Outstanding care every time

St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting
20 March 2024

Agenda and papers

NHS

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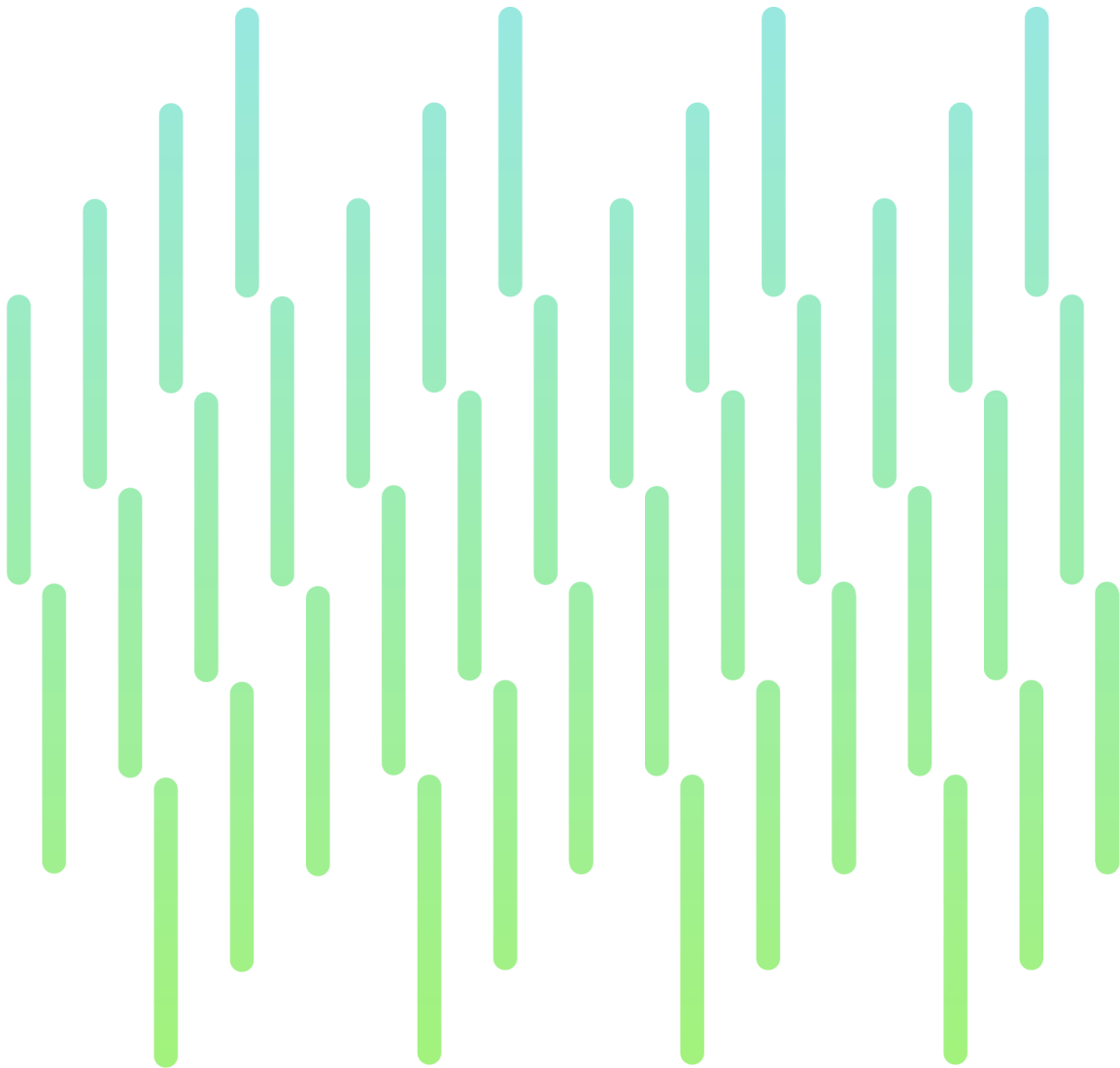
Council of Governors

Agenda

Meeting in Public on Wednesday, 20 March 2024, 15:00 – 18:00

Hyde Park Room, Lanesborough Wing, St George's Hospital, Tooting SW17 0QT and MS Teams

Feedback from Governor visits

Time	Item	Title	Presenter	Purpose	Format
15:00	-	Feedback from visits to various parts of the site	Governors	-	Verbal

1.0 Introductory items

Time	Item	Title	Presenter	Purpose	Format
15:20	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Note	Verbal
	1.3	Minutes of previous meeting	All	Note	Verbal
	1.4	Action Log and Matters Arising	All	Note	Verbal

2.0 Strategy

Time	Item	Title	Presenter	Purpose	Format
15:25	2.1	Chief Executive Officer's Report	GCEO	Update	Report
15:45	2.2	Strategy Update	GDCEO	Update	Report

3.0 Quality and Performance

Time	Item	Title	Presenter	Purpose	Format
16:05	3.1	Patient Experience Update	GDOQSG	Note	Report
16:20	3.2	Quality Performance	GDOQSG	Update	Report

4.0 Council of Governors Governance

Time	Item	Title	Presenter	Purpose	Format
16:40	4.1	Council of Governors Governance Update	GCCAO	Review	Report

5.0 Closing items

Time	Item	Title	Presenter	Purpose	Format
16:55	5.1	Any Other Business	All	Note	Verbal
17:00	-	CLOSE	-	-	-

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Council of Governors Purpose	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

Membership and Attendees		
Members	**Designation**	**Abbreviation**
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AAs
Padraig Belton	Public Governor, Rest of England	PB1
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB1
James Bourlet	Public Governor, Rest of England	JB
Patrick Burns (Via Teams)	Public Governor, Merton	PB2
Kathy Curtis	Appointed Governor, Kingston University	KC
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
James Giles (Via Teams)	Public Governor, Rest of England	JG
John Hallmark	Public Governor, Wandsworth	JH1
Chelliah Lohendran	Public Governor, Merton	CH
Julian Ma	St George's University of London	MA
Atif Mian	Staff Governor, Allied Health Professionals and other Clinical and Technical Staff	AM1
Lucy Mowatt	Public Governor, Wandsworth	LM
Augustine Odiadi	Public Governor, Wandsworth	AO
Jackie Parker	Public Governor, Wandsworth	JP
Abul Siddiky	Staff Governor, Medical and Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir (Via Teams)	Public Governor, Wandsworth	AQT
Stephen Worrall (Via Teams)	Appointed Governor, Wandsworth Council	SW
In Attendance		
Andrew Murray	Non-Executive Director	AM
Peter Kane (Via Teams)	Non-Executive Director	PK
Yin Jones (Via Teams)	Non-Executive Director	YJ
Tim Wright (Via Teams)	Non-Executive Director	TW
George Harford	Director of Financial Performance/Deputy CFO	DCFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Angela Paradise	Group Chief People Officer	GCPO
Stephanie Sweeney	Group Director of Quality and Safety Governance	GDOQSG
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Muna Ahmed	Senior Corporate Governance Manager (Minutes)	SCGM
Apologies		
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Richard Jennings	Group Chief Medical Officer	GCMO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Jenny Higham	Non-Executive Director	JH
Ann Beasley	Non-Executive Director, Vice Chair	AB
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF

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Minutes of the Meeting of the Council of Governors (In Public)
22 November 2023, 14:00 – 16:30
Hyde Park Room, Lanesborough Wing, St George's Hospital
and via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	ABen
Patrick Burns*	Public Governor, Merton	PBu
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JHa
Hilary Harland	Public Governor, Merton	HH
Lucy Mowatt	Public Governor, Wandsworth	LM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Khaled Simmons*	Public Governor, Merton	KS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir*	Public Governor, Wandsworth	AQT
Stephen Worrall*	Appointed Governor, Wandsworth	SW
In Attendance:		
Ann Beasley	Non-Executive Director, Vice Chair	ABea
Andrew Grimshaw	Group Chief Finance Officer	GCFO
George Harford	Deputy Chief Finance Officer	DCFO
Natilla Henry	Site Chief Nursing Officer – SGUH	Site CNO
Jenny Higham	Non-Executive Director	JHi
Yin Jones	Associate Non-Executive Director	YJ
Peter Kane*	Non-Executive Director	PK
Deirdre LaBassiere	Deputy Director of Corporate Governance	DLB
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Kate Slemeck	Managing Director – SGUH	MD-SGUH
Arlene Wellman	Group Chief Nursing Officer	GCNO
Secretariat		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
Apologies:		
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AAs
Padraig Belton	Public Governor, Rest of England	PBe
Derek Cattrall	Public Governor, Rest of England	DC
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Shalu Kanal	Public Governor, Wandsworth	SK
Julian Ma	St George's University of London	JM
Andrew Murray	Non-Executive Director	AM
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Tim Wright	Non-Executive Director	TW

Joined the meeting via MS Teams

	Feedback from Governor visits	**Action**

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Feedback from visits to various parts of the site

The Chairman explained that, as previously discussed at the Council of Governors, a new programme of visits across the hospital site had been put in place and a number of these had taken place over the past two months. Over the course of October and November 2023, Governors had visited: paediatrics wards, theatres, and neurology.

Paediatric wards: Sarah Forrester (SF) provided feedback on her visit to a number of the Trust's paediatric Wards on 18 October 2023 and provided some reflections on her visit. SF reported that she had been the only Governor on the visit and had been taken around the wards by the Matron. The public consultation on the future of paediatric cancer services was discussed with staff, who had expressed concern that the process would drag on for a long time and result in the transfer of services which would not be in the interests of children with cancer. Staff were very positive about the team-working and the services they provided. Staff commented that if paediatric cancer services did move out of the Trust, it was highly likely the Trust would lose some key members of staff. Matrons had talked about the frustrations and stresses of working in leadership roles. They said they felt they needed more support from HR when seeking to deal with poor performance. SF stated that she was surprised to learn that the Trust had young people with mental health issues sectioned on a ward. The staff were dealing with challenging behaviours and there was a high staff turnover on the ward. The Chairman thanked SF for her observations and explained that the Board was very aware of the mental health issues she had highlighted on one of the paediatric wards. MD-SGUH added that the majority of patients that attended the emergency department (ED) with mental health issues were in the department mainly for mental health reasons rather than as a result of physical health needs and the Trust was working closely with the mental health trust in relation to this.

Theatres: Alfredo Benedicto (ABen) reported back on the visit he, Richard Mycroft, John Hallmark, and Huon Snelgrove had undertaken to theatres on 2 November 2023. ABen commented that the level of cleanliness and tidiness was good, despite equipment that needed to be stored in corridors. Governors reported that felt welcomed by staff, observed a stable and skilled team, and commented that the visit had been very positive. The configuration of Theatre 7 in St James' Wing was highlighted as being constrained. Governors had met the surgical admissions team who were positive and enthusiastic. The team raised issues about all patients being asked to arrive at 7am, even though some of the procedures would not take place until much later in the day, which was seen as causing a level of anxiety and frustration for the patients. There were delays with discharges mainly due to waiting for medication from pharmacy. In cardiac theatres, staff had commented on the impact of the reduction in surgical procedures and the impact of this on the morale of staff but activity had since increased. The MD-SGUH acknowledged that theatre capacity was constrained and Theatre 7 was not ideally configured. Given the resource constraints, the key was ensuring the activity in Theatre 7 was suitable for the environment. The MD-SGUH said that she would pick up the issue of all patients arriving at 7am as it was good practice to stagger arrivals, otherwise some patients would be fasting for a long time. Likewise, she agreed to follow up on the issues raised in relation to pharmacy, which was a wider issue. In relation to the points raised in relation to the visit to cardiac theatres, the MD-SGUH explained that a lot of work was happening in cardiac surgery with the MD meeting the senior team on a regular basis and focusing on how activity could be increased. Lists were increasing and an enhanced care unit had been created to step down patients from the Intensive Treatment Unit.

Neurology: Richard Mycroft (RM) reported on the visit he, John Hallmark (JHa) and Hilary Harland (HH), had undertaken to Neurology on 21 November. He commented that the scheduling for the visit worked well but the visit itself had overrun. Governors

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had been shown around by the Clinical Director and Head of Nursing and had spoken with other staff and patients. They had visited a range of wards and units in Atkinson Morley Wing and Lanesborough Wing. Staff had told Governors they felt there was good team working with good cross disciplinary working relationships. Governors heard about some gaps in nursing but that also that there were no concerns in relation to turnover. Retention of medical staff was also good. Staff had commented on the pressures associated with bed occupancy. Staff had commented that there was good support for nurses dealing with challenging patients. Staff also commented that speaking up was encouraged in team huddles. Patient flow was an issue and the bed manager was working hard to facilitate discharges. Delays were often due to transfers and the availability of care packages provided by social services. Cleaning was raised as an issue with a suggestion there was a disparity in cleaning resources between wards. A broken fire door was highlighted, which had been reported to the estates team. Hilary Harland added that the teamwork Governors had witnessed was inspirational, that morale was high, and that staff were smiling and happy. The Chairman noted that the broken fire door and issue with cleaning would be picked up. The Chairman suggested that it may be helpful to plan a briefing to Governors on ward accreditation across the Trust.

Sarah Forester enquired about the purpose of Governor visits and how the issues identified were triangulated with other issues that arise at Board, Board Committees or otherwise raised by Non-Executives. She added that she had participated in Governor visits in the past but had never been asked to provide feedback and commented that she welcomed this and felt it was a good idea. The Chairman responded by explaining that Governor visits were intended to help Governors fulfil their role by being able to see the services provided by the Trust, to engage with and speak to staff, and provide a perspective on the hospital that, naturally, could not come through papers to the Council. Governor visits were a mechanism used by a number of Trusts as part of Governors' ongoing development and understanding, and to support Governors in discharging their dual roles of holding the non-executives to account for the performance of the Board and representing the interests of members and the public. An active programme of visits had been scheduled across the year which sought to ensure a broad coverage of the services provided. Where Governors had an interest in visiting an area not on the schedule, suggestions could be incorporated into the forward plan.

Sandhya Drew (SD) commented that the independence of Governors from the Trust needed to be preserved in undertaking visits and expressed concern with Governors being accompanied on visits by a member of the governance team. The Chairman explained that Governors were an important part of the Trust's governance, and were not independent of the Trust. Visits were arranged as one of the various mechanisms to support governors in discharging their statutory duties. The governance team was responsible for ensuring that the Council of Governors was supported effectively, it planned the programme of Governor engagement, and attendance was intended to ensure any feedback and actions emerging from visits were captured and taken forward.

It was agreed that it would be helpful to schedule a discussion on Governors visits once the newly elected Governors had joined the Trust. | **GCCAO**

1.0	**OPENING ADMINISTRATION**	Action
1.1	**Welcome and Apologies**	
	The Chairman welcomed everyone to the meeting, both those attending in person and those joining remotely via videoconference.	
	The Council of Governors noted the apologies as set out above.	

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1.2	**Declarations of Interest**	
	There were no new declarations of interest.	
1.3	**Minutes of the Public meeting held on 20 September 2023**	
	The minutes of the meeting held on 20 September 2023 were approved as a true and accurate record, subject to the following amendment: • In section 2.1 p.4, bullet 2, replace 'In relation to PSIRF [Patient Safety Incident Response Framework], KS sought assurance that the learning identified and solutions to be implemented would be effective', with 'KS asked what progress had the Trust made in relation to implementing the PSIRF requirement that those responsible for implementing improvement solutions must establish procedures to monitor actions and determine whether they are having the desired affect with both outcome and process measures.'	
1.4	**Action Log and Matters Arising** The Council of Governors reviewed the action log and noted the following updates: • **COG.200923.1 Maternity Services Update:** Provision of the terms of reference for the quality governance review to the Council of Governors. The terms of reference for the quality governance review had already been shared with the Council of Governors and were included in the papers for the Council of Governors meeting on 26 July 2023. The terms of reference had been recirculated to all Governors ahead of the November meeting. The Council agreed to close the action. • **COG.260723.3 Integrated Quality and Performance Report (IQPR highlights):** Item on theatre utilization to come to a future meeting following discussion at the Finance Committee. This has been added to the Council of Governors forward plan. RM raised the issue of membership engagement and commented that an update on the issue was not on the agenda. The Chairman commented that the Governors Membership Engagement Committee had been without a Chair for some time which had impacted on the momentum behind membership engagement. Expressions of interest from Governors had been sought to chair the Committee, but no Governors had put themselves forward to chair on an ongoing basis. In the absence of a Committee Chair, the GCCAO had chaired a number of the Committee meetings but it was important that a Governor took on this role as this was a core part of the role of Governors to engage with their constituents. The Chairman noted that a large turnover in Governors was anticipated through the forthcoming elections and proposed that new expressions of interest from Governors in becoming members of and chairing the Committee be undertaken following the next Council meeting. The Chairman updated the Council of Governors on the elections to the Council. Nominations had closed on 10 November 2023. Elections would be held in all constituencies where there were more than the minimum number of nominations. Where the number of nominations received was the same as the number of vacancies, nominees would be elected on an uncontested basis. Voting would open on 30 November and would close on 20 December 2023. The results of the elections would be validated by the Independent Returning Officer and would be announced as soon as possible thereafter. All newly elected Governors would commence their terms of office on 1 February 2024. The Chairman and Council acknowledged and thanked Hilary Harland for her outstanding commitment to the Trust for all 3 terms (9 years in total) and Richard	**GCCAO**

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	Mycroft for his two terms as Governor, including as Lead Governor for the past three years. The Chairman also noted that Adil Akram, Derek Cattrall, Shalu Kanal, Tunde Odutoye, and Alex Quayle would not be standing again and thanked them for their valued commitment and contributions over the years.	
1.5	**Chief Executive Officer's Report** The GDCEO provided the following updates in the absence of the GCEO: • <u>Winter plan</u>: Operational pressures on the Trust were high as winter approached and, as usual, winter plans had been developed to help address these pressures and keep patients safe. There were particular pressures with the number of patients with mental health needs attending ED and work was being undertaken with the local mental health trust and wider system partners to address this. • <u>Organisation culture</u>: A leadership event for the 100 most senior leaders across the hospital group had been held on 14 November , the first in a series of such events which were planned with the purpose of developing an effective leadership community across the Group's sites. The first meeting had a focus on culture and the development of the organisation and the role of the leadership community in this. The GDCEO also noted that the NHS Staff Survey had recently commenced with results expected in January. • <u>Paediatric Cancer Services consultation</u>: The consultation on the future of paediatric cancer services was currently live and would close on 18 December. Governors had been briefed on the proposals from NHS England. A QR code had been provided to Governors to access the consultation. • <u>Finance</u>: Financial plans had been updated and submitted to the South West London (SWL) Integrated Care Board (ICB) on 21 November 2023. • <u>Awards</u>: The St George's gardens team had been recognised with three awards by the London Gardens Society in October 2023. The Chairman invited questions and comments from Governors, and following points were raised and noted in discussion: • Sandhya Drew (SD) asked how satisfied the Trust was that the winter planning included effective measures in relation to infection control. The GCNO explained that there were plans in place in relation to infection prevention and control (IPC) and that this was monitored very closely. IPC measures were integrated into plans for winter but there was not a need for a stand-alone winter IPC plan. The Quality Committee was responsible for overseeing IPC arrangements and received regular updates, as did the Board. • Sarah Forrester (SF) queried whether additional funding for winter would be provided and whether this would increase capacity in South London. The GDCEO stated that the funding would be focused on different ways of working, for example supporting out of hospital care, virtual wards and community care. The winter planning reports were going through the Committees later in November so that the Board could be assured on the plans. The MD-SGUH added that c.£3m had been provided for winter. New investment had gone into integrating the transfer of care team, working with health and social services to plan discharges earlier in the process, as well as same day emergency care, virtual capacity and hospital at home.	

