chance to meet with the Minister to discuss St George's work and our strategic priorities.



Mr. Barclay was also able to meet with a group of staff from varying roles and service areas to hear their views on where the challenges lie, as well as the things that we do really well here at St George's.





Meeting Title:	Council of Governors		
Date:	8 th December 2022	Agenda No	2.2
Report Title:	Integrated Care System Update: South West London		
Lead Director/ Manager:	James Marsh- Group Deputy Chief Executive		
Report Author:	Kath Brook, Strategy and Planning Manager		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)		
Executive Summary:	<p>The Integrated Care System (ICS) update report is provided to the Council of Governors for information.</p> <p>This paper provides an update on developments across the South West London (SWL) Integrated Care System (ICS)ICS. In summary:</p> <p><u>Changing environment for ICSs:</u> Specialist Commissioning devolution- there has been a significant amount of work to prepare for the devolution of specialised budgets. NHSE has recently decided to delay full devolution until April 2024, with NHSE and ICSs putting in place joint commissioning arrangements in 2023/24 – but it is likely that those joint arrangements in South London will be more expansive and act as something of a national pilot.</p> <p><u>SWL ICS:</u> By December 2022, Integrated Care Partnerships are expected to publish an initial 'Integrated Care Strategy', which is intended to focus on improving public health, wellbeing, and health inequalities, supporting joint working across the ICS and ensuring all decisions and needs are delivered at the right level within the ICS.</p> <p><u>SWL APC:</u> The SWL Acute Provider Collaborative (APC) continues to support programmes of work in elective recovery, pharmacy, workforce, procurement, pathology and SWL Elective Orthopaedic Centre. The APC is developing an elective care strategy.</p> <p><u>Place- Based update</u> In response to The Fuller Stocktake Report 2022, 'places' are considering next steps in implementing recommendations.</p>		
Recommendation:	Council of Governors is asked to note the update		
Supports			
Trust Strategic Objective:	<ol style="list-style-type: none">1. Treat the patient, treat the person2. Right care, right place, right time3. Balance the books, invest in our future4. Build a better St. George's5. Champion Team St. George's6. Develop tomorrow's treatments today		
CQC Theme:	<ol style="list-style-type: none">1. Safe: you are protected from abuse and avoidable harm.2. Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.3. Well-Led		



Single Oversight Framework Theme:	▪ Strategic Change		
Implications			
Risk:	▪ As outlined in paper		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	SGUH Trust Board	Date:	November 2022
Appendices:	NA		

South West London Integrated Care System Update

Council of Governors

December 2022

James Marsh, Deputy Group Chief Executive

Author: Kath Brook, Strategy & Planning Manager



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Changing environment for Integrated Care Systems:	
• Specialised Services	4
System update:	
• South West London Integrated Care System	5
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• SWL Acute Provider Collaborative	6
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• Merton and Wandsworth Place-Based Developments	7

Executive Summary

This paper provides an update on developments across the South West London (SWL) Integrated Care System (ICS).
In summary:

Changing environment for ICSs	Specialist Commissioning devolution- there has been a significant amount of work to prepare for the devolution of specialised budgets. NHSE has recently decided to delay full devolution until April 2024, with NHSE and ICSs putting in place joint commissioning arrangements in 2023/24 – but it is likely that those joint arrangements in South London will be more expansive and act as something of a national pilot.
SWL ICS	By December 2022, Integrated Care Partnerships are expected to publish an initial ‘Integrated Care Strategy’ , which is intended to focus on improving public health, wellbeing and health inequalities, supporting joint working across the ICS and ensuring all decisions and needs are delivered at the right level within the ICS.
SWL APC	The SWL Acute Provider Collaborative (APC) continues to support programmes of work in elective recovery, pharmacy, workforce, procurement, pathology and SWL Elective Orthopaedic Centre. The APC is developing an elective care strategy.
Place- Based update	In response to The Fuller Stocktake Report 2022 , ‘places’ are considering next steps in implementing recommendations.

Changing environment for ICSs – specialised services

There has been a significant amount of work to prepare for the devolution of specialised budgets. The Trust worked with partners to submit to NHS England our proposals for how specialised service budgets could be managed at a more local level.

In preparation for devolution, the Trust and its partners mobilised

- a South London programme, bringing together the two ICSs in South London and the large tertiary providers, to support the commissioning of those services where patient flows make that the most sensible geography to work on (e.g. cardiac services and pulmonary vascular services).
- A South West London specialised services board, co-chaired by the Trust's chief executive and the SWL ICS Chief Operating Officer, and including representation from Surrey Heartlands given the significant number of Surrey patients coming to St George's for specialised care. This board would oversee the commissioning of those services better managed over a SWL or SWL and Surrey geography.

NHSE has now decided to delay full devolution until April 2024, with NHSE and ICSs putting in place joint commissioning arrangements in 2023/24. It is likely that in South London the Trust will be part of 'joint arrangements +', enabling the Trust and its partners to act as something of a national pilot. The detail of those arrangements is still being worked through.

Implications for SGUH: There is an opportunity for devolution to enable the Trust to work with partners to improve patient pathways, for example this is happening with neurology. There are also risks which the Trust will need to manage: for instance, misalignment of commissioning plans across multiple ICSs, or financial risks associated with a set of services which are often high-cost and low-volume, and historic experience of growing demand.

South West London ICS- key updates

SWL Integrated Care Strategy

The **Integrated Care Partnership is progressing the development of the SWL Integrated Care Strategy** to set the strategic direction for health and care services across the whole geographic area of the ICS, including how commissioners in the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population. A draft strategy will be ready by December 2022 and publication by April 2023.

Integrated Care Partnership Investment Fund

SWL ICS have established an Investment Fund to support the delivery of ICS Strategic Priorities. The funding aims to give Partners the opportunity to suggest innovative projects that could have a big impact on local health and wellbeing, capturing community energy and enthusiasm for real health benefits.

Year 1: 2022/23 theme: winter sustainability and resilience. Funding streams:

- Innovation (£4.9 million)
- Health Inequalities (£2.7million)

Years 2-4: 2023-25 theme: to be determined by the ICP. Funding streams with expected similar values to 2022/23:

- Innovation fund
- Health Inequalities
- Green Plan Funding
- Prevention Funding

Implications for SGUH:

The newly formed ICS is engaged in a significant amount of strategy development, and it will be important for the Trust to remain engaged to shape and influence system developments.

It will be important to engage with the investment fund and align potential projects with the Group Strategy. The Trust has submitted bids and expects to hear back imminently.

SWL Acute Provider Collaborative- key updates

SWL APC Priorities. These are set out for 22/23, including the following:

- **Delivery and Performance**, which focuses on ensuring elective recovery delivers a reduction of long-waiting patients while fulfilling agreed activity and performance objectives. This area also focuses on implementing mutual aid and ensuring ongoing delivery of formal collaborations including SWLEOC, Pathology, Procurement and Recruitment Hub.
- **Transformational Programmes**, including implementing a single SWL PTL approach, reducing outpatient follow up appointment numbers and installing a Population Health Platform. The APC also prioritises the implementation of SWL Community Diagnostics Centre's Imaging Network, SWL Aseptic Unit and oversight of the SWL Virtual Hospital programme.
- **Strategic Change**, which aims to formalise the Provider Collaborative as part of the ICS, as well as initiating an Elective Strategy. It also aims to outline new Outpatient Initiatives, a Workforce Strategy, a Pathology Strategy and a Pharmacy Strategy.

