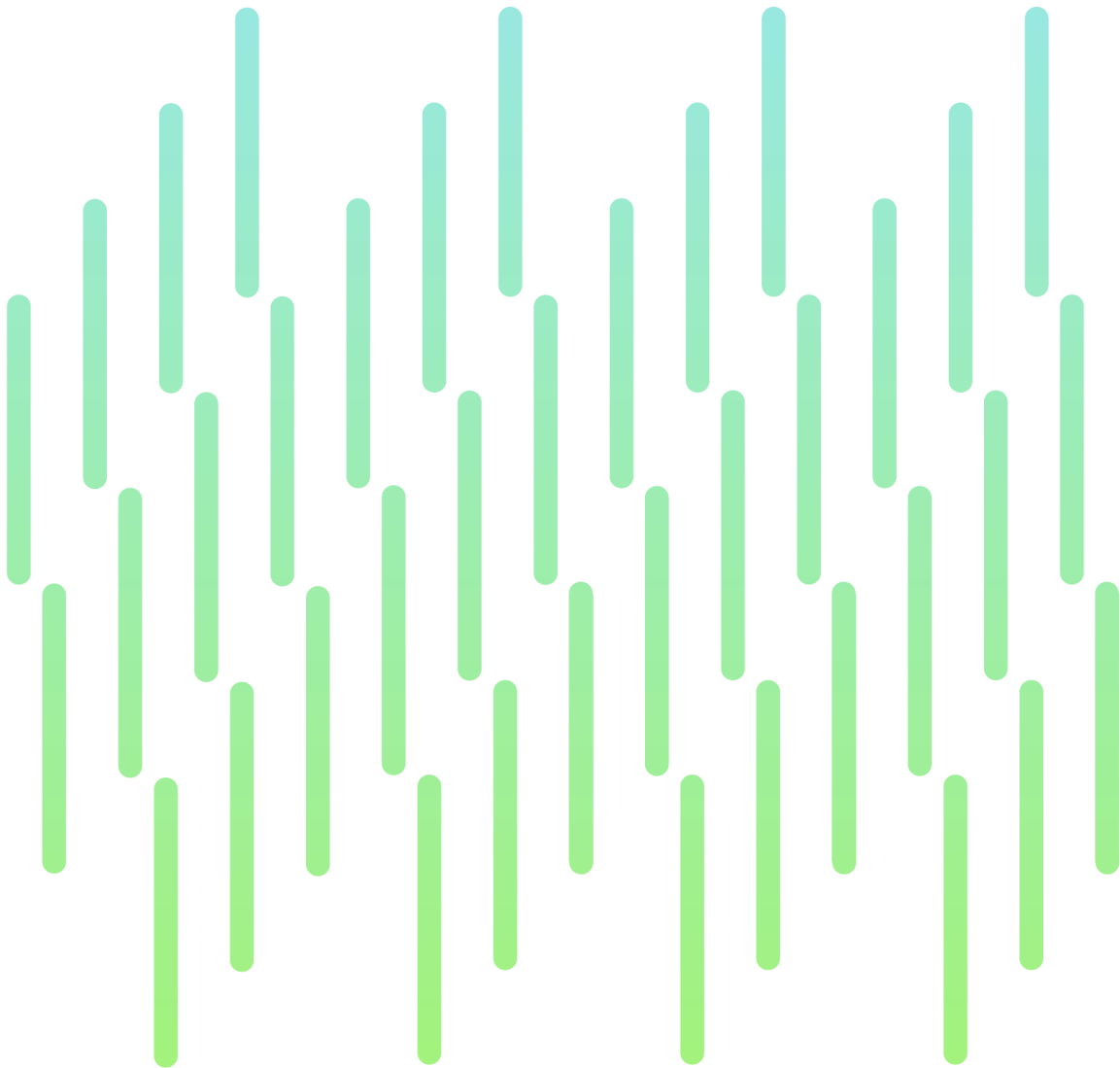




Council of Governors Meeting

12 December 2024 (Public)

Agenda and papers



Council of Governors

Agenda

Meeting in Public on Thursday, 12 December 2024, 14:00– 16:05

Harry Axton Room, Ground Floor Hunter Wing, St Georges University

Feedback from Governor visits

Time	Item	Title	Presenter	Purpose	Format
14:00	-	Feedback from visits to various parts of the site	Governors	Note	Verbal