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- Nasir Akhtar (NA) asked about the impact of the mental health right care, right person initiative on the Trust. The MD-SGUH explained that the initiative had only been in place for a few weeks and mainly related to patients who were brought in to the Trust by the police or when a vulnerable person absconded. Anne Beasley, who in addition to her role as Non-Executive at the Trust was also the Chair of the South West London and St George's Mental Health NHS Trust, relayed that SWL had a number of initiatives in place, including a pilot of '111 press 2 for mental health'. A Section 136 hub had been introduced and police were ringing the hub which was resulting in patients not detained under the mental health act being diverted away from health based place of safety. The scheme was still in its early stages.

- Huon Snelgrove (HS) queried what was meant by a 'place of safety' and what the limit was for it. The MD-SGUH explained that the Trust can be a place of safety for people whose social care packages had broken down, as well as for people with mental health issues and homeless people with a healthcare need.

- John Hallmark (JHa) enquired whether ED being open 24 hours a day was contributing to receiving mental health patients and whether the mental health Trust had an out of hours service. The MD-SGUH confirmed there was an out of hours service, such as a crisis line. The GDCEO added that sometimes there were complex physical and mental health presentations and close working with the mental health Trust.

- NA queried whether there were any insights that could be offered at this stage from the GESH100 event. The GDCEO explained that the feedback from the event was currently being collated and that the Group Executive would review the feedback on 28 November 2023 and would consider how it would be taken forward. Staff had welcomed the opportunity to get to know colleagues in an informal way across the Group and the day had been a positive one, with good initial progress made towards developing a leadership community.

- Lucy Mofatt (LM) asked whether there was an update on the work to strengthen organisational culture since the last meeting in September. The GDCEO stated that the NHS Staff Survey was currently underway and was due to close on 24 November 2023. The current response rate was disappointing at 34%. The national average response rate was 43%. Posters on "You said, we did" described what the Trust was doing in response to the themes from the last staff survey results and were displayed around the Trust. The Trust also had in place a "Big 5" programme, which sought to take the main themes emerging from the staff survey and ensure progress was made in these areas. A lot of work was currently being taken forward in relation to civility and psychological safety, one of the strands of the Big 5.

- SD queried whether the staff survey results could be disaggregated to unit/ward level, to enable triangulation of culture and engagement. The GDCEO explained that data could be disaggregated where there were up to 11 or more responses within an area. The Trust receives an overall Trust score and comparison against the national mean, which is usually received in January or February though a publication embargo is typically in place until early-to-mid March. The Trust subsequently receives the full detailed breakdown which enables this team-level analysis, which will be a key focus in March / April. The team needed to spend more time looking at high performing and low performing areas, to learn from good practice and embed support for low performing areas. A paper on the top 10 and bottom 10 performing areas went to the People Committee in Common in November 2023.

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	• Richard Mycroft (RM) commented that it had been announced that the Group Chief People Officer, Paul da Gama, would be leaving the Trust in December and extended his thanks and well wishes to him on behalf of the Governors. The Chairman commented that it would be helpful to add a presentation on the work being undertaken with the mental health Trust on the forward plan for Governors in 2024/25. The Council also agreed that an item on developing leadership should be added to the forward plan to discuss at a future meeting in the next financial year. The Council noted the GDCEO report.	**GCCAO**
2.0	**ACCOUNTABILITY**	
2.1	**Questions to Non-Executive Directors** The Chairman invited questions to Non-Executive Directors (NEDs): • Khaled Simmons (KS) commented that he had submitted four questions prior to the meeting. The Chairman had responded to the questions in writing. KS said he would be happy for his questions and the response to be shared with other Governors. It was agreed that the response would be circulated to Governors.	**GCCAO**
3.0	**QUALITY, FINANCE & PERFORMANCE**	
3.1	**Maternity Services Update** The Chairman noted that the Council of Governors had been briefed on a number of occasions about the inspection by the Care Quality Commission (CQC) of the Trust's maternity services, both prior to and following the publication of the inspection report in August 2023. The GCNO reminded the Council that the CQC had inspected the Trust's maternity service in March 2023 and issued a Section 29A Warning Notice. The final report had been published in August 2023. The Trust had been asked to undertake 15 'must do' actions and 6 'should do' actions to improve the service. A weekly steering group had been set up to work through these actions. The steering group had originally been chaired by the GCNO but had now moved to the MD-SGUH. The Trust was being supported by the national maternity team which was conducting a diagnostic of the service. The national team would provide a report and determine the level of support the Trust will receive and the Board would be briefing on the findings. In response to the issues identified by the CQC, the Board had commissioned a review of quality governance. However, the 'triple lock' arrangements whereby spending over £25k needed to be reviewed and approved at both system and regional level meant that an alternative approach had needed to be found to progress this work in a timely way. The Chairman and Chief Executive had therefore decided to second Sally Hearne, an Intensive Improvement Director at NHS England, to the Trust for a period of 12 months to undertake work to improve quality governance. This arrangement had started on 13 November 2023. The initial focus would be on maternity at St George's, then would broaden out to look at maternity across the Group, before looking at wider measures to strengthen quality governance. In addition, the Trust was also holding CQC listening events across all sites, which were intended to be a vehicle for listening to staff about what needed to be addressed as well as to help prepare staff for potential inspections. The Chairman invited questions and comments from Governors and the following points were raised and noted in discussion:	

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- NA was pleased to see the 'must do' actions had been completed and queried how this had been achieved. NA also asked how the Trust was sure that 'safe care for women' was completed.

- HH observed that 5 of the 10 Safety Actions under the Maternity Incentive Scheme operated by NHS Resolution were rated green but that some of the actions would not be achieved until April 2024. HH queried why it was going to take so long to ensure women and babies were safe.

- ABen asked whether the reason for the disconnect between the intelligence received by the Board about maternity and the CQC findings had been identified.

- SD commented that she felt she was unable to agree to the recommendation in the paper to note the progress made with the action plan, as she felt it was unclear what progress had been made and that there were no clear deadlines in place.

The GCNO clarified that the actions that were green were the immediate actions taken and that there were further actions under the top level actions that also needed to be completed. Regarding staffing, 15 midwives had been recruited in October 2023. All the 'Must do' and 'Should do' actions had an action plan in place. It was felt that RAG rating was not an appropriate measure to provide assurance on the actions.

On the Safety Actions in the Maternity Incentive Scheme, the GNCO explained that under the scheme the Trust was required to provide assurance against a total of 10 Safety Actions in order to receive a rebate on the amount the Trust paid to the Clinical Negligence Scheme for Trusts. Currently, the scheme was in its fifth year of operation and each year the requirements to achieve the rebate had been tightened so as to drive up the quality of maternity provision across the country. The Quality Committee reviewed and monitored progress on the Safey Actions under the MIS at each meeting.

In relation to the apparent disconnect between the reporting to Board and the findings of the CQC, this was an ongoing piece of work which was being supported by the diagnostic from the national maternity team. However, the flow of information from the service, through the division in which maternity sat, through to the site management team and Executive and upwards to the Board was being reviewed as part of the quality governance review. Likewise, the Board had discussed with the national midwife the metrics that needed to be monitored by the Board to provide effective assurance in relation to the safety of maternity. The national midwife had noted that there was no agreed set of data that could provide that assurance but the work the national team were doing would assist the Board in reviewing an appropriate set of data so that effective assurance could be taken.

There was a discussion about the appropriate level of detail provided to Governors. It was noted that a summary on the progress on the action plan had been provided. It was also clarified that it was the role of the Board to seek assurance on these matters, and it was the role of the Council of Governors to hold the non-executives to account for the overall performance of the Board. This was an important point of distinction as oversight and assurance on individual clinical services appropriately came through the Quality Committee and on to the Board.

The Council noted the maternity services update.

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3.2	**Quality Governance Review: Update** The GNCO provided an update on the Quality Governance Review and highlighted: • Sally Herne from NHS England had been seconded to the Trust for 12 months and had started on 13 November 2023. • She had started to attend various clinical governance meetings and attended the serious incident meeting in SGUH and ESTH. Also attending meetings in maternity. • The Trust's current quality governance processes were being reviewed • Meetings had taken place with the maternity triumvirate. The Chairman relayed that Sally Herne and the national maternity team had found that staff had been welcoming and helpful. The Council noted the update.	
3.3	**Integrated Quality and Performance Report: Operational Performance** The MD-SGUH presented the IQPR which provided data from August 2023. She drew particular attention to the following: • ED, Urgent Care and Flow: As discussed earlier in the meeting, there was a winter plan in place and there was a focus on admissions prevention and faster discharges. A 45-minute handover process with the London Ambulance Service (LAS) was now in place. Although this was welcome in terms of ensuring that handovers were managed more quickly, it nonetheless was a source of added pressure to ED. • Elective care: Elective care had been impacted by the industrial action by junior doctors, and significant numbers of appointments and procedures had needed to be rebooked. The Trust was continuing to work on reducing the waiting list and this remained a key area of focus. • Patient Initiated Requests to Move Provider (PIDMAS): This was provided to patients who have been waiting over 40 weeks and could not be booked in the next 8 weeks, the choice to book treatment elsewhere in the country. The Trust had contacted the cohort to see if there were people who wanted to take this up. The Trust had received referrals from other Trusts. • Cancer performance: This was currently challenged, particularly in skin due to a significant increase in referrals. Performance on the Faster Diagnosis Standard (FDS) had fallen below the national target of 75%, when it was previously being met. Breast was also challenged and a business case was going through the governance processes which aimed to stabilise the service. The Chairman invited questions and comments from Governors and the following points were raised and noted in discussion: • JHa was concerned about the increase in 12-hour trolley waits and queried what was driving this. He also asked how the new cancer targets were going to impact current performance. The MD-SGUH explained that 12-hour trolley waits had increased due to flow issues. Patients were moved to beds but were considered as trolleyed capacity, rather than an admission. Regarding cancer targets, the 62 day referral to treatment target of 85% was achievable, but this was dependant on resolving the capacity issues in skin and breast services.	

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Tab 1.3 1.3 Minutes of previous meeting

	• LM queried whether the delays in discharges were attributed to issues with setting up social care in Merton and Wandsworth. The MD-SGUH confirmed there were delays with patients needing care 4 times a day, care homes and nursing homes. It was particularly difficult to place patients with dementia or behavioural issues. The Trust had close links with the local authorities and had an Integrated Transfer Hub with social workers based at the Trust to plan discharges at an earlier stage.	
	• SF observed that Neuroscience had a significant 52 week wait backlog and queried why this was, given the positive feedback from the Governor visits. The MD-SGUH stated that Cardiology was the other area contributing to the over 52 week wait. The MD-SGUH added that 60% of the activity in Neuroscience was emergency which led to delays in elective work. The Trust was working on increasing activity by re-calibrating theatre time and job plans. There were also delays in repatriating patients to their local hospitals following specialist treatment at the Trust.	
	• LM noted that the capped theatre utilisation was at 75%, against a target of 85%. She asked what could be done to increase utilisation. The MD-SGUH relayed that theatre utilisation had increased to 80% and various actions were being taken. A paper on theatre utilisation would come to a future meeting following discussion at the Finance Committee.	
	• Tunde Odutoye (TO) queried whether the cancer breast service comprehensive review had been conducted. The MD-SGUH confirmed that a lot of the work had been completed and had enabled the sign off of job plans. A business case was going through the governance process.	
	The Council noted the Integrated Quality and Performance Report.	
3.4	**Financial Performance Update** The Finance Performance Update was taken in the private session of the meeting.	
3.5	**External Audit Tender: Update** Peter Kane (PK) provided a brief update and confirmed that the contract with the current external auditor would be in place until annual audit of accounts for 2023/24 has been completed. Therefore, the urgency in undertaking the procurement was not as acute as had first been assumed. An External Audit Working Group was still required to support the process for the appointment of a new contract for external audit services, but the membership of the Working Group would be refreshed following the March meeting of the Council once the newly elected Governors were in post. The Council noted the External Audit Tender update.	
4.0	**CLOSING ADMINISTRATION**	
4.1	**Any other business** No other business was raised.	

Date of next Meeting
Wednesday 20 March 2024, 15:00

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Tab 1.4 1.4 Action Log and Matters Arising

Council of Governors - Public - 20 March 2024

NHS
St George's University Hospitals
NHS Foundation Trust

Action Log

Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.260723.3	Integrated Quality and Performance Report (IQPR highlights)	There was a discussion about theatre utilisation which was an area of focus for the Trust. There were 33 theatres in total (29 at SGUH and 4 at Queen Mary's Hospital). Theatre utilisation had increased. A deep dive was due to go to the Finance Committee and it was agreed that the paper would also come to the Council.	20/03/2024	Kate Slemeck (MD)	This has been added to the Council of Governors forward plan, and will be presented following consideration by the Finance Committee. Review due date to be confirmed.	DUE
COG.221123.1	Feedback from Governor visits	Discussion on the purpose of the Governors visits would be scheduled once the newly elected Governors had joined the Trust.	20/03/2024	GCCAO	Included in the Governance Update paper on the agenda for 20 March 2024.	PROPOSED FOR CLOSURE
COG.221123.2	Action Log and Matters Arising	Corporate Governance Team to seek new expressions of interest from Governors in becoming members of and chairing the Membership Engagement Committee following the Council meeting on 20 March 2024.	21/03/2024	GCCAO	This will be actioned following the Council of Governors meeting on 20 March 2024.	NOT YET DUE
COG.221123.3	Chief Executive Officer's Report	To add a presentation on the work being undertaken with the mental health Trust on the forward plan for Governors in 2024/25 aswell as an item on developing leadership to discuss at a future meeting in the next financial year.	20/03/2024	GCCAO	Added to the forward plan included in the Governance Update paper on the agenda for 20 March 2024.	PROPOSED FOR CLOSURE
COG.221123.4	Questions to Non-Executive Directors	Khaled Simmons (KS) had submitted 4 questions prior to the meeting. The Chairman had responded to the questions in writing. The response would be circulated to Governors.	20/03/2024	GCCAO	Circulated as part of the distribution of papers for the Council of Governors meeting on 20 March 2024.	PROPOSED FOR CLOSURE

Tab 2.1 2.1 Chief Executive Officer's Report

GROUP CHIEF EXECUTIVE'S REPORT TO COUNCIL OF GOVERNORS

20 March 2024
Jacqueline Totterdell,
Group Chief Executive Officer
St George's, Epsom and St Helier

Tab 2.1 2.1 Chief Executive Officer's Report

INTRODUCTION

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.

Tab 2.1 2.1 Chief Executive Officer's Report

1. COLLABORATION & PARTNERSHIP

Tab 2.1 2.1 Chief Executive Officer's Report

SGUH AS GESH

February marks the two-year anniversary of St George's, Epsom and St Helier hospitals working together as a Group, and over this time, we see on a regular basis the benefits of working at scale. We closed phase one of our nursing consultation, formally integrating aspects of corporate nursing teams, and are progressing through other areas of corporate integration to support the Group's work.

Further integration efforts mean Corporate Affairs, Communications, People, Finance, Deputy CEO department, Corporate Medical teams, and parts of Estates & Facilities and IT departments, join together as Group teams over the next year. We are taking a flexible approach to ensure we get integration right & can support our staff through the transition.

We have made important observations during this process's early stages. First, many staff members feel strong loyalties to the institution's culture and have anxieties about the other. We have expressed a commitment to supporting a common culture that reflects our Group goals. Second, we are facing competing organisational pressures, and recognise that change management takes time.

We are asking leaders to implement complex changes while simultaneously responding to major financial, operational, and quality challenges. To navigate through these challenges, we consider that it is crucial to continue to consult staff and staff representatives (including staff-side and line managers) to ensure they are involved in each step of the corporate integration roll out.

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Tab 2.1 2.1 Chief Executive Officer's Report

SOUTH LONDON **PARTNERSHIP**

» GESH work collaboratively with other acute Trusts in South West London (Croydon and Kingston) in the SWL Acute Provider Collaborative (SWL APC) to improve elective and diagnostic care as well as manage services such as pathology, recruitment, procurement and pharmacy.

» We have agreed priorities in 2024/25 for our clinical networks. Networks are groups of secondary and primary care clinicians that have been leading and implementing best clinical practice across SWL since 2020. In 2024/25 we will focus our work on access, productivity, and reducing inequity in high volume specialities such as Audiology, Cardio-metabolic (Cardiology/Diabetes), Dermatology, ENT, Gastroenterology, Gynaecology, Neurology, Ophthalmology and Urology.

