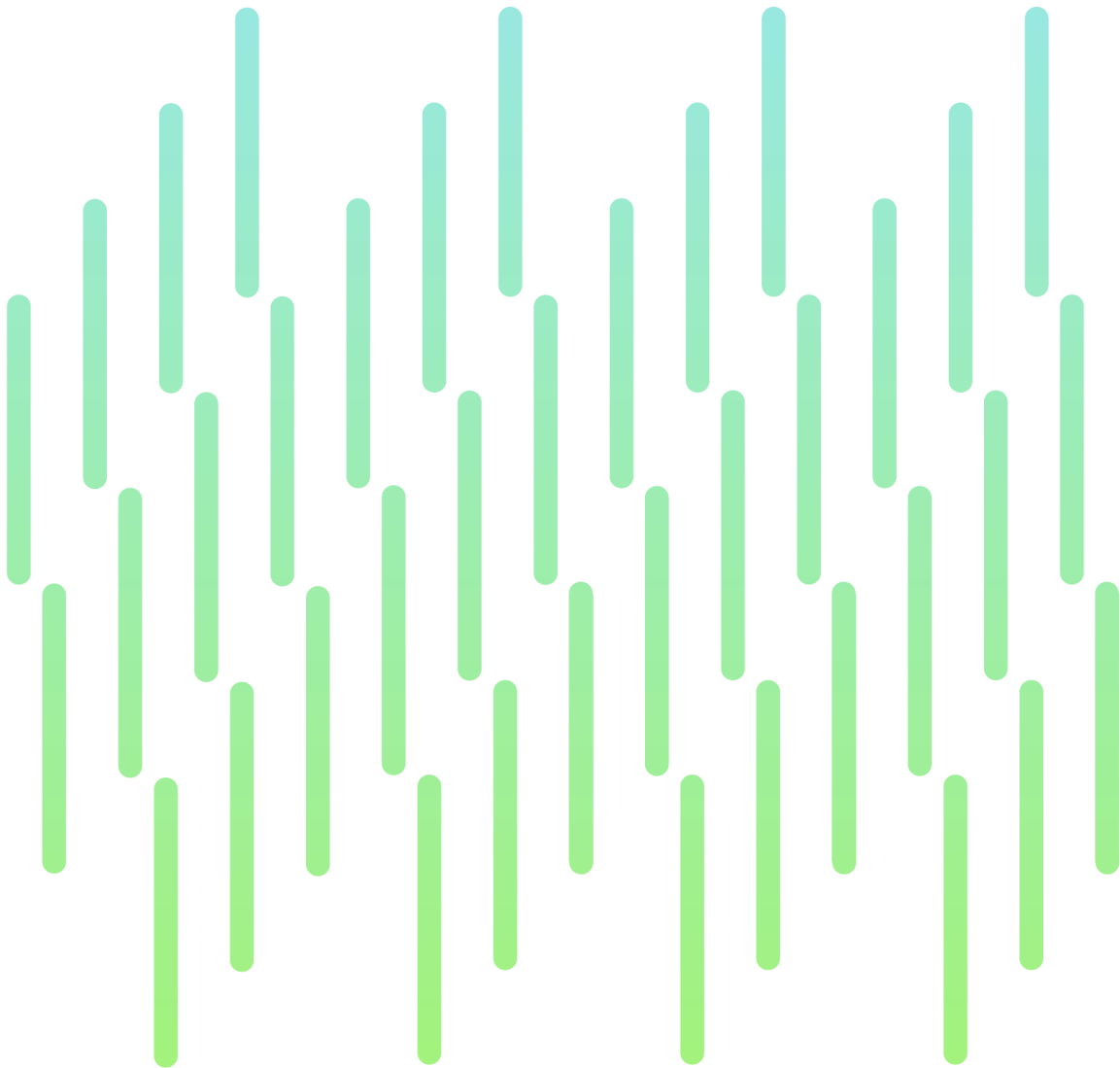




Council of Governors Meeting

22 May 2024

Agenda and papers



Council of Governors

Agenda

Meeting in Public on Wednesday, 22 May 2024, 18:00 – 20:30

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
18:00	-	Feedback from visits to various parts of the site	Governors	-	Verbal

1.0 Introductory items

Time	Item	Title	Presenter	Purpose	Format
18:15	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
18:20	2.1	Group Chief Executive Officer's Report	GCEO	Update	Report
18:40	2.2	Group Strategy Update	GDCEO	Update	Report

3.0 Quality and Performance

Time	Item	Title	Presenter	Purpose	Format
19:00	3.1	Patient Safety Incident Response Framework Update	GCNO/GCMO	Discuss	Report
19:25	3.2	Quality Priorities 2024-25	GCNO/GCMO	Review	Report

4.0 People

Time	Item	Title	Presenter	Purpose	Format
19:40	4.1	NHS Staff Survey 2023	GCPO	Discuss	Report

5.0 Questions to Non-Executive Directors

Time	Item	Title	Presenter	Purpose	Format
20:00	5.1	Questions to NEDs	All	Discuss	Verbal

6.0 Closing items

Time	Item	Title	Presenter	Purpose	Format
20:15	6.1	Any Other Business	All	Note	Verbal



	6.2	Council of Governors Forward Plan	All	Note	Verbal
	6.3	Reflections on Meeting			

Council of Governors Purpose	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and Attendees		
Members	Designation	Abbreviation
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
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	Public Governor, Merton	PB2
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
James Giles	Public Governor, Rest of England	JG
John Hallmark	Public Governor, Wandsworth	JH1
Chelliah Lohendran	Public Governor, Merton	CH
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
Abul Siddiky	Staff Governor, Medical and Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Georgina Simms	Appointed Governor, Kingston University	GS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance		
Andrew Murray	Non-Executive Director	AM
Peter Kane	Non-Executive Director	PK
Yin Jones (Teams)	Non-Executive Director	YJ
Tim Wright	Non-Executive Director	TW
Jenny Higham	Non-Executive Director	JH
Ann Beasley	Non-Executive Director, Vice Chair	AB
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Angela Paradise	Group Chief People Officer	GCPO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Kate Slemeck	Managing Director for St George's Hospital	MD-SGUH
Richard Jennings	Group Chief Medical Officer	GCMO
Patricia Morrissey	Interim Deputy Director of Corporate Affairs	IDDCA
Jenny Miles	Interim Group PSIRF Implementation Lead	IGPIL
Apologies		
Julian Ma	St George's University of London	MA
Afzal Ashraf	Public Governor, Wandsworth	AAs
Jackie Parker	Public Governor, Wandsworth	JP
Stephen Worrall	Appointed Governor, Wandsworth Council	SW

**St George's University Hospitals NHS Foundation Trust
Register of Interests of Council of Governors as at 31 March 2024**

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Nasir Akhtar	Public Governor, Merton	No declarations of interest	01.04.2023	31.03.2024	
Afzal Ashraf	Public Governor, Wandsworth	Privatimus UK Ltd Employee of University of Loughborough	01.04.2023	31.03.2024	
Padraig Belton	Public Governor, Rest of England	Journalist - BBC	01.04.2023	31.03.2024	
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	Merton Healthwatch, Member of Programme Delivery group.	01.04.2023	31.03.2024	
Jim Bourlet	Public Governor, Rest of England	No declarations of interest	01.02.2024	31.03.2024	
Patrick Burns	Public Governor, Merton	Ownership at Work Healthwatch Merton London Ambulance Service Public & Patients Council	01.04.2023	31.03.2024	

**St George's University Hospitals NHS Foundation Trust
Register of Interests of Council of Governors as at 31 March 2024**

Sandhya Drew	Public Governor, Rest of England	Barrister and academic at City Law School specialising in employment and public law	01.04.2023	31.03.2024	
Dympna Foran	Staff Governor, Nursing and Midwifery Staff Constituency	Chair of Governors at Cuddington Community Primary School part of THPT Multi Academy Trust John Foran (Spouse) Cardiology Consultant (employee within gesh) Kardiacor Ltd Company Secretary - Private healthcare provision	01.02.2024	31.03.2024	
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	Elected member of the Healthwatch Wandsworth Committee	01.04.2023	31.03.2024	
James Giles	Public Governor, Rest of England		01.02.2024	31.03.2024	

**St George's University Hospitals NHS Foundation Trust
Register of Interests of Council of Governors as at 31 March 2024**

John Hallmark	Public Governor, Wandsworth	President (2023/24) of Rotary Club of Battersea Park Company Secretary (unpaid) of Battersea Crime Prevention Panel School Governor at Saint John Bosco College in Battersea	01.04.2023	31.03.2024	
Chelliah Lohendran	Public Governor, Merton	No declarations of interest	01.02.2024	31.03.2024	
Julian Ma	Appointed Governor, St. George's, University of London	No declarations of interest	01.04.2023	31.03.2024	
Atif Mian	Staff Governor, Allied Health Professionals and Other Clinical and Technical Staff Constituency	No declarations of interest	01.02.2024	31.03.2024	

**St George's University Hospitals NHS Foundation Trust
Register of Interests of Council of Governors as at 31 March 2024**

Lucy Mowatt	Public Governor, Wandsworth	Trustee of the Benjamin Weir Charity which provides funding to organisations with health and care services for medical and ancillary equipment. Hospital discharge policy advisor at the Department of Health and Social Care	01.04.2023	31.03.2024	Trustee Appointment as of 14th March 2024
Augustine Odiadi	Public Governor, Wandsworth	No declarations of interest	01.02.2024	31.03.2024	
Jackie Parker	Public Governor, Wandsworth	Member of Labour Party	01.2.2024	31.03.2024	
Abul Siddiky	Staff Governor, Medical and Dental Constituency	No declarations of interest	01.02.2024	31.03.2024	
Khaled Simmons	Public Governor, Merton	No declarations of interest	01.04.2023	31.03.2024	

**St George's University Hospitals NHS Foundation Trust
Register of Interests of Council of Governors as at 31 March 2024**

Huon Snelgrove	Staff Governor, Non-clinical	Unpaid volunteer in Rapid Response Team for Thames Reach (NGO) working for homeless people in London	01.04.2023	31.03.2024	
Ataul Qadir Tahir	Public Governor, Wandsworth	No declarations of interest	01.04.2023	31.03.2024	
Cllr Stephen Worrall	Appointed Governor, Wandsworth	Labour Counsellor for Shaftesbury and Queenstown Ward, Wandsworth Council Place of employment - Positive East	01.04.2023	31.03.2024	

Minutes of the Meeting of the Council of Governors (In Public)
Wednesday 20 March 2023, 15:00 – 17:30
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
Afzal Ashraf	Public Governor, Wandsworth	AAAs
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	ABen
Jim Bourlet	Public Governor, Rest of England	JB
Patrick Burns*	Public Governor, Merton	PBU
Kathy Curtis	Appointed Governor, Kingston University	KC
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
John Hallmark	Public Governor, Wandsworth	JHa
Chelliah Lohendran	Public Governor, Merton	LL
Julian Ma	Appointed Governor, St George's University of London	JM
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*	Public Governor, Wandsworth	AQT
Stephen Worrall*	Appointed Governor, Wandsworth	SW
In Attendance:		
Wendy Doyle (3.1)	Group Associate Director for Patient Experience & Partnership	GADPEP
George Harford	Site Chief Finance Officer	DCFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Yin Jones	Non-Executive Director	YJ
Peter Kane*	Non-Executive Director	PK
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Andrew Murray	Non-Executive Director	AM
Angela Paradise	Interim Group Chief People Officer	GCPO
Kate Slemeck	Managing Director – SGUH	MD-SGUH
Stephanie Sweeney	Group Director of Quality and Safety Governance	GDQSG
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Tim Wright*	Non-Executive Director	TW
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
Apologies:		
Ann Beasley	Non-Executive Director, Vice Chair	ABea
Padraig Belton	Public Governor, Rest of England	PBe
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
James Giles	Public Governor, Rest of England	JG
Jenny Higham	Non-Executive Director	JHi
Atif Mian	Staff Governor, Allied Health Professionals and Other Clinical and Technical Staff	AMi

* Joined the meeting via MS Teams

	Feedback from Governor visits	Action
	<p>Feedback from visits to various parts of the site A number of Governor visits had taken place in February with existing and new Governors.</p> <p><u>Emergency Department:</u></p>	

	<p>Khaled Simmons (KS), John Hallmark (JHa) and Julian Ma (JM) had visited the Emergency Department (ED), Acute Medical Unit (AMU), Nye Bevan Unit and the Major Trauma Ward. KS reported that staff had been open and honest in their conversations with Governors. He reported that ED had been under significant pressure and was working beyond capacity, with patients on trolleys in corridors. ED was also seeing more patients presenting with mental health issues. Governors highlighted that a patient with mental health issues was in ED for 2 days. It was noted that South West London and St George's Mental Health NHS Trust had similar issues when it came to delays with care packages and support for patients in the community, including housing. St George's University Hospitals (SGUH) had not seen a significant change in the number of patients brought in by the police with the implementation of the new approach by the Metropolitan Police but it was too soon to tell if this would have a significant impact. Governors observed the triage and admissions processes implemented where the consultant assessed patients after they had been triaged by a nurse. Overall, despite the immense pressures they were under, staff reported that morale had improved and there was a strong sense of team.</p> <p>Governors were impressed by the Major Trauma Ward, and in particular with the automatic medication management machine. KS had asked during the visit whether this had helped reduced medication errors. Governors had been informed that it was too early to tell but that there had been improvements in discharging patients with medication.</p> <p>A group of newly elected Governors had also visited ED as part of their induction and observed similar issues. Jackie Parker (JP) said that she had asked staff what was on their wish list, which was training. JP had also visited Radiology, where the staff were enthusiastic and passionate about their work and welcoming to the Governors.</p> <p>Logie Lohendran (LL) asked why the London Ambulance Service could not take mental health patients straight to the local mental health trust. The Chairman explained that the mental health trust did not have an emergency facility. She added that SGUH and the mental health trust were working together to ensure patients with mental health needs received the care they needed in an appropriate setting.</p> <p>Augustine Odiadi (AO) had visited Cardiology and Neurology Wards and stated that the two main themes raised were transport and capacity issues. He reported that delays in transport meant that patients who had recovered were occupying beds, which led to wider capacity issues.</p> <p>The Chairman commented that patient transport was being reviewed at a South West London (SWL) system level and that the Trust was also reviewing the current service with the provider. The Chairman commended the work the MD-SGUH had done with ED and noted the improvements in the department, despite the pressures and challenges.</p>	
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1.0	OPENING ADMINISTRATION	Action
1.1	<p>Welcome and Apologies</p> <p>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.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interest.</p>	