1.0 Introductory items

Time	Item	Title	Presenter	Purpose	Format
14:15	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Note	Verbal
	1.3	Minutes of previous meeting	All	Approve	Verbal
	1.4	Action Log and Matters Arising	All	Note	Verbal

2.0 Strategy

Time	Item	Title	Presenter	Purpose	Format
14:20	2.1	Group Chief Executive's Report	GCEO	Update	Report
14:30	2.2	Strategy Update	GDCEO	Update	Report
14:40	2.3	People Strategy Update	GCPO	Discuss	Report
14:55	2.4	Group Estates and Green Plan Update	GCFIEO	Discuss	Report

3.0 Quality and Performance

Time	Item	Title	Presenter	Purpose	Format
15:10	3.1	SGUH Operational Performance	GCDEO	Discuss	Report
15:20	3.3	Learning From Complaints	GCNO	Inform	Report

4.0 Finance

Time	Item	Title	Presenter	Purpose	Format
15:40	4.1	Finance Update	GCFO	Discuss	Report

5.0 Governance

Time	Item	Title	Presenter	Purpose	Format
15:50	5.1	Governor Elections Update	GCCAO	Note	Verbal

6.0 Membership Engagement

Time	Item	Title	Presenter	Purpose	Format
15:55	6.1	Update on strategy	GDDCA	Note	Verbal

7.0 Closing Items

Time	Item	Title	Presenter	Purpose	Format
16:00	7.1	Any Other Business	All	Note	Verbal
	7.2	Council of Governors Forward Plan/Calendar of Events	All	Note	Report
	7.3	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
Afzal Ashraf	Public Governor, Wandsworth	AAs
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB1
James Bourlet	Public Governor, Rest of England	JB
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JH1
Chelliah Lohendran	Public Governor, Merton	CH
Lucy Mowatt	Public Governor, Wandsworth	LM
Augustine Odiadi	Public Governor, Wandsworth	AO
Jackie Parker	Public Governor, Wandsworth	JP
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Abul Siddiky	Staff Governor, Medical and Dental	AS
Georgina Sims	Appointed Governor, Kingston University	GS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
In Attendance		
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Mark Bagnall	Group Chief Facilities, Infrastructure and Environment Officer	GCFIEO
Ann Beasley	Non-Executive Director, Vice Chair	AB
Elizabeth Dawson	Group Deputy Director of Corporate Affairs and Head of Corporate Governance	GDDCA
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Yin Jones	Non-Executive Director	YJ
Andrew Murray	Non-Executive Director	AM
Victoria Smith	Group Chief People Officer	GCPO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Apologies		
Sandhya Drew	Public Governor, Rest of England	SD
Richard Jennings	Group Chief Medical Officer	GCMO
Peter Kane	Non-Executive Director	PK
Julian Ma	St George's University of London	MA
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Atif Mian	Staff Governor, Allied Health Professionals and other Clinical and Technical Staff	AM1
Kate Slemeck	Managing Director - SGUH	MD-SGUH
Tim Wright	Non-Executive Director	TW

Minutes of the Meeting of the Council of Governors (In Public)
Thursday 25 September 2024
Room H2.5, 2nd floor Hunters Wing, St Georges University

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

Feedback from Governor visits	Action
<p>Feedback from visits to various parts of the site</p> <p>A number of Governor visits had taken place since the last meeting.</p> <p>Governors SF, JH, CL and AO visited the renal ward clinic on the 17th September 2024. The ward provided care for renal patients of all ages, both inpatient and outpatient. The renal ward, staffed by experienced professionals, faced challenges with nurse vacancies and space constraints.</p> <p>The estates visit revealed issues with medical storage and risk management.</p> <p>The visit to the catering team highlighted disparities between the quality of staff and patient catering.</p> <p>The building site visit noted the lack of secured funding for a new renal building.</p>	