SWL Elective Care Strategy is in development and focuses on five targeted specialities (General Surgery; Gynae; ENT; Urology; Cardiology). A five-year vision has been set out which looks to combat health inequalities, operate within a shared model, and match finances in line with the system's strategic vision. The **draft strategy focuses on** the following areas:

- **Estates:** To deliver elective care from dedicated elective centres and facilities, aligning capital resource to demand trends and needs of SWL Elective Strategy.
- **Workforce:** To establish a shared specialist workforce, linking between primary and secondary care, using clinical networks as an enabler for change.
- **Finance:** To develop and agree a joint financial regime to ensure no inequitable impacts for providers in relation to elective care.

- **Models of Care:** To have clear and shared pathways that maximise day surgery, outpatient and ambulatory care and ensure best use of specialist capacity (i.e. at SGUH). Establish a shared approach to non-admitted care.
- **Quality:** To improve productivity across the system and measure it by agreed metrics. To enable spread of good practice across SWL through partnerships and clinical networks. To explore Artificial Intelligent market opportunities and adopt digital tools where able to increase efficiency and productivity, and review ability of organisations to access and interpret data.

Scope for sustainability work within SWL APC currently being considered:

- SWL Acute Providers including St George's are facing significant financial challenges with underlying financial deficits. As a result, there is scope for SWL APC to explore supporting Trusts with collaborative solutions that help ensure sustainable finances.
- The APC, after assessing the financial challenges at each Trust, will look to review opportunities for change to support improved clinical outcomes, improved productivity, and improving outcomes related to specialised commissioning. Areas will include estates, workforce, digital, and partnerships.

Implication for SGUH:

The Trust plays a leading role in the APC, and will need to continue doing so in order to maximise the opportunities for improved patient care and financial sustainability that come from collaboration with other acute providers

Wandsworth and Merton Place-Based Developments- key updates

Wandsworth:

- In **June 2022 Wandsworth presented its proposed governance structure**, including the formation of the new Wandsworth Borough Committee, a proposed subcommittee of the ICB. In September 2022, Wandsworth Health and Wellbeing Board refreshed their terms of reference. During this time, a seminar has also been held focusing on governance, aims objectives and ways of working together for the Wandsworth Borough Committee, Health and Care Board, and Health and Wellbeing Board.
- Since 2021, **a refresh of Wandsworth's Health and Care Plan** has been underway. This has been recently approved by the Health and Wellbeing Board. The plan sets out a vision to support the people of Wandsworth to live healthy, fulfilling lives in thriving communities over the life course areas of 'Start Well, Live Well, Age Well'. The plan is currently being developed to map the actions and provide a framework to support implementation and evaluation.
- **A Joint Wandsworth Health and Wellbeing Board Strategy (2015-2020) has also been reviewed and signed off**, with the intention to publish the strategy in March 2023. Similarly, a draft of the Better Care Fund (2022 – 2023) was presented with a strong focus on intermediate care.
- SGUH continues to support the Age Well/ frailty ambition through involvement with the review of discharge to assess and reconfiguration of the falls prevention service.

Merton:

- Over the course of Q2, **changes continue to be made to Merton's leadership arrangements**. Terms of reference for Merton Health and Care Committee, a newly formed committee of the ICB have been agreed upon. The Merton Health and Care Together Board (MHCB) predated the ICB subcommittee and has a wider membership. The MHCB will now be referred to as Merton Health and Care Together Partnership, with an agreement to review the terms of reference in light of this. Both boards are set to meet in late October 2022 to explore how to work together effectively to drive improvements for Merton residents.
- SGUH continues to be actively involved in the Merton Health and Care Plan and Better Care Fund by being an active partner, supporting programmes such as "Living With and Beyond Cancer", developing a post-Covid syndrome service model and improving all aspects of transfer of care.
- **Wandsworth and Merton Health and Care Boards are considering next steps in implementing the Fuller Stocktake Report 2022 recommendations.**

Implications for SGUH: The key implication for SGUH is that this changing landscape gives the Trust an opportunity to play a more active role at place, working with partners to shape the support available to patients in the community.



Meeting Title:	Council of Governors		
Date:	8 December 2022	Agenda No	3.1
Report Title:	Membership and Engagement Committee Report		
Lead Director/ Manager:	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Noting		
Executive Summary:	<p>This report updates the Council of Governors on the meeting of the Governors' Membership and Engagement Committee held on 24 October 2022.</p> <p>The Committee:</p> <ul style="list-style-type: none">Reviewed the draft vision and objectives to inform the development of a new membership strategy;Considered proposals to develop a new programme of membership engagement activities; andReviewed an analysis of the current composition of the Trust's membership.		
Recommendation:	The Council of Governors is asked to the update from the Membership and Engagement Committee.		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-Led		
Single Oversight Framework Theme:	Leadership and improvement capability		
Implications			
Risk:	Performance of the Chairman and Non-Executive Directors is fundamental to the effective leadership of the Trust		
Legal/Regulatory:	Foundation Trust Code of Governance section B.6		
Resources:	As set out in the paper.		
Previously Considered by:	N/A	Date	N/A
Appendices:	N/A		



Membership Engagement Committee Report

Meeting held on 24 October 2022

Stephen Jones
Group Chief Corporate Affairs Officer

8 December 2022



Overview

2

Summary:

This paper outlines the key matters discussed and agreed at the Membership Engagement Committee meeting held on 24 October 2022. The Committee received reports on the following:

- *Developing a new Membership Strategy*
- *Proposals to inform the development of a new membership engagement programme*
- *Composition and analysis of the Trust's current membership*

Recommendation:

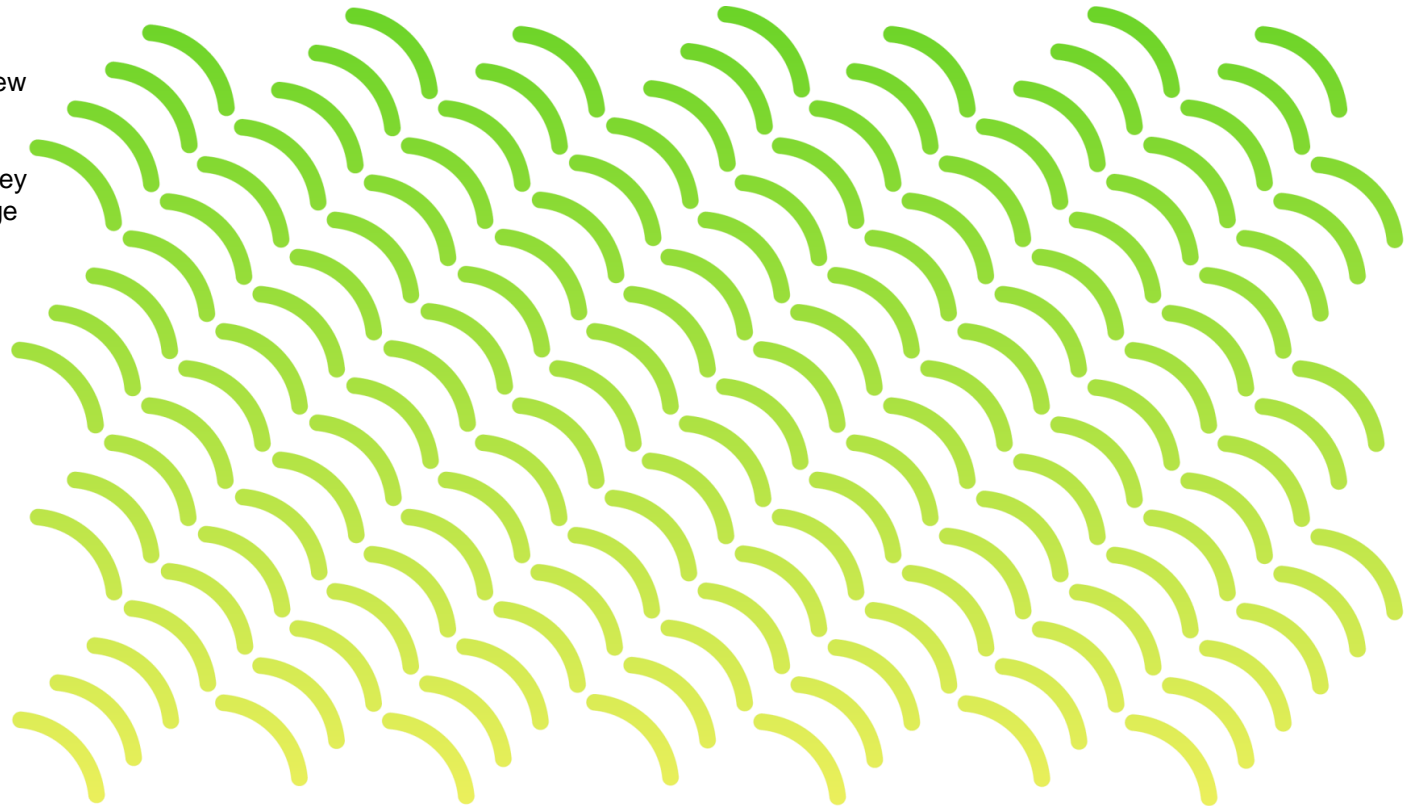
The Council of Governors is asked to receive and note the update.

1. Developing a new Membership Strategy

Developing our strategic vision and objectives

The Membership Engagement Committee discussed the development of a strategic vision and objectives to inform the development of a new membership engagement strategy from 2023.

It also considered proposals to undertake a survey of members to seek views on how best to engage with members, as well as following this up with focus group sessions to explore the themes that emerge from the survey. Survey questions are being developed following feedback from the Committee.



Developing a new Membership Strategy

Background

- With our members, we want to create a new three-year engagement strategy that recognises this crucial time for St George's. We have emerged from a two-year pandemic, formed a group with Epsom and St Helier, and now have a new duty to engage and involve the public in how our services are run.
- We know that only through co production will we make better decisions and create services that are right for our community.
- The Trust has 22,500 members (staff and public), and there has been some progress made since our last Membership Strategy published in 2019 in terms of how we recruit, retain and engage with our members, and local communities.
- The Trust currently has a total of 12,700 public members and 9,500 staff members.
- Our membership is well above minimums required although we may need to invest in boosting the numbers in south west Lambeth.
- Half our members are over 50.
- 60 / 40 split between women and men
- 47 per cent BAME

Draft Strategic vision

- The Committee discussed the importance of developing a clear vision and objectives for the new strategy. Governors have said that it should reflect the underlying purpose of the Council in representing the interests of our community, be an interface with the hospital, and helping to hold NEDs to account for the performance of the Board.
- The Committee discussed a number of different possible elements to inform the vision:
 - *To build a vibrant and active membership community at St George's*
 - *Harnessing our membership to support our patients and communities*
 - *Involving members to improve our services*
 - *Thriving membership leads to better patient care*
 - *Working together to improve the health of our communities*
- The Committee agreed that the vision should include a number of these elements, in particular building a vibrant membership community and involving members to improve our services.

Draft Strategic objectives

- The Committee discussed five potential objectives which had been developed following input from the Committee at its previous meeting:
 - *To build a vibrant and active membership community at St George's (also proposed as a vision)*
 - *To identify and link with organisations in our community which are already active*
 - *To improve the quality of engagement and communication with members*
 - *To find imaginative ways to engage with our membership community*
 - *To continue to work towards a membership that is representative of the diverse communities the Trust serves*
 - *To take a digital approach to membership*
- The Committee felt these were broadly in the right place, but wanted to make them as ambitious as possible as well as to include specific metrics to enable measurement of success.