1.3	Minutes of the Public meeting held on 22 November 2023 The minutes of the meeting held on 22 November 2023 were approved as a true and accurate record.	
1.4	Action Log and Matters Arising The Council of Governors reviewed the action log, agreed to close those actions proposed for closure, and noted the following update: <ul style="list-style-type: none"> • COG.260723.3 – Theatre Utilisation: An item on theatre utilisation would be brought to a future meeting following discussion at the Finance Committee. This had been added to the Council of Governors forward plan. <p>Jim Bourlet (JB) enquired about the wording of the general duty of the Council of Governors set out on the agenda and queried whether the reference to the public should precede the reference to members of the Trust. The Chairman thanked JB for his question and stated that it was helpful to have the perspective of a new Governor. She suggested that the reference to members of the Trust was likely included first as members elect the Governors. The GCCAO added that the ordering reflected the wording of the general duties of the Council of Governors set out in the NHS Act 2006.</p>	
2.0	STRATEGY	
2.1	Group Chief Executive Officer's Report The GCEO provided the following updates: <ul style="list-style-type: none"> • <u>GESH Group:</u> February 2024 had marked two years since the establishment of the St George's, Epsom and St Helier University Hospitals and Health Group, and the benefits of working at scale were increasingly clear. Work was underway to integrate corporate services, and a number of functions had already come together on a Group-wide basis. This corporate integration programme provided an opportunity to review ways of working and develop functions that would best meet the needs of the Group while also realising efficiency savings. • <u>Performance:</u> The Trust was one of the few Trusts exceeding the target of 76% for patients seen and treated within 4 hours in ED, at 86%. For elective care, the number of patients waiting over 65 weeks was in line with the Trust's plan and was reducing, albeit this had been impacted by the ongoing industrial action. Cancer waiting times had also improved. The Trust was one of the best performing trusts for Diagnostics waiting times. The challenge was keeping up the good work and patient safety, whilst removing funding. • <u>Maternity services:</u> The Trust was continuing to implement the action plan, following the CQC inspection in March 2023 and the report published in August 2023 which saw the rating for maternity services go from 'Good' to 'Inadequate'. In the CQC maternity patient experience survey, the Trust had come second for the experience of women in Maternity and Epsom and St Helier (ESTH) was first. • <u>Staff moves:</u> Natilla Henry had moved from her role as Site Chief Nurse to become the first Group Chief Midwifery Officer. Ian Robinson had been appointed as the Interim Group Chief Facilities, Infrastructure and Environment Officer. A substantive Group Chief People Officer has been appointed and would be announced soon. • <u>Martha's law:</u> Beginning in April 2024, patients and their families in England would have the option to request a rapid second opinion if they were concerned 	

	<p>about a condition worsening. This policy is referred to as “Martha’s Rule”. The Trust was working through the implications of this.</p> <p>The Chairman invited questions and comments from Governors, and following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • Kathy Curtis (KC) queried how the financial situation aligned with the new NHS workforce plan. The GCEO explained that the financial outlook for 2024/25 was extremely challenging. One key area of focus for NHS England was headcount, and the growth in the Trust’s workforce since the Covid-19 pandemic without a corresponding increase in productivity. At the same time, the Care Quality Commission (CQC)’s inspections often led to recommendations for increases in staffing in certain areas, and trusts could experience a tension between the ask of the system regulators. • Abul Siddiky (AS) queried whether the pressure to reduce the head count would result in redundancies being considered. The GCEO confirmed that this was not planned and that the intention would be to achieve a reduction in headcount through turnover. Corporate Services were being re-designed and a 10% savings target had been set for each corporate service. The Trust would continue to ensure there were safe levels of staffing in clinical areas. • In view of the experience of the Group over its first two years, KS queried whether the two trusts should consider merging to form a single legal entity. The Chairman stated that the Group was heading in the direction of a merger and that there was greater scope for greater efficiencies. However, there were several steps to take before presenting a proposal to Governors and the current focus of the managerial team was on the financial planning for 2024/25. The Chairman emphasised that in forming a Group model the Boards of the two trusts had considered that many of the benefits of a merger could be realised through the framework of a Group, and that these could be achieved more quickly than by pursuing a merger. It was the case that the benefits of Group working were increasingly clear. At the same time, there were limits to the level of integration and efficiencies that could be achieved as a Group. Governors had a statutory role in approving significant transactions. In the event that a decision was taken to pursue a transaction, Governors would of course be engaged from an early stage. • John Hallmark (JHa) asked whether the Trust’s maternity services were now meeting all of the CQC’s requirements and asked for clarity regarding the rebate on the Clinical Negligence Scheme for Trusts (CNST). Andrew Murray (AM), Chair of the Quality Committee, explained that the Trust pays into the CNST on an annual basis as an insurance scheme to protect the Trust in the event of clinical negligence claims. NHS Resolution, the body which operates the CNST, had run a scheme for a number of years to incentivise improvements in maternity safety, and thereby reduce the number of clinical negligence claims in maternity. The Maternity Incentive Scheme (MIS), as it was known, had 10 safety actions, which were defined each year, and where a Trust achieved full compliance against all 10 safety actions it would qualify for a rebate on its CNST premium. In previous years, SGUH had met all 10 safety actions and had qualified for the rebate. For 2023/24, NHS Resolution had recently confirmed that SGUH would receive the rebate, despite not achieving compliance in one of the 10 safety actions. This was on the basis of the investment decisions that had been taken by the Board in January 2024 to ensure future compliance. More generally, AM explained that a large number of actions had been taken to respond to the CQC’s findings, but there remained more to do. The Chairman added that, following receipt of the report of the first phase of the quality governance review, the Board would hold a special development session focused on learning the lessons from 	
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	<p>the experience with maternity. The outcomes of that review would then be brought for discussion to the Council of Governors.</p> <ul style="list-style-type: none"> • Julian Ma (JMa) asked whether any risks had been identified by the Trust in light of the merger of City University and St George's University of London (SGUL), particularly given that a number of SGUL staff held joint contracts with the Trust. The Chairman explained that she was a member of the SGUL Council and supported the merger. Although there was a lot of work to do, the Chairman stated that there were very significant opportunities for both the University and the Trust in SGUL's merger with City University. • Huon Snelgrove (HS) queried whether the resources were in place to implement Martha's law. The MD-SGUH stated that the implications of this were still being worked through, as there were no additional resources. At SGUH, the critical care outreach team would be able to assist. <p>The Council noted the GCEO report.</p>	
<p>2.2</p>	<p>Strategy Update</p> <p>The GDCEO presented an update on the Group Strategy, <i>Outstanding Care, Together 2023-28</i>, which had been launched in May 2023. There were 4 strategic priorities: Collaboration and partnership; Affordable healthcare, fit for the future; Right care, right place, right care; and Empowered, engaged staff. Delivery of the strategy was supported by nine strategic initiatives, transformative Board-led programmes of work, which included collaboration across SWL, with local partners and across the Group, transforming outpatients, strengthening specialist services, and transforming the culture of the organisations. A series of corporate enablers had also been defined to support delivery, and enabling strategies were currently being developed for quality and safety, people, digital, research and innovation, estates and sustainability.</p> <p>The Chairman invited questions and comments from Governors, and following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • LL asked whether the IT system for patient records was linked between SGUH and ESTH. The GDCEO stated that a key area of work was implementing a new Electronic Patient Record (EPR) system on a shared domain with SGUH. SGUH already had an EPR system and ESTH was in the process of implementing the same system which would support the sharing patient records across the Trusts. • KS welcomed the update on the Group Strategy implementation. He noted that historically staff annual appraisals rates had been low and asked whether the new appraisal system would result in a significantly higher level of compliance. The GCPO confirmed there was an uplift in the staff survey results for staff receiving their appraisals and the value of the appraisals which enabled them to do their jobs better. The People Strategy would include improving training for managers to work closely with staff on appraisals and career progression. As at January 2024, medical appraisals were at 82% and non-medical appraisals were at 76%. The People Committee continued to monitor the staff survey results and workforce metrics such as appraisals. One of the main reasons for appraisals not being completed was that staff were too busy and more work was being conducted to understand why appraisals were not completed. • In relation to outpatients, KS sought clarity on whether virtual and telephone appointments included video appointments. The GDCEO clarified that the provision would be a mix of telephone and video consultations. It was noted that overall, the approach to outpatients was outdated in the NHS and outpatient appointments did not add real value to patients. Although virtual appointments 	

	<p>had reduced, the focus was on improving efficiency and the quality of the outpatient service. The clinical networks across SWL were working in partnership with GPs to agree common referral pathways and there was also a lot to learn from ESTH on outpatient transformation.</p> <ul style="list-style-type: none"> • Dympna Foran (DF) commented that work was needed on a cultural shift for patients to move from 'in person' outpatient appointments to telephone and video consultations. • Regarding the Strategy Initiative "Transforming Our Culture (Diversity & Inclusion)", Lucy Mowatt (LM) noted that the Trust was below the national average for managers understanding problems and queried what the next steps were on psychological safety and how this would be measured. The GDCEO stated that there was good evidence to show that teams that performed well felt psychologically safe. Other measures included local audits and a targeted approach by identifying teams that need tailored interventions. The GCPO added that psychological and physical safety were part of the Big 5 areas of focus. They were also measured through incidents reported and communicating to staff. The Chairman noted that a session on culture was on the forward plan for the Council in July 2024. <p>The Council noted the update on the Group Strategy.</p>	
3.0	QUALITY AND PERFORMANCE	
3.1	<p>Patient Experience Update</p> <p>Wendy Doyle, Group Associate Director for Patient Experience and Partnership (GADPEP), joined the meeting to present an update on patient experience at SGUH. The GADPEP reported that there were 6 identified workstreams for patient experience and 7 areas of priority for the year. The co-designed format was taken from ESTH and going forward, a gesh co-designed format would be developed for patients. Partnership working was an area of particular focus and included a review of corporate posters with patients and subsequent co-design with patient for patients, as required. At the Patient Partnership and Engagement Group (PPEG), every project was reviewed to ensure a patient was attending and working on the project. Another area of focus was working with carers.</p> <p>The Chairman invited questions and comments from Governors, and following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • Alfredo Benedicto (Aben) congratulated the GADPEP and team for the transformation they had delivered and the progress achieved in engaging with patients and service users. He asked about the recruitment of patients to work on projects. The GADPEP explained that the number of patient partners had increased from 6 to 11 and that diversity had increased. • KS expressed disappointment with the lack of evidence of learning from patient experience and queried why the report did not contain any details about the representativeness of patient engagement and involvement. He also expressed disappointment with the exclusion of Complaints and PALS feedback and felt they should be integrated within the report. The GADPEP responded to say that she would report more fully on the areas highlighted in the annual report that would come to the Council and she would ensure that this emphasised the learning from patient experience. Working in partnership with the community, the Integrated Care Board (ICB) and Healthwatch Wandsworth had increased the diversity of the people with whom the Trust worked. Going forward, there would be one report for patient experience which will include Complaints and PALS. 	


	<ul style="list-style-type: none"> LM was encouraged to see the rise in the number of volunteers and the role of the voluntary sector. She asked whether there were particular areas where volunteers worked well and how volunteers were recruited. The Chairman suggested adding an item on volunteers to a future Council agenda. The GADPEP relayed that the aim was to further increase the number of volunteers. There were currently around 220 volunteers at SGUH and there was broad diversity in volunteers. There were no limitations with volunteers, as the right role would be found for the skill set of a volunteer and they could also be trained. <p>The Council noted the Patient Experience update.</p>	GCCAO / GCNO
<p>3.2</p>	<p>Quality Performance Update</p> <p>The Group Director of Quality, Safety and Governance (GDQSG) presented the Quality Performance Report for January 2024, on behalf of the Group Chief Nursing Officer. The GDQSG highlighted:</p> <ul style="list-style-type: none"> Focused work had been undertaken to reduce the number of pressure ulcers. The Trust was signed up to the national incentive 'Stop the pressure'. Categories 2,3, and 4 pressure ulcers had decreased. A rapid response review was carried out for every patient who developed a pressure ulcer and actions put in place. The learning was shared at the Patient Safety and Quality Group. There had been 5 'moderate' falls in January 2024 which had been discussed at the Trust's Serious Incidents meeting. Venous thromboembolism (VTE) risk assessment compliance was above the 95% target, but work continued to increase this to 100%. Complaints tended to increase from October to January due to the increased volume of people attending the Trust. The area of focus across the Group was reducing the number of re-opened complaints, as this was an indicator of the quality of the original complaint response. There had been an increase in Never Events to 8 and there had been a total of 41 Serious Incidents in 2023/24. The majority of Never Events related to theatres. A robust action plan was in place and the Quality Committee had reviewed a thematic analysis of these. <p>The Chairman invited questions and comments from Governors, and following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> Andrew Murray (AM), Chair of the Quality Committee, commented that the Committee reviewed the quality performance data on a regular basis. He welcomed the progress on pressure ulcers, which was encouraging. The Committee would be reviewing falls in more detail. Regarding Never Events, SGUH commissioned an external review to be undertaken by the Association for Perioperative Practice (AfPP) in Theatres. The outcome report would be presented to the Committee in March 2024. Afzal Ashraf (AAs), queried how Never Events were investigated and what the process was to ensure there was a systematic way to draw out the necessary improvements. He also sought clarification on whether the AfPP review was focused specifically on the Never Events or was a more general review of Theatres. The Chairman suggested that AA's first question on Never Events would be picked up at the next meeting as it related to the planned discussion about the introduction of the new Patient Safety Incident Response Framework (PSIRF), which was replacing the outgoing Serious Incident Framework. AM clarified that the AfPP review had looked at safety in Theatres. 	