1.0	OPENING ADMINISTRATION	Action
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interest.</p>	
1.3	<p>Minutes of the Public meeting held on 18 July 2024</p> <p>The minutes of the meeting held on 18 July 2024 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council of Governors reviewed the action log and agreed to close those actions proposed for closure.</p>	
2.0		
2.1	Group Chief Executive Officer's (GCEO) Report	
	<p>The MD-SGUH presented the report on behalf of the GCEO and highlighted:</p> <p>The GCEO was shocked by the racist riots she saw on the news. Staff had been reminded that people of all faiths and backgrounds were respected and valued members of the phenomenal team at gesh. The GCEO had written to all staff reinforcing that any discriminatory or racist behaviour would not be tolerated, and that we had incorporated the principles underlying diversity, equity, and inclusion into our CARE strategy and across the group.</p> <p>Governors were reminded that in March 2024, the decision was made by NHS England to relocate children's cancer services for south London and the southeast to the Evelina London Children's Hospital in Lambeth from Autumn 2026. Currently, the Royal Marsden Hospital and St George's collectively provided cancer care for approximately 1,400 children under the age of 15.</p> <p>Wandsworth Council was leading a campaign against the NHSE decision to move children's cancer services from St George's. They provided evidence of significant costs associated with the relocation, the impact on health and health inequalities,</p>	

	<p>treatment expertise and transportation, and the quality of patient and public engagement in the decision-making process. These findings were informed by an independent review commissioned by the Mayor of London.</p> <p>On 6 and 8 March 2024, the CQC conducted a focused, unannounced assessment of Urgent and Emergency Services at SGUH. The assessment was prompted by two separate incidents involving falls of patients in ED in which the patients subsequently died. The draft report was received on 19 August 2024 and was being checked for factual accuracy. The final report would be shared when received.</p> <p>SGUH were working to embed a management system called High Performing Teams that enabled continuous improvement of access, quality, experience and outcomes. The aim was to translate our gesh strategic objectives into priorities that were viable and understood at every level of the organisation; our performance data, systems, and behaviours were well aligned; and standardised improvement habits and tools supported across gesh.</p> <p>At the beginning of September 2024, the GCEO and Chair hosted the inaugural "gesh 25" event to honour colleagues from across the Group who had dedicated over 25 years of service to the NHS. This marked a new approach by the Group to acknowledge and reward staff with 25 years or more of continuous NHS service. An afternoon tea was organised for 30 members of staff who were inducted into our digital Hall of Fame to document their accomplishments and service. This event was the first of several long service events across our sites over the coming months.</p> <p>The following points were noted during the discussion:</p> <ul style="list-style-type: none"> • In response to a question about mental health patients and the impact on overcrowding in the ED (emergency department), it was explained that there were ongoing efforts to address these issues, including conversations across London about creating areas where mental health needs of patients would be assessed. Assessment areas for mental health patients existed at Whittington and Croydon hospitals and SGUH was considering this. • The CQC draft report, after their recent unannounced visit, contained no immediate issues. The inspectors were complimentary in relation to teamwork behaviours and education and training. The Governors requested an update on ED at future meetings. • A question was raised about breast cancer services and the MD-SGUH explained that there had been a constant issue with large number of referrals and insufficient capacity. Breast cancer patients require a triple assessment clinic where they get all of their assessment and diagnostics in one go which is resource intensive. A business case was approved some time ago for a nurse led model which should add more resilience into the service. <p>The Council noted the GCEO report.</p>	
<p>2.2</p>	<p>Strategy Update</p> <p>RM presented the strategy update and reminded Council that on 15 May 2023 a new five-year strategy for gesh was launched. The strategy described how we would achieve our vision through the delivery of:</p> <ol style="list-style-type: none"> 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. 	