» We have agreed to pilot a referral support service in ENT across SWL as a way of reducing inequity in waiting lists between SWL providers and supporting consistency of pathways. The pilot is expected to start in Q1 24/25 and will provide useful learning as to whether this would be appropriate for other specialities across providers.

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Tab 2.1 2.1 Chief Executive Officer's Report

2. AFFORDABLE HEALTHCARE, FIT FOR THE FUTURE

Tab 2.1 2.1 Chief Executive Officer's Report

SNAPSHOT: FINANCE

AREA	KEY ISSUES	CURRENT MONTH (YTD)	PREVIOUS MONTH (YTD)	RISK FOT
Financial Position	The Trust is reporting a deficit of £32.1m at the end of January, which is £11.3m adverse to plan. The shortfall is due to CIP delivery shortfall, baseline pressures, and industrial action impact in December and January.	€16.7M Adv to Plan	€11.3M Adv to Plan	On track against revised forecast
Income	Income is reported at £19.9m favourable to plan at Month 10. This is due to additional income to cover centralised costs and industrial actions costs between April and October. There is also additional income in Pharmacy, which is offset by Non-Pay costs.	£19.9m Fav to plan	£13.9m Fav to plan	
Expenditure	Expenditure is reported at £36.7m adverse to plan at Month 10, mainly due to premium temporary medical staffing costs to cover industrial action and premium temporary nursing costs across wards. Underlying non-pay is experiencing inflationary pressures currently mitigated in the position.	£36.7m Adv to plan	£25.2m Adv to plan	
Cost Improvement Programme	CIPs are £2.6m adverse to plan.	£2.6m Adv to plan	£2.9m Adv to plan	
Capital	YTD M10 Capital expenditure is £19.8m underspent, c.50% of this is due to the timing for the larger capital schemes being later in the year than expected with the delay of externally funding project accounting for the balance.	£19.8m underspent	£16.2m underspent	
Cash	At the end of Month 10, the Trust's cash balance was £7.1m. Cash request for Q4 submitted to NHSE.	£7.1m which is £51.4m lower than Y/E	£6.5m which is £52.0m lower than Y/E	Cash position remains tight. Requires close management.

LIKE MOST OTHER HOSPITALS ACROSS THE COUNTRY, WE CONTINUE TO FACE OPERATIONAL AND FINANCIAL CHALLENGES.

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Tab 2.1 2.1 Chief Executive Officer's Report

3. RIGHT CARE, RIGHT PLACE, RIGHT TIME

Tab 2.1 2.1 Chief Executive Officer's Report

NHS
St George's
University Hospitals
NHS Foundation Trust

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OPERATIONAL PERFORMANCE

> The challenges we face have affected compliance with the four-hour emergency department operating standard, as well as ambulance handovers. The system is responding to this as a collective, and despite these challenges, our teams have stayed dedicated to delivering outstanding care to our patients

WAIT TIMES

The number of patients waiting over 65 weeks is in line with plan and likely to remain challenged due to planned action. Neurosurgery is a specialty of concern although all potential 65-week breaches are being scrutinised weekly.

ED VISITS

4-hour performance declined to 69.1% in January 2024, reflective of a challenging month with issues in managing the flow within the hospital, resulting in a high number of patients waiting for beds in both the emergency department and in inpatient areas. 4-hour performance improved to 77.3% in February 2024, exceeding target.

CANCER WAIT

Though SGUH are not achieving the 62-day cancer standard (74.4%), the monthly trajectory was met, and the service is on track with the trajectory for maintaining the absolute number of patients waiting for more than 62 days for definitive treatment at the end of January 2024.

DIAGNOSTICS

Diagnostic performance remains strong and within the national target of 5% (over 6 weeks), with 98% of patients receiving their diagnostic test within 6 weeks of referral in February 2024.

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Tab 2.1 2.1 Chief Executive Officer's Report

CARE QUALITY COMMISSION REPORT - MATERNITY

CQC REPORT – MATERNITY

The overall rating for maternity services has been lowered from 'Good' to 'Requires Improvement'.
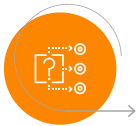
Reasons for the rating are related issues of safe staffing, triage and governance processes, and the hospital's ageing estate, which is no longer fit for purpose.

The Trust is proactively addressing CQC recommendations by investing £2m to boost staffing by 8% and remediate workplace hazards.

This month, we initiated open sessions for staff to discuss and provide feedback on the maternity inspection report, aiming to ensure a comprehensive response and express appreciation for their efforts.

On 7 March 2024 the Trust received a letter from NHS Resolution which confirmed we have been granted full compliance and will be in receipt of the full year 5 MIS rebate.

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Tab 2.1 2.1 Chief Executive Officer's Report

MATERNITY SURVEY

Our Maternity Services was named a close joint second for maternity care. The CQC's report showed improvements

KEY HIGHLIGHTS FROM THE REPORT INCLUDE:

▶ Women said they had been treated with kindness and compassion during pregnancy & birth, scoring St George's 9.2/10.

▶ More women were treated with dignity and respect during antenatal care, up 2% at St George's to 9.6/10 — above the national average.

▶ Women had high levels of trust and confidence in the staff caring for them, remaining high at 8.7/10.

▶ Partners being able to stay and be involved in care was scored better than average, up from 9 to 9.3/10.

We performed better in a number of areas when compared to other trusts in the country – including treating people with dignity and respect during their antenatal appointments. These are fantastic results that we are proud of.

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Tab 2.1 2.1 Chief Executive Officer's Report

4. EMPOWERED, ENGAGED STAFF

Tab 2.1 2.1 Chief Executive Officer's Report

GESH GROUP

Group Deputy CEO

Group Chief Medical Officer

Group Chief Nursing Officer

Group Chief Finance Officer

Group Chief People Officer

Group Chief Corporate Affairs Officer

Managing Director SGUH

Managing Director ESTH

Managing Director Integrated Care

Group Chief Infrastructure, Facilities & Environment

Group Director Communications & Engagement

Natilla Henry has been appointed as our first ever Group Chief Midwifery Officer.

Ian Robinson has joined as our Interim Group Chief Facilities, Infrastructure & Environmental Officer.

An appointment has been made for the role of Group Chief People Officer. An announcement will follow within the next week.

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Tab 2.1 2.1 Chief Executive Officer's Report

STAFF SURVEY

What we've done well...

We've seen an increase in scores for how engaged you feel. Recommending the Trust as a place for treatment is at 67% - 5% above the national average.

We have remained consistent and comparable to other trusts when it comes to recommending St George's as a place to work, and feelings of morale. This is despite the pressures we have been under over the past 12 months.

We have also seen improvements in the quality of appraisals, with a 2% increase in them helping give clear objectives, and also in helping you do your job.

What we need to improve...

Questions relating to line management have declined since last year – for example managers understanding problems has decreased by 1% to 65% and is 4% below the national average.

There are areas where we are falling behind other trusts, including fairness in career progression, which is 8% below the national average, plus questions on discrimination and addressing concerns.

Although we have seen the start of some improvements in our Big 5 areas, we are far from job done. This is why we're carrying forward our Big 5 priorities from last year, to turn early signs of progress into lasting improvements.

Tab 2.1 2.1 Chief Executive Officer's Report

OTHER UPDATES

IMPLEMENTATION OF THE FIRST PHASE OF MARTHA'S RULE

- Beginning in April, patients and their families in England will have the option to request a rapid second opinion if they are concerned about a condition worsening. This policy is referred to as "Martha's Rule".

- Martha's Rule is based on Martha Mills' death after being admitted to King's College Hospital, London, due to injuring her pancreas while riding her bike. She later developed sepsis while in hospital. Her death was put down to failing to escalate her care or refer her to intensive care despite concerns raised by her family regarding her worsening condition. Martha's Rule aims to provide a swift escalation process for urgent review by a different critical care team in hospitals across the country and will be available 24 hours a day.

- The first phase will see Martha's Rule rolled out to at least 100 acute or specialist provider sites in England in 2024/25, supported by funding of up to £10 million. NHSE will identify which acute provider sites will participate in this first phase and support the development of their local processes. Alongside this, drawing from the local learning from new and existing schemes, NHSE will develop proposals for a national roll-out in the next spending review period.

- We believe that as this policy expands in future years, these principles will greatly improve patient partnership and positively impact on patient outcomes and experiences.

LEADERSHIP COMPETENCY FRAMEWORK FOR BOARD MEMBERS

- The new NHSE leadership competency framework was recently published on 28 February and applies to all NHS, ICB, and NHSE board members.

- The framework was developed to support organisations recruit, appraise, and develop board members. It comes after NHSE announced an overhaul of the fit and proper person test last August, responding to a review of the regulations carried out nearly five years earlier by Tom Kark KC.

PRINCIPAL TREATMENT CENTRE FOR PAEDIATRIC CANCER IN SOUTH LONDON

- Last year, SGUH and Evelina London Children's Hospital, (part of Guy's and St Thomas' NHS Foundation Trust) submitted bid proposals to become the new PTC, with both proposals scoring highly and taken forward for public consultation.

- NHSE has advised that the service will be moving to the Evelina hospital. Local Councils and MPs will be referring the decision to the Secretary of State for Health.

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Tab 2.1 2.1 Chief Executive Officer's Report

SGUH EVENTS
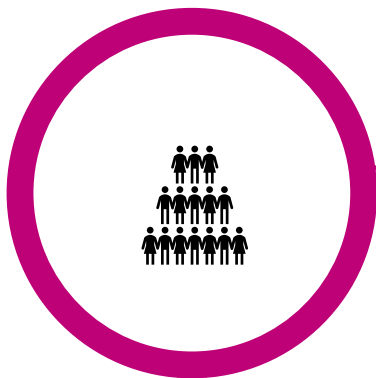
GESH 100

▶ **Our second GESH100 Leadership Forum is planned for 26 April** with around 130 senior leaders coming together to exchange ideas and views. The first Forum focused on individual and collective leadership practice. This second event will examine what it takes to build, lead, and contribute to effective teams.

▶ The Forum is a series of seminars that focus on exploring a wide range of topics relating to leadership practice through teamwork, organisational culture, and systems working. We committed to meeting three times per year with the third event scheduled for Friday 19 July 2024.

EXECUTIVE QUESTION TIME

▶ **Our Executive Question Time (EQT) is an opportunity to connect with all members of staff** — from clinical to non-clinical roles — **to hear from the GESH executive team**, hear the latest news, & ask questions. Our most recent EQT which took place on 27 February focused on our reflections after two years of GESH, including progress & challenges.

▶ Staff responded positively to EQT. Of 61 people surveyed, 85% reported that the session was helpful. Feedback on the sessions indicated that it provided useful updates on the Group and was an opportunity to get prompt answers to key questions.

Tab 2.1 2.1 Chief Executive Officer's Report

OUR STAFF

It's vital to 'get out of the boardroom' and understand what happens in every ward/department. I see walkarounds as a tool comparable to staff surveys or patient focus groups. It allows me to learn more about the pressures staff are facing, hear positive patient stories, and discuss with staff how we can continue to work together to provide the best care possible to the communities we serve.

GESH Staff Stories

- We have recently launched GESH staff stories, where each employee can nominate members of their team to recognise exemplary working behaviour in line with our values.

- Our first inspiring story was released on 1 March, and highlights Joana Lopes Gomes who gives her perspective as an Adult Safeguarding Clinical Nurse Specialist at St Georges.

Violence and Aggression Task Force

- No one should have to suffer being shouted at, physically abused, or subjected to discriminatory abuse while doing their job. Sadly, this is increasingly the case for many of my staff who are being abused and harmed by patients and visitors. They shouldn't have to tolerate it, and we are taking steps to address it.

- I have established a Violence and Aggression Taskforce to refresh our policies, with aims to make it more straightforward for staff members to report issues of violence and aggression. Our first meeting is scheduled for 12 April.

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Tab 2.2 2.2 Strategy Update

Group Strategy update

Councilor Of Governors

James Marsh
Group Deputy Chief Executive Officer

Report Author:
Kath Brook, Strategy and Planning Manager

20 March 2024

Tab 2.2 2.2 Strategy Update

Introduction

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

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

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

We are now ten months on from launching the Group Strategy. This report provides an update on progress to date against the above delivery areas.

St George's Council of Governors is asked to:

• Note progress in implementing the Group Strategy.

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Tab 2.2 2.2 Strategy Update

Approach to delivery

Delivering our 5-year vision

Local improvement

A range of work is underway to embed the CARE framework across the organisations, and to support staff to pursue improvement against it (see slide 4).

Strategic initiatives

Each of our 9 strategic initiatives has an exec SRO, and work is underway to ensure there is a robust programme approach to delivery (see slides 5-6).

Corporate enablers

In April, the Board agreed that corporate enabling strategies should be developed for IT, estates, sustainability, research and innovation, quality and safety, and people. Work is underway to develop these strategies (see slide 7).

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Tab 2.2 2.2 Strategy Update

Local improvement

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

- Monthly Group/Site Interface meetings are now structured around the new CARE framework, and site leadership teams use the framework to structure their discussions with divisions
- Ongoing communication campaign, with CARE branding being disseminated across our physical sites and virtually
- Individual teams have started articulating their priorities/purpose using the CARE framework, with the offer of facilitation available from corporate teams
- Quality Improvement programme (with cohorts being trained across both trusts) is explicitly aligned to delivering improvement against the CARE framework

Although we have made progress with embedding the strategy since the initial launch, there is more we need to do and at pace, to maintain momentum and staff engagement.

Looking forward to 24/25, the Group Board has agreed the below priority areas:

Area	Activities
Individual level	• Personal Development Policy at both Trust's revised to align with CARE objectives
Team level	• Ward Accreditation – amend current model to align with CARE objectives and rolled out across the Group
Organisation level	• As part of business planning, sites to set priorities for 24/25 aligned to CARE

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Tab 2.2 2.2 Strategy Update

Strategic Initiatives 1/2

Work is underway across all 9 strategic initiates, with executive leads assigned and programmes of work agreed:

Strategic Initiative	Description	Progress and key next steps
Building Your Future Hospitals *SRO: James Blythe*	New emergency hospital at Sutton and improvements at Epsom / St Helier, with associated clinical model & development of new workforce/clinical roles.	• Proposal for accelerated programme submitted to National Hospitals Programme on 1st December 2023 • Review feedback on proposal for accelerated programme and continue progressing plan for remobilisation
High Performing Teams & Leaders *SRO: James Marsh*	Supporting teams to have the skills/space to take local improvement action, and investing in our leaders at every level of the organisation.	• Shared purpose & vision workstream – working with site COOs to develop site / divisional dashboards based around CARE objectives • Ongoing delivery of SGUH & ESTH QI programmes • Commence development of Quality Management System approach (in collaboration with site COOs)
Shared EPR *SRO: Andrew Grimshaw*	Transforming how we work through digital technology	• The Project Team continue to work with the system provider, ICS, regional and national colleagues to ensure a safe and complete transfer to the new system
Transforming Outpatients *SRO: Richard Jennings*	Transforming our model of outpatient care (virtual triage, advice and guidance, patient-initiated follow-up).	• Independent programmes at site level established with dedicated teams • Group team identified 7 strategic workstreams which cut across all sites e.g. primary care interface (Advice & Guidance), Virtual and telephone appointments, Patient initiated follow-up
SWL Collaboration *SRO: James Marsh*	With system partners, reviewing drivers of deficit and opportunities for collaborative approaches to deficit reduction. Likely to include opportunities for collaboration across SWL hospitals.	• APC Programme in place to support clinical collaboration across SWL to support Outpatient Transformation, Elective Recovery and Patient Choice via Clinical Networks and APC Elective workstreams • Developing ambition to scope new partnership programmes across SWL

Tab 2.2 2.2 Strategy Update

Strategic Initiatives 2/2

Strategic Initiative	Description	Progress and key next steps
Transforming Our Culture (Diversity & Inclusion) *SRO: Jacqueline Totterdell*	Transforming organisational culture in both trusts, with an emphasis on collaboration and inclusion, compassion, continuous improvement and safety (including Civility and Psychological Safety).	• Culture the theme of first GESH 100 and use of audits (psychological safety and civility) • Trainers (x3) in place for civility and better working relationships 1 day course –now available across GESH • Toolkits for teams to develop Civility and Psychological Safety
Collaboration with Local Partners *SRO:Thirza Sawtell*	Delivering more integrated models of care across primary, community & acute care, to improve population health & reduce pressure on acutes, Supporting action on health inequalities ,working with local partners	• Established programme of works, agreed with key leads (across Group) • Health Inequalities-scoping work completed and propose approach to developing a Group programme of work identified
Collaboration across GESH *SRO: James Marsh*	Integrating both corporate and clinical services across the GESH Group	• Corporate integration: consultation for 3 services complete (DCEO, comms, corporate affairs), nursing currently underway, others in design phase • GESH Clinical Groups set up in paediatrics, clinical support services, surgery and medicine, overseeing pathfinder projects in pharmacy, urology, community paeds, paediatric gastro, cardiac/respiratory physiology.
Strengthening our Specialist Services *SRO: Kate Slemeck*	Strengthening our specialised/tertiary services, integrating them with secondary/primary care, and with other tertiary providers	• Paediatric Cancer Primary Treatment Centre Public Consultation period ended with positive engagement from GESH staff, patients and public. Expected outcome announcement March 2024. • Work on identifying risks and opportunities in specialised services commenced

Tab 2.2 2.2 Strategy Update

Corporate enablers

The Group Board agreed that corporate enabling strategies should be developed for Digital, Estates, Sustainability, Quality and Safety, Research and Innovation, and People.

Timeline and progress- enabling strategy development:

Strategy	Progress update
Digital	Work ongoing to develop the strategy. External support being secured to develop vision for digitally-enabled SECH.
Research & Innovation	Development of strategy will commence when a new Group leadership structure for research is agreed (expected Q1 24/25).
People	January Board supported an outline 2-year people plan, including key priority areas. Full strategy to be developed over coming months supported by wider stakeholder engagement to refine strategy content. Strategy to be approved by Board May 2024.
Quality & Safety	Work ongoing to develop the strategy with engagement underway to shape priorities. Strategy to be approved by Board July 2024.
Estates	Work progressed, but development of a SWL Estates Strategy (with which the SGUH/ESTH estates teams are heavily involved) has impacted timelines. Proposal is that the Group should wait until the SWL estates strategy is approved (timeline tbc), and then publish an aligned GESH strategy.
Green Plan	Development of a GESH Green plan underway.