	<ul style="list-style-type: none"> • Regarding the Friends and Family Test (FFT), KS expressed concern that the response rate in Outpatients was low. The GDQSG stated that 5% of patients completed the FFT in Outpatients and the positive score was 94%. The required response rate was 20%. The GDQSG noted the difficulties around wifi connectivity, placement of the tablets to complete the survey and asking patients to complete them. • JHa asked whether the 8 Never Events were about the same issues in Theatres and if learning was being gained. • ABen expressed concern about how complaints were being handled and the backlog in re-opened complaints. He also asked how the Trust was ensuring that a complaint is dealt with and closed, at the first point of contact. Regarding Never Events, ABen asked how the Trust was assured that there would be a significant reduction in Never Events, in a short period of time. • AM responded to the Never Events questions and stated that the Quality Committee had reviewed Never Events over the last 2 years. The 3 main themes to emerge were: (i) wrong side nerve blocks (patients receiving injections in their spines on the wrong side). Work was carried on this with oversight at the QCiC and there had not been anymore wrong side nerve blocks; (ii) in Plastics and Dermatology, there were cases where the wrong lesions had been removed. Work had been conducted to address this. It was too early to tell whether the actions taken were having an impact; and (iii) wrong site surgery in general. • KS felt that a Never Event not re-occurring was not assuring and a lead indicator would be required. AM explained that assurance on wrong side nerve blocks was based on the implementation of the action plan and no further Never Events relating to it. • Given the impending general election, Jim Bourlet (JB) queried what planning and analysis work had been conducted by the Trust to understand the implications of the political parties' commitments on the NHS. The GCCAO explained that the Trust had not itself undertaken any analysis of the parties political commitments on the NHS, but that such analysis would likely be undertaken by the NHS Providers, the representative organisation for NHS trusts. The Department of Health and Social Care would also undertake election planning at the appropriate point. However, it was clear that regardless of the outcome of the election, NHS finances would likely remain challenged for some time. <p>The Council noted the Quality Performance Update.</p>	
4.0	Council of Governors Governance	
4.1	<p>Council of Governors Governance Update</p> <p>The Group Chief Corporate Affairs Officer (GCCAO) presented the Council of Governors Governance Update and highlighted the following:</p> <ul style="list-style-type: none"> • <u>Elections to the Council of Governors:</u> The elections had closed for all public and staff constituencies on 22 December 2023. Elections to the staff (allied health professionals) constituency were held in January and closed on 19 January 2024. Despite a communications campaign through social media channels, the Trust website and direct hard-copy mailouts to all 13,000 public Trust members, there were more unopposed elections than previous years. For South West Lambeth, no nominations had been received and the Governor role for this was vacant, as the previous Governor, Richard Mycroft, had stepped down. The only viable option was to run a new election for South West Lambeth. More broadly, 	

	<p>the Trust was reflecting on how it could help to promote wider participation in future elections.</p> <ul style="list-style-type: none"> • <u>Appointing a new Lead Governor:</u> With Richard Mycroft's departure, a new Lead Governor would need to be appointed. Following a question from JHa, the GCCAO clarified that any Governor could put themselves forward for election as Lead Governor. Any Governor who wished to stand in the election would need to submit a statement of up to 250 words setting out why they would be suitable for the role by 10 April 2024. The nomination statements would be circulated to all Governors to vote for their first and second choice candidates by 5pm on Tuesday 30 April. A draft role description for the Lead Governor role had been developed and had been circulated to Governors. • <u>The role of Senior Independent Director (SID):</u> Following the departure of Stephen Collier, who had served as SID until his departure as a Non-Executive Director in October 2023, it was necessary for the Board to appoint a new SID. Under the <i>Code of Governance for NHS provider trusts</i>, the Board of Directors was required to appoint a non-executive director to serve as a SID. While this was a decision for the Board, the Board was required to consult the Council of Governors on the appointment of a SID. The role of the SID was to: provide a sounding board for the Chair; serve as the intermediary for the other directors when necessary; and undertake the appraisal of the Chair. The <i>Code of Governance</i> also stipulated that the SID should not be the chair of the Trust's Audit Committee. At its private meeting in January 2024, the Board considered options for the appointment of a new SID and its preferred candidate for the role was Ann Beasley. • <u>Council Committees:</u> The GCCAO explained that following the recent elections, the CoG Committees needed to be reconstituted. Governors Nominations and Remuneration Committee (GNRC) currently had five vacancies. The Committee had a key role to play over the coming year as the Trust needed to appoint two new non-executive directors in the coming months and a new Chair from 1 April 2025. Likewise, the Governors Membership Engagement Committee (GMEC) required a Committee Chair and had four vacancies. The proposal was to reset the GMEC and 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. The terms of reference for both Committees would be brought back to the Council for approval, once the membership of the Committees had been refreshed as set out in the paper. • <u>Council of Governors Terms of Reference and forward plan 2024/25:</u> A formal terms of reference for the Council of Governors had been circulated for feedback, as had a draft forward plan for the Council for the coming year. <p>The Chairman invited questions and comments from Governors, and following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • ABen agreed with the decision for a new election for the South West Lambeth role and felt that the campaign would have to be run differently to avoid the same result. The GCCAO confirmed that a different approach would be taken and would welcome any input from the Governors to publicise the election. • KS expressed concerned about the independence of Ann Beasley and stated that previous Monitor guidance had stated that the Board should provide statements on areas where they felt relationships or circumstances could compromise the independence of the SID or appear to do so. KS highlighted that the length of service of a NED should typically not exceed 6 years, and 	
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	<p>highlighted that Ann had already served 7.5 years and had cross directorships. He suggested that one of the newly appointed NEDs should be considered.</p> <ul style="list-style-type: none"> • The Chairman highlighted that a key role for the SID would be to assist the Council in the recruitment of the new Trust Chair and emphasised that Ann Beasley was an experienced NED who understood very well the role of the Chair. This would equip Ann Beasley to support Governors in the process and assist in working with the NHS London Region. The Chairman added that she felt that appointing a new NED to act as SID would be high risk. • Julian Ma (JMa) supported the process for appointing a new Lead Governor and the proposal for Ann Beasley to be selected as SID. Regarding the appointment of new Governors, JMa relayed that some members were not sure about what made them eligible to become Governors. • The GCCAO stated that the reconstitution of the GMEC would help to give some drive and impetus around membership engagement. The current membership was stable in terms of numbers, but there were significant opportunities to engage members and ensure their views were brought into the governance of the Trust. There were also opportunities get out into the community; utilise the existing networks; re-start the 'Meet your Governor' events and link in with the PPEG. <p>The Council:</p> <ol style="list-style-type: none"> a) Noted the results of the elections to the Council of Governors 2023/24 and agreed to hold a special election for the vacant seat in South West Lambeth. b) Noted the process and timetable for submitting nominations for the appointment of a new Lead Governor. c) Endorsed the appointment of Ann Beasley as Senior Independent Director and requested that the Board document its consideration of the issues around independence that had been raised. d) Reviewed the draft forward plan 2024/25 for the Council of Governors. e) Agreed to reconstitute the GNRC and GMEC and revitalise the membership. f) Approved the terms of reference for the Council of Governors. g) Considered the purpose of undertaking Governor site visits. 	
5.0	CLOSING ADMINISTRATION	
5.1	<p>Any other business</p> <p>The Chairman informed the Council that Kathy Curtis was stepping down as Appointed Governor from Kingston University and would be succeeded by her colleague Dr Georgina Sims, Lead Midwife for Education at Kingston University. The Chairman and the Council thanked Kathy for her commitment and valued contribution and wished her well for the future.</p> <p>The Chairman thanked everyone for their contributions.</p>	

Date of next Meeting
Wednesday 22 May 2024, 18:00

Council of Governors - Public - 22 May 2024						
 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 for the July meeting linked to the operational performance item due for consideration at the meeting. Finance Committee has considered a report on theatre productivity at SGUH. On this basis propose to close.	PROPOSED FOR CLOSURE
COG.221123.2	Action Log and Matters Arising	Corporate Governance Team to seek new expressions of interest from Governors in becoming members of and chairing the Membership Engagement Committee following the Council meeting on 20 March 2024.	21/03/2024	GCCAO	Action complete. MEC membership refreshed and first meeting scheduled for 27 June 2024.	PROPOSED FOR CLOSURE
COG.200324.1	Patient Experience Update	Volunteer update to be added to the forward plan for consideration at a future meeting.	01/04/2024	GCCAO/GCNO	Added to plan.	PROPOSED FOR CLOSURE



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



Group Chief Executive's Report

Council of Governors

May 2024

**Jacqueline Totterdell,
Group Chief Executive Officer - St George's, Epsom and St Helier**





1. **COLLABORATION & PARTNERSHIP**

PARTNERSHIPS – GESH, SOUTH WEST LONDON



Key Milestones



GESH Corporate Services Integration:

- We have entered Phase 2 of corporate nursing integration, with positive feedback from staff. Phase 1 integration of corporate medicine is also underway.
- These programmes have collectively laid the groundwork for the remaining services and informed our refreshed timelines for integrating the remaining programmes.



Improving Kidney care in South West London, Surrey, and beyond:

- NHS England and the Department of Health and Social Care have given the green light for GESH to develop more detailed plans for a specialist renal unit that will treat the most seriously ill patients.
- The proposed state-of-the-art facility, which will be based at St George's, will be used by patients who currently receive care at St George's and St Helier hospitals and will be one of the largest renal services in the UK. Our plans will help transform the quality of kidney care in the region by having specialist inpatient care in one place.



Patient Safety Framework (PSRIF):

- Our plans for implementing the new PSRIF – a process for responding to patient safety incidents – are underway and will be implemented by the end of June 2024.

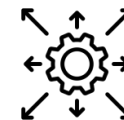
Next Steps



While we celebrate our achievements with staff, in the last few weeks, our conversations have focused on setting a GESH vision that fosters high-performing teams. This is crucial in driving our vision of improving the experience and health of our patients, a mission that lies at the heart of our organisation. We also aim to be innovative while reducing costs and enhancing the work life of our workforce.



In response to growing system challenges, NHS England (NHSE) has given us a clear mandate to reduce our deficit. While the work ahead will not be easy, we are prepared to maintain a high standard of quality care while being innovative in meeting new stretching targets, addressing financial pressures, and fostering a workforce that remains committed to our vision.



We continue to find opportunities to expand our partnerships across South London with Councils, NHSE and others to support meaningful and coordinated action.

NATIONAL CONTEXT AND UPDATES



NHSE Agency Rules

- The NHSE agency rules sets out guidance for trusts on agency expenditure, collectively known as 'agency rules.' It sets out conditions for procuring agency staff through approved 'Framework Arrangements' and ensures charge rates are aligned with a set of caps related to the 'Agenda for Change' pay scales.
- In February 2024, new agency rules were enacted to help ease the financial pressure facing the NHS. The new rules require formal sign-off at the Executive level for:
 - Off Framework agency bookings;
 - Agency bookings that exceed NHSE caps ("break glass"). There is a "break glass" provision for Trusts that need to override these rules on exceptional patient safety grounds; and,
 - Any agency bookings over £100 per hour.



2024/24 Priorities and Operational Planning Guidance

- On 27 March 2024, NHSE released its operational planning guidance for 2024/25, outlining the priority areas and objectives for the service.
- The priorities are focused on recovering (i) core services, (ii) productivity (e.g., increase diagnostic and elective activity and reduce waiting times), (iii) quality and safety of services (particularly maternity and neonatal services), and (iv) patient experience (e.g., maximise primary and community services to reduce health inequalities and deliver patient-centred care through integrated care systems).
- NHSE will report on productivity metrics at a national, Trust, and ICB level from the second half of 2024/25.



2. AFFORDABLE HEALTHCARE, FIT FOR THE FUTURE

OUR FINANCES



- We're determined to take action to tackle our financial deficit and work towards a balanced financial position.
- We are committed to achieving this in a multi-pronged approach, including but not limited to overall cost reductions, significant reductions in bank and agency costs, and scrutinised vacancy control processes.
- It is our priority to ensure that whatever measures taken to improve our financial position does not adversely affect our quality of care.



3. RIGHT CARE, RIGHT PLACE, RIGHT TIME

OPERATIONAL PERFORMANCE



Our ambition is to be at the top quartile of key performance targets. While we are not where we want to be, GESH, and South West London (SWL) are doing well relative to overall national performance. Last week, of 445 patients surveyed 89% stated that the service they received was 'Very Good' or 'Good'.



WAIT TIMES

The number of patients waiting over 65 weeks is on target to be at zero waits by September 2024.