	<p>This report described progress in these three areas since the last COG update.</p> <p>A range of work was underway to embed the CARE framework across the organisations, and to support staff to pursue improvement against it. In May 2024, the Board agreed 2024/25 'board to ward priorities' to support this. A Board-level metrics dashboard had been developed to track the delivery of these.</p> <p>Each of our nine strategic initiatives had been set up as programmes of work, led by an Executive SRO, and were progressing. The Board and then CoG received a full progress report on these initiatives on a 6-monthly cycle, with the next Board review due in January 2025.</p> <p>The Board had agreed 2024/25 objectives for corporate teams, and had also approved a People Strategy, Quality and Safety Strategy and a Green Plan to date.</p> <p>In response to a question about progress, RM explained that a reporting cycle had been agreed and added that the next update would be presented to both the Board and the Council of Governors in December 2024 or January 2025. The Chairman added that the financial situation was severe and that an independent consultancy would be visiting SGUH in the near future to identify whether any additional savings could be made. She added that she expected that the NHS nationally would overspend significantly during 2024/25.</p> <p>The GCCAO answered a query about risks and explained that, in addition to tracking the progress through the six-monthly updates, the board also tracked the risk to the strategy through BAF (board assurance framework). BAF was a structured means that enabled the board to both assess the risks but also the assurances it received around those risks.</p> <p>The Council noted the Group Strategy Update report.</p>	
<p>2.3</p>	<p>People Strategy Update</p> <p>The GCPO (Group Chief People Officer) provided a verbal update on the following areas that she had been working on since she started her role in July 2024:</p> <ul style="list-style-type: none"> • Implementation plan for the People Strategy: a new governance approach was being developed that would incorporate increased divisional and site level input as well as from the group executive. Two new groups would be established - a culture, equality and inclusion (CEI) forum that would have staff representatives from across the organisation and a people strategy delivery group that would be primarily for the people function but may well be expanded to include other stakeholders. • On reward and recognition, the GCPO mentioned “gesh 25” and the Hall of Fame as well as the inaugural CARE Awards, a big event to celebrate our staff that would take place in December 2024. These initiatives and events were aimed at embedding an inclusive culture driven by our values. • Quantifying the impact of HR teams against our organisational outcomes was one of the key principles as well as recognising the importance of impact at scale – with over 10,000 staff at SGUH, it was important to prioritise activities that would positively affect thousands of colleagues. <p>The following points were noted during the discussion:</p> <ul style="list-style-type: none"> • In response to a question about the NHS staff survey, the GCPO said that all staff would be encouraged to complete the survey and that improving the response rate was one of her team’s key deliverables. • Training and education were highlighted as being crucial for building confidence and capability of staff, especially for colleagues in middle management. It was 	

	<p>also noted that managers were often enthused after attending training but if they came back to a context that was not consistent, then a lot of it dissipates.</p> <ul style="list-style-type: none"> • The People Strategy set out our priorities until 2026 and there would be quarterly impact assessment points. The GCPO planned to stay in her role for a long time as her aim was to make a measurable difference. She outlined her ethos which was about engagement and involvement and highlighted the importance of building an HR team that shared her values. • One of the first priorities was improvement of transactional HR processes. Too much time was spent resolving issues rather than making sure everything happened smoothly first time. The plan was to free up HR BPs (business partners) to do what HR BPs should do: strategic engagement, performance coaching with our leaders, and the organisation development interventions that engage people. Thirdly, The GCPO's Target Operating Model would be set up as a one stop shop so managers could call or email if they have a question about anything, and their questions would be answered within an agreed SLA (service level agreement). • For complex cases where a sustained relationship was important, there would be a single point of contact in HR for any new query. <p>The Council noted the GCPO's verbal update.</p>	
<p>2.4</p>	<p>Group Green Plan</p> <p>GCOFIE presented the report and explained that the Group Green Plan brought together the plans and objectives of both ESTH and SGUH and was a key enabler to deliver our vision that by 2028 we would achieve outstanding care, together by integrating sustainability into everything we do. A draft Group Green Plan was discussed at the Group Board Development session in June 2024.</p> <p>The following points were noted during the discussion:</p> <ul style="list-style-type: none"> • Examples of good work that had already started included smart theatres that cost very little to implement. A remarkable saving of £750,000 per year would be achieved by switching off or reducing the amount of ventilation going through operating theatres when not in use. • The amount of savings that would be generated by implementing the Group Green Plan would more than offset the additional revenue costs required. • In response to a question about catering and dealing with food waste, the GCOFIE explained that there were very specific targets on food and nutrition in the Green Plan which also included targets for procurement and suppliers. Food waste from patient catering was monitored via the catering contractor and the staff restaurant did not send any waste to the landfill, which was an excellent achievement. • Most NHS trusts had been slow in starting to monitor the amount of food waste and the GCOFIE added that this information would be included in the next report to the Council of Governors in June 2025. <p>In conclusion, the GCOFIE stressed the importance of making representations to NHS England because SGUH and other NHS trusts would struggle to achieve the targets outlined in the Green Plan without additional capital.</p> <p>The Council noted the Group Green Plan update.</p>	
<p>3.0</p>	<p>QUALITY AND PERFORMANCE</p>	
<p>3.1</p>	<p>Performance (Operational, People, Quality - alternating cycle)</p> <p>The MD-SGUH introduced the report and highlighted the key challenges and mitigating actions including the number of RTT (referral to treatment) pathways exceeding 65 weeks which had increased with Neurosurgery being the most challenged specialty. The theatre capped utilisation rates reduced to 77% at SGUH through July 2024 due to delays to the start of lists which led to over runs. The delays were caused by estates issues. There was continued emphasis on scheduling. DNA</p>	