Tab 2.2 2.2 Strategy Update

Summary

Recommendation:

St George's Council of Governors is asked to:

- Note progress in implementing the Group Strategy.

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Tab 3.1 3.1 Patient Experience Update

NHS

St George's University Hospitals
NHS Foundation Trust

Council of Governors

Meeting in Public on Wednesday, 20 March 2024

Agenda Item	3.1	
Report Title	**St George's Patient Experience and Partnership Bi-annual report**	
Executive Lead(s)	Arlene Wellman, Group Chief Nursing Officer	
Report Author(s)	Wendy Doyle, Group Associate Director Patient Experience and Partnership	
Previously considered by	Quality Committee	
Purpose	**For Noting**	

Executive Summary

The aim of this report is to raise awareness of the progress made by the patient experience team during the first six months of the year. It offers an opportunity to review achievements within the period and priorities, factoring in developments within the timeframe.

Several areas of priority were highlighted for St George's for the year. These priorities were selected as they supported the wider priorities of the organisation and the GESH strategy and include:

- Improve diversity of participation
- Discharge
- Carers
- Veterans
- Partnership working as business as usual
- Patient experience strategy
- Learning from feedback

Significant progress was made against several of the priorities identified. On review of the six-month period, progress could be grouped into three key areas: carers, communication and raising the profile of working in partnership with patients. Identifying unpaid carers was a key focus due to the changes in the Health and Social Care Act. The Health and Social Care Act 2022 (section 91) makes clear the expectations when discharging a hospital patient with care and support needs. Section 91 refers to the requirements of involving the patient, and any carer of the patient, in plans relating to discharge (Health and Care Act 2022 (legislation.gov.uk).

The Department of Health and Social Care published guidance in March 2022 on Hospital discharge and community support guidance, which was subsequently updated in January 2024 (Hospital discharge and community support guidance - GOV.UK (www.gov.uk), making clear the expectations of:

- Duty to co-operate.
- Involving families and carers

Tab 3.1 3.1 Patient Experience Update

NHS

St George's University Hospitals

NHS Foundation Trust

- Care transfer hubs

Therefore, St George's have been working hard to ensure we are supporting staff, patients and carers to improve discharge planning.

Communication was identified as a priority as an area that significantly impacts on patient experience and care, and several key areas were targeted including the Accessible Information Standard, Corporate Posters and leaflets for patients and the patient partnership experience group (PPEG) ensuring the voice of patients was heard and recognised.

The purpose of this summary report is to update the council of governors of the developments and achievements, offering assurance that we are committed to improve patient experience.

Action required by Council of Governors

The Council of Governors is asked to:

1. Note the key themes and progress made from April to September 2023.

Tab 3.1 3.1 Patient Experience Update

NHS

St George's University Hospitals
NHS Foundation Trust

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	St George's Hospital Patient Experience and Partnership Bi-annual report 2023

Implications

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

Risks
Regulated activities

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

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

Financial implications

Legal and / or Regulatory implications
Working in partnership with people and communities: Statutory guidance (NHS England) October 2022

Equality, diversity and inclusion implications

Environmental sustainability implications

Tab 3.1 3.1 Patient Experience Update

NHS

St George's University Hospitals

NHS Foundation Trust

Patient Experience Bi-annual report 2023

Council of Governors, 14 March 2024

1.0	Purpose of paper

1.1   The paper is being brought to the Council to highlight the progress made into the patient experience priorities for 2023. A midyear report gives an opportunity to detail the status of work underway and to escalate any concerns regarding the patient experience agenda in line with national expectations.

2.0	Background

2.1   Patient experience is an umbrella term which can be described as encompassing three key areas:

- Engaging with people who are accessing and using services.
- Capturing feedback about experience, both positive and negative
- Working in partnership with people who are using services to develop improvements based on captured feedback.

There are several methods in place to monitor, improve, support and capture feedback from patients including:

- Complaints
- PALS
- Friends and family testing (FFT)
- National surveys
- Voluntary services
- Patient engagement
- Partnership working
- Carers
- Armed Forces and Veteran support

Complaints and PALS report separately and will not be included in this report. The format of the patient experience report at Epsom and St Helier was co-designed with patients, and this format has been adopted at St George's with plans to review this at a later stage.   This report will explore how, in the first six-months of the year, we engaged with patients and captured feedback and how we are developing improvement in partnership with patients, for patients.

3.0	Analysis

3.1   Several workstreams were identified within 2023 with multiple connected areas. The diagram below highlights the six main workstreams, showing all the key areas that link into those workstreams below.   The areas highlighted in green do not sit within the patient experience team but there are strong interconnections such as learning from themes (complaints and PALS) and the involvement of volunteers (accreditation).

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Patient experience and partnership

Patient involvement	Patient information	Patient support	Patient feedback	Carers	Veterans
PPEG	Accessible information standard	Patient user groups	National surveys	Toolkit pilot, senior health wards	Accreditation steering group
PLACE	AccessAble	Patient support groups	Local surveys and FFT	Steering group	Workstreams
Accreditation	Corporate Poster group	Marie Curie Companions	PALS	GESH policy	Celebration events
Volunteers	Outpatient letters	Pets as therapy	Complaints	Carers hub	GESH policy
	Leaflet/policy review (PING)		Workshops/forums	Identifying Carers training	
			You said, We did	John's Campaign	

3.2   On review of these workstreams, 8 priorities were identified that intersect with several of these workstreams. An overview and achievements of the identified priorities are as follows:

Priority	Actions	Measure of success	Progress
Improve diversity of participation	Improve data collection of protected characteristics of service users

Identify and engage with community groups, going into the community to build relationships

Audit compliance with the Accessible Information Standard (AIS) through the launch of a steering group | Increased participation of users in all feedback, surveys, local and national.

Listen to community groups and identify individualised methods of participation.

Steering group up and running, audit of position and action plan in place detailing planned improvements | Close monitoring of participation and advertisement.

Some progress made but visiting community groups is needed to create bigger impact and current site resource is insufficient to make further progress.

AIS steering group set up, with priorities agreed. |
| Discharge | Work collaboratively with teams, partners, NHSE and Healthwatch to improve discharge through the combined efforts of implementing the Carers and Hospital Discharge toolkit, linking into other programmes of work. | The implementation of the new NHSE toolkit, linking in with relevant workstreams to ensure a systematic approach that is sustainable and collaborative. | Significant progress has been made into these two areas (merged as interlinked).   See Carers (page 18 for full summary of progress) |

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Carers	Improve the involvement of carers, welcoming them into the organisation, involving them in the care of their loved ones and improving the capturing of this information	Improved recording methods of carers, staff awareness and available resources to support teams.	
Veterans	Work collaboratively to gain silver accreditation in the Veteran/Armed Forces scheme to improve the identifying, recording and supporting patients and families who are or have been in the Armed Forces	Gain silver accreditation	St George's has been awarded 'Veteran Aware' by the Veterans Covenant Healthcare Alliance (VCHA). We are committed to improving Armed Forces and Veteran Care. Steering group in progress.
Partnership working as business as usual	Continue to raise the profile of partnership working through PPEG, engagement events, supporting staff, resources and projects	Programme of engagement activities Increased numbers of volunteers Increased numbers of projects coming through PPEG Increased awareness of function of Patient Experience team and improved project capturing and engagement	Significant progress has been made in this area: - Several engagement activities have taken place - Increased numbers of volunteers - Improved project capturing - Increased awareness of patient experience function across multiple staff groups
Inspire partnership working	Launch Engagement Award for teams to nominate engagement projects, co-designed and co-produced with patients, with the aim of improving patient experience.	Launch award Staff awareness Nomination method for teams	Minimal progress made in the award but the team have continued to raise awareness of the requirement to working in partnership with patients.
Patient Experience Strategy	Work with the Director of Strategy and Chief Nurse's Office to develop a new Patient Experience Strategy, to follow the development of the new GESH Strategy to ensure improving patient experience and co-production is embedded in all workstreams.	The development of the new patient experience strategy Engagement events Co-produced with patients/carers	In progress Strategy team have presented at PPEG twice.
Learning from Feedback	Improve the capture of robust learning from all feedback, to demonstrate, evidence and support our staff and patients/carers in our commitment to making sustained improvements.	Robust and auditable learning from feedback, including complaints. Improved data capture You said, We did to be self-populating	In progress Review PSQG template capturing divisional learning, to include complaints work. The aim is that the quarterly site You said, we did self populates from the PSQG divisional updates.

The key themes arising for the same period for formal complaints highlight clinical treatment, care and staff attitude as the main areas for improvement. Listening to patient feedback and involving

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patients in key improvements through partnership working, increases the effectiveness of any learning, and ensures the patient voice remains central to service development.

4.0	Sources of assurance

4.1   There are several sources of assurance for patient experience:

- Bi-annual and annual reporting to Patient safety and quality committee (PSQG)
- National survey outcomes reported to PSQG with commensurate actions plans monitored through divisional governance
- Friends and family testing and local surveys highlighting on-going assurance monitoring for services
- Rolling programme of ward/department accreditation with volunteer and patient involvement
- Patient Partnership Experience Group (PPEG) reviewing partnership working at all meetings
- PPEG reviewing Trust projects at every meeting to ensure patient involvement is taking place

5.0	Implications

5.1   Good progress has been made into the identified priorities with further planned developments for the remainder of the year.

6.0	Recommendations

6.1   The Council of Governors is asked to note the key themes and developments within the period.

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St George's Hospital Patient Experience and Partnership Bi-Annual Report April to September 2023

This report provides a six month overview of the Trust's progress to improve the experience that patients, their loved ones and carers have of our hospitals and services. This report will demonstrate progress against priorities, also detailing work underway.

This report does not cover complaints and PALS as these are reported via another route.

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BACKGROUND AND INTRODUCTION

St George's is committed to outstanding care, every time. To achieve this, we need to ensure the care provided is safe, high quality and compassionate.   To understand if we are meeting this commitment, we need to work with our patients, carers and our staff, to listen to their experience, making improvements as a result of these insights and learning.

The importance of partnership working in providing care to patients, was highlighted in NHS England's statutory guidance titled Working in Partnership with People and Communities, outlining the responsibilities for organisations to work with the people we treat, to improve the health and wellbeing of communities. The principle of this guidance highlights the expectations of working in partnership with our patients and the community to ensure we are working to serve their needs.

The purpose of this bi-annual report is to overview patient experience activity in the last six months, reviewing our progress against priorities, and ensuring that we are working to improve the experience of all our patients and carers.

Report Design

The design of this report is different as St George's have chosen to adopt the style co-designed by patients and staff from Epsom and St Helier following a public working group. This style is due for renewal in 2024 and at this time we will aim to adopt a Group co-designed style.

1.   SUMMARY

The first two quarters of 2023/2024 have been exceptionally busy in the patient experience team. Areas of focus, development and progress fall into these broad three areas:

- The Carers Project
- Communication
- Raising the profile of patient experience including initiatives within voluntary service to better support staff and patients.

Carers

Significant progress was made for carers with sustainable developments including a partnership between patient experience and the Transfer of Care team, the implementation of a multi-agency steering group, as systems review of existing conditions with St George's to identify exactly what is needed to make long term, sustainable change.   With recommendations including a new tab in Cerner, new carers contact sheet and training sessions for staff all in progress.   One of the biggest achievements in this area was the aim to demonstrate that supporting carers cannot be done by St George's staff alone

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but needs a collaborative, community approach linking in carer agencies, patients and carers, the ICB, other support agencies such as Rise+, carer activists and motivated leadership.

Communication

This area is very broad, therefore focussed on the identification of key areas where improvements are needed and those required to become part of those workstreams.   Workstreams included:

- The Accessible Information Standard and the urgent requirement for St George's to become compliant with this standard.   A complaint prompted a review and a series of actions followed resulting in a steering group being set up to take this forward.   The Associate Director of Patient Experience is also working with Surrey Heartlands ICB to work collaboratively in this endeavour.

- A corporate poster steering group was formed with 50% patient representation and a member of the communications team to review resources and co-design posters with patients, for patients. This group subsequently linked in with the patient information department (PING) to review whether these systems can be connected, and the Patient Information manager is now a member of the group.

- PPEG continued to invite, consider and work hard to ensure these initiatives continue and that patients have their voices heard and are partners in these developments.

Raising the profile of patient experience

This was one of the most consistently busy areas during this period – with insufficient resource to cover all the requested areas of support.   Some highlights of this work as follows:

- Patient experience newsletter to showcase developments and initiatives with staff
- Request for support setting up patient support groups and user groups
- Requests for posters and leaflets to be reviewed by patients to ensure partnership working
- Request for volunteers within departments
- Setting up new volunteer roles
- Learning from local and national surveys
- Moving from site initiatives to group initiatives, analysing the strengths to make improvements in patient experience across the entire group.
- Listening to patient stories through complaints, PALS, surveys, listening events and forums.
- Collaborative working with the ICB, Carer Centres, Healthwatch and patients.

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2. PROGRESS AGAINST PRIORITIES

Following a benchmarking activity against NHS England's statutory guidance titled Working in Partnership with People and Communities, and through listening to patients and carers, the following patient experience priorities were identified for the year 1 April 2023 to 31 March 2024. Progress against these priorities is detailed below:

Priority	Actions	Measure of success	Progress
Improve diversity of participation	Improve data collection of protected characteristics of service users Identify and engage with community groups, going into the community to build relationships Audit compliance with the Accessible Information Standard (AIS) through the launch of a steering group	Increased participation of users in all feedback, surveys, local and national. Listen to community groups and identify individualised methods of participation. Steering group up and running, audit of position and action plan in place detailing planned improvements	Close monitoring of participation and advertisement. Some progress made but visiting community groups is needed to create bigger impact and current site resource is insufficient to make further progress. AIS steering group set up, with priorities agreed.
Discharge	Work collaboratively with teams, partners, NHSE and Healthwatch to improve discharge through the combined efforts of implementing the Carers and Hospital Discharge toolkit, linking into other programs of work.	The implementation of the new NHSE toolkit, linking in with relevant workstreams to ensure a systematic approach that is sustainable and collaborative.	Significant progress has been made into these two areas (merged as interlinked). See Carers (page 18 for full summary of progress)
Carers	Improve the involvement of carers, welcoming them into the organisation, involving them in the care of their loved ones and improving the capturing of this information	Improved recording methods of carers, staff awareness and available resources to support teams.	
Veterans	Work collaboratively to gain silver accreditation in the Veteran/Armed Forces scheme to improve the identifying, recording and supporting patients and families who are or have been in the Armed Forces	Gain silver accreditation	St George's has been awarded 'Veteran Aware' by the Veterans Covenant Healthcare Alliance (VCHA). We are committed to improving Armed Forces and Veteran Care. Steering group in progress.
Partnership working as business as	Continue to raise the profile of partnership working through PPEG, engagement	Programme of engagement activities Increased numbers of	Significant progress has been made in this area: - Several engagement

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usual	events, supporting staff, resources and projects	volunteers Increased numbers of projects coming through PPEG Increased awareness of function of Patient Experience team and improved project capturing and engagement	activities have taken place - Increased numbers of volunteers - Improved project capturing - Increased awareness of patient experience function across multiple staff groups
Inspire partnership working	Launch Engagement Award for teams to nominate engagement projects, co-designed and co-produced with patients, with the aim of improving patient experience.	Launch award Staff awareness Nomination method for teams	Minimal progress made in the award but the team have continued to raise awareness of the requirement to working in partnership with patients.
Patient Experience Strategy	Work with the Director of Strategy and Chief Nurse's Office to develop a new Patient Experience Strategy, to follow the development of the new GESH Strategy to ensure improving patient experience and co-production is embedded in all workstreams.	The development of the new patient experience strategy Engagement events Co-produced with patients/carers	In progress Strategy team have presented at PPEG twice.
Learning from Feedback	Improve the capture of robust learning from all feedback, to demonstrate, evidence and support our staff and patients/carers in our commitment to making sustained improvements.	Robust and auditable learning from feedback, including complaints. Improved data capture You said, We did to be self-populating	In progress Review PSQG template capturing divisional learning, to include complaints work. The aim is that the quarterly site You said, we did self populates from the PSQG divisional updates.

This report will overview progress made providing examples of work towards these priorities through many different forums, departments, events, and mechanisms.

3. VOLUNTEERS

Introduction

This purpose of this section is to give an insight into the scope of volunteering at the Trust and the work undertaken by the Voluntary Services Department. This provides an opportunity to recognise the incredible contribution made by volunteers at St George's University Hospitals NHS Foundation Trust.

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Background

The purpose of the Voluntary Services Department is to encourage the involvement of local people in the day to day running of our services and to improve the patient experience. There are currently 210 volunteers in the Trust who provide invaluable support to paid staff and service users. This is a significant increase to the previous year where we saw only 90 people return to volunteering after the pandemic.

The voluntary services department aims to:

- Meet the needs of our service users though the involvement of volunteers.
- Promote Trust Values.
- Offer a rewarding experience to our volunteers.
- Ensure safe and effective volunteer recruitment and management by adhering to our policy on The Involvement of Volunteers within St George's University Hospitals NHS Foundation Trust.
- Offer recognition for the achievements of volunteers.

Volunteers in numbers

It has been a successful and busy six months for Voluntary Services. Recruitment of volunteers has been steady and since April 2023 we have welcomed 21 new volunteers into a number of roles and 46 people are currently going through the onboarding process.

Our volunteers reflect the diversity of the local community. The following demographic details relates to active volunteers providing an insight into the diversity of volunteers, together with volunteer length of service.