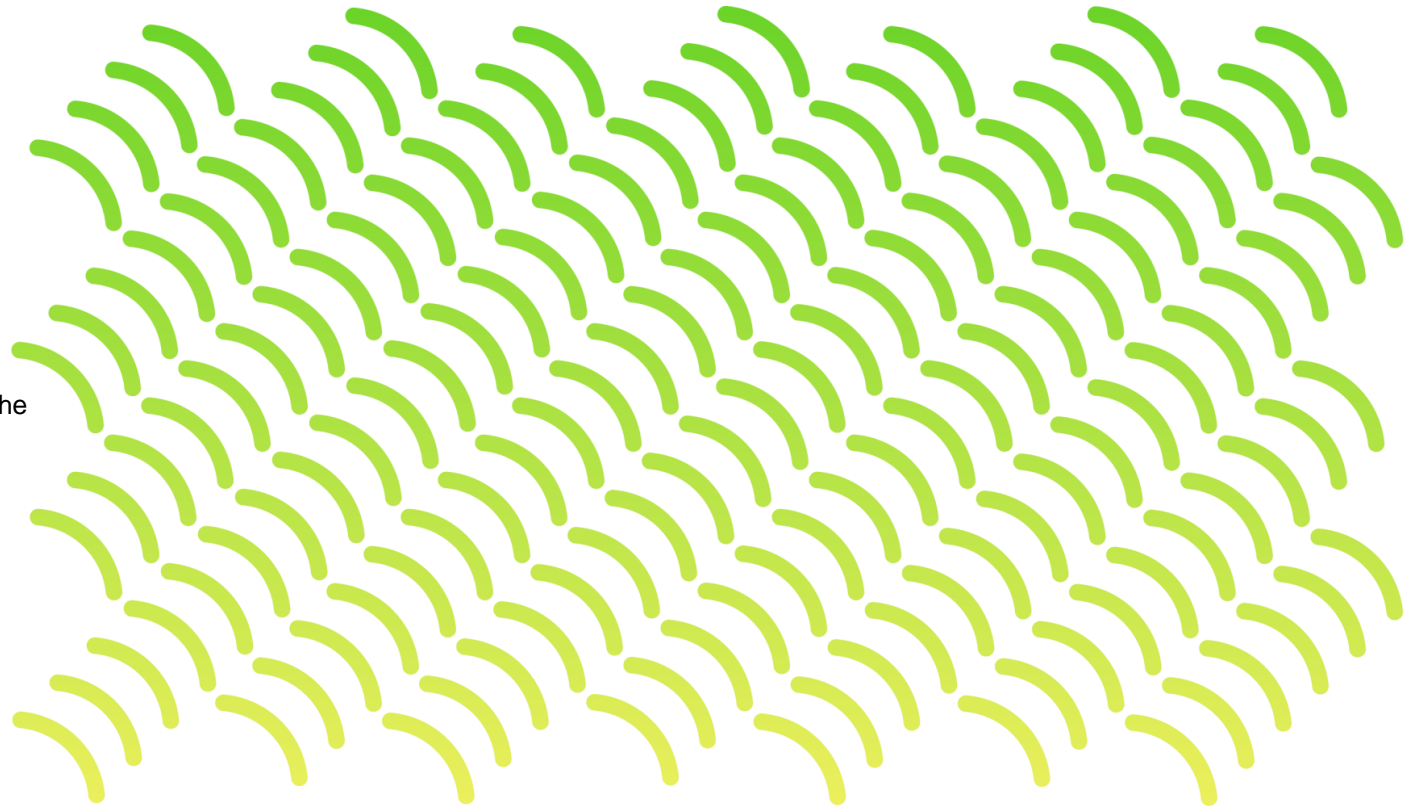
2. Membership engagement planning

Developing a new membership engagement programme

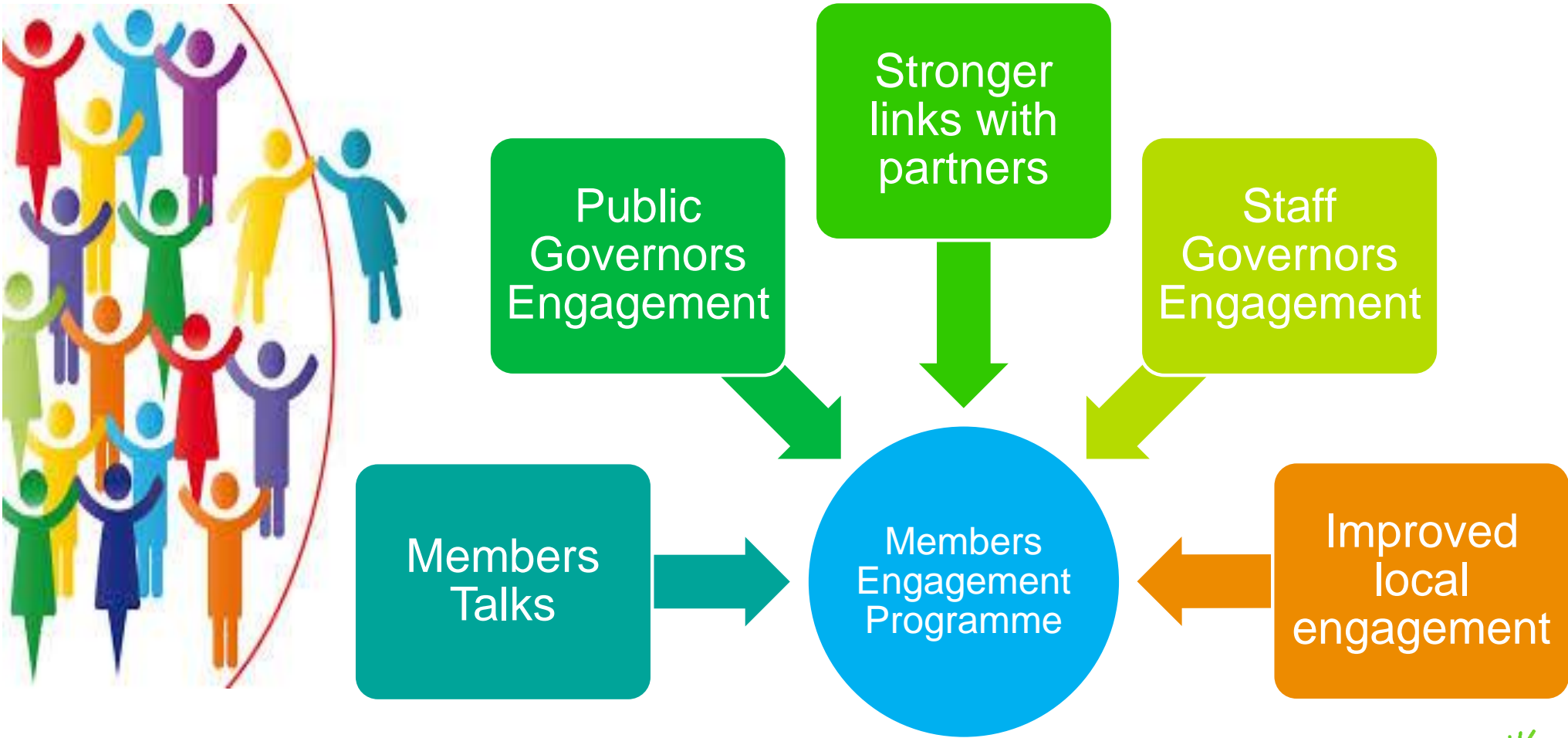
The Membership Engagement Committee discussed a range of engagement activities that would form the basis of a new programme of membership engagement.

The Committee agreed that:

- Meet Your Governor events should be re-started on a monthly basis
- A new programme of member talks should be developed, with each talk introduced by a Governor
- It was important to maintain a link between membership engagement by Governors and the work of the Patient Partnership and Engagement Group
- It would consider proposals for staff engagement at a forthcoming meeting



Key Elements of a membership engagement programme



Proposals to inform development of membership engagement programme
St George's University Hospitals NHS Foundation Trust



Overview

The Committee agreed that it wanted the input of Governors to help design an effective engagement programme for the coming year which works for Governors and also for the public, as well as for the Trust. The Committee is keen to hear ideas and suggestions. It agreed that the following would constitute some of the key aspects of a membership engagement programme:

Promote the work of the Trust's Governors, as representatives of our members

Develop new opportunities for members to express their views and provide feedback through Governors

Refresh our existing communication channels with members and our approach to membership communication and engagement

Promote membership opportunities to younger people in our communities

Develop targeted campaigns to recruit members from any group which is under-represented

Analyse our membership on a regular basis, and maintain an accurate membership database

Have a clear Governor presence at our sites to speak to members and the public at our hospitals

Work more innovatively with our partners to promote membership

Refresh our membership recruitment material

Improve our programme of engagement events



Reinstating a new programme of “Meet Your Governor” Events

The Committee agreed to re-start the Meet Your Governor events.