	<p>(did not attend) rates remain above target, but there had been noticeable improvements in recent months.</p> <p>The following points were noted during the discussion:</p> <ul style="list-style-type: none"> • The 45-minute handover with LAS (London Ambulance Service) had created pressure in the department, but this target was managed much more effectively in recent weeks. • Teams worked hard on reducing corridor care to a minimum but flow was an issue. • NCTR (no criteria to reside) referred to patients who are medically fit for discharge, meaning they no longer required acute hospital care, but for various reasons (for example - no social care plans), they remained in the hospital bed. • Operational Pressures Escalation Levels (OPEL) scoring had changed recently reflecting the pressure that all EDs (emergency departments) in the country were under. <p>The Council noted the Performance report.</p>	
4.0	Finance	
4.1	<p>Finance Update</p> <p>The GCFO provided a brief introduction to the paper and highlighted that:</p> <ul style="list-style-type: none"> • The Trust was £3.0m adverse to plan at Month 4. The YTD (year to date) deficit position was driven by the impact of Industrial Action (£2.1m) and Cyber Attack (£0.9m). • There were pressures on the plan that were managed with non-recurrent resources and delivery of the plan by year end was at risk. • The key messages from the Trust Board to SWL and NHSE were a) delivery of the year-end financial plan remained at risk and b) more radical steps were required and the group was working on detailed actions to support this. <p>In response to a question about difficulties in meeting the financial plan, the GCFO emphasised the need for cost improvements and discussed the challenges with cash flow and invoice payments. He added that the trust's ability to meet its statutory obligations regarding invoice payments had been addressed and that no structural problems were expected in paying invoices across the year.</p> <p>The Lead Governor asked about assurance levels and the nature of controls and the GCFO explained that, while he could not give assurance on meeting the financial plan, he felt reasonably assured about the processes of control. The audit process was also discussed, with GCFO noting that auditors were content with the controls in place and that the trust received a clean set of accounts.</p> <p>In response to a question about capital-intensive projects, the GCFO explained about the distinction between revenue budgets (operating expenses) and capital budgets. He clarified that capital projects were managed separately and that there were no constraints on the use of the capital budget in the current year.</p> <p>The Council noted the month 4 financial performance update.</p>	

5.0	Governance	
5.1	<p>Annual Members' Meeting (AMM) 2024: Planning</p> <p>The GCCAO provided a verbal update about the AMM 2024 that was taking place on the same day as this Council meeting (25th September 2024) and invited governors to meet with and get feedback from members.</p> <p>The Council of Governors noted the update.</p>	
5.2	<p>Fit and Proper Persons Test Compliance Report 2023/24</p> <p>The GCCAO presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The report provided assurance to the Council of Governors that all Non-Executive Directors remained fit and proper for their roles in line with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014 and the Fit and Proper Persons Test Framework for England published in August 2023. • All Non-Executive Directors on the Board at SGUH had successfully undergone all of the required checks under the Fit and Proper Persons Test Framework in 2023/24 and the Trust had made the required submission to NHS England. • One Non-Executive Director left the organisation in 2023/24. The required Board Member References had been completed for them in line with the requirements of the Framework. <p>The Council noted that the Fit and Proper Persons Test had been conducted for the period 2023/24 and that all Non-Executive Directors at SGUH satisfied the requirements of the Test.</p>	
6.0	Membership Engagement	
6.1	<p>Report from the Membership Engagement Committee (MEC)</p> <p>The Committee Chair presented the report from the Membership Engagement Committee and set out the key matters considered by the MEC at its meeting on 19th August 2024:</p> <ul style="list-style-type: none"> • At the Council meeting of 18th July 2024, the principle of a one-year Strategy was approved, to be followed by a full three-year strategy. • The 2024-2025 Membership Engagement Strategy was approved by the MEC at an online meeting on 19th August 2024. • At the Council meeting of 18th July 2024, the proposal for an Associate Governor role was approved and it was agreed in principle to the appointment of one Associate Governor in the age range 18-25. At its meeting on 19th August 2024, the MEC proceeded to form a detailed plan for the Associate Governor. A Working Group was appointed to finalise the Plan, comprising Afzal Ashraf, Jackie Parker and Liz Dawson, to whom special thanks were expressed. <p>The Council:</p> <ul style="list-style-type: none"> • Noted the update on the matters considered by MEC at its meeting held on 19th August 2024 and the outcome of its Working Group, • Approved the 2024-2025 Membership Engagement Strategy. • Noted and approved the Associate Governor plan. • Agreed to lend its support to the AMM by attending. • Agreed to provide the Corporate Governance team with details of events and stakeholder groups within constituencies which could be used to develop an engagement calendar for the year ahead. 	