ED VISITS

SGUH achieved the national A&E 4-hour target of 76% in March 2024, with performance of 81.3%. At SGUH, the discharge profile improved which supported flow.



CANCER WAIT

SGUH was not achieving the 62-day cancer standard (80.1%), the monthly trajectory was met, and the service has delivered against the plan for maintaining the absolute number of patients waiting for more than 62 days for definitive treatment at the end of March 2024.



DIAGNOSTICS

Performance remains strong and meeting target. 1.2% of patients waiting over 6 weeks at the end of April

SGUH – KEY UPDATES



Principal Treatment Centre (PTC) for Paediatric Cancer in South London

- For the past 25 years, St George's University Hospitals (SGUH), in partnership with the Royal Marsden, has been the primary provider of children's cancer services for South London and large parts of the South East of England.
- In September 2023, NHSE launched a public consultation on the proposed future location of the PTC in our catchment. Two options were considered: SGUH in concert with the Royal Marsden and the Evelina London Children's Hospital
- Following a public consultation and options-appraisal process, on 14 March 2024, NHSE selected Evelina London Children's Hospital as the future PTC location for children's cancer services. This move will take effect in October 2026 at the earliest.
- There has been significant public opposition to NHSE's decision. Our local councils and MPs have written to the Secretary of State for Health, highlighting their concerns. We continue to work alongside the Royal Marsden to provide outstanding care to children and young people with cancer.



Quality – Maternity Services

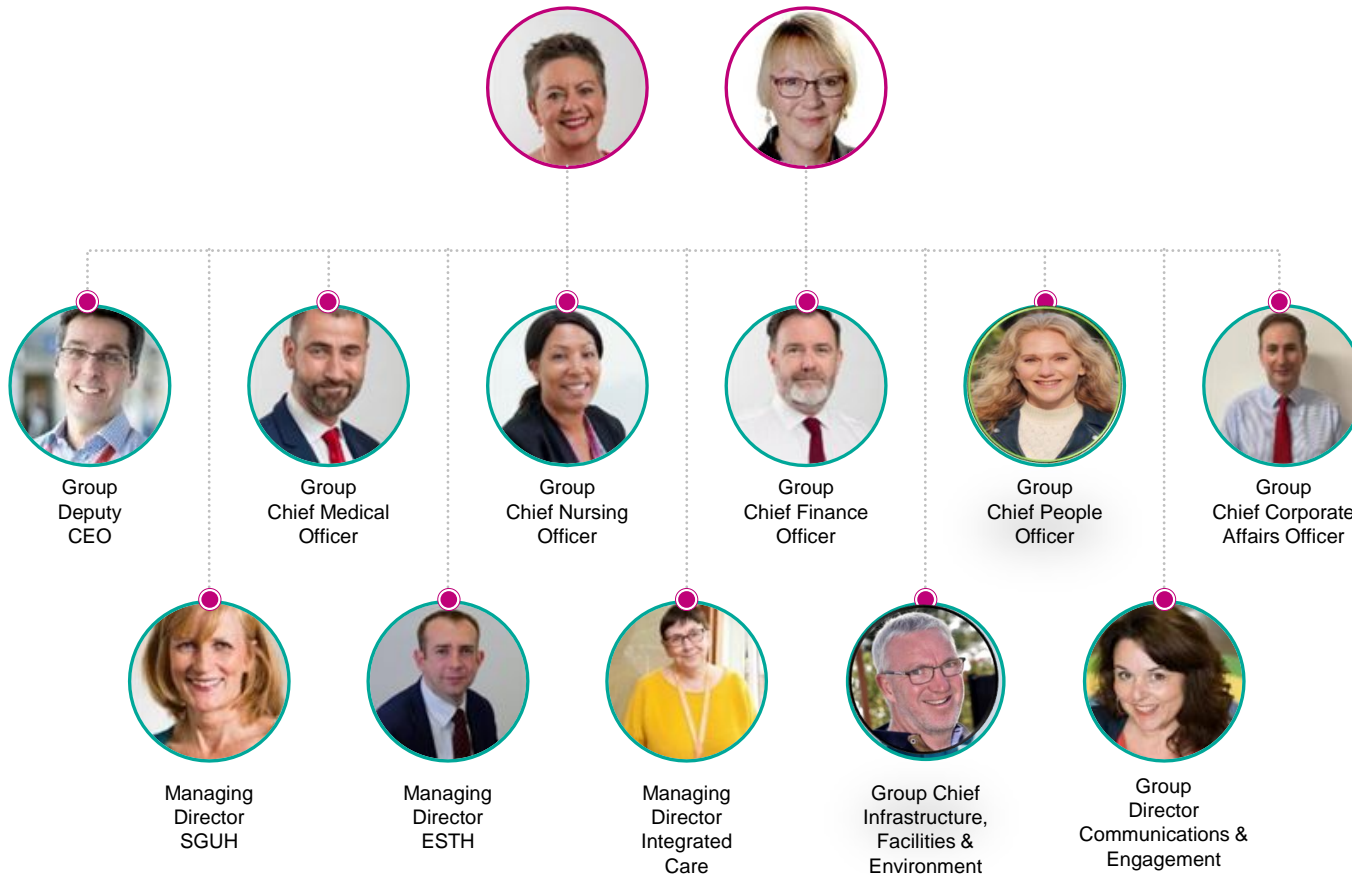
- Following the CQC inspection at SGUH, we reflected on how we can make substantive improvements, consolidate how we provide assurance, and effectively track and report-back on actions generated from various quality visits.
- The Board commissioned an external review of the governance arrangements across Maternity Services, from the perspective of Ward to Board monitoring and oversight.
- As a recommendation from this Review, we plan to establish an Evidence Assurance Panel to oversee all regulatory requirements to ensure a comprehensive grip on compliance and risks. We also observed from others who have taken a coordinated approach to quality that there are benefits to this approach. For example, all levels of staff have insight into the work and can actively contribute to good practices; there is a ready-made repository of evidence available for future visits; and from this, there will be increased clarity from board to ward on actions taken to improve and enhance our service.



4. EMPOWERED, ENGAGED STAFF



GESH GROUP



Victoria Smith has been appointed as the substantive Group Chief People Officer and will begin in July.



Mark Bagnall has been appointed as the substantive Group Chief Facilities, Infrastructure & Environment Officer and will start working one day a week from 29 April until he joins full time in August.



Nicola Shopland joined earlier this month as the SGUH Chief Nursing Officer, on a one-year secondment.

STAFF EVENTS

GESH100



We hosted our second GESH 100 Leadership Forum on Friday, 26 April, with over eighty senior leaders coming together to exchange ideas and views.



The first Forum focused on individual and collective leadership practice. This second event examined what it takes to build, lead, and contribute to effective teams. This event was timely, given our renewed focus on leading resilient teams that can help meet our ambitions of performing well while saving money.

Our Executive Question Time (EQT)



Our most recent EQT, which took place on 22 April, focused our discussion on our financial position and our plans to deliver 5.5% savings that drive efficiency, reduce waste, and boost productivity. We discussed our plans to do more with less – not compromising quality and staff wellness.



We were thrilled to see a positive response from our staff during the EQT. A record-breaking 660 people tuned in for the discussion, a clear indication of staff interest and engagement.

OUR STAFF

We developed 'Big 5' commitments in response to feedback from staff through various forums. One of these commitments is to ensure a safe workplace for staff, represented as the 'E' in our CARE objectives to have "empowered and engaged staff." Some steps we have taken to address staff feedback include:

Safe Workplace for Staff

- Establishment of a Violence and Aggression Task Force, which aims to produce a revised violence prevention and reduction policy, including information on procedures and processes for sanctions and guidance.
- Establishment of a Sexual Safety Steering Group—GESH has signed up for the NHS Sexual Safety Charter, which sets out how we will enforce a zero-tolerance approach to unwanted, inappropriate, and/or harmful sexual behaviours in the workplace. The steering group's goal is to ensure the framework is in place to deliver the Charter's ten principles by July 2024.
- Monthly meetings with the Metropolitan Police are part of Operation Cavell, a London-wide operation to improve the safety of NHS staff.



Visits

We welcomed Sir Julian Hartley, Chief Executive of NHS Providers, to St Helier Hospital on Wednesday, 10 April 2024. The visit aimed to discuss local issues and pressures, share best practices and identify areas where NHS Providers can offer support. We discussed the deteriorating estate at St. Helier Hospitals and our ability to provide safe and effective care despite challenges while noting the increasing impracticalities of doing so. Sir Julian met various

Chat with the Chair and Chief Executive

The Chairman and I had our first chat with staff earlier this month with tea and cake. We intentionally keep these chats to a small group of people (a maximum of six people join us for an hour) to encourage open and honest dialogue about the organisation. It's also an opportunity to speak to staff about what our organisational priorities are and inspire teams to take collective ownership of our ambitions. These conversations help me anticipate and address issues relating to the organisation's culture - it's a fantastic way to connect with teams more intimately, and we look forward to the next conversation.



QUESTIONS?



Group Strategy update

Council of Governors

James Marsh
Group Deputy Chief Executive Officer

Report Author:
Edward Evans, Strategy Projects Manager

15 May 2024

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.

The Board, and then COG, receive a full update against these three areas on a 6-monthly cycle, with the next Board update due in July 2024. This report describes some highlights since the last COG update, including how the Trust has translated the strategy into business planning for 24/25, and the development of a Group-wide people strategy.

St George's Council of Governors is asked to:

- Note the update

Summary



Delivering our 5-year vision

Local improvement

A range of work is underway to embed the CARE framework across the organisations, and to support staff to pursue improvement against it. In May, the Board agreed 2024/25 'board to ward priorities' to support this, which are set out below

Strategic initiatives

Each of our 9 strategic initiatives have been set up as programmes of work, led by an exec SRO, and are progressing. The Board and then COG receive a full progress report on these initiatives on a 6-monthly cycle, with the next Board review due in July. The Board has agreed objectives for these programmes in 2024/25 which are set out here.

Corporate enablers

The Board has agreed 24/25 objectives for corporate teams, set out below, and has also approved a People Strategy, with a quality and safety strategy and green plan being prepared for board approval in the summer.



'Board to ward' improvement priorities for 24/25

CARE

Work with other teams to reduce delays in patient journeys through our services

Live within our means: innovating, working more efficiently and cutting costs

Keep our patients safe – including those waiting for our care

Make our team a great and inclusive one to work in

Strategic initiatives – priorities for 24/25



Electronic patient record

- Progress shared electronic patient record across gesh, for implementation in 2025

Building your future hospitals

- Submit outline business case
- Submit planning application
- Progress enabling works

Group collaboration

- Integrate most corporate services
- Submit full business case for renal build
- Agree 3 Group-wide clinical strategies, and begin implementation

Collaboration with SWL hospitals

- Strengthen hosted APC partnerships
- Deliver agreed transformation programmes – e.g. joint PACS
- Develop new partnership programmes to support long-term financial sustainability – e.g. hubs

Collaboration with local partners

- Develop gesh-wide approach to frailty
- Work with local partners to reduce length of stay
- Work with partners on redesign of community services in Merton & Wandsworth

Specialised services

- Get gesh ready for devolution of specialised service budgets
- Strengthen the services we want to be renowned for
- Improve oversight of our specialised service portfolio.

Culture

- Implement sexual safety charter
- Develop and implement plan to tackle violence & aggression against staff
- Deliver our diversity & inclusion plan

High-performing teams

- Support our teams to develop shared goals, linked to our strategy
- Support teams to use continuous improvement habits and tools against these goals
- Align our approach to performance

Outpatient transformation

- Redesign pathways with primary care, e.g. more advice & guidance for GPs
- Deliver more virtual and telephone clinics
- Deliver more patient-initiated follow-up

24/25 objectives – corporate enablers



People

Bring together one, transformed HR function across the Group, with policies/processes aligned

IT

Improve the performance and resilience of our IT infrastructure

Deliver a programme of major IT projects, with EPR on track for 2025, a new shared PACS, and iClip for Maternity at St George's

Environmental sustainability

Develop a Group-wide Green Plan, with implementation underway

Quality & safety

Integrate corporate medicine and nursing departments, and strengthen quality governance & oversight – including roll-out of PSIRF

Research & Innovation

Develop our partnership with the newly merged City St George's University, and recruit 10% more patients to trials than in 23/24

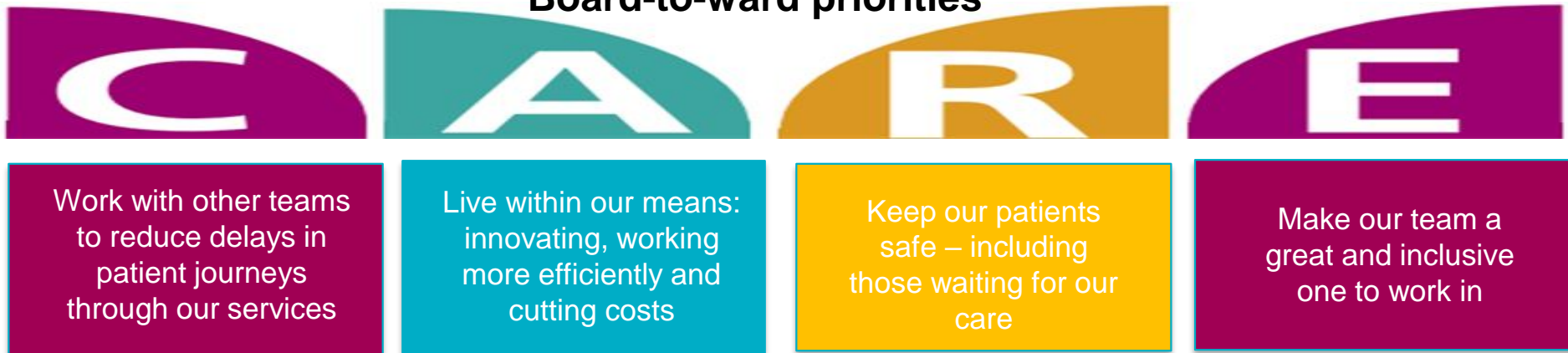
Estates & facilities

Deliver a programme of building projects across both Trusts, including new ICU capacity at St George's