- Prior to the Covid-19 pandemic, the Trust supported Governors to hold regular “Meet Your Governor” events across the Trust.
- These events took place on a monthly or twice monthly basis, depending on Governor availability, with a stall set up usually in either the Atkinson Morley reception or the Grosvenor Wing reception at St George’s Hospital in Tooting or the reception of Queen Mary’s Hospital in Roehampton.
- The purpose of these sessions was two-fold, though in recent years the focus was more on the former than the latter:
 - to speak to members and the public to understand the issues that mattered to them, their concerns, and their feedback on their experience of the Trust
 - to encourage the public to become members of the Trust
- Typically two or three Governors would attend a stand, supported by a member of the Corporate Affairs team who would assist with recording member feedback.
- A log of issues raised would be taken, and issues would be followed up with the relevant Director or team, with answers provided to Governors and made available on the membership pages of the Trust website.
- To ensure these events are a success, we would need to:
 - Have a clear and agreed forward plan of dates and locations
 - Agree Governor presence at the events well in advance
 - Promote the events on our website and via social media channels



Developing a programme of Member talks

The Committee agreed that a new programme of Member talks be developed, and that these be introduced by Governors.

The engagement many Governors wanted to carry out with the community has been restricted by the pandemic, and face to face opportunities have been unfortunately delayed. Governors now propose picking this back up, making sure staff tell the stories and bring them to life. These events could be promoted via email and on social media. Although they are billed as membership talks, anyone can attend. Governors would introduce each talk. We would plan to hold these sessions both in person and virtually.

Suggested topics:

- Our services and how to access them:
 - Digital appointments and online patient portal
 - How the Trust is performing and what it's doing about waiting lists
 - Maternity services post Ockenden review: how we care for women and babies
 - What is an emergency and what services should you use if it's not
 - Emerging from the pandemic – how we are tackling the backlog of procedures and keeping patients safe
 - How to keep in contact with the Trust and where to get information e.g. online patient portal
- Our hospitals and local community:
 - Our estates plan – what are we building and when
 - Our Green Plan and commitment to net zero
 - Our role in population health and tackling health inequalities
- Strategy:
 - Working as a Group: the benefits to staff and patients
 - Our new Group strategy – what does it mean for patients
 - St George's in the news – why we make documentaries



Engagement with the Patient Partnership and Engagement Group

- There is an alignment between the role of Governors in representing the interests of members and the public by engaging with members of the Trust, patients and the public to understand their views and experiences of care and that of the Trust's Patient Partnership and Engagement Group (PPEG).
- PPEG is a group of volunteers who work in partnership with the Trust. It works with the hospital's staff in a number of ways and works to provide the patients' perspective into the design and delivery of hospital services.
- PPEG has recently resumed its meetings following a number of changes during the pandemic. Previously, two members of the Governors' Membership Engagement Committee attended meetings of PPEG to ensure effective coordination between the two groups, and to understand the views and feedback of patients.
- Continuing the relationship between MEC and PPEG is an important part of the Governors getting a fuller picture of the views and feedback of member.



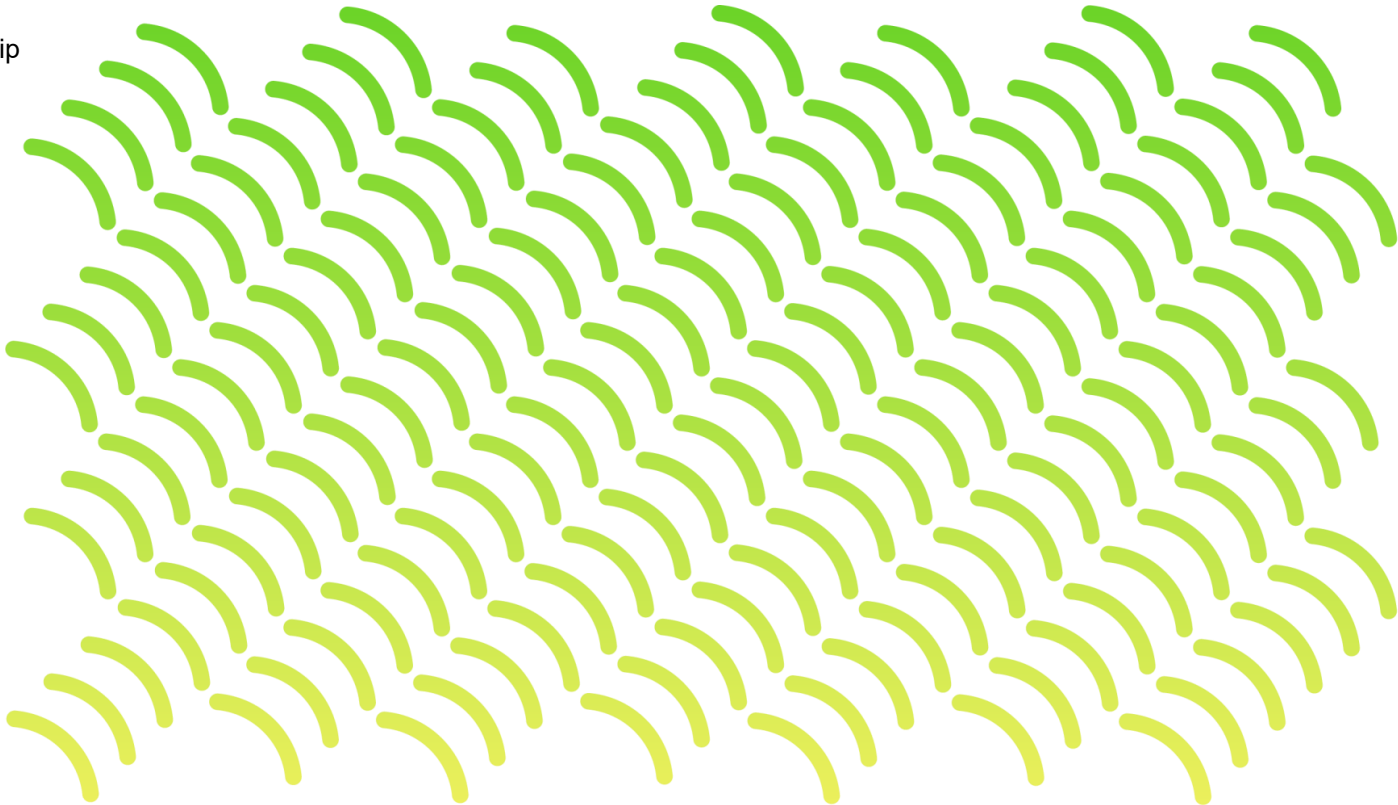
Proposals to inform development of membership engagement programme
St George's University Hospitals NHS Foundation Trust



3. Membership Report

Analysis of the current composition of the Trust’s membership

The Membership Engagement Committee noted the current composition of the Trust’s membership as set out in the pages that follow.



Current Membership

The Trust currently has a total of 12,784 public members public members and 9,526 staff members.



The chart above reflects the current breakdown of members by constituency. In all constituencies the Trust’s current membership was above the minimum required under the Trust’s constitution. The Trust has adopted a strategy of not growing its membership but instead focusing on the quality of engagement.