Age range of volunteers at the Trust

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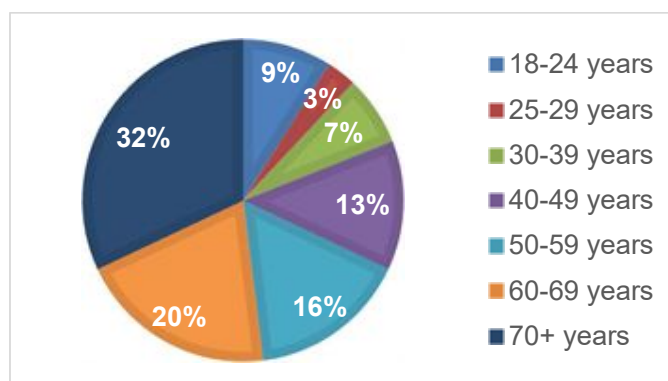
Ethnicity of volunteers at the Trust
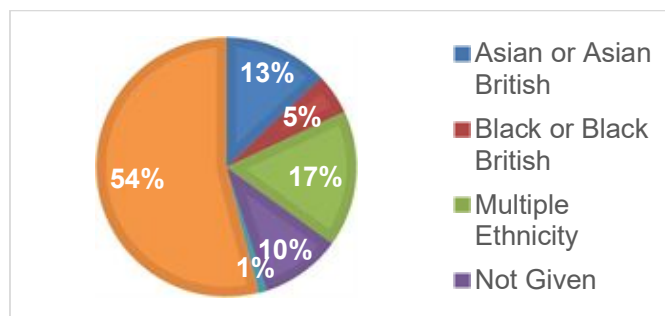
Length of service
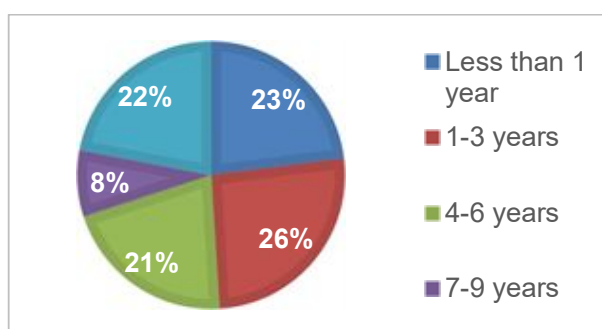
Activities and initiatives

From April-September 2023, key highlights as follows:

- Since April, we have welcomed 35 volunteers on to our induction programme. After collating the evaluations, it showed that 80% of the attendees thought the training was excellent and the other 20% thought it was good, none rating it average, poor or very poor. Some of the feedback following volunteer induction has included: *"Outstanding performance, the lecturer was excellent. Huge thank you!" "The induction was very informative, interesting and simple to understand." "I have learnt so much today and will benefit so much form Louise's talk today." "Very interesting induction and enjoyable."*

- Each year we celebrate Volunteers' Week in the first week of June to acknowledge and celebrate the work of our volunteers. Volunteers were invited to the new Volunteer Hub for a tea party. A grant from the St George's Hospital Charity was secured to provide an area for volunteers to take a break and provide a welcoming space for volunteers.

- Five volunteers reached their 10 years long service milestone. It is great to see how many volunteers stay with us for much longer than the minimum commitment of six months!

- Volunteers who support the Macmillan team began hosting 'George's Green Club' (see later section, page 15). This provides an opportunity with people affected by cancer to discover all the beautiful green spaces within St George's. Attendees learn about biodiversity and how to take photos of these beautiful spaces on their smartphones. The photos will be displayed at a yearly exhibition in November.

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- As recognition and to say thank to our volunteers, a summer trip to Windsor was organised. The volunteers who attended had a lovely day and enjoyed catching up with volunteers they may not see on a weekly basis. Travel and lunch were provided by an annual grant from the Hospital Charity.

- Two new volunteers who are ex NNU parents have started as Neonatal Peer Supporters. They offer support to current parents with their neonatal unit journeys.

- A new befriender role has been created to support the Major Trauma ward. Patients are often admitted following an unexpected injury and present significant physical injuries. The befrienders would support these patients who may not get visitors or have family near, by establishing a befriending relationship, talking, and joining in with activities.

- The Rapid Access Acute Rehabilitation (RAAR) Service is a new innovation within London, to support individuals with conditions affecting their brain and/or spinal cords, with some also having additional traumatic injuries. Two new volunteer roles have been developed to support patients. A reading volunteer who will establish a reading group, allied to The Reading Agency's "Reading Friends" and "Reading Groups" work. Also, an activities volunteer who will support engagement in patients' structured programme of rehabilitation.

- Marie Curie will be partnering with St George's to provide Marie Curie Companions. Marie Curie Companions provide emotional and practical companionship for people at or approaching the end of life, and those close to them. The companion volunteers will also be Trust volunteers so will complete the same recruitment checks and onboarding process. St George's Hospital will be the pilot site before introducing the scheme to other Trusts in the SWL area. More information is detailed in the later section (page 16).

- Nine volunteers took part in the Patient Led Assessment of the Care Environment (PLACE) at St George's and Queen Mary's sites. The volunteers made up half of the assessors, the other half being staff.

- Seven more volunteers have joined the Emergency Department volunteer team and three current volunteers are now supporting the accreditation team on ward visits.

- Pets As Therapy team has now reached 20 volunteers. This is significant progress as for many years there have only been one or two visiting patients. The rota is under review so patients and our PAT volunteers get the most out of their visits.

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4. **FRIENDS AND FAMILY TEST (FFT)**

3.1 FFT is a nationally set question to capture patient experience. Patients receiving treatment and care in our Trust can provide immediate feedback about their experience after an episode of care. From April 2020, the nationally set question asked of all our patients is:

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Thinking about your stay in the hospital overall, how was your experience of our service?

Every patient receives a text with a link to this question on discharge or soon after being discharged. Patients are asked to respond according to several options on a scale from 'very good' to 'very poor'.

The patient feedback from the FFT question and related surveys are provided on a weekly basis to Ward Matrons and Heads of Nursing for their review and learning. Monthly metrics are also provided for display within all ward and service areas alongside other important performance data, for example the number of pressure ulcers and falls. FFT performance is provided to the Board as part of the monthly Integrated Quality Performance Report and discussed in the divisional governance meetings to ensure that any learning is responded to at local service level.

FFT performance

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Total FFT Responses	56,478	81,661	44,461	59,044	60,499	29652*

* Up to 30 September 2023.

FFT monthly responses and performance by division

Service	Medicine and Cardiovascular	Surgery Anaesthetics and Neuro	Women and Children Diagnostic and Therapy Services	Total	Trust performance
Apr-23	2016	1065	1983	5064	92%
May-23	1964	1152	2112	5228	93%
Jun-23	2077	1054	2452	5583	91%
Jul-23	2063	1198	2600	5861	92%
Aug-23	1922	1195	2321	5438	93%
Sep-23	1963	1154	2424	5541	93%

Priorities

Our position at the end of September suggests that if the same number of responses are received within the last two quarters of the year, that St George's could end the year with a similar level of response to FFT as the last year.

Whilst this number would be an improvement on 2020, and 2021, it would not see the levels of response returning to pre pandemic levels.   All divisions and departments are asked to support a push on patients, carers and their families completing local surveys to detail feedback and help to inform learning from experience in the last half of the financial year.

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5. SURVEYS

National surveys

The Trust is required to take part in all relevant national surveys.   The surveys SGH takes part in and bi-annual updates are as follows:

Survey	Frequency	Cycle/timeframe	Updates
Inpatients (Adults)	Annual	Sampling period is November 2023 (there are exclusions) and patients will be sent a survey if included in the random sample.	Random sample underway - deadline is 18 December 2023 to share patient sample with Picker.
Under 16 Cancer	Annual	January – March 2024	Preparing to display posters
Maternity	Annual	Sampling period February 2024	Preparing to display posters
Adult Cancer	Annual	Sample shared with Picker in Sept 23	Fieldwork underway
Emergency and Urgent Care	Annual	Sampling period is February 2024.	Preparing to display posters
Neonatal new (Pilot)	tbc	|Sampling period March 2023	tbc

All survey results are reported at site and group level through appropriate meetings.   Actions and learning are managed at divisonal level, supported by the patient experience team.

Local surveys

There are multiple local surveys in place at St George's, some mirroring the national surveys to consistently review patient experience and to identify areas for improvement.   Local surveys in place include:

- Inpatient survey
- Outpatient survey
- A&E survey
- Antenatal survey
- Birth survey
- Postnatal survey
- Postnatal community survey
- Day case survey
- Bereavement survey

Each of these surveys includes a Friends and Family test (FFT) question where patients were asked about their overall experience of our service.

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Additionally, more local surveys are being developed specific to projects, quality improvement work or to consider patient feedback about an area or service.   Staff are supported in these endeavours to promote patient engagement and involvement.   Although the patient experience team are keen to promote engaging with patients using surveys, they are keen to promote multiple modes of engagement such as listening events, support groups or forums.

6. ACCREDITATION

The St George's Accreditation programme uses a team snap-shot audit approach, each audit is co-authored and tailored to the service type, this includes patient experienced questions which are asked by a patient partner during most inspections. The only inspection types that do not include patient feedback are Theatres and the Mortuary as it is agreed they are not appropriate for these areas. In outpatient services where there is sufficient patient feedback survey data (at least 200 responses in 3 months), this is used instead of patient partner interviews.

The accreditation programme currently inspects 118 services across all St George's sites, as of 2023 this includes all therapy outpatient areas and some radiology and diagnostic areas. At the end of quarter 2 2023/24, there were zero areas rates 'Requires Improvement', 2 services were rated 'Platinum', 20% (24/118) 'Gold', 54% (64/11) 'Silver' and 24% (28/118) 'Bronze'.

Rating	Day Case and ED	ICU	Inpatient	Maternity	Outpatients	Theatres	Complex Day Case	Diagnostics	Grand Total
Bronze	7	0	6	1	13	0	0	1	28
Silver	5	3	27	3	17	3	4	2	64
Gold	5	3	4	0	7	3	2	0	24
Platinum	1	0	1	0	0	0	0	0	2
Grand Total	18	6	38	4	37	6	6	3	118

For Inpatient's the average patient experience score was 89.9%, average scores by for each question asked are RAG rated, the 3 worst performing questions were:

- If you needed assistance with mouth care, were you given support to do this? Average score RED
- Do you know your expected date of discharge? Average score RED
- Have you had any issues with staff attitude or behaviour? Average score AMBER

The 3 best performing questions:

- Is Privacy maintained? Average score Green
- If the patient requires assistance at mealtimes did they receive it? Average score Green
- Do you feel like staff are responsive when you ask for help? Average score Green

For Outpatient's in the average patient experience score was 86%, the 3 worst performing questions were:

- What was the average Friends and Family Test (FFT) score? Average score RED
- Was an announcement made about the delay in your appointment? Average score RED

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- Were you seen on time? Average score RED

The 3 best performing questions were:

- Did you feel you were treated with respect and dignity whilst in the department? Average score Green
- If you needed assistance with anything, would you feel able to approach a member of staff for help? Average score Green
- Do you know what's going to happen next? Average score Green

The areas scoring red or amber highlight where improvements should be focussed. The Heads of Nursing for Quality, the Patient Experience team and other relevant senior leaders will review these scores in detail, identifying improvement work and actions, reviewing subsequent scores in the annual patient experience report.

7. PPEG

PPEG continues to function in its assurance capacity, monitoring, encouraging and being the conscience of St George's in terms of ensuring working in partnership with patients.

To highlight the areas PPEG has considered during this 6-month period – see the below table for content. It is worth nothing that speakers come to PPEG via one of two routes – they request to come, or PPEG invite them to come due to interest in a topic. During this period, we considered an additional PPEG due to the number of requested items.

Date	Speakers	Presentation	Purpose
May 2023	Karen Sleigh, Senior Programme Manager	Southeast Genomic Medicine Service Alliance	Asked PPEG for advice in how to involve patients.
	Estelle Le Galliot, Macmillan Health & wellbeing Coordinator	Surgery, Neurosciences, Theatres and Cancer (SNCT) divisional update/ Voice update.	Annual update
	Sue Fox, Patient Partner and Chair of Voice	Cancer Voice update	Annual update
July 2023	Jo Hunter, Divisional Director of Nursing and Governance	Medicine and cardiovascular update	Annual update
	Ana Barranco-Ventham & Brenda, LD Liaison practitioner	Learning Disabilities PPEG update	To welcome an update at the SGH PPEG group from the LD group.
		GESH Strategy	Update PPEG

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	Laura Carberry Strategy and Partnership Manager		
September 2023	Luci Etheridge/ Natilla Henry Site Chief Nurse and Site Chief Medical Officer	Patient involvement in quality and safety	To asl PPEG how to ensure the patient voice is active in the 7 areas of fundamental areas of care.
	Joseph Pavett-Downer	The Accessible Information Standard status	Overview status and work in progress
	Wendy Doyle	Patient Experience Annual Report overview	Overview of progress and priorities.

PPEG from April – September saw the following key achievements:

- Continued to provide co-produced agenda demonstrating a combination of disciplines
- An increase in patient partners
- Oversight of projects across St George's
- Continued raising the profile of patient engagement and involvement
- Maintained annual assurance of patient involvement across St George's
- Updates from patient support and user groups
- Key updates from divisions on patient engagement focussed projects
- Oversight of areas of focus and priority for PPEG
- Requests from staff on partnership working to ensure the patient voice is heard throughout several large Trust wide workstreams

8. PLACE

The PLACE inspection at St George's was undertaken on 9 October 2023. Following the inspection, the scores will be submitted and validated by the Health and Social Care Information Centre before the results can be published.

The Site Directors thanked all the volunteers who took part in this inspection for their time, commitment, and passion to improving the environment at St George's.

9. INVOLVEMENT AND ENGAGEMENT

This section spotlights a few specific areas of improvement, to raise awareness in new initiatives or highlighting positive patient involved initiatives or developments.

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Cancer

National Cancer Patient Experience (NCPES) survey

St George's excelled its last performance by reaching an **overall NHS care score of 9.0 second in London. In 10 of the 17 areas surveyed, we scored above the expected range and none below.** With such a strong baseline, Cancer Services will continue to build on their excellent progress aiming to include other areas in the above expected range**.**

The Macmillan Information and Support Centre

Thanks to the generous support of Macmillan Cancer Support Charity, the Macmillan Centre team received funding towards the refurbishment of the Macmillan Centre at St George's hospital on the ground floor of Grosvenor wing and the opening of a **new Macmillan Hub** in Queen Mary's hospital. With new and improved premises, the Macmillan centre team led by Caitriona Ni Mhuiris, Lead CNS for Personalised Care, will be able to improve access to services through both locations.

The new reconfiguration of the Macmillan Centre will provide opportunities for new health and wellbeing activities like support groups and workshops. The new video system will help patients and carers to participate to online activities, view our informative videos like the new IMPACT videos series, which will help reduce the digital gap.

The team and Voice core group worked collaboratively and thoughtfully on the plans to make the most of existing premises as well as upcycling existing features in line with SGH 2022 Green Plan's ambitions.

Cancer Connect – The St George's Newsletter for patients affected at St George's hospital.

The most recent edition of Cancer Connect can be found here with poignant patient's stories, highlighting Look Good Feel Better skincare and pampering workshops offered monthly and much more. Cancer Connect editorial board includes Voice core group members, healthcare professionals and patients offering people affected by cancer insightful information and the opportunity to sign up for the Voice membership.

George's Green Club

Following the launch of the new support group in May, a celebration evening is planned for 23 November to enjoy an exhibition of photos taken by the members of the group during their time in the beautiful award winning gardens looked after by John Greco, head gardener.

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Supporting the Macmillan Support Workers with additional training.

Since the introduction of the Macmillan Support workers in 2016, their role has greatly evolved and with growing numbers of patients they have been providing more advanced emotional support. To support them, the Head of Nursing for Cancer commissioned the Royal Marsden School to deliver a bespoke intermediate communications course. The course aimed to better equip the Macmillan Support workers in addressing more complexed needs and concerns, improving patients and carers' care and experience.

Marie Curie Companions Service

Marie Curie and St George's University Hospitals NHS Foundation Trust have joined together to offer a Companion in Hospital volunteer service that will support patients at the end of life.

Marie Curie's Companion volunteers will provide emotional and practical support to patients in their final hours and days, as well as offering essential respite support for all those who care for them, including Hospital staff.

The service was initially agreed back in 2019, prior to Covid bringing an inevitable halt to proceedings. However, plans are now back on track and at the end of September 2023, Alison Skitini joined Marie Curie as a Companions Volunteer Co-ordinator to help manage the implementation of the service at St George's hospital.

The Companion in Hospital service will be launched initially across four key wards; Dalby, Marnham, Richmond AMU, and Trevor Howell, with plans to expand the service across further wards after a few months.

Since joining Marie Curie, Alison has been working hard to recruit some incredible volunteers for this important role, as well as introducing the Marie Curie service to key contacts throughout the hospital.

Alison said "I am honoured to be a part of a project that will undoubtedly make a huge difference to the lives of many people. I would like to thank the St George's team who have been so incredibly welcoming, open, and helpful in my quest to get this service up and running as quickly and efficiently as possible."

Learning Disability Team

The Learning Disability team have been hard at work making improvements for patients and staff. An overview of their progress is as follows:

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Tab 3.1 3.1 Patient Experience Update

- Relaunch of the Learning Disabilities (LD) Patient Experience Group with an immediate project launched on accessible appointment letters. This has taken significant work navigating and liaising with different stakeholders across the organisation, and more widely. The letter is currently being finalised for approval.

- Creation of an LD Support Worker to ensure that skill mix allowed for the multiple aspects of supporting our patient journey. The Support Worker carries out activities as identified and planned by the LD Registered Nurse, and can include activity input, psychosocial engagement, supporting with outpatient reasonable adjustments, tracking the carer beds for the LD team, checking activity packs are created.

- Have an LD specific 'TV fund' for patients with LD who need financial assistance to access the entertainment stations. This has been agreed by the Charity (with thanks from the team)

- Re-designed the existing 'bedside sheets' with input from the LD patient group. This allows the wider team to see LD team involved and how to contact.