7.0	Closing Items	
7.1	Any Other Business	
7.2	<p>Governor Elections</p> <p>The GCCAO provided an update on governor elections, mentioning vacancies in several constituencies. The Lead Governor suggested a more personal approach to identifying potential governors. The importance of membership engagement was emphasized, with SD highlighting the need for governors to engage in activities with their constituencies.</p>	
7.3	<p>Council of Governors Forward Plan</p> <p>The forward plan was noted.</p>	
7.3	<p>Reflections on the meeting</p> <p>The Chairman thanked everyone for their contributions.</p>	

Date of next Meeting
Wednesday 12 December 2024, 14:00

DRAFT

Council of Governors - Public - 12 December 2024						 St George's University Hospitals <small>NHS Foundation Trust</small>
Action Log						
Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.220524.3	Strategy Update	Bring an Estates and Facilities update paper to the next meeting on 18 July 2024.	18/07/2024	DCFIEO	Deferred to September 2024 meeting due to limited resource capacity within the Estates team. Propose to defer to December meeting as the new Group Director of Estates & Infrastructure joined in September. On agenda.	PROPOSED FOR CLOSURE

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



GROUP CHIEF EXECUTIVE'S REPORT TO COUNCIL OF GOVERNORS

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



INTRODUCTION

Purpose:

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

Recommendation:

The Council is asked to receive and note the report.



1. COLLABORATION & PARTNERSHIP

2024 AUTUMN BUDGET, VISIT FROM THE CHANCELLOR AND HEALTH SECRETARY

2024 Autumn Budget

- On 30 October, the Chancellor presented a one-year budget, referred to as Phase 1, which outlines the updated spending for 2024/25 as well as the planned funding for the following year. A longer-term Spending Review, known as Phase 2, is expected to follow in late spring.
- As part of this two-phased Spending Review, the Chancellor announced a £22 billion increase in total revenue and capital funding for health and social care. NHS England's ring-fenced revenue budget will increase by 4.7 per cent this year to £181.4 billion, followed by another increase of 3.3 per cent next year to £192 billion. The overall health and care budget—which may be allocated additional funds for initiatives like reducing elective waiting lists—will see an increase of 3.8 per cent this year and 3 per cent next year. Additionally, the health and social care capital budget will rise by 9.8 per cent this year and 12.1 per cent next year, amounting to an overall increase of £3.1 billion.
- The Chancellor briefly mentioned the New Hospital Programme, stating that the Health Secretary will provide more details about his review in the coming weeks, with a publication expected in the new year.

Visit from the Chancellor and Health Secretary

- In October, Rachel Reeves, Chancellor of the Exchequer and Wes Streeting, Secretary State for Health visited St George's University Hospital to see our services and meet colleagues. I took them on a tour of the trauma ward and neuroradiology, where they had the opportunity to meet with nurses, doctors, and other staff members who spoke openly with both Wes and Rachel. This visit coincided with an announcement made regarding NHS funding.
- Major outlets, including The Times, The Telegraph, and the BBC, reported on the event, highlighting concerns raised by staff about outdated medical equipment during the tour. The visit also served as a platform for discussions on addressing long-standing issues within the NHS.
- I had a brief meeting with the Secretary of State for Health, during which I shared our concerns about the condition of our estate at St Helier Hospital. I emphasised that in the past year alone, we have cancelled 600 operations due to the ageing estate and there is a risk that parts of the St Helier Hospital estate become unfit for the clinical services they currently accommodate in the near future.