Outstanding care, together: our plan for 24/25



Board-to-ward priorities



Strategic initiatives



Corporate enablers





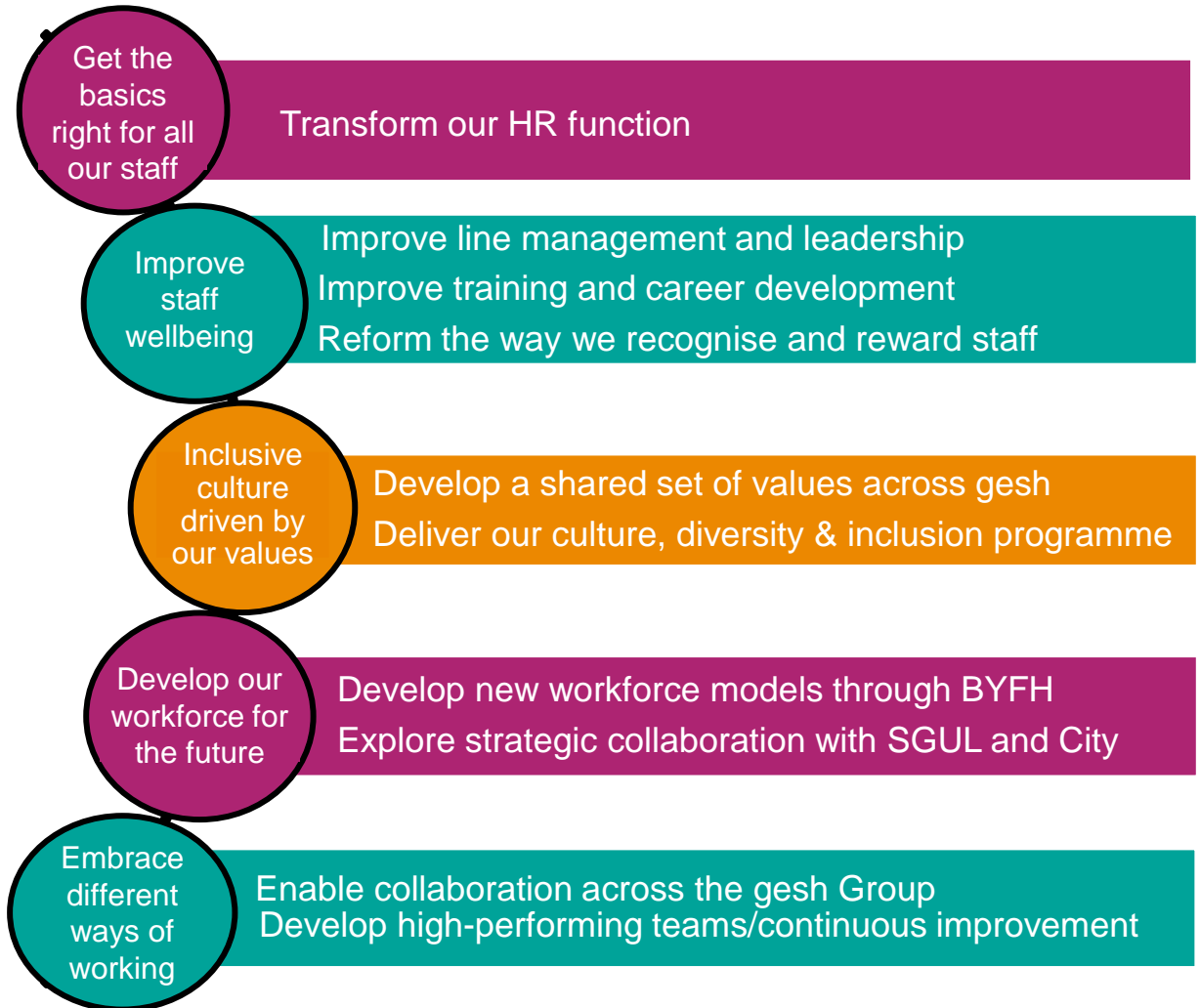
Summary of People Strategy 2024-2026

Our vision is that by 2028 gesh will be among the top five acute trusts in London for staff engagement.

We will achieve this through a focus on the following areas:

- Get the basics right for all our staff
- Improve staff wellbeing
- Ensure our culture is inclusive and driven by our values
- Develop our workforce for the future
- Embrace different ways of working

Our People Strategy sets out the actions we will take over 2024-2026 against these areas:



Summary



Recommendation:

St George's Council of Governors is asked to:

- Note the update

Council of Governors

Meeting in Public on Wednesday, 22 May 2024

Agenda Item	3.1	
Report Title	Patient Safety Incident Response Framework (PSIRF) implementation update	
Executive Lead(s)	Arlene Wellman, Group Chief Nursing Officer	
Report Author(s)	Jenny Miles, Interim PSIRF Implementation Lead GESH Maria Peries, PSIRF Programme Manager Stephanie Sweeney, Group Director of Quality and Safety Governance	
Previously considered by		
Purpose	For Assurance	

Executive Summary

Over the next three months the Group will complete transition to the Patient Safety Incident Response Framework (PSIRF), which replaces the current Serious Incident Framework.

This report will outline the progress with the Group PSIRF implementation plan, including staff training and governance.

PSIRF training has made good progress, with over 87% of all eligible staff across the Group having now completed Level 1 training.

An updated phased approach schedule to PSIRF implementation was agreed in March 2024 with the Group Chief Nursing Officer and the SWL ICB, and the Site Leadership teams and Divisional triumvirates will oversee this work to ensure implementation can proceed fully as planned. This has been included in this paper.

Action required by Council of Governors

The Council of Governors is asked to note the progress toward implementation of the Patient Safety Incident Response Framework by June 2024.

Appendices	
Appendix No.	Appendix Name
Appendix 1	Nil

Implications				
Group Strategic Objectives				
<input type="checkbox"/> Collaboration & Partnerships	<input checked="" type="checkbox"/> Right care, right place, right time			
<input type="checkbox"/> Affordable Services, fit for the future	<input type="checkbox"/> Empowered, engaged staff			
Risks				
SR2 – we are unable to provide outstanding care as a result of weaknesses in our clinical governance				
CQC Theme				
<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well Led
NHS system oversight framework				
<input checked="" type="checkbox"/> Quality of care, access and outcomes	<input type="checkbox"/> People			
<input type="checkbox"/> Preventing ill health and reducing inequalities	<input type="checkbox"/> Leadership and capability			
<input type="checkbox"/> Finance and use of resources	<input type="checkbox"/> Local strategic priorities			
Financial implications				
Legal and / or Regulatory implications				
PSIRF is a contractual requirement under the NHS contract.				
Equality, diversity and inclusion implications				
None identified				
Environmental sustainability implications				
None identified				

Patient Safety Incident Response Framework (PSIRF) implementation update

Council of Governors, 22 May 2024

1.0 Purpose of paper

1.1 This paper provides a group wide overview of the implementation plan for the Patient Safety Incident Response Framework (PSIRF), including staff training status.

2.0 PSIRF implementation across the group

2.1 Phased approach to implementation

From August 2023, supported by the ICB, the group commenced a phased approach to the transition to PSIRF. This commenced with the Planned Care division at ESTH and the SNCT division at SGUH.

Monitoring of the new trajectory is being overseen by the bi-weekly Group PSIRF meeting, currently chaired by the Group Director of Quality, Safety and Governance, with ICB colleagues in attendance. This reports through to the Site Leadership teams and the GESH Quality Group.

Figure 1: Phased approach to full PSIRF implementation by June 2024

Site	Service name / Division	Phase 1 21 August 2023	Phase 2 April 2024	Phase 3 May 2024	Phase 4 June 2024
St George's					
St George's	Surgery, Neurosciences, Cancer and Theatres				
	Children's Women's Diagnostics and Therapies, Outpatients, Critical Care and Pharmacy				
	South West London Pathology (SWLP)				
	Medicine and Cardiovascular				
Epsom and St Heller					
Epsom and St Heller	Surgery (Planned Care)				
	Planned Care (remaining services)				
	South West London Elective Orthopaedic Centre (SWLEOC)				
	Womens				
	Children and Gynae				
	Clinical and Cancer Services				
	Medicine Renal				
Integrated Care					
Integrated Care	Sutton Health and Care and Surrey Downs Health and Care Community Services				

Key	
	Live
	Planned date for go-live

2.2 PSIRF implementation is being supported by the Interim Group PSIRF Implementation Lead and the PSIRF Programme Manager, in conjunction with the Patient Safety team, Quality Managers and Divisional Governance Managers working with the relevant clinical and senior leads.

In preparation for implementing PSIRF in each division, a 'go-live' checklist has been provided (figure 2), in conjunction with Terms of References for Divisional Incident Review Group (DIRG) meetings; PSIRF templates; and a Learning Response Reference Guide for use in guiding decision-making regarding incidents and possible learning response types. These have all been standardised for use across the Group.

Figure 2: 'Go-live' checklist for each division/department

10 Phased approach 'go-live' preparation			
1	10.1	Current Patient Safety Incident Response Plan (PSIRP) detailing national and local priorities shared with relevant staff	
2	10.2	Awareness of leadership and clarity of roles and responsibilities re PSIRF	
3	10.3	Training Performance (Level 1 and Systems Approach (2-day) - copy stored locally	
4	10.4	Incident triage and Divisional Incident Review Group (DIRG) meetings (incl. reporting template)	
5	10.5	Governance structure - incl. monitoring and oversight at Incident Review Panel	
6	10.6	Learning Response Templates	
7	10.7	Communications and guidance to staff (all staff comms, forums, PSIRF meetings, intranet, handbook)	
8	10.8	Support at Divisional Incident Review Group (DIRG) meetings for first 4 weeks	
9	10.9	Plan 3 month review	
10	10.10	Oversight & support with learning responses	

This supports the incident review processes across the Group:

Figure 3: Incident Review Process



- 2.3 PSIRF has been discussed at a number of forums (see below); the PSIRF page is regularly updated on the site intranets; PSIRF screensavers are live; and more videos are being developed.

PSIRF presentations by the Interim Group Lead for PSIRF Implementation have recently been made at:

- SGUH Site Clinical Leads meeting on 27 March 2024
- ESTH Site Senior Leadership Team (SLT) meeting on 3 April 2024
- MedCard Divisional Governance Group meetings (SGUH) on 11 April 2024
- Divisional Quality Meetings for Womens and Childrens (ESTH) on 16 April 2024
- Radiology Governance evening on 18 April 2024 (SGUH)
- CWDT Divisional Governance Group meeting (SGUH) on 25 April 2024
- CWDT Nursing Leads – PSIRF Q&A (SGUH) on 2 May 2024.
- Group Midwifery Matrons on 15 May 2024
- SGUH Theatres Teaching on 16 May 2024

Presentations are also scheduled for Childrens and Neonates (ESTH) on 20 May 2024, Quality Open Afternoon (ESTH) on 6 June 2024, and SWLP governance in June 2024.

A 'PSIRF Readiness and Q&A' event is currently being organised.

2.4 Progress with training:

The overall training performance for each Trust and by staff Group is in tables 1, 2 and 3.

Table 1: Patient Safety Training Level 1 compliance overall

(Source: Learning & Development Workforce Report, Human Resources ESTH; ARIS MAST Data Reports SGUH)

Site	Training Completed	Required Training	Compliance (%) at 08/05/2024
ESTH	6007	6839	87.8%
SGUH	8907	9905	89.9%

Table 2: ESTH Compliance per Staff Group - Patient Safety Training Level 1

(Source: Learning & Development Workforce Report, Human Resources ESTH)

Staff Group	Training Completed	Required Training	Compliance (%) at 08/05/2024
Add Prof Scientific and Technic	145	168	86%
Additional Clinical Services	1150	1299	89%
Administrative and Clerical	1171	1362	86%
Allied Health Professionals	495	539	92%
Estates and Ancillary	449	497	90%
Healthcare Scientists	61	65	94%
Medical and Dental	695	919	76%
Nursing and Midwifery Registered	1837	1984	93%

Table 3: SGUH Compliance per Staff Group - Patient Safety Training Level 1
(Source: ARIS MAST Data Reports - MAST Compliance Dashboard)

Staff Group	Training Completed	Required Training	Compliance (%) at 08/05/2024
Add Prof Scientific and Technic	606	694	87%
Additional Clinical Services	1208	1277	95%
Administrative and Clerical	1776	2012	88%
Allied Health Professionals	689	744	93%
Estates and Ancillary	270	276	98%
Healthcare Scientists	405	425	95%
Medical and Dental	1201	1577	76%
Nursing and Midwifery Registered	2752	2900	95%

2.5 PSIRF – Phased approach to implementation at ESTH

Phase 1 of PSIRF commenced with the launch of PSIRF within surgery in planned care. There is currently one PSII under investigation (INC-140175 2023/20977). This is being led by the Quality Lead for Surgery supported by the Associate Medical Director for Quality, Quality Manager and the Interim Group PSIRF Implementation Lead. The PSII is investigating a delay in treatment and lack of recognition of a deteriorating patient.