- Flags continue to be used for the LD patient cohort. A daily report runs and the team monitor any new admissions to ensure that they are visited/contacted with support offered.

- LD Benchmarking survey highlighted how valuable work with transitions continues to be and the new LD Clinical Nurse Specialist will be joining the transitions group. Staff continue to feel able to implement reasonable adjustments, and that their role in supporting patients to access care is important.

- Participated in the Oliver McGowan planning led by the Integrated Care Board.

- Tier 1 Oliver McGowan training on learning disability and autism launched at St George's on 2 August.   All staff must complete this mandatory training.

- Ongoing work with the Bowel Screening programme to create a front door to clinic process including resource on reasonable adjustments within the national process.

- LD Liaison Practitioner was funded to complete a Makaton course.

- STOMP pathway within the ICB in place with colleagues from other acute Trusts. At SGH, links have been made with the Polypharmacy team to ensure that discussions can be had, and pathways to review are made more smoothly for colleagues.

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Tab 3.1 3.1 Patient Experience Update

- Hospital passports continue to be used / highlighted and saved for patients.

- The use of an LD team specific pro forma in clinical notes means that colleagues across the Trust can more easily see when the team are involved and understand the patient's journey, who else is involved externally and provides a way to reduce risk of information being misplaced in documentation.

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10. CARERS

Significant patient experience resource in the last six months has been dedicated to unpaid carers. This is as a direct result of several key issues:

- St George's is not fully compliant with NICE guidance NG150 – Supporting adult carers (2020)
- 2022 saw changes made to the Health and Social Care Act 2022 making the responsibilities of NHS organisations clear in terms of the requirement to identify and support carers (adults and young carers)
- In March 2023, NHS England launched a Carers and Hospital Discharge Toolkit to help organisations implement the statutory requirements of the amended Health and Social Care Act. In order to become compliant with the statutory requirements for the Trust, the Associate Director of Patient Experience has been leading a project to improve the experience of patients/carers, and to ensure St George's is working towards compliance with the Health and Social Care Act.

An overview of the project work is as follows:

Description	Action / Detail	Date	Status
Form a team to lead this work	Associate Director of Patient Experience to partner with the Matron for the Transfer of Care (TOC) team to lead workstream.	May 2023	Complete
Raise awareness of the NHSE Toolkit and demonstrate St George's commitment to support carers	Celebrate Carers Week raising awareness of project	8 June 2023	Complete
Establish steering group to implement the toolkit made up of Trust staff, community staff and patient/carer representation working in partnership.	First steering group met in July 2023 Internal steering group (SGH staff only) met in August 2023 Further steering group meeting planned for October 2023	31 July 2023 30 August 2023 30 October 2023	Complete Complete Pending

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Tab 3.1 3.1 Patient Experience Update

Identify an executive sponsor	Mary Hopper, Group Director, Continuous Improvement	8 June 2023	Complete
Explore existing processes across SGH identifying how unpaid carers are identified, does this happen, where is this information recorded and how is it used to improve quality of discharge? Explore existing systems identifying conditions for positive change.	Identify a ward to monitor over a month (consider QI project), shadow associated organisations, Wandsworth Carers, Rise +, Discharge team, Cerner leads.	August – September	Complete
Explore how other Trusts are recording this information	No identified place in Cerner to record this information, other Trusts are recording in documentation as a template.		Complete
Explore processes in place at ESTH	System currently in use at ESTH has a mechanism for recording carers.	September 2023	Complete
Identify way to record unpaid carer information in Cerner	Work with TOC Matron and Programme team to create a form/tab to prompt staff to identify this information and provide dedicated place to capture this information.	September	Complete
Co-design a Carer Contact Sheet with carers/patients to ensure staff have an easy way to signpost identified unpaid carers with support services	Draft contact sheet using input gathered from patient representatives. Share with local carer agencies to review. On completion, share virtually and paper copies with all ward and outpatient areas.	October 2023	Complete
Training for staff in identifying and supporting unpaid carers	Wandsworth Carer Agency to provide training for staff. Advertise training to key staff in first wave.	From November	In progress

During September and October, the team worked hard to explore the questions raised at the July steering group:

1. How to identify unpaid carers
2. How to record unpaid carers on Cerner
3. How to signpost an unpaid carer to community resources

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Tab 3.1 3.1 Patient Experience Update

4. How to support St George's staff to make it easy to identify, record and capture this information
5. How to identify patients who may be carers
6. Signposting to services
7. Supporting unpaid carers with information, assessments, resources and help where needed.

Key findings and identified recommendations.

> **There is no identified place on Cerner to record unpaid carers.   Working with stakeholders demonstrated that this work is either not captured or duplicated during admissions. With no dedicated place for data capture, this makes it difficult to find, and impossible to measure compliance or to share.**

Action – develop a new form/tab within Cerner that captures this information – this should be visible by all, allow access to update, and be visible through the London Care Record, supporting information sharing across primary and secondary care. The form could also be used to capture other key information to aid effective discharge such as Care package, access to property etc.

The patient experience carer lead at ESTH was also involved in this work to ensure that when ESTH move to Cerner, this form will be visible for staff at ESTH to be able to continue to record carer information when Cerner replaces the current system.

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Tab 3.1 3.1 Patient Experience Update

The above form was developed by the team (including patient experience staff at ESTH) and presented to the Clinical Information Change Group (CICG - Oct 23) with unanimous agreement to move forward with this.

Plan – this will be added to Cerner in January 2024, the team are currently planning launch and roll out of this new form.

St George's serves multiple boroughs – identify a way to make it easy for staff to refer patients to appropriate carer support agencies.

Action – Co-design a Carer Contact Sheet with patient/carer involvement signposting families to carer agencies across multiple boroughs to make it easy for staff to ensure unpaid carer receives the information and support they need.

At St George's, we are committed to identifying and supporting unpaid carers.

This could be you, if you look after, or help to look after a family member, partner or friend due to illness, mental health issues, disability or addiction. We want to make sure you have access to support, and we have produced this leaflet with key contacts and information to ensure you are able to access the information you need.

St George's hospital serves a large population, covering more than one borough, so suggested support by borough is offered, with some other useful contact information, suggested by patients and carers.

Borough	Organisation		Email address	Telephone
Wandsworth	Wandsworth Carers Centre	Wandsworth Carers' Centre	info@wandsworthcarers.org.uk	0208 877 1200
Merton	Carers Support	Carers Support	info@csmerton.org	0208 646 7515
Lambeth	Carers Hub Lambeth		connect@carershub.org.uk	0207 501 8970
Southwark	Southwark Carers	Southwark CARERS	info@southwarkcarers.org.uk	0207 708 4497
Kingston	Kingston Carers' Network	KCN	admin@kingstoncarers.org.uk	0203 031 2757
Croydon	Carers Information Service	C	info@carersinfo.org.uk	0208 649 9339 option 1
Sutton	Sutton Carers Centre		enquiries@suttoncarerscentre.org	0208 296 5611

The above contact sheet was developed with patients (with other key information overleaf) to be handed to any identified unpaid carer signposting them to Carers Support.   This form has been mirrored at ESTH with relevant contact details to be added to the carers resources already in place there.

This leaflet had been printed and copies distributed to every ward during October.

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Tab 3.1 3.1 Patient Experience Update

Training for staff is needed to help them identify and signpost unpaid carers to carer agencies. St George's are working in collaboration with Wandsworth and Merton Carers Centres to ensure identified unpaid carers receive support.

Plan – Wandsworth Carer Centre agreed to run three training sessions for staff across November and December.   Training to be advertised via posters, the intranet and emails inviting all discharge co-ordinators and facilitators to these sessions.

Next stage plans

- Celebrate Carers Rights in November extending this awareness day to Workforce team
- Present the carers workstream at Back to the Floor in November
- Patient story at Group board – Carer focus to highlight issues and work in progress
- Hold a listening event for Carers in December
- Test unpaid carers tab in Cerner in January
- Launch 'how to guide' for staff to use the Carers tab
- Develop reporting mechanism to measure how many carers are being identified across the Trust on a monthly basis by department/ward
- Move to phase 2 and 3 of project, extending to outpatients and planned surgery
- Further training sessions for staff on identifying carers January – March
- Create a Group policy on Carers
- Utilise a front of house space in reception, near M&S, to create a space demonstrating our commitment to carers, and providing information and key contacts.   Consider the use of volunteers to ensure resources, signposting and information are given to staff, patients and carers as required.

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Tab 3.1 3.1 Patient Experience Update

11. VETERANS

We are proud to have achieved the Veterans Covenant Healthcare Alliance (VCHA) accreditation in May 2022 and are now a 'Veteran Aware' Trust.

The Armed Forces Covenant has two key principles:

- No member of the Armed Forces community should face disadvantage in the provision of public and commercial services compared to any other citizen.

- In some circumstances special consideration may be appropriate, especially for the injured or bereaved.

A steering group has been set up to work through multiple workstreams, chaired by Kate Slemeck, to ensure that at St George's, we are providing the best care possible, while meeting the legal requirements.

Current workstreams in place include:

- Updates in Cerner to ensure we are able to identify and record members of the armed forces
- Building links with community support for veterans
- Working with the VCHA and staff and volunteers to ensure we are working in partnership with veterans.
- Working with ESTH to ensure a group approach in this project
- Ensuring that the Cerner updates are in place when ESTH move to Cerner to continue to meet the requirements.
- Raising awareness of the importance of recording this information for staff as well as patients.
- Training for staff.

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Tab 3.1 3.1 Patient Experience Update

12. PATIENT USER/SUPPORT GROUPS

The St George's Heart Failure service launched a new patient support group in September.   The first meeting was exploratory to decide how the group can develop and meeting the needs of those with heart failure.   The first meeting was an overwhelming success with positive engagement from the patient co-chair Bev, Deputy chair Remi, staff and other patients.

13. LEARNING FROM PATIENT EXPERIENCE

Meeting the Accessible Information Standard

One key area for this year to date has been to initiate a steering group to assess compliance with the Accessible Information Standard.   A complaint from a patient raised some concerns about reasonable adjustments, staff knowledge and support to meet the needs of patients with disabilities to ensure parity of access.

There are five steps of the Accessible Information Standard (AIS) and this poster developed by the patient experience team highlights these steps:

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Tab 3.1 3.1 Patient Experience Update

The steering group is active and is currently working hard to focus on the following areas:

- Raising awareness
- Training
- Communication requirements
- Capturing information from patients regarding the need for a reasonable adjustment
- Reasonable adjustments
- Empowering patients to tell staff they require a reasonable adjustment.
- Linking this work into related workstreams

There is a lot of work to do but the group are committed to learning from our patients to ensure the care we provide to our patients is personalised and responsive, and we are meeting the legal requirements for service users with a disability.

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Tab 3.1 3.1 Patient Experience Update

14. PRIORITIES FOR THE REMAINDER OF 2023-24

There are some key areas of focus for the remainder of the year:

1) Carers – ensure staff are able to identify, capture, involve and support unpaid carers by confidently signposting them to carers support services.

2) Accessible Information Standard - work with key staff identifying areas of focus and priorities to ensure patients are able to contact the teams.   This work requires rolling out an e-learning package, an awareness campaign, support guides for staff, and partnership working between staff and patients also.

3) There are many services who are considering starting a patient support group – a workshop for staff to attend would be useful to ensure they are appropriately supported in this area.

4) Veterans - ensuring workstreams are up and running moving the trust forward in its commitment to being Veteran Aware.

5) Support teams in safe and effective discharges by highlighting areas where improvements can be made in terms of communciation needs, language barriers, recording information and developing staff to use this information as part of their day to day skills.

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Tab 3.2 3.2 Quality Performance

Council of Governors

Meeting on Wednesday, 20 March 2024

Agenda Item	3.2	
Report Title	**Quality Performance Update**	
Executive Lead(s)	Arlene Wellman, Group Chief Nursing Officer	
Report Author(s)	Janice Minter Group Deputy Director Quality and Fundamentals of Care	
	Stephanie Sweeney Site Chief Nurse SGUH and Group Director of Quality, Safety and Governance	
Previously considered by	n/a	-
Purpose	**For Noting**	

Executive Summary

Covid-19 pandemic and the pressures being seen within the NHS have had a negative impact on the Quality of Care delivered nationally. This issue has been recognised at St Georges University Foundation Trust (SGUH) and there is an increased focus on quality of care.

The identified quality priorities are a set of 'board to ward' priorities and our measured through the Integrated Quality Performance Report (IQPR) reported monthly. This report will provide a summary of SGUH current position against some of the key quality priorities.

Pressure Ulcers: The number of acquired category 2 pressure ulcers has decreased in April 2023-January 2024 compared to the previous year. There has also been a downward trajectory of acquired pressure ulcers staged at category 3&4 over the last three months.

Falls: Falls per 1,000 bed days at SGUH shows normal variation however recently there has been an increase in the number of moderate harm falls (5) and in the total number of falls (135).

VTE: VTE risk assessment compliance is above the 95% target.

Complaints: 647 formal complaints have been raised at SGUH since April 2023 up from previous year. The trust consistently performs above the monthly target of 85% of complaints being responded to within 25 days.

Never Events & Serious Incidents (Sis): There have been and increase with 8 Never Events and 41 SIs 2023/24. There are zero overdue actions that have been devised following these investigations.

The quality indicators have robust action plans in place and progress is monitored through the appropriate Trust meetings.

Action required by Council of Governors

The Council is asked to note the paper and the update on work so far.

Tab 3.2 3.2 Quality Performance

Committee Assurance

Committee	Choose an item.
Level of Assurance	Choose an item.

Appendices

Appendix No.	Appendix Name

Implications

Group Strategic Objectives

☒ Collaboration & Partnerships   ☒ Right care, right place, right time

☐ Affordable Services, fit for the future   ☒ Empowered, engaged staff

Risks

N/A

CQC Theme

☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led

NHS system oversight framework

☒ Quality of care, access and outcomes   ☒ People

☐ Preventing ill health and reducing inequalities   ☒ Leadership and capability

☐ Finance and use of resources   ☐ Local strategic priorities

Financial implications

N/A

Legal and / or Regulatory implications

N/A

Equality, diversity and inclusion implications

N/A

Environmental sustainability implications

N/A

Tab 3.2 3.2 Quality Performance

Quality Performance Update
Council of Governors 20 March 2024

1.0	Purpose of paper

This report provides an overview of Quality Performance at St Georges University Foundation Trust (SGUH) focusing on both areas of good performance and those areas that require further support and improvement actions.

2.0	Background

It is recognised nationally that the Covid-19 pandemic and the pressures being seen within the NHS have had a negative impact on the Quality of Care delivered. This issue has been recognised at SGUH and there is an increased focus on the quality of care. To support this return to quality, a Quality Recovery Plan (QRP) using an evidence-based framework is helping to prompt services to evaluate and re-focus on quality.

Alongside the QRP and the returned focus on quality within the Trust, there is identified quality priorities and these priorities were developed across gesh in conjunction with senior medical and nursing teams. The quality priorities are a set of 'board to ward' priorities and our measured through the Integrated Quality Performance Report (IQPR) reported monthly. This report will provide a summary of SGUH current position against some of the key quality priorities.

3.0	Quality Performance

3.0 Pressure Ulcers

Pressure ulcers are an indicator of the quality of nursing care (Stop the Pressure | NHS Improvement). The development of a pressure ulcer can impact considerably on the quality of life of a patient, causing pain and reducing their mobility. The early recognition of an at-risk patient and the subsequent implementation of preventative strategies is vital in reducing the risk of patients developing pressure ulcers during acute hospital admissions in hospital.

Reassuringly the Trust has seen the number of acquired category 2 pressure ulcers decrease in April-January 2024 compared to the previous year. There has also been a downward trajectory of acquired pressure ulcers staged at category 3&4 over the last three months. In January 2024 there was a total of 7 category 3,4 and unstageable ulcers. The rate of incidence continues within the upper and lower control limits showing common cause variation demonstrated in Chart 1 below.

Pressure Ulcer prevention remains a key focus of the nursing teams at SGUH with clear actions on assessment, prevention, and education. The Trust action plan is shared widely with the nursing teams and monitored through the pressure ulcer steering group. Pressure Ulcer prevention continues to be a priority at the senior nursing back to floor sessions.

Tab 3.2 3.2 Quality Performance

Chart 1 The number of Acquired Grade 3&4 Unstageable Pressure Ulcers between April 2023-January 2024
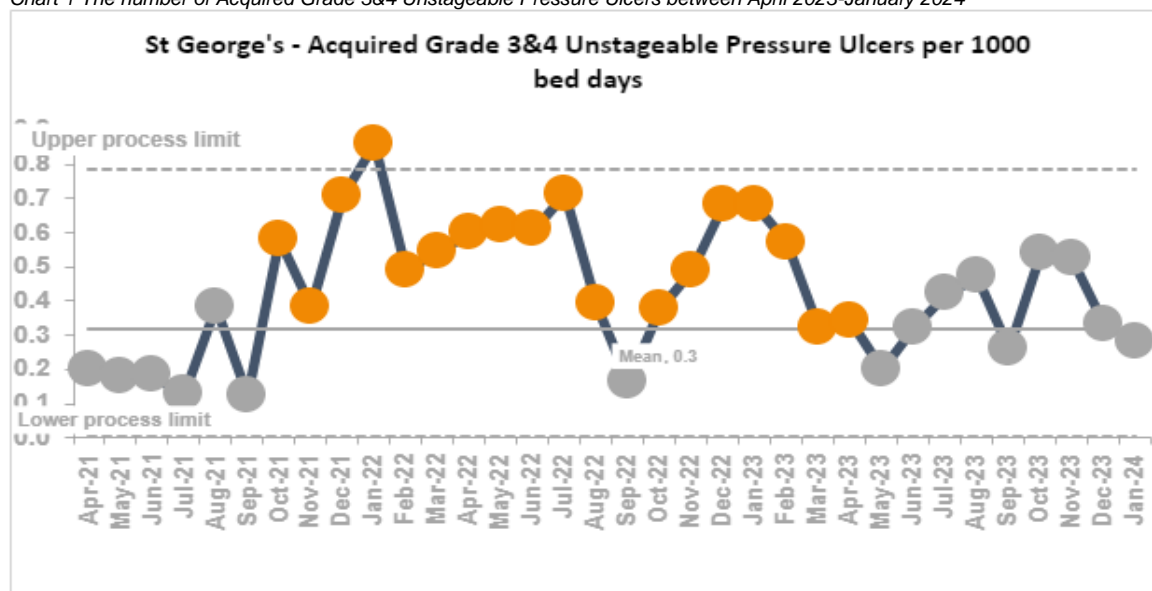
3.1 Falls

Falls are the most frequently reported incident affecting hospital inpatients, with 247,000 falls occurring in inpatient settings each year in England alone (Royal College of Physicians (RCP), 2020).