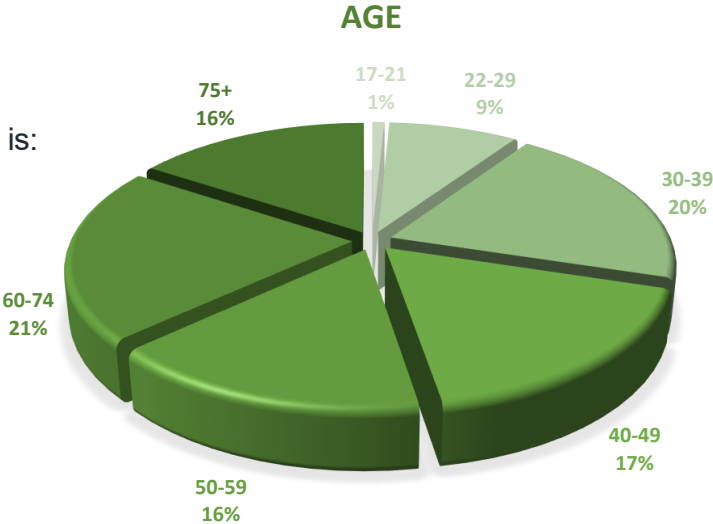


Membership Profile Analysis – Age, Gender, Ethnicity

Age

The age profile of the Trust’s membership is:

- 14-21 years (104)
- 22-29 years (1,114)
- 30-39 years (2,593)
- 40-49 years (2,248)
- 50-59 years (2,017)
- 60-74 years (2,702)
- 75 years and over (2,011)

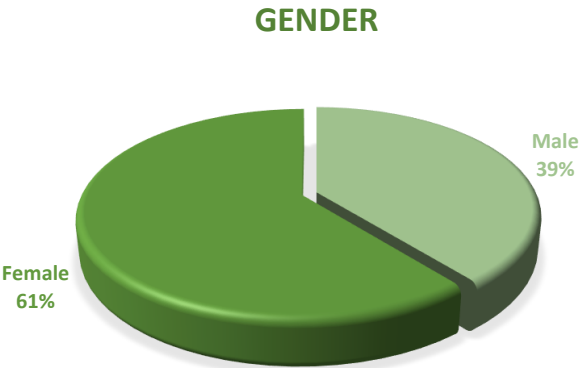


Gender

The gender profile of the Trust’s members is:

- Women - 61% (7,784)
- Men – 39% (5,004)

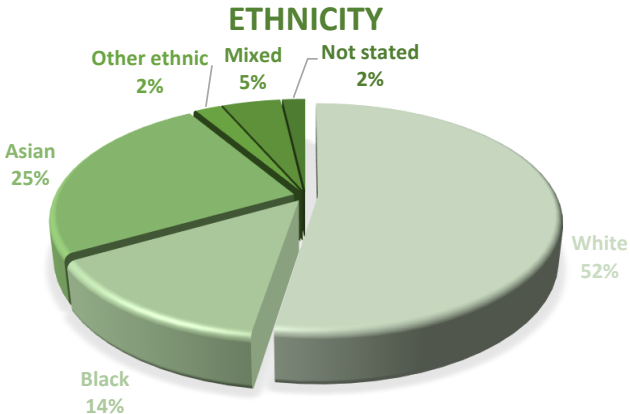
The split of men and women were reflective of the population of the of the constituencies covered by the Trust.



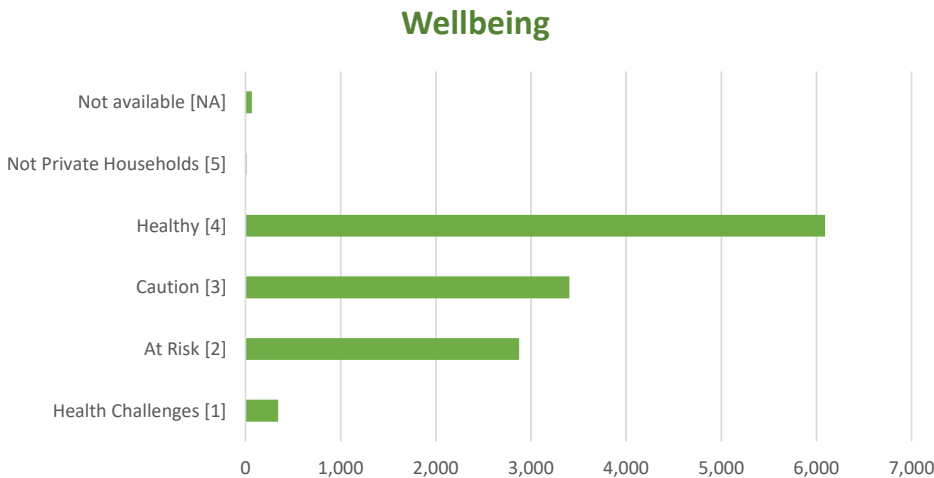
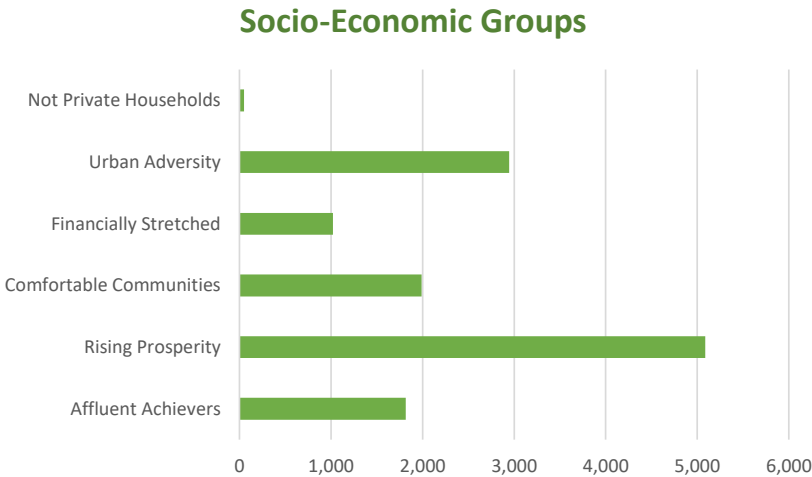
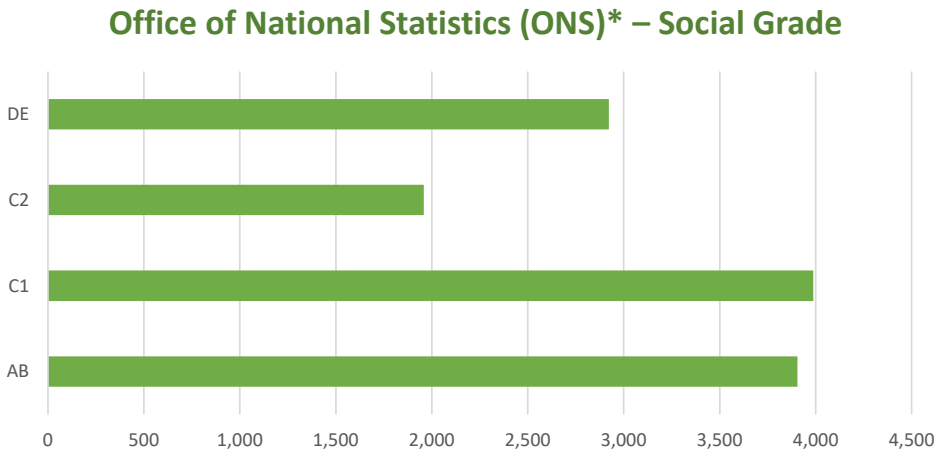
Ethnicity

The Trust’s public constituencies and staff constituencies reflect a wide and diversity ethnicity profile. This diversity was reflected in the Trust’s membership.