Phase 2 of PSIRF commenced in Womens in April 2024. Two “swarms” (a safety huddle to be held shortly after an incident to identify steps that can be taken to reduce the risk of a repetition) have been undertaken to date. A PSII was reported in April 2024 (INC-151282 2024/4257) within Womens. The PSII is investigating a case involving a patient who was transferred from the birth centre to theatre with suspected uterine inversion and retained placenta.

The latter stages of phase 2 of PSIRF has recently commenced in Integrated Care and Childrens and Gynae.

Phase 3 commenced in May 2024 in the Clinical and Cancer Services division. Incident triage processes and weekly Divisional Incident Review Group meetings have started.

2.6 PSIRF – Phased approach to implementation at SGUH

Phase 1 commenced with SNCT (Surgery, Neurosciences, Cancer and theatres) at SGUH in August 2023. Incident triage processes have been revised and weekly Divisional Incident Review Group meetings are undertaken led by the Divisional Triumvirate, with support from the PSIRF Implementation Lead and PSIRF Programme Manager. Feedback from SNCT division has been provided at the Site PSIRF Implementation Meetings to confirm that the meetings are working well and becoming more established.

There are 7 PSIIIs currently under investigation within SNCT division

- Treatment/procedure delay – Maxillofacial (DW193833 2023/19359)
- Wrong site surgery (Never Event) – Dermatology & Plastics - Cluster of 4 being investigated as 1 PSII (DW197445 2023/19362, DW199069 2023/20955, DW199446 2023/21355, DW206322 2024/3290)
- Delay of clinical assessment/diagnosis – Urology (DW200160 2024/2467)
- Treatment/procedure delay – Major Trauma (DW191418 2024/4180)

Phase 2 commenced in CWDT (Childrens, Womens, Diagnostics, Therapeutics, Pharmacy, Outpatients, Critical Care and Community Services) at SGUH in April 2024. Daily incident triage processes have been set up and weekly Divisional Incident Review Group meetings are undertaken led by the Divisional Triumvirate, with support from the PSIRF Implementation Lead and PSIRF Programme Manager.

One After Action Review (AAR) has been undertaken in April 2024 regarding two medication errors. This was well attended by the staff involved and learning was well identified, as well as improvement actions.

The Site PSIRF Implementation Meetings are attended by the three clinical divisions to ensure that learning from what goes well and what can be improved is shared. Work is ongoing on assurance processes and how the Site Central Incident Review Group meetings will report through to the GESH Quality Group.

3.0 Recommendations

- 3.1 The Council of Governors is asked to:
- a. Note the progress toward implementation of the Patient Safety Incident Response Framework by June 2024 and the steps being taken to strengthen this.

Council of Governors

Meeting in Public on Wednesday, 22 May 2024

Agenda Item	3.2	
Report Title	Quality Priorities 2024-25	
Executive Lead(s)	Arlene Wellman, Group Chief Nursing Officer Richard Jennings, Group Chief Medical Officer	
Report Author(s)	Alison Benincasa, Gesh Director of Compliance	
Previously considered by	Gesh Quality Group	11 April 2024
Purpose	For Assurance	

Executive Summary

The Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ (the quality accounts regulations) requires Providers of NHS healthcare to publish a Quality Account each year.

To improve public accountability for the quality of care provided, NHS England and Improvement (NHSE/I) also require all NHS Foundation Trusts to produce Quality Reports as part of the Annual Report.

The Quality Account sets out the annual quality priorities for the Trust.

The purpose of the report is to inform the Council of Governors of the proposed Quality Priorities for 2024-25.

Action required by Council of Governors

The Council of Governors is asked to:

1. Note the Quality Priorities for 2024-25

Appendices

Appendix No.	Appendix Name
Not Applicable - No Appendices	

Implications				
Group Strategic Objectives				
<input type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input type="checkbox"/> Affordable Services, fit for the future		<input type="checkbox"/> Empowered, engaged staff		
Risks				
There are no risks to consider				
CQC Theme				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
NHS system oversight framework				
<input checked="" type="checkbox"/> Quality of care, access and outcomes		<input type="checkbox"/> People		
<input checked="" type="checkbox"/> Preventing ill health and reducing inequalities		<input type="checkbox"/> Leadership and capability		
<input type="checkbox"/> Finance and use of resources		<input type="checkbox"/> Local strategic priorities		
Financial implications				
No issues to consider				
Legal and / or Regulatory implications				
Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations				
Equality, diversity and inclusion implications				
No issues to consider				
Environmental sustainability implications				
No issues to consider				

Council of Governors, 22 May 2024

1.0 Purpose of paper

The purpose of the report is to inform the Council of Governors of the proposed Quality Priorities for 2024-25.

2.0 Context

The Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ (the quality accounts regulations) requires Providers of NHS healthcare to publish a Quality Account each year.

To improve public accountability for the quality of care provided, NHS England and Improvement (NHSE/I) also require all NHS Foundation Trusts to produce Quality Reports as part of the Annual Report.

The Quality Account sets out the annual quality priorities for the Trust.

3.0 Quality Priorities 2024-25

3.1 How we identified our Quality Priorities 2024/25

In recent years we have rolled forward the quality priorities each year to provide a longer period of time to generate real improvement due to the Covid-19 pandemic.

Last year we took a different approach and held a half-day workshop where we discussed and re-set our quality priorities for 2023/24 with key stakeholders. Our key stakeholders comprised colleagues from Epsom and St Helier Hospitals and the Integrated Care System.

This year we are developing the gesh Quality and Safety Strategy 2024-2029 and to date have held a number of internal listening events with senior colleagues and discussion sessions with the Group Board. The gesh Quality and Safety Strategy 2024-2029 is scheduled to be approved by the Group Board in July 2024.

With reference to our Quality Priorities 2024/25 we are keen to measure the impact of the integration of Corporate Nursing Services across the Group with the aim of reducing variation and improving outcomes for patients. We also want our Quality Priorities to deliver against the gesh Quality and Safety Strategy 2024-2029.

3.2 Our Quality Priorities for 2024/25 were informed by:

- Progress against Quality Priorities 2023/24
- Themes highlighted from our ward and departmental accreditation programme
- The findings of the 2019 CQC inspection and the resulting improvement action plan which we implemented during 2020-21

- The findings of the 2023 CQC inspection of Maternity Services (Safe and Well Led) and the resulting improvement action plan
- Analysis of our complaints and PALs enquiries
- Analysis of our serious incidents and moderate and low harm incidents
- Local and national audit
- National priorities for sepsis, safe staffing, falls, pressure ulcer prevention, and infection prevention and control

3.3 Linking our quality priorities to our 5-year strategy for St George's and Epsom St Helier 2023-2028 (gesh)

Our gesh 5-year strategy has identified the following domains:

- **Collaboration and Partnership**
- **Affordable healthcare, fit for the future**
- **Right care, right place, right time**
- **Empowered, engaged staff**

With reference to the gesh strategy our quality priorities for 2024/25 will help us to deliver against the domain of **Right care, right place, right time**.

3.4 Trusts are required to identify their quality priorities under three quality themes:

- **Priority 1 – Improve patient safety:** having the right systems and staff in place to minimize the risk of harm to our patients and, if things do go wrong, to be open and learn from our mistakes
- **Priority 2 – Improve patient experience:** meeting our patients' emotional as well as physical needs
- **Priority 3 – Improve effectiveness and outcomes:** providing the highest quality care, with world class outcomes whilst also being efficient and cost effective

3.4.1 Priority 1 – Improve patient safety

Patients are safer when there is a safety culture that is fully embedded in everyday business. We believe that all our staff have responsibility to take all necessary steps to avoid harm to our patients, to learn from best practice, deliver the best possible outcomes and reduce unwarranted variation.

In 2024/25 we want to continue to focus on fundamentals of care and getting the basics right every time in terms of screening, risk assessments and review.

We want to learn from all patient safety incidents to reduce avoidable harm and improve patient experience, and we want to respond appropriately to our patients needs if their condition deteriorates whilst under our care.

In order to address these patient safety priorities, we will continue to work collaboratively across the St George's and Epsom and St Helier University Hospitals Health Group.

Priority 1 – Improve patient safety 2023-24							
Domain from 5-year strategy: Right care, right place, right time							
Reduce waiting times		Improve patient safety	√	Improve patients outcome and experience with us	√	Tackle health inequalities	
What		How		What will success look like			
Delivering the fundamentals of care		We will get the basics right every time and consistently complete risk assessments in line with expected standards of performance		<p>With reference to pressure ulcer prevention there will be:</p> <ul style="list-style-type: none"> no category 4 pressure ulcers a 10% reduction in the total number of category 3 pressure ulcers when compared with the previous year (approximately 20 cases) <p>With reference to VTE there will be:</p> <ul style="list-style-type: none"> a consistent approach to data capture across the Group will be established before the end of Q2 We will see 95% of VTE assessment within 14 hours of admission (in line with Nice Guidance) in Q3 and Q4 <p>With reference to falls we will see:</p> <ul style="list-style-type: none"> a 50% reduction in the number of falls with moderate and above harm per 1000 bed days when compared with the previous year (approximately 11 cases) <p>With reference to delirium, we will see:</p> <ul style="list-style-type: none"> a consistent approach to data capture across the Group will be established before the end of Q2 We will see xx% TBC against the national target of 95% of patients with a completed Dementia assessment within xx hours TBC of admission (in line with Nice Guidance) in Q3 and Q4 			
Learning from patient safety incidents		In line with the national patient safety strategy we will implement the new patient safety incident response framework		<p>Patient Safety Incident Reporting Framework in place reporting the following metrics on a monthly basis:</p> <ul style="list-style-type: none"> *Number of total incidents reported by theme Number of Patient Safety Incident Investigation (PSIIs) undertaken by theme 			
*Data source and reporting from Datix							

<p>Responding to the deteriorating patient: patients will have Treatment Escalation Plans (TEP)</p>	<p>Ensure non-elective adult inpatients have a TEP in place within 24 hours of admission</p>	<p>70% of all adult inpatients will have a TEP in place by March 2025</p> <p>Reduction in the number of cardiac arrest calls per 1000 admissions compared to the level 2023/24.</p> <p>Reduction in the number of cardiac arrests per 1000 admissions compared to the level 2023/24.</p>
<p>Ensure our Maternity Services are safe</p>	<p>Our Maternity Services will provide safe care for women and birthing people</p>	<p>We will continue to monitor our five key safety metrics on a monthly basis at Quality Committee in Common and bi-monthly at Group Board in the Integrated Quality and Performance Report.</p> <p>We will respond to any unwarranted deviation including deviation from peer averages and implement an immediate improvement plan if required.</p> <ul style="list-style-type: none"> • Births with 3rd/4th degree tear as a % of the total number of births • Births post-partum haemorrhage as a % of the total number of births • Number of Still births per 1000 births • Number of Neonatal deaths per 1000 births • Number of Hypoxic ischaemic encephalopathy per 1000 births

3.4.2 Priority 2 - Improve patient experience

We want to improve our communication with our patients. We will listen to our patients and their carers and use patient feedback to focus on continuous improvement.

In 2024/25 we want to enhance our understanding of the population we serve with improved data collection and IT systems that talk to each other, we want to improve patient experience in our Emergency Departments and improve our understanding of the feedback we receive by ensuring high quality comprehensive responses to any concerns raised with the Trust.

In order to address these patient experience priorities, we will work continue to work collaboratively across the St George's and Epsom and St Helier University Hospitals Health Group.

Priority 2 - Improve patient experience 2023-24							
Domain from 5-year strategy: Right care, right place, right time							
Reduce waiting times		Improve patient safety		Improve patients outcome and experience with us	√	Tackle health inequalities	√
What		How		What will success look like			
Mobilising our Health Inequalities Programme		We will improve how we capture patient ethnicity data		All our patients will have their ethnicity recorded (excluding those patients who choose not to confirm their ethnicity). To achieve this, we will focus on the following clinical areas to ensure 100% data capture and 100% data validity: <ul style="list-style-type: none"> • Inpatients • Inpatient Maternity • Emergency Department • Outpatients 			
Improve flow in the Emergency department to reduce overcrowding and long waits for treatment		We will deliver our flow programme		We will: <ul style="list-style-type: none"> • Deliver the 4-hour performance target: 78% of patient attendances seen and discharged or admitted. • Reduce the proportion of patients (total number of patients attending ED) who wait for more than 12 hours in the Emergency Department compared with 2023-24 (Current national average is 8%. Long term national ambition is to achieve less than 2%) 			

<p>Improve the quality of our response to patient complaints</p>	<p>We will ensure that our patients, their families and carers receive a full and comprehensive response to their complaint</p>	<p>We will:</p> <ul style="list-style-type: none"> • Reduce the number of re-opened complaints by 25% when compared with the previous year
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3.4.3 Priority 3 - Improve effectiveness and outcomes

We want to support continuous learning and improvement. We want to demonstrate measurable improvement in patient outcomes and reduce unwarranted variation as evidenced in the results of national audits and quality standards reviews.

In 2024/25 we want to continue to focus on the quality, safety and learning culture and working with the Integrated Care System to improve the discharge pathway for our patients and the pathway for CAMHS (Children and Adolescent Mental Health Services) following an in-patient admission.

In order to improve effectiveness and outcomes for patients, we will continue to work collaboratively across the St George’s and Epsom and St Helier University Hospitals Health Group.