No fall is harmless. Inpatient falls, even without major injury, can be very costly to the patient and the Trust. Falls often lead to longer length of stay, loss of confidence in patient`s own abilities, fear of falling, deconditioning through immobility, less independence thus increasing further risk of falls, which all, can deeply affect patient`s quality of life.

Not all falls are preventable, but neither are they inevitable. Awareness of individual risk factors and managing these proactively, can help avoid a proportion of these. Evidence suggests that multi factor falls risk assessment and individualised interventions may lead to more effective falls prevention (Morris and O'Riordan, 2017), however, evidence is inconclusive on how to best prevent falls (Cameron *et.al.*, 2018).

Falls per 1,000 bed days at SGUH shows normal variation however recently there has been an increase in the number of moderate harm falls (5) and in the total number of falls (135) see in Chart 2. A Trust level action plan has been devised and will be monitored through the falls steering group. The actions include support from the falls prevention nurse provided to areas with increases in falls rate, continuing with the fall champion education meetings, senior nurse assurance rounds and a quality improvement project focused on continence care underway in Senior Health areas.

Tab 3.2 3.2 Quality Performance

Chart 2 The number of falls per 1000 bed days between April 2023-January 2024
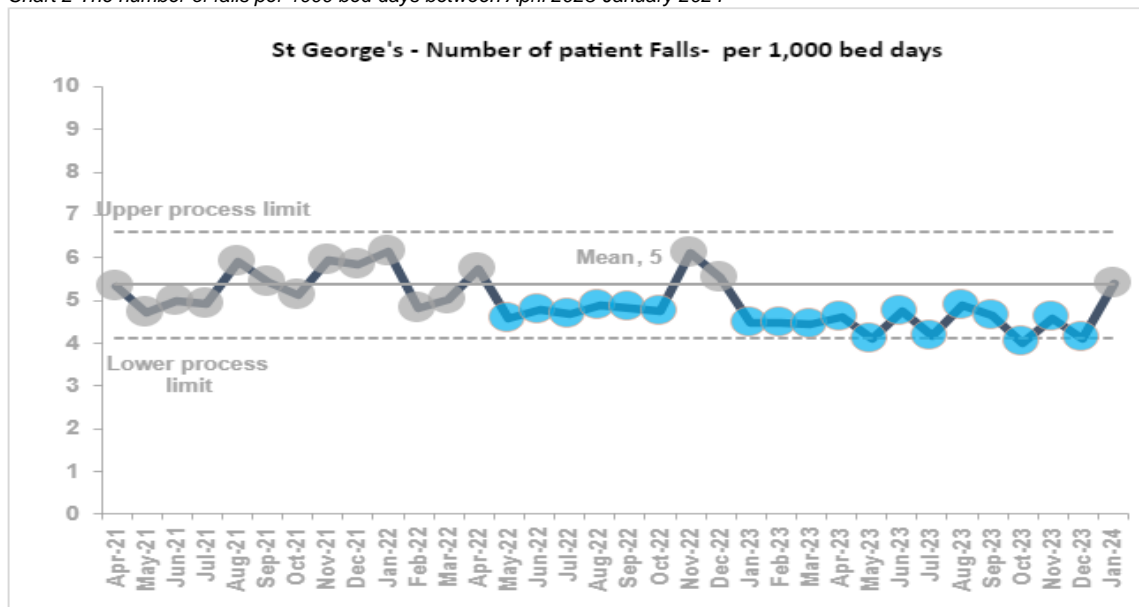
3.2 Venous Thromboembolism (VTE)

Venous thromboembolism (VTE) has been identified Nationally as a significant cause of preventable morbidity and mortality. The incidence of VTE is 1 in 1000 with half of all VTE events being provoked by hospitalisation or surgery. Mandated VTE risk assessments for patients of 16 years and over have been embedded into clinical practice alongside national guidance with the use of pharmacological and mechanical thromboprophylaxis strategies. The national compliance target for VTE risk assessment completion is currently ≥95%.

St George's underwent revalidation as a National VTE Exemplar Centre in Spring 2023 and was awarded a 'special commendation in recognition of exceptional work achieved around VTE prevention'. This was awarded to organisations who demonstrated outstanding quality, innovation, and leadership in the field.

VTE risk assessment compliance is above the 95% target in January 2024 and has been for the majority of 2023 demonstrated in Chart 3.

Tab 3.2 3.2 Quality Performance

Chart 3 *The percentage of VTE risk assessment compliance between April 2023-January 2024*

St George's - VTE Performance
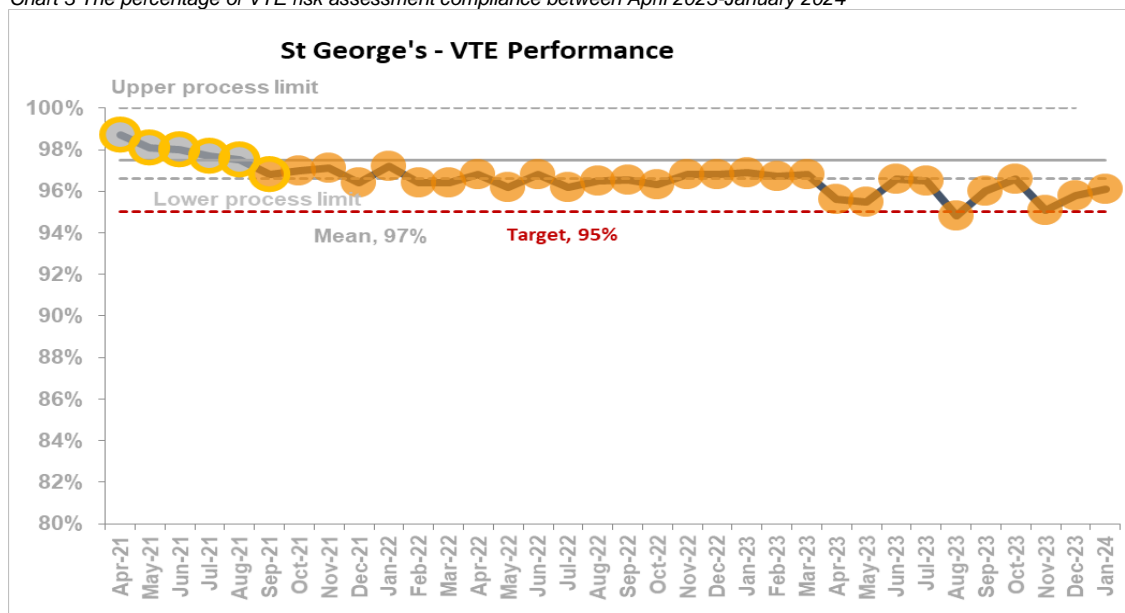
3.3 Complaints

There have been 647 formal complaints raised at SGUH since April 2023 and increase from 2022/23. A peak of 77 complaints in the month of November 2023 was seen with the subsequent months seeing a decline. December 2023 has seen 68 complaints and 67 complaints in January 2024. The trust consistently performs above the monthly target of 85% of complaints being responded to within 25 days. The monthly performance ranges between 87-100% with the main themes of complaints being communication and delays in pathway. There is a gesh recovery plan in place to support reducing the backlog of historic or reopened complaints.

3.4 Friends and Family Test

The Friends and Family Test (FFT) continues to be the chosen tool to provide an overview of patient experience from the clinical areas at SGUH. Inpatient, Outpatient, and Maternity areas receives scores within the set trajectory see chart 4 below. However, the FFT response rates for Outpatients and the Emergency Department (ED) continue to be below the target of 20% and the recommendation is the target rates for these services need to be reviewed and aligned to the national average of 12%. The ED departments are working to improve the response rates by introducing an online option and QR code access.

Chart 4 *FFT response November 2023-January 2024*

Friends and Family Test - Inpatients Respose Rate	20%	31%	29%	29%	20%	29%
Friends and Family Test - Inpatients Score	90%	98%	98%	99%	90%	98%
Friends and Family Test - Emergency Department Respose Rate	20%	11%	10%	8%	20%	11%
Friends and Family Test - Emergency Department Score	90%	80%	76%	81%	90%	82%
Friends and Family Test - Outpatients Respose Rate	20%	6%	4%	3%	20%	5%
Friends and Family Test - Outpatients Score	90%	94%	94%	96.4%	90%	94%
Friends and Family Test - Maternity Response Rate	20%	22%	7%		20%	18%
Friends and Family Test - Maternity Score	90%	92%	78%	100%	90%	82%

Tab 3.2 3.2 Quality Performance

3.5 Governance

Never Events

There has been an increase of the number of Never Events at SGUH, with 8 never events being reported during 2023/24. The last never event was reported in November 2023 and the majority of the never events have been related to Theatres. There is a robust action plan in place in Theatres focusing on the safety checklists, culture and education and training.

Serious Incidents

SGUH have declared 41 Serious Incidents (SIs) within 2023/24. All Sis that are declared continue to be robustly investigated with relevant learning shared with teams. There are zero overdue actions that have been devised following these investigations. There have been 3 Serious Incidents (SIs) in January 2024 with two in Obstetrics and one in Medicine. These are being investigated to identify all the relevant learning and to determine from that learning what further risk mitigating actions.

4.0	Next Steps

This report highlights areas of improvements made in the quality of care delivered at SGUH. However, there is a continued focus on all the elements of quality of care. There is particular priority on Pressure Ulcer Prevention and Falls reduction as despite the reduction of incidences these incidences remain too high. Robust action plans are in place and monitored through the appropriate Trust meetings. The corporate nursing team are working with their colleagues at Epsom and ST Helier to learn and share good practice.

5.0	Recommendations

The Council is asked to note the paper and the update on work so far.

Tab 4.1 4.1 Council of Governors Governance Update

NHS

St George's University Hospitals
NHS Foundation Trust

SGUH Council of Governors

Meeting in Public on Wednesday, 20 March 2024

Agenda Item	4.1	
Report Title	**Council of Governors Governance Update**	
Non-Executive Lead	Gillian Norton, Chairman	
Report Author(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Previously considered by	n/a	n/a
Purpose	**For Approval / Decision**	

Executive Summary

This paper brings together a number of updates for the Council of Governors on the following issues:
- The results of the elections to the Council of Governors 2023/24 and next steps.
- The appointment of a new Lead Governors and the process and timetable for submitting nominations.
- Consultation with the Council of Governors on the Board's appointment of a new Senior Independent Director.
- Refreshing the Council Committees following the recent elections, including through reviewing the terms of reference for the Governors Nominations and Remuneration Committee and Membership Engagement Committee.
- Setting out and seeking input on a draft forward plan for the Council of Governors for the year ahead and a draft terms of reference for the Council.
- Providing an update on Governor visits and setting out the purpose of the Governor site visits programme in response to a request for a discussion on the purpose of the Governor site visits programme at the last Council meeting.

Action required by SGUH Council of Governors

The Council of Governors is asked to:
a) Note the results of the elections to the Council of Governors 2023/24 and agree to hold a special election for the vacant seat in the South West Lambeth public constituency.
b) Note the process and timetable for submitting nominations for the appointment of a new Lead Governor.
c) Provide feedback on the proposed appointment by the Board of Directors of Ann Beasley as the new Senior Independent Director.
d) Review and provide comments on the draft forward plan 2024/25 for the Council of Governors.
e) Approve the terms of reference for the Council of Governors.
f) Consider the purpose of undertaking Governor site visits.

Committee Assurance

Tab 4.1 4.1 Council of Governors Governance Update

St George's University Hospitals
NHS
NHS Foundation Trust

Committee	N/A
Level of Assurance	N/A

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	Lead Governor Role Description
Appendix 2	Draft Council of Governors Forward Plan 2024/25
Appendix 3	Terms of Reference for Council of Governors

Implications

Group Strategic Objectives

☒ Collaboration & Partnerships   ☒ Right care, right place, right time

☒ Affordable Services, fit for the future   ☒ Empowered, engaged staff

Risks

As set out in report.

CQC Theme

☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☒ Well Led

NHS system oversight framework

☐ Quality of care, access and outcomes   ☐ People

☐ Preventing ill health and reducing inequalities   ☒ Leadership and capability

☐ Finance and use of resources   ☐ Local strategic priorities

Financial implications
N/A

Legal and / or Regulatory implications
As set out in paper.

Equality, diversity and inclusion implications
N/A

Environmental sustainability implications
N/A

Tab 4.1 4.1 Council of Governors Governance Update

Council of Governors Governance Update

March 2024

Stephen Jones
Group Chief Corporate Affairs Officer

20 March 2024

Tab 4.1 4.1 Council of Governors Governance Update

Governor elections 2023/24

Elections
Voting in the 2023/24 elections to the Council of Governors closed at 5pm on Wednesday 22 December for all public constituencies and for the staff (medical and dental) and staff (nursing and midwifery) constituencies. Elections to the staff (allied health professionals) constituency were held in January, and closed on 19 January. The independent returning officer provided us with the confirmed results, and the Reports of Voting are available on the Trust's website. We thank and say farewell Governors who came to the ends of their terms of office on 31 January 2024: Adil Akram, Derek Cattrall, Hilary Harland, Shalu Kanal, Richard Mycroft, Tunde Odutoye and Alex Quayle as well as to Marlene Johnson, who retired in September 2023.

Results
The results of the elections are set out in the table opposite and are also posted on the Trust intranet and website. There are two aspects of the results to highlight:

1. South West Lambeth: No nominations were received from members in the SW Lambeth public constituency, the smallest of the four public constituencies with around 550 members. Decisions on how to fill a vacancy on the Council are for the Council of Governors to determine. Usually, there would be three options:
   a)   run a new election for this constituency;
   b)   hold the vacancy until the next scheduled elections; or
   c)   offer the vacancy to the next highest placed candidate from the last elections to this seat.
In practice, option C is not feasible as the last elections were now more than 3 years ago. Likewise, option B is not recommended as the next scheduled elections are not due to take place until November / December 2025, which is too long to wait to fill this seat.

As a result, Option A is recommended to Council. If Council agrees, we would open nominations shortly after Easter and hold elections in May, supported by an active publicity, communications and marketing campaign.

Constituency type	Constituency	Elected Governor
Public	Wandsworth	John Hallmark (re-elected)
		Augustine Odiadi
		Jackie Parker
	Merton	Chelliah Lohendran
		Khaled Simmons (re-elected)
	Rest of England	Padraig Belton (re-elected)
		James Bourlet
		James Giles
Staff	Medical and Dental	Abul Siddiky
	Nursing and Midwifery	Dympna Foran
	Allied Health Professionals and other clinical and technical staff	Atif Mian

2. Unopposed elections: The Trust has had uncontested elections a number of times previously, particularly for some of the staff constituencies (medical and dental; nursing and midwifery). However, in the most recent elections, as well as not receiving a nomination for South West Lambeth, we also had unopposed elections in Merton and the Rest of England, as well as in the Staff (medical and dental; and nursing and midwifery) constituencies. This was despite publicising, communicating and marketing the elections in the same way as in previous elections (direct mailouts to all members from the Independent Returning Officer; Trust publicity through the website and social media channels). We are reviewing how and where we publicise elections to ensure that we generate contested elections going forwards.

Tab 4.1 4.1 Council of Governors Governance Update

Appointment of a new Lead Governor

The role of Lead Governor in the regulatory framework

Under the *Code of Governors for NHS provider trusts,* published by NHS England October 2022, NHS trusts and foundation trusts are able (though not required) to appoint a Lead Governor. The *Code* sets out the key elements of the Lead Governor role (see extract from the *Code* opposite), the principal role being to facilitate direct communication between the trust and NHS England in a limited number of circumstances where it may not be appropriate to communicate with the trust through normal channels, which in most cases would be through the Chair or company secretary.

The St George's Lead Governor

The position of Lead Governor at St George's has been vacant since 1 February 2024, as the incumbent (Richard Mycroft) decided not to seek another term of office as a public governor. We now need to appoint a successor.

Proposed process for appointing a new Lead Governor

Any Governor, either elected or appointed, can serve as Lead Governor at the Trust. In line with previous processes for the appointment of a Lead Governor, it is proposed that:

- **Nominations:** Any Governors who would like to put themselves forward as Lead Governor candidates nominate themselves via email to governors@stgeorges.nhs.uk with a 250 word maximum statement about why they feel they would be suitable for the role of Lead Governor. Nominations should be received by 5 pm Wednesday 10 April.

- **Elections:** All candidates' nomination statements will be circulated to all Governors for consideration. Governors will then vote for their first and second choice candidates by email to governors@stgeorges.nhs.uk by 5 pm Tuesday 30 April. All votes cast will remain confidential.

- **Results:** The overall result will be communicated to the Council of Governors by 2 May 2024.

Lead Governor role description

To help clarify the role of the Lead Governor, we have developed a brief role description to help candidates considering standing in the elections and the Council more broadly. This reflects the established statutory and regulatory position as set out in the *Code*, and based on practice at other trusts and is attached at Appendix 1.

Code of Governance for NHS Provider Trusts

4. Lead governor

4.1 The lead governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chair or the trust secretary, if one is appointed.

4.2 It is not anticipated that there will be regular direct contact between NHS England and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to NHS England, and then updated as required. Any of the governors may be the lead governor.

4.3 The main circumstances where NHS England will contact a lead governor are where we have concerns about the board leadership provided to an NHS foundation trust, and those concerns may in time lead to our use of our formal powers to remove the chair or non-executive directors. The council of governors appoints the chair and non-executive directors, and it will usually be the case that we will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand our concerns.