SGUH AS GESH

Group-Wide Electronic Patient Record System



The new Group-wide Electronic Patient Record System (EPR), set to launch in May 2025, will represent the largest technological transformation in a generation.

This significant step towards a more digital NHS includes the implementation of iClip PRO, which will upgrade our systems and connect our care across St George's, Epsom, and St Helier hospitals.



This upgrade will allow clinical teams to access the information they need with just a click. With the new system, redundancies will be minimised—patients will no longer have to repeatedly share their medical histories.

We will maintain up-to-date patient records, enabling better coordination of care across various specialties. Moreover, with one secure system in place, we can share information across the Group safely. In the coming weeks, Subject Matter Experts from Epsom and St Helier Hospitals will conduct End User Testing at the Malvern Centre in Sutton. Staff will also be invited to participate in system testing and training opportunities.

OTHER UPDATES



- The public engagement exercise will help shape the government's 10-Year Health Plan and will emphasise three significant shifts in healthcare: from hospital to community, from analogue to digital, and from sickness to prevention.
- We have submitted our response to these plans, identifying areas of opportunity and potential challenges. As gesh, we are well positioned to actively support these changes in South-West London.

System Changes



In September, Sarah Blow announced her decision to leave her position as Chief Executive of the SWL Integrated Care System at the end of March 2025. After more than 30 years with the NHS and eight years as Chief Executive of the SW London system, she is choosing to take early retirement.



Additionally, NHS England's Chair, Richard Meddings, has announced his intention to step down at the end of the financial year. During his remaining time, he plans to support the development of the 10-Year Health Plan and allow sufficient time for a successor to be appointed.



2. AFFORDABLE HEALTHCARE, FIT FOR THE FUTURE

SNAPSHOT: FINANCE

- » Improving our financial position remains a top priority. While our Group is largely on target year to date, we forecast significant challenges for the remainder of the year, as NHS England has made it clear that all Trusts must deliver on the initial financial plans set. To address this, we opted to participate in the National Independent Investigation review process. We have engaged the consulting firm Deloitte to help us identify additional opportunities and areas of focus as we approach year-end.
- » The key areas of work for Deloitte was to:

 - Review our financial position at month six and identify the key drivers behind our year-to-date performance,
 - Assess grip and control across both Trusts using the NHS England checklist as a guide,
 - Identify weaknesses in our current financial plans, suggest corrective actions, and highlight opportunities; and,
 - Conduct structured reviews to facilitate thorough analyses, including pay spend, CIP slippage and risk, and governance structures.
- » Following the four-week review, Deloitte presented key findings, reinforcing that the group has a good financial grip and some evidence of enhanced and strong controls. The recommended areas of focus include medical services, demand and capacity management, and job planning. Executive directors have been assigned leadership roles for the various workstreams to advance the next steps. We will collaborate with Deloitte for another four weeks to support the planning of these workstreams.



3. RIGHT CARE, RIGHT PLACE, RIGHT TIME

CARE QUALITY COMMISSION – WELL-LED UPDATE



The Care Quality Commission (CQC) has issued written notice that it will conduct a provider-level inspection of 'well-led' from 25- 27 February 2025. Staff members from NHS Improvement will join the CQC team to evaluate financial and resource governance. This inspection follows unannounced visits to the Maternity Department in October and the Emergency Department in November.

Briefing packs are currently being prepared and will be distributed shortly. At a minimum, the following staff members will be interviewed:

- | | | |
|--|---|---|
| » The Trust Chair | » The Chief Executive | » The Medical Director The Nursing Director/Chief Nurse |
| » Chief Operating Officer | » Director of Finance/Chief Finance Officer | » Director of HRA sample of Non-Exec Directors (the NED for safety and risk is a priority.) |
| » A sample of Governors, where appropriate | » Director Infection Prevention and Control | » Freedom to Speak Up Guardian |
| » Chair of the audit committee | » Chair of the finance committee | » Guardian(s) of safe working hours |



4. EMPOWERED, ENGAGED STAFF

THE NHS SEXUAL SAFETY CHARTER LAUNCHED AT GESH



In September 2023, NHS England launched its first Sexual Safety Charter to enhance staff safety and improve the workplace environment. This Charter includes ten principles that align with the upcoming amendments to the Worker Protection Act, set to take effect in late October 2024. Along with the Charter, the NHS introduced national guidance that includes a National Policy Framework and training materials to assist local employers in preventing workplace sexual harassment.