Priority 3 - Improve effectiveness and outcomes 2023-24							
Domain from 5-year strategy: Right care, right place, right time							
Reduce waiting times	√	Improve patient safety	√	Improve patients outcome and experience with us	√	Tackle health inequalities	√
What		How		What will success look like			
Ensuring a quality, safety and learning culture		We will integrate our Quality Improvement resources across the Group to maximise service improvement activity		To support the delivery of the new Group Quality and Safety Strategy we will see 5 new collaborative QI projects in place across the Group			
Working in collaboration with our Integrated Care System colleagues to improve patient flow particularly with reference to improved discharge processes		Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required		We will: <ul style="list-style-type: none"> • See 10% improvement in our inpatients reporting involvement in their discharge arrangements when compared with 2023/24 			

<p>Working in collaboration with our Integrated Care System colleagues improve the pathway for CAMHS (Children and Adolescent Mental Health Services) following an in-patient admission</p>	<p>Continue to escalate discharge delays for CAMHS patients awaiting a specialist in-patient admission for MDT and System discussion</p>	<ul style="list-style-type: none"> • Develop an automated data capture across the Group before the end of Q2 to show the number of days our CAMHS patients wait in our paediatric wards for specialist in-patient admission to CAMHS in-patient services • The data will inform system discussions on pathway improvement
<p>We will reduce the waiting time for Mental Health Patients in ED.</p>		<p>Our ambition is for patients presenting in ED with mental health conditions who wait more than 12 hours to be seen and discharged or admitted when compared with 23/24</p>

3.4.4 Oversight and Monitoring

The progress against ‘what will success look like’ outlined against our quality priorities above will be reported and monitored by progress reports to the gesh Quality Group and the Quality Committee in Common, a sub-committee of the Group Board.

4.0 Recommendations

4.1 The Council of Governors is asked to note the proposed Quality Priorities for 2024-25.



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



NHS Staff Survey 2023

GESH Results

Presenter:
Angela Paradise Group People Officer

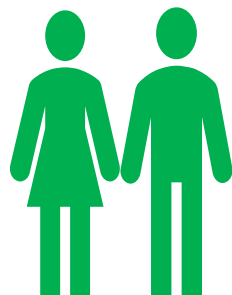
May 2024



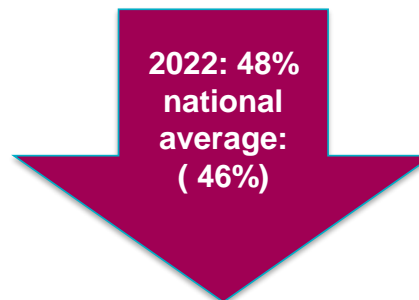
ST George's Results

Response Rate 2023

7,190
 Staff took part
 across GESH

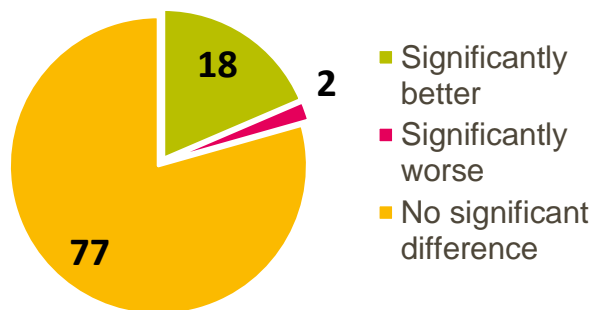


3644
 staff took part
 (38%)

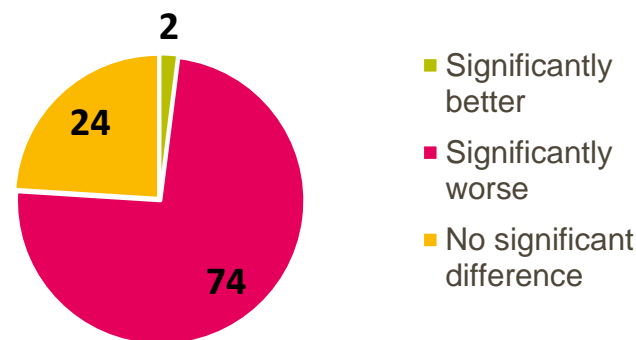


SGUH Response Rate

How we compared to last year



How we compared to the national average



Position: 53 out 62 Trusts (2022: 49)



Key Findings

The areas where we've done well



- **67%** of us would be happy with the standard of care provided by SGUH if friend/relative needed treatment (avg.: 63%)
- **66%** of us don't work any additional paid hours per week for SGUH over and above our contracted hours (avg.: 63%)
- **72%** those who experience physical violence reported it (avg.: 71%)
- **89%** of us said we feel our role makes a difference to patients/service users (avg.: 88%)
- **88%** of us did not experience physical violence from patients/service users, their relatives or other members of the public (avg.: 87%)

The areas where we are not doing so well



- **47%** of us have adequate materials, supplies and equipment to do our work (avg.: 58%)
- **49%** of us felt that the organisation acts fairly on career progression (avg.: 57%)
- **40%** of us don't work any additional unpaid hours per week for this SGUH, over and above our contracted hours (avg.: 48%)
- **50%** of us said the organisation takes positive action on health and well-being (avg.: 57%)
- **55%** of us said we are likely to look for a job at a new organisation in the next 12 months (avg.: 48%)



People Promise, Engagement and Morale scores



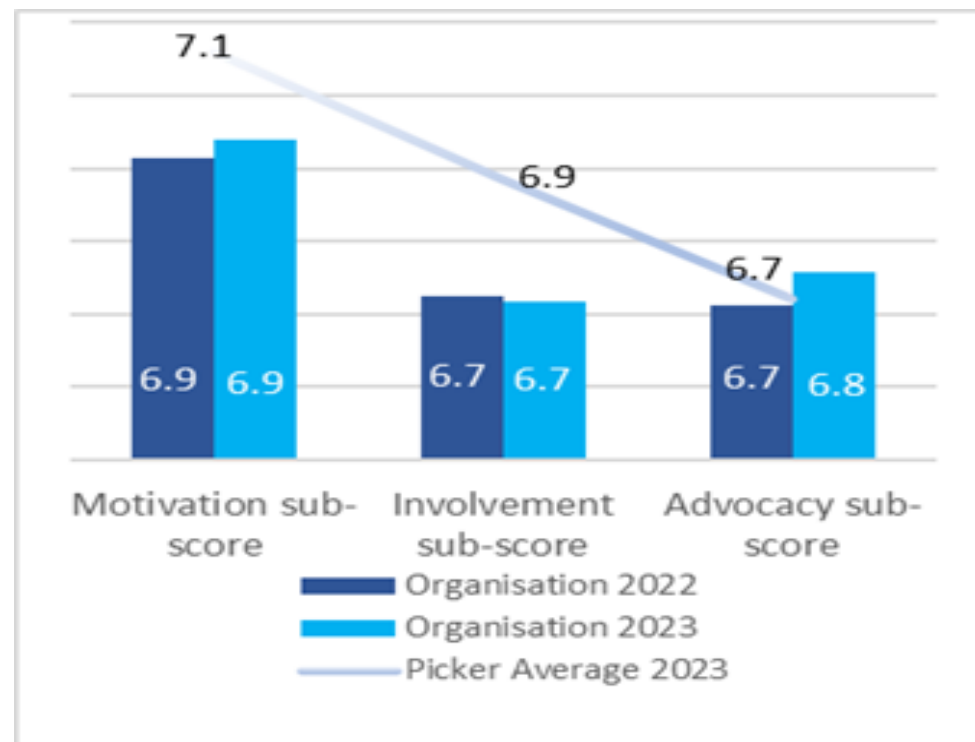
The People Promise breakdown

People Promise Theme	Trust score 2023	Trust score 2022	Avg.
Promise 1: We are compassionate and inclusive	7	7	7.3
Promise 2: We are recognised and rewarded	5.7	5.6	6
Promise 3: We each have a voice that counts	6.5	6.5	6.7
Promise 4: We are safe and healthy	5.9	5.8	6.1
Promise 5: We are always learning	5.4	5.3	5.6
Promise 6: We work flexibly	5.8	5.7	6.3
Promise 7: We are a team	6.6	6.5	6.7
Morale	5.6	5.5	5.9

RAG rated based on whether they are **above**, **below**, or **in line with** the 2022 theme score

Staff Engagement breakdown

6.8 Engagement score **no change** from 2022 (avg. 6.9)



Summary: People Promises and Themes sub- scores SGUH compared to national average

People Promise	SGUH 2023	National average	2023 v 2022	Sub scores	SGUH 2023	National average	2023 v 2022
We are compassionate & Inclusive	7.04	7.24	7	Compassionate Culture	7.08	7.06	7.02
				Compassionate leadership	6.7	6.96	6.71
				Diversity & Equality	7.68	8.12	7.69
				Inclusion	6.7	6.86	6.72
We are recognised & rewarded	5.71	5.94	5.6	Reward & Recognition	5.71	5.94	5.59
We each have a voice that counts	6.5	6.7	6.5	Autonomy & Control	6.88	6.99	6.9
				Raising concerns	6.12	6.41	6.15
We are safe & healthy	5.89	6.06	5.8	H&S Climate	5.26	5.45	5.08
				Burnout	4.88	5	4.78
				Negative experiences	7.54	7.75	7.57
We are always learning	5.36	5.61	5.3	Development	6.24	6.44	6.17
				Appraisals	4.49	4.74	4.34
We work flexibly	5.84	6.2	5.7	Work life balance	5.91	6.25	5.82
				Flexible working	5.77	6.15	5.62
We are a team	6.56	0	6.5	Team working	6.56	6.68	6.52
				Line management	6.56	6.8	6.57
Engagement	6.82	6.91	6.8	Motivation	6.95	7.04	6.92
				Involvement	6.72	6.86	6.72
				Advocacy	6.79	6.74	6.74
Morale	5.6	5.9	5.5	Thinking about Leaving	5.54	6.06	5.41
				Work pressure	4.88	4.96	4.85
				Stressors (HSE Index)	6.27	6.38	6.21

7 People Promises elements :

Compared to the national average we see ourselves:

- Average in 1 of the people promises
- Below average in 6 (however we see slight improvements in 4 of those themes compared to 2022.

Positively we see no deteriorations in all the people promise themes

Sub scores:

- We are below average for 15 sub themes scores out of the 16 sub themes scores.
- We have improved in 9 sub scores compared to 2022. with 7 sub scores remaining consistent..
- There were no deteriorations in the 2023 sub scores,

2 Themes:

- We see ourselves below the national average for Engagement and consistent Morale.
- Engagement score in 2023 shows significant improving from last year, while Morale score remained consistent.

Sub scores:

- We are below the national average for all of the engagement and morale sub scores, although show improvement in 4 sub score compared to last year, with no deteriorations.

Key Areas of Strength



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

Advocacy

We are on par or above the national average:

- 73% Perceived priority given to patient care -2%
- 59% recommend SGUH as a good place to work -1%
- 67% Recommend SGUH for treatment +4

Appraisal

Quality of appraisals generally matched the national average.

- 26% Appraisal helped how did job -0%
- 36% Appraisal helped with agreeing clear objectives -0%
- 30% Appraisal left me feeling work valued by SGUH -4%

Compassionate Culture

Our organisation maintains consistent high scores for:

- 89% Feeling role makes a difference to patients/service users +1
- 59% recommend SGUH as a good place to work -1%
- 67% Recommend SGUH for treatment +4%



Key Areas of Challenge



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

Leadership and managers

- All 4 compassionate leadership questions below the national average: (understand problems, listens, cares, help)
- All line managers scores were **3% or more below** the national average (encouragement, health & wellbeing, feedback, consult)

Diversity & Equality

- All 4 diversity & inclusion questions below the national average
- **49%** Fairness in career progression **-8%**
 - **11%** Exp. discrimination from service users. **+3%**
 - **13%** Exp. discrimination from manager or colleagues **+4%**
 - **68%** organisation respect individual differences **-3%**

Raising Concerns

- Raising concerns questions either decreased by 1% or remain inert from 2023 and were more than 3% below the national average:
- **50%** Org would address concerns about unsafe clinical practice **-6%**
 - **43%** feel the organisation would address any concern I raised **-6%**



GESH actions taken for the 2022 Staff Survey - The Big 5

Respect and Speak Up	Safe Place to Work	Compassionate Leadership	Inclusive teams	High Performing Teams
<ul style="list-style-type: none"> • Major promotion of F2SU • Lunchtime sessions on Civility, Psychological Safety and Feedback • Hub with resources on respect and speak up 	<ul style="list-style-type: none"> • B&H toolkit for managers • Training on handling violence and aggression • Post incident support – staff counselling • Liaising with police on coordinated response 	<ul style="list-style-type: none"> • Leadership programmes for senior managers (all levels in 2024) • Management Fundamentals toolkit • Webinars and bitesize training • Including our Values appraisal and recruitment 	<ul style="list-style-type: none"> • Thriving networks • Centralised reasonable adjustment fund • Oliver McGowan training • Disability Advice Line • Ask Aunty • Flexible working and special leave policies revised 	<p>Improved access to:</p> <ul style="list-style-type: none"> • Healthy food • 24hr hot food • Fitness facilities • Wellbeing advice inc financial • Team tools and interventions • Continuous improvement processes



GESH 2023 Staff Survey Actions



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

For 2024 GESH will continue to focus on the big 5 as well as efforts on improving the working experience of all staff. Underpinning these efforts with a particular focus on continuing to improve on:



Support

Support for divisions/directorates

Strategic HR Business Partners (HRBP): Will be the main support and through working with divisions may identify others additional such as:

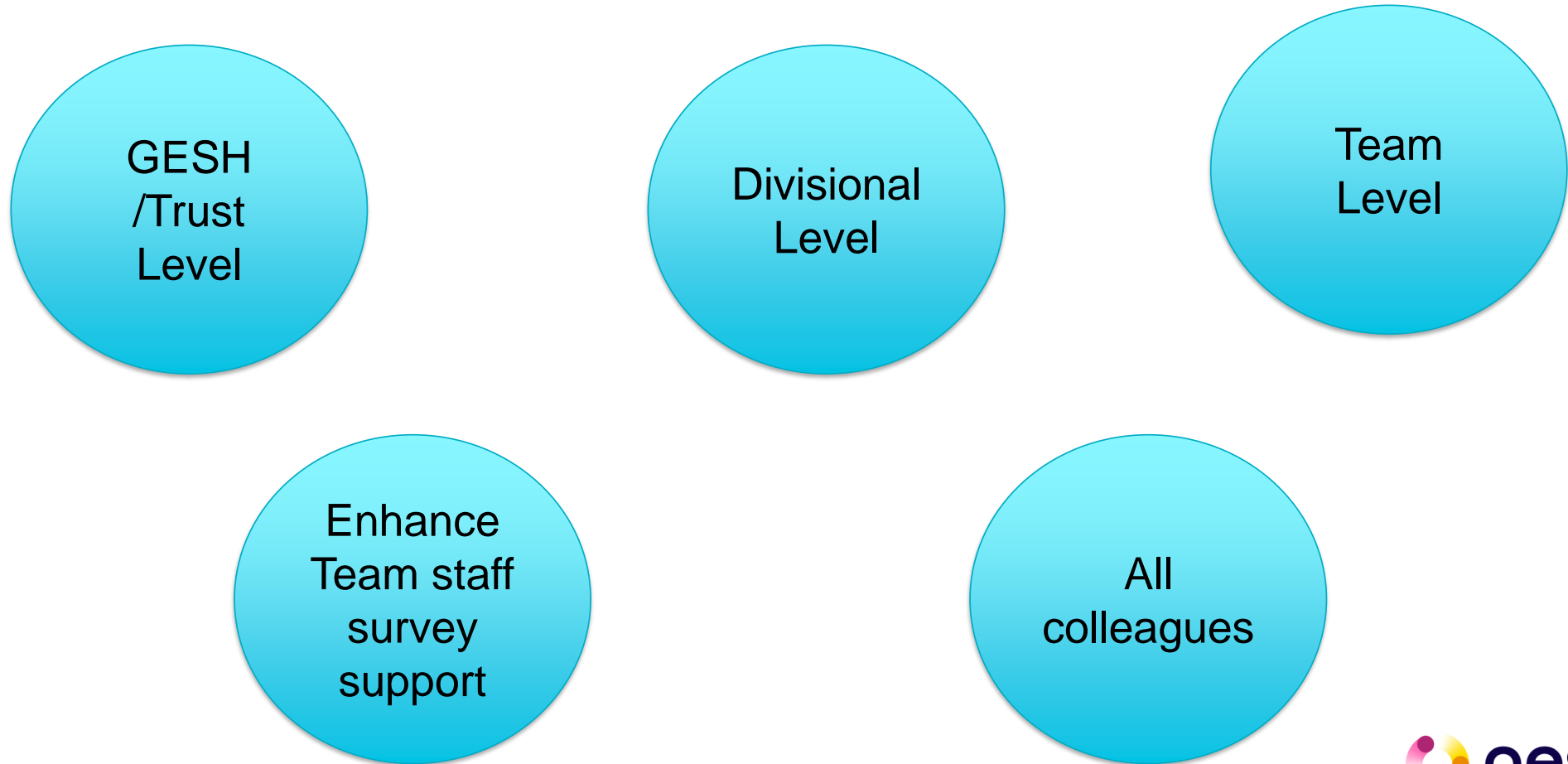
- Organisational Development:
- Learning and development
- Education Team
- HWB Team
- EDI Team
- Transformation Team

Organisational Development Team can support through :

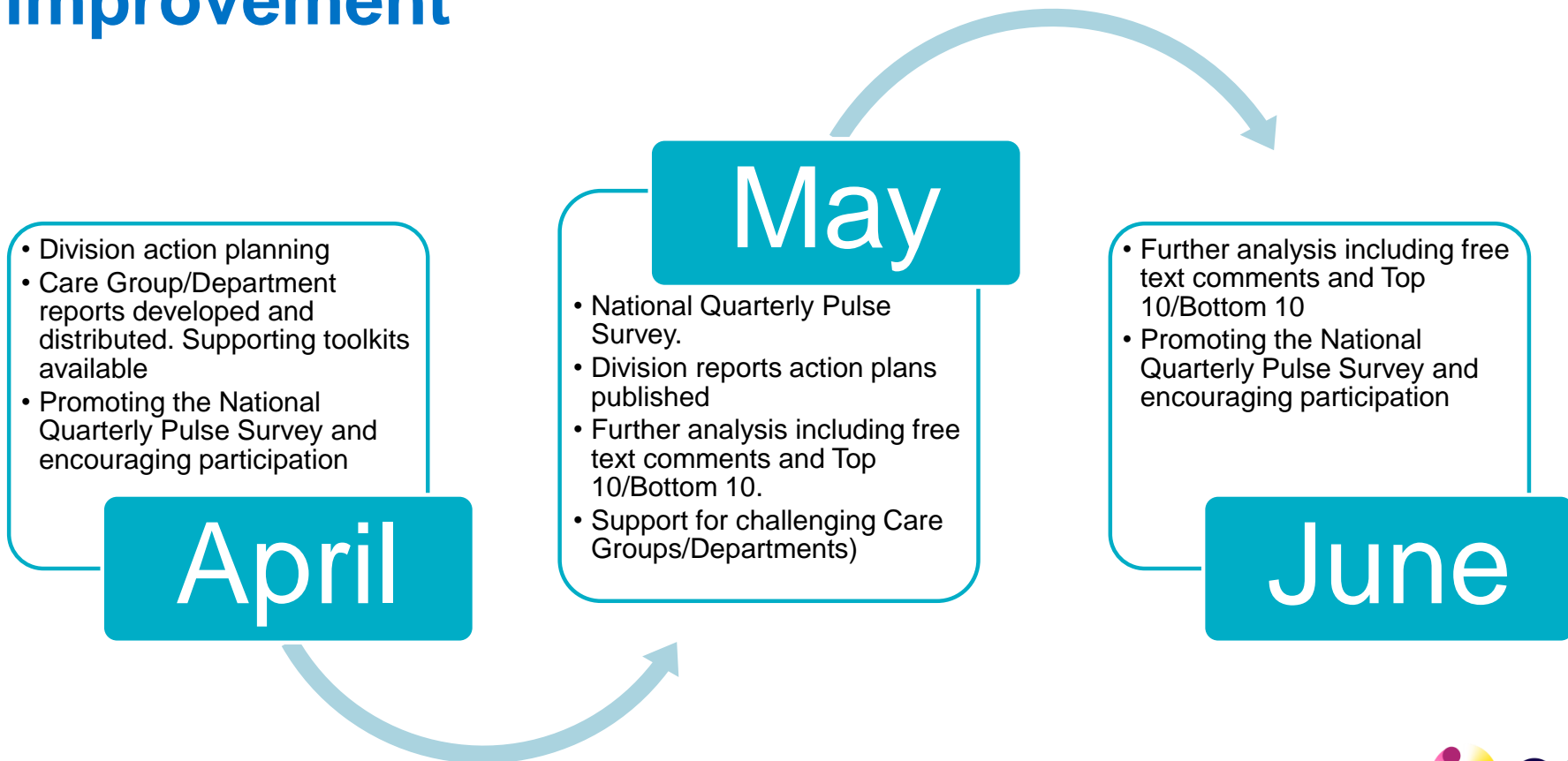
- Facilitate target setting discussions with leadership team
- Advise on leadership development training and opportunities available within the organisation
- Sense check action plans and coach divisions in OD strategy development
- Support divisions in engaging their team and implement initiatives via coaching



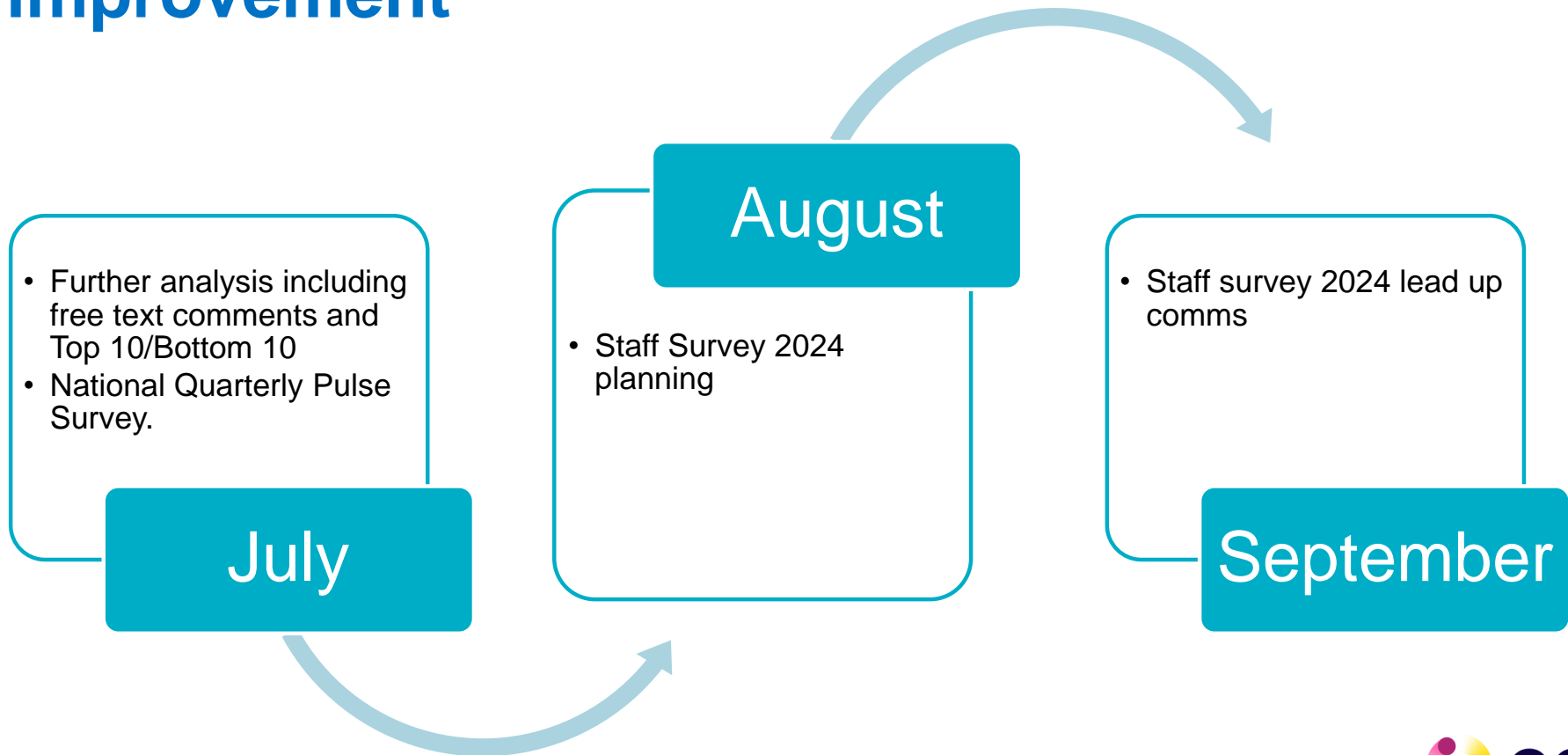
Journey to staff survey 2024 – Our approach



Ongoing engagement and continuous improvement



Ongoing engagement and continuous improvement



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					✓
QUALITY	Volunteers	Quality	GCNO	Inform	Report	Adhoc			✓		
FINANCE	Finance Update	Finance	GCFO	Discuss	Report	Every meeting	✓	✓	✓	✓	✓
FINANCE	Governor Input into Annual Plan	Finance	GDCEO	Review	Report	Annually				✓	✓
PEOPLE	NHS Staff Survey results, themes and actions	People	GCPO	Discuss	Report	Annually	✓				
PEOPLE	Culture programme update	People	GCPO	Discuss	Report	Annually		✓			
PEOPLE	Leadership	People	GCPO	Discuss	Report	Annually			✓		
PEOPLE	Raising Concerns Update	People	GCCAO	Discuss	Report	Annually				✓	
GOVERNANCE	Receive the Trust's Annual Report & Account and Quality Account (at a general meeting combined with the Annual Members' Meeting)	Governance, Risk, Audit	GCFO	Receive	Report	Annually			✓		
GOVERNANCE	Annual Report from External Auditor on Annual Accounts	Governance, Risk, Audit	GCFO	Receive	Report	Annually		✓			
MEMBERSHIP ENGAGEMENT	Report from the Membership Engagement Committee	Membership	Committee Chair	Inform	Report	Every meeting		✓	✓	✓	✓
MEMBERSHIP ENGAGEMENT	Review of plans for Annual Members' Meeting - September 2024	Membership	GCCEO	Review	Report	Annually	✓				
MEMBERSHIP ENGAGEMENT	Review new membership engagement strategy	Membership	GCCAO	Review	Report	Annually					✓
COUNCIL GOVERNANCE	Review of Council of Governors effectiveness	Council of Governors	GCCAO	Review	Report	Annually					✓
COUNCIL GOVERNANCE	Annual Review of Governor Skills and Training Needs	Council of Governors	GCCAO	Review	Report	Annually					✓
COUNCIL GOVERNANCE	Annual Review of CoG and Committee terms of reference	Council of Governors	GCCAO	Review	Report	Annually					✓
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	✓	✓	✓	✓	✓