4.4 NHS England does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, we will often wish to have direct contact with the NHS foundation trust's governors, but quickly and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand our role, the available guidance and the basis on which we may take regulatory action. The lead governor will then be able to communicate more widely with other governors. Similarly, where individual governors wish to contact us, this would be expected to be through the lead governor.

4.5 The other circumstance where NHS England may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chair or other members of the board, or elections for governors or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, while complying with the trust's constitution, may be inappropriate. In such circumstances, where the chair, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide us with a point of contact.

Tab 4.1 4.1 Council of Governors Governance Update

Consultation on the appointment of a new Senior Independent Director

The role of Senior Independent Director

Under the *Code of Governance for NHS provider trusts,* the Board of Directors is required to appoint a non-executive director to serve as Senior Independent Director (SID). The *Code* provides that SID should not be the chair of the Trust's Audit Committee.

The role of the SID is to:
• Provide a sounding board for the Chair
• Serve as the intermediary for the other directors when necessary
• Undertake the appraisal of the Chair

While the decision regarding the appointment of the SID is a matter reserved to the Board of Directors, the *Code* makes clear that Board should consult with the Council of Governors on the appointment of the SID.

For the Council of Governors, the main capacity in which they will regularly have input from the SID is in the conduct of the Chair's annual appraisal, where the SID presents the outputs of the Chair's appraisal to the Governors Nominations and Remuneration Committee. However, the *Code* also provides that in situations where the Council considers exercising its powers to remove the Chair, the Council is expected to first raise any concerns with the SID.

Stephen Collier served as SID until he left the Board in October 2023 following the end of his term of office as a non-executive director.

Proposed appointment

At its private meeting in January 2024, the Board considered options for the appointment of a new SID, following the departure of Stephen Collier. Its preferred candidate for the role of SID is Ann Beasley. Ann Beasley has served as a non-executive director at the Trust since October 2016, and has previously served as SID, prior to Stephen Collier. She is also a non-executive director at Epsom and St Helier University Hospitals and is Chair of South West London and St George's Mental Health NHS Trust.

The reasons for proposing Ann Beasley are:

• Ann Beasley has previously performed the role of SID effectively

• She has considerable knowledge of the Trust, the wider South West London system, and key stakeholders in South West London and the NHS London Region

• Her term of office at the Trust runs to October 2025, and so could serve in the role for a period of 18-months, which will be a period of transition on the Board.

• Of the 6 non-executives on the Board (excluding the Chairman), 3 hold appointments at ESTH (Ann Beasley, Peter Kane, Andrew Murray), 2 will leave the Board in the next 6 months (Jenny Higham, Tim Wright), and 1 is covering a vacancy from their substantive role as a non-voting associate NED (Yin Jones).

Tab 4.1 4.1 Council of Governors Governance Update

Refreshing Council Governance: Council Committees

Following the recent elections to the Council of Governors, a total of 8 Governors have come to the end of their terms of office and have left the Council, and 8 newly elected Governors have joined. We anticipate a further two new Governors joining the Council over the coming months (appointed Governor for Kingston University and a new Governor representing Merton local authority). Following the Council meeting on 20 March, we will seek expressions of interest from Governors to become members of the two Council Committees below. Governors will be asked to complete a short expressions of interest form and return this to governors@stgeorges.nhs.uk by 12 April 2024. Where there are more expressions of interest than places available, places will be allocated by the drawing of lots.

Governors Nominations and Remuneration Committee (GNRC): The Council of Governors shall appoint a Nomination and Remuneration Committee, to consider, in relation to Non-Executive Directors, including the Chair: Nomination and recruitment arrangements; Remuneration, allowances and other terms and conditions of office; Arrangements for appraisal and performance assessment. The Nomination and Remuneration Committee shall have such terms of reference and powers as agreed by the Council of Governors.

- Vacancies: Of the 10 members of the Council of Governors who sit on the Governors Nominations and Remuneration Committee, the recent elections have left five vacancies.
- Priorities: The GNRC has a key role to play over the coming year as the Trust needs to appoint two new non-executive directors in the coming months and a new Chair from 1 April 2025. In addition, the Committee will as usual receive the NED appraisals outcomes and consider the impact of the new NHS England Leadership Competency Framework for the appraisals process.
- Terms of Reference: Once reconstituted, the Committee will review its terms of reference, which will be brought back to the Council for approval.

Governors Membership Engagement Committee (GMEC): The purpose of the Membership Engagement Committee is to develop and implement the Trust's Membership and Engagement Strategy, identify key actions for supporting effective engagement with members of the Trust and facilitate mechanisms and activities which would ensure that the Trust's membership is representative of the communities it serves. The Committee also plays a key role in ensuring that all members of the Council of Governors participate in activities which improve engagement and involvement with members. The Committee will provide assurance on these matters to the Council of Governors.

- Vacancies: Following the recent elections, we have four vacancies on the Membership Engagement Committee.
- Priorities: Having restarted the Membership Engagement Committee in the summer of 2018 as the Trust developed a new Membership Strategy, in recent years the Membership Engagement Committee has met infrequently and has lacked a Committee Chair. We propose resetting the GMEC, re-focusing and re-energising its work around looking at practical actions to promote engagement with members and the public, and developing a new membership engagement strategy for the coming years.
- Terms of Reference: Once reconstituted, the Committee will review its terms of reference, which will be brought back to the Council for approval.

Tab 4.1 4.1 Council of Governors Governance Update

Refreshing Council Governance: Council of Governors

As well as refreshing the Committees of the Council of Governors, we have also developed the following for consideration by the Council of Governors:

- **A draft forward plan for the Council of Governors 2024-25:** This sets out a draft plan of items to be considered by the Council of Governors at formal Council meetings in public and private session over the coming financial year. As well as any suggestions received at the meeting of the Council of Governors on 20 March, we would welcome any suggestions about items to cover during the coming year and will look to bring back an updated forward plan to the May meeting for approval. This will then provide the basis for agendas for the Council of Governors for the year ahead, while allowing space for urgent and / or topical items to be considered on an ad hoc basis. For the draft forward plan, see Appendix 2.

- **A new terms of reference for the Council of Governors:** This is based on the provisions of the NHS Act 2006 which sets out the role and functions of the Council and the *Code of Governance for NHS provider trusts* and good practice at other trusts. The Council is asked to review and approve the proposed terms of reference for the Council of Governors. For the draft terms of reference, please see Appendix 3.

- **Governor training and development in 2024/25:** Alongside the schedule of formal meetings over 2024/25, we are developing a programme of Governor training and development over the coming year. Following the Council meeting on 20 March, we will be undertaking a training needs survey of all Governors where we will seek input from all Governors on any skills-based training or issues-based training you would like to integrate into the training programme for the year ahead. We plan to provide a combination of training provided both by in house by subject matter experts and externally by NHS Providers, the representative body for NHS provider trusts which offers a suite of Governor training.

Tab 4.1 4.1 Council of Governors Governance Update

Governor visits 2024/25

The Governor visits programme

Following the Covid-19 pandemic, we introduced a new programme of visits by Governors to teams and departments across the Trust, initially to support Governors in reconnecting with the Trust following the pandemic. We wanted to use these visits to support Governors in fulfilling their duties by ensuring Governors had opportunities to gain firsthand perspectives on the services provided by the Trust and support Governors in playing an ambassadorial role for the Trust. A new visits programme was launched in September 2023, which incorporated feedback from Governors. The programme, which was circulated to all Governors at that time, set out that the programme sought to incorporate a wide-ranging programme of visits on a thematic basis so that we could provide Governors with a thorough overview of particular services and how they work together. Whereas previously the visits took place on the first Friday of the month, the new programme reflected the preference of Governors that the day and time of the visits varied through the year. We have also introduced feedback slots at the start of Council meetings for Governors to provide feedback on the areas visited, if they wish to do so. To date Governors, have visited the following services since October 2023:

Date	Location
18 October 2023	Children's services
2 November	Theatres
21 November	Neurology and Neurosciences
11 December	Queen Mary's Hospital
5 February	Urgent and Emergency Care

In addition, newly elected Governors have also had a bespoke set of visits to some services across the Trust.

Purpose of Governor visits

At the Council of Governors meeting in November 2023, there was a discussion about the purpose of Governor visits, and some Governors felt it would be helpful to have a discussion at a future Council meeting about the purpose of these visits.

The purpose of Governor site visits are:

- To support Governors in the fulfilment of their statutory duties (holding the NEDs to account individually and collectively for the performance of the Board, and representing the interests of members and the public) by providing Governors with information and knowledge about the breadth and depth of services offered by the Trust.

- To provide Governors with a perspective on the Trust and its services that cannot come through formal papers to the Council.

- To support Governors to fulfil a wider ambassadorial role by helping to equip them with first hand knowledge of Trust services.

- To provide a mechanism for Governors to speak to members of staff and help Governors to understand the views of staff as members of the Trust.

- To enable Trust staff to get a better understanding of the role of Governors and of the Council of Governors.

Site visits by Governors are not inspections. They are principally intended to support Governors in developing their understanding and knowledge of the Trust so that they can better fulfil their roles. In addition to site visits, there are opportunities for Governors to get involved in a number of other ways, for example through PLACE visits and ward accreditation visits.

Tab 4.1 4.1 Council of Governors Governance Update

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

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

Tab 4.1 4.1 Council of Governors Governance Update

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

SECTION	ITEM TITLE	THEME	LEAD	ACTION	FORMAT	FREQUENCY	May-24	Jul-24	Sep-24	Dec-24	Mar-25
OPENING ITEMS	Welcome and Apologies	Administration	Chairman	Review	Report	Every meeting	✔	✔	✔	✔	✔
OPENING ITEMS	Declarations of Interest	Administration	All	Review	Report	Every meeting	✔	✔	✔	✔	✔
OPENING ITEMS	Minutes of previous meetings	Administration	Chairman	Assure	Report	Every meeting	✔	✔	✔	✔	✔
OPENING ITEMS	Action Log and matters arising	Administration	Chairman	Assure	Report	Every meeting	✔	✔	✔	✔	✔
ITEMS FOR REVIEW	Financial Planning Update	Finance	GCFO	Assure	Report	Every meeting	✔	✔	✔	✔	✔
ITEMS FOR REVIEW	Report of the External Audit Working Group	Finance	GCFO	Assure	Report	Ad hoc		✔	✔	✔	
ITEMS FOR REVIEW	Remuneration and Nominations Committee	Governance	GCCAO	Approve	Report	Ad hoc	✔	✔		✔	
ITEMS FOR REVIEW	Non-Executive Director Appointments	Governance	GCCAO	Approve	Report	Ad hoc	✔	✔		✔	
ITEMS FOR REVIEW	Non-Executive Director Appraisal Outcomes	Governance	GCCAO	Approve	Report	Ad hoc	✔				
ITEMS FOR NOTING	Paediatric Cancer Services	Performance	GCEO	Note	Report	Ad hoc	✔				
CLOSING ITEMS	Any Other Business	Administration	All	Note	Verbal	Every meeting	✔	✔	✔	✔	✔
CLOSING ITEMS	Council of Governors Forward Plan	Administration	All	Note	Verbal	Every meeting	✔	✔	✔	✔	✔
CLOSING ITEMS	Reflections on Meeting	Administration	All	Discuss	Verbal	Every meeting	✔	✔	✔	✔	✔

Tab 4.1 4.1 Council of Governors Governance Update

Council of Governors
Terms of Reference

1. Name

The name of the group is the Council of Governors (CoG).

2. Establishment and Authority

Establishment: The Council of Governors has been established in accordance with the requirements of the NHS Act 2006 (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022) and paragraph 12 of the Trust Constitution. These terms of reference should be read in conjunction with the Trust's Constitution and Standing Orders.

Powers: The powers of the Council of Governors are set out in the NHS Act 2006 (as amended), the *Code of Governance for NHS provider trusts* published by NHS England, and the Trust's Constitution.

Cessation: The Council of Governors is a statutory body and, as such, may not be dissolved other than by statutory means. In line with the above legislation, the Council of Governors has no executive responsibilities.

3. General Duties

The statutory general duties of the Council of Governors as set out in the NHS Act 2006 (as amended) and the Trust's Constitution are:

- To hold the non-executive directors individually and collectively to account for the performance of the board of directors.
- To represent the interests of the members of the corporation as a whole and the interests of the public.

The Council of Governors will discharge these general duties in accordance with relevant guidance issued by NHS England.

4. Other Statutory Duties

In accordance with Scheule 7 of the NHS Act 2006 (as amended) and the Trust Constitution, the Council of Governors is also responsible for:

- Appointing and, if appropriate, removing the Chair
- Appointing and, if appropriate, removing the other Non-Executive Directors
- Deciding the remuneration and allowances, and other terms and conditions of office, of the Chair and other Non-Executive Directors
- Approving the appointment by the non-executive directors of the Chief Executive Officer

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Tab 4.1 4.1 Council of Governors Governance Update

- Appointing and, if appropriate, removing the Trust's external auditor, working with the Board's Audit Committee
- Receiving the Trust's Annual Accounts, any report of the Auditor on them and the Annual Account.
- Approving significant transactions, mergers, acquisitions, separations or dissolutions
- Approving increases of more than 5% a year in the Trust's non-NHS income
- Providing the views of the Council of Governors into the Trust's annual plan
- Ensuring engagement with members and the public so that the Council can effectively represent their interests

5. Membership and attendance

The composition of the Council of Governors is set out in the Trust's Constitution. The Chairman of the Board of Directors is the Chairman of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chairman, the Vice Chair will preside and, in the absence of the Vice Chair, another non-executive director or another person as defined in the constitution or standing orders will preside.

The composition of the Council of Governors is set out in Annex Three of the Trust Constitution and is made up of both elected and appointed Governors. In addition to the Chairman, the Council comprises:

Council of Governors	
Public Governors	
Wandsworth	6
Merton	4
Rest of England	4
South West Lambeth	1
Staff Governors	
Medical and Dental	1
Nursing and Midwifery	1
Allied Health Professionals and other clinical and technical staff	1
Non-clinical staff	1
Appointed Governors	
Merton Healthwatch	1
Wandsworth Healthwatch	1
London Borough of Merton	1
London Borough of Wandsworth	1
St George's University of London	1
Kingston University	1
South West London Integrated Care System	1
Total	**26**

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Tab 4.1 4.1 Council of Governors Governance Update

In accordance with the *Code of Governance for NHS provider trusts,* it is expected that the Council of Governors will invite the Chief Executive Officer to attend all its meetings and that other Executive and Non-Executive Directors will be invited to attend as appropriate. However, there may be occasions where Directors are formally requested to attend Council meetings to explain concerns about performance. It is anticipated that this will only be on rare occasions and such an occasion will be reported in the Annual Report.

The following individuals are not members of the Council but will instead attend Council meetings on a regular basis:

- • Group Chief Executive Officer
- • Non-Executive Directors
- • Group Chief Corporate Affairs Officer & Group Company Secretary (Executive Lead)
- • Deputy Director of Corporate Affairs and Head of Corporate Governance
- • Governors and Membership Engagement Officer

At the discretion of the Council Chairman, and for the purposes of obtaining information about the Trust's performance of its functions or the directors' performance of their duties, the Council may also request other members of the Executive team and other relevant members of staff to attend meetings of the Council or to attend for specific agenda items. The Council may also invite others to attend for the purpose of receiving specialist and/or independent advice on any matter, relevant to its scope and function.

Members will be required to attend all of the meetings each year. An attendance register will be taken at each meeting to support this. The Trust's Constitution (Appendix 5) makes provisions regarding the eligibility and disqualification of Governors, which includes provisions relating to attendance at meetings.

As set out in the Trust's Constitution, meetings of the Council will be open to members of the public. However, members of the public may be excluded from a meeting for special reasons.

6. Quorum

No business shall be transacted at a meeting of the Council of Governors unless at least one third of the whole number of Governors elected or appointed are present and those Governors present are elected Governors in the majority. Regular or other attendees do not count towards the quorum. There is no constitutional provision for a deputy to attend on behalf of a Governor.

Non-quorate meetings may go ahead unless the Chairman decides not to proceed. Any decisions made by the non-quorate meeting must however be formally reviewed and endorsed either at the subsequent quorate meeting or on email circulation by sufficient number of Council members to ensure the decision is valid.

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7. Meeting Format and Frequency

The Council will meet at least four times each year. Meetings will generally take place as hybrid meetings to facilitate participation.

8. Declaration of Interests

All members and those in attendance must declare any actual or potential conflicts of interest and these shall be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion. All members and regular attendees must ensure that they have up-to-date entries on the Trust's declarations of interest portal ("Declare").

The Trust's Constitution and Standing Orders make further provisions regarding the management of declarations of interest by Governors.

9. Council of Governors Committees

The Council will receive regular reports from its two sub-committees:

- • Membership and Engagement Committee; and
- • Nominations and Remuneration Committee

10. Meeting Arrangements and Secretariat

The Group Chief Corporate Affairs Officer will ensure secretarial support is provided for Council of Governors. This will include the following;

- Preparing a forward plan for the Council.
- Calling for, collating and distributing meeting papers.
- Taking accurate minutes.
- Producing an action log and chasing completion of actions.

The agenda for Council meetings will be drawn from the Council's annual cycle of business (forward plan) and will be agreed with the Chairman and Executive Lead(s).

All papers and reports to be presented at the Committee must be approved by the relevant executive director.

The agenda and the supporting papers for the meeting will be circulated not less than three working days before the meeting.

Minutes of the meetings will be circulated promptly to all members of the council of governors as soon as reasonably practical. The target date for issue is 10 working days from the date of the meeting.

11. Review of Effectiveness and Review of Terms of Reference

The Council shall undertake an annual review of effectiveness and efficiency in the discharge of its responsibilities and achievement of objectives. The review should consider

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Tab 4.1 4.1 Council of Governors Governance Update

the performance of the Council including the delivery of its purpose, performance of its duties and compliance with its Terms of Reference.

These Terms of Reference shall be subject to an annual review. Any changes to these Terms of Reference may only be made by the Council.

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Document Control

Profile	
Document name	Council of Governors Terms of Reference
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