There was no significant under-representation among any single ethnic group identified.



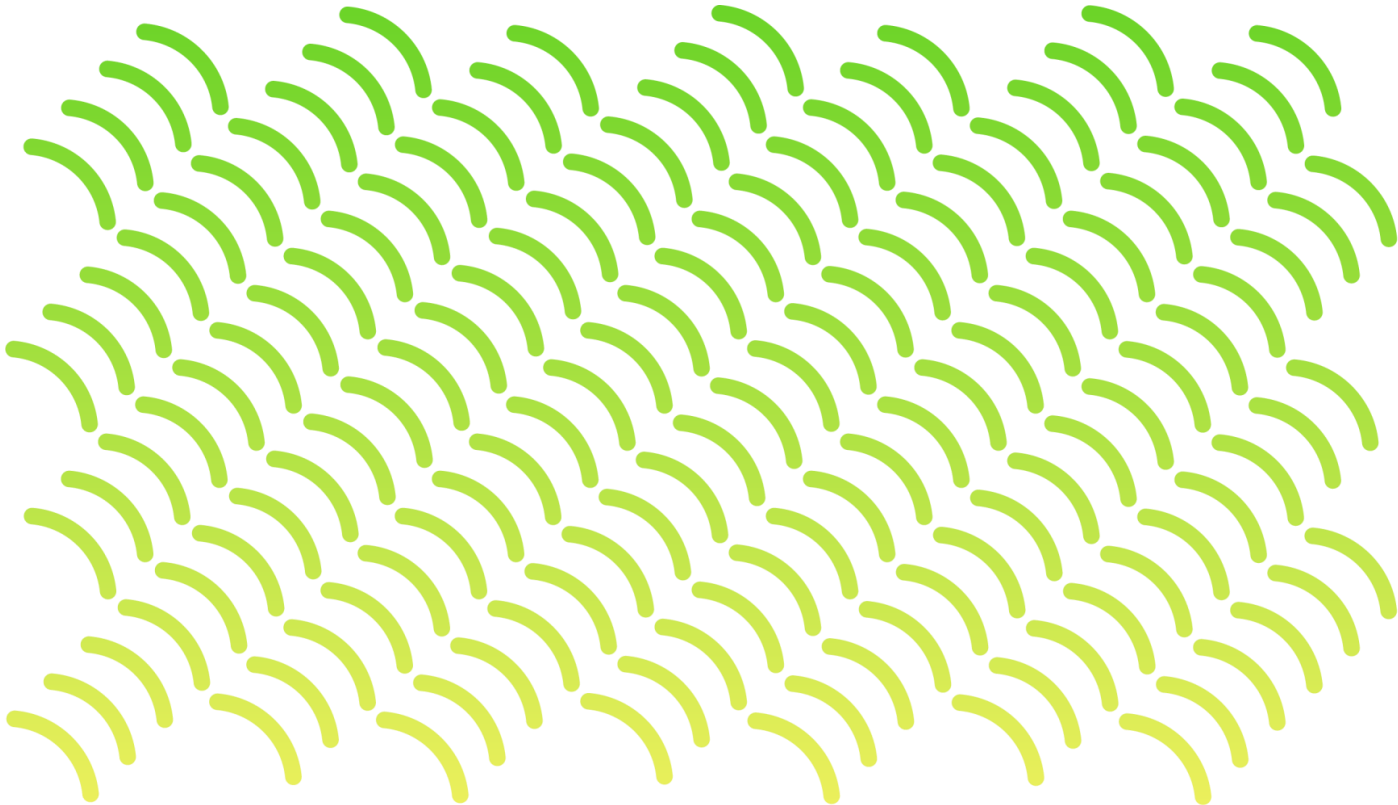
Membership Profile Analysis – Socio-economical analysis



- The Trust’s public members are largely within the skilled manual occupations social grade followed by skilled and unskilled manual occupations. Average pay was below circa 4% the national average.
- Most of the Trust’s members fit within the ‘rising prosperity’ (city sophisticates/career climbers) and ‘urban adversity’ (young hardship, struggling estates/difficult circumstances) socio-economic grades.
- Most of the members are categorised as healthy. Those which fall within the ‘caution and at risk categories have COPD and obesity issues.

*ONS Social Data Code
AB Higher & intermediate managerial, administrative, professional occupations
C1 Supervisory, clerical & junior managerial, administrative, professional occupations
C2 Skilled manual occupations
DE Semi-skilled & unskilled manual occupations, Unemployed and lowest grade occupations





Council of Governors – 08th December 2022

Finance update: Month 07

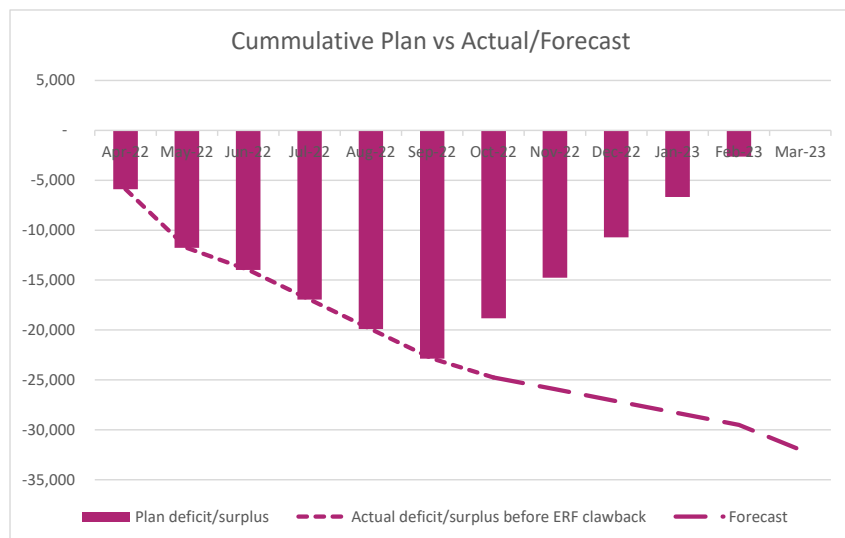
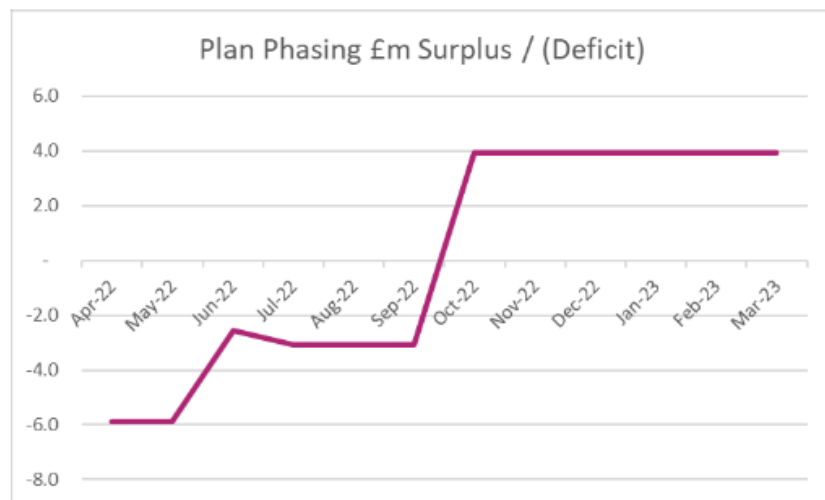