On 20 November, we held a virtual session to launch the Charter across gesh. Arlene Wellman, our Group Chief Nursing Officer, led the meeting, joined by Alan Taylor, Head of Safeguarding at London Ambulance Service (LAS), and Ivraine Macivan-Davies, Deputy Freedom to Speak Up Guardian at LAS. They shared insights from their experience implementing the Charter at LAS.



Over 50 staff members participated in this important discussion, which was a productive first step in a series of planned workshops. This initiative marks the beginning of a crucial effort to eliminate inappropriate sexual behaviour within the NHS.

Next Steps

- Lead by example on zero tolerance approach
- Continue to prioritise staff engagement and involvement in the charter implementation
- Identify local leads to drive the implementation plans

Early next year:

- Publication of Sexual Misconduct Policy
- Toolkit for staff and line managers
- Sexual Misconduct Policy Publication: January 2025
- Develop Education and Training Plan



KEY UPDATES – GESH CARE AWARDS



We received around 500 nominations for our inaugural gesh CARE Awards, including more than 100 nominations from patients and the public. These awards are a direct response to last year's NHS Staff Survey, which showed that our workforce wanted more recognition for staff achievements to value our colleagues throughout the Group. Nominations were open to all staff and volunteers for 12 awards linked to our CARE strategy.



Myleene Klass, a television and radio presenter, musician, campaigner, and a celebrated star of 'Loose Women,' will be joining us to express our appreciation to the colleagues and teams who have made a significant impact. Myleene is a dedicated advocate for the NHS, inspired by her mother, Magdalena, who served as a nurse for 40 years following her arrival in the UK from the Philippines in the 1970s.



The event is on 10 December from 5:30pm – 11pm.

KEY UPDATES – STAFF SURVEY

» We actively promoted this year's NHS Staff Survey to encourage all colleagues to share their opinions. Unfortunately, we did not meet our response target. Our goal was to achieve a 50% response rate in order to gather substantial data; however, we received a total response rate of 45%. While this is below our target, it is close to the acute national average of 47%.*

- » To improve response rates, we:
- Collaborated with managers and staff to emphasise the importance of their feedback.
 - Assured staff that all comments would remain anonymous and reiterated our commitment to addressing the key recommendations
 - Highlighted to staff how the data is used internally to inform decision making and planning, and how external NHS bodies and trade unions refer to this so staff can really see the value of spending time doing the survey.
 - Shared best practice from areas that had been able to demonstrate improvement since last year through our HR business partners and working groups established for the duration of the staff survey in October and November.

» We will analyse the responses and lessons learned from this year to develop a response to staff and create and action plan.

Preliminary Insights

- **SGUH experienced a 9.43% growth in workforce size**, with eligible staff increasing from 9,544 in 2023 to 10,444 in 2024.
- **The number of respondents rose significantly** by 1,114 individuals, from 3,644 in 2023 to 4,758 in 2024—a 30.57% increase in survey participation.
- **SGUH's response rate improved by 7.6 percentage points**, rising from 38.0% in 2023 to 45.6% in 2024. This demonstrates a substantial boost in staff engagement.

**Rates may change when factors such as the percentage of leavers and late paper copy returns are taken into account, although the average may also increase slightly.*

OUR STAFF



Congratulations to two of our internationally educated nurses who have been named 'Rising Stars' in the Royal College of Nursing's 2024 awards in London. The Rising Star awards recognise nurses, midwives, nursing support workers, and nursing/midwifery students from the Black, Asian, and minoritised ethnic communities who have made outstanding contributions to health and care in London over the past year.



Mark Mencias, a Clinical Nurse Specialist, established a pioneering nurse-led neurogenetics clinic at St George's University Hospital for individuals living in South London, Surrey, and Sussex. This clinic provides access to genetic testing, allowing patients to discover more quickly whether their health issues stem from a rare neurogenetic condition.



Sumitha Janaky, a Practice Educator, has created a 24/7 support group for internationally educated nurses. This Group offers pastoral care and support for their wellbeing