Summary metrics – month 07

SGH

Area	Key Issues	Current Month (YTD)	Previous Month (YTD)
Financial Position	The Trust is reporting a deficit of £32.6m at the end of October, which is £13.8m adverse to plan. The shortfall is due to ERF income underperformance of £7.8m as a result of the Trust not meeting its ERF target, which is consistent across South West London. The remaining shortfall of £5.9m is mainly due to CIP underdelivery.	£13.8m Adv to Plan	£6.7m Adv to Plan
Income	Excluding ERF, income is reported at £2.5m favourable to plan at Month 7. This is due to additional funding to cover COVID Testing and Vaccination costs.	£2.5m Fav to plan	£1.3m Fav to plan
Expenditure	Expenditure is reported at £8.4m adverse to plan at Month 7, mainly due to CIP underdelivery. There are also higher Junior Doctor and Nursing premium temporary costs, and additional COVID Testing and Vaccination costs.	£8.4m Adv to plan	£1.3m Adv to plan
Cost Improvement Programme	CIPs are reported as £5.9m adverse to plan YTD in M7.	£5.9m Adv to plan	To note risk against the scale of the ask
Capital	Capital expenditure of £24.1m has been incurred year to date. This is £2.6m less than the budget of £26.7m	£2.6m Fav to plan	£1.5m Fav to plan
Cash	At the end of Month 07, the Trust's cash balance was £56.6m. Cash resources are tightly managed and will continue to be monitored.	£56.6m £11.9m lower than Y/E	£60.8m £7.7m lower than Y/E

Forecast SGH



- The top graph shows the run rate deficit/surplus plan for 22/23. As previously discussed the unidentified CIPs were profiled across Q3 and Q4. This plan was always seen as highly ambitious and was risk rated as 25.
- As we have developed year end forecasts from month 03 we have reported that we expected to fail to deliver this position and would report a year end deficit of circa £35m.
- The lower graph illustrates how we have performed against that plan (bars on graph).
- Financial performance has been in line with plan across Moths 1-6, with adverse performance developing from month 07. The small dotted line. This is in line with forecast as indicated above.
- The forecast for the remainder of the year continues to indicate we will report a deficit (larger dashed line). The total for the forecast has improved from £35m to £32m. Further work continues and we hope this will improve further.

Month 7 Financial Performance

SGH

			Full Year Budget (£m)	M7 Budget (£m)	M7 Actual (£m)	M7 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	SLA Income	874.5	74.0	75.0	1.0	516.2	518.7	2.5
		Other Income	127.9	9.5	9.7	0.2	68.4	68.4	0.0
	Income Total		1,002.5	83.5	84.7	1.2	584.7	587.1	2.5
	Expenditure	Pay	(609.7)	(47.4)	(54.9)	(7.4)	(369.2)	(377.5)	(8.3)
		Non Pay	(347.8)	(29.2)	(28.9)	0.3	(211.2)	(211.3)	(0.1)
	Expenditure Total		(957.5)	(76.6)	(83.8)	(7.1)	(580.4)	(588.8)	(8.4)
	Post Ebitda		(71.1)	(5.0)	(5.0)	0.0	(38.3)	(38.3)	0.0
	Grand Total		(26.1)	1.9	(4.1)	(5.9)	(34.1)	(40.0)	(5.9)
ERF	Income		26.1	2.2	1.1	(1.1)	15.2	7.4	(7.8)
Reported Position			(0.0)	4.0	(2.9)	(7.0)	(18.8)	(32.6)	(13.8)

Trust Overview

The in month reported position at **M7** is a **£2.9m deficit**, which is **£7.0m adverse to plan**. The **YTD position** is a **£32.6m deficit**, which is **£13.8m adverse to plan**.

The Trust has received £7.4m of ERF income, which is £7.8m under plan. This is due to the Trust not meeting its ERF target. This is consistent across South West London.

Excluding ERF income and costs:

- **Income** is £2.5m above plan, due to additional funding to cover COVID Testing and Vaccination costs.
- **Pay** is £8.3m overspent mainly due to CIP underdelivery, with overspends also across Junior Doctor and Nursing staff groups due to premium temporary costs.
- **Non-pay** is £0.1m overspent due to additional COVID Testing and Vaccination costs.

CIP plan and delivery update

RAG Ratings November 2022	Recurerrent	Non Recurrent	Total	
Green	26.8	24.0	50.8	
Amber	12.9	-	12.9	
Red	31.9	-	31.9	
	71.6	24.0	95.6	

RAG Ratings October 2022	Recurerrent	Non Recurrent	Total	
Green	20.4	24.0	44.4	
Amber	19.3	-	19.3	
Red	31.9	-	31.9	
	71.6	24.0	95.6	

Movement	Recurerrent	Non Recurrent	Total	
Green	6.4	-	6.4	
Amber	-	6.4	-	
Red	-	-	-	
	0.0	-	-	

- The level of unidentified CIP remains the same as last month, consistent with the unchanged bottom line deficit forecast.
- £6.4m increase in green schemes as additional schemes move to delivery stage from amber, including increased confidence in procurement savings, as well as the delivery of reduced spend from reviewing of investments.
- Further work continues to improve this position to further mitigate the bottom line deficit position.

Looking forward into 2023/24

- The financial situation for the NHS in 2023/24 looks extremely challenging. We will need to address
 - The deficit from the current year.
 - Non-recurrent actions are suppressing the scale of this.
 - The further loss of Covid funding.
 - National efficiency requirements
 - Continued high inflation
- There is an expectation that all NHS organisations will need to develop plans to return to financial balance.
- The scale of the SGH position will make this extremely challenging.
- We will need to look at;
 - Continued focus on grip and control. Continue to ensure appropriate controls in place and in operation.
 - Efficiency and productivity. National model Hospital data indicates areas for improvement and we are reviewing these to confirm areas for action.
 - Sustainability review with system partners. We continue to work actively with system partners.
- Planning guidance has yet to be issued by NHSE. It is expected before the end of the year.
- The Finance Committee is starting to review high level view of 2023/24. This will be refined when national guidance is reviewed.
- We expect to be required to have a draft plan by the end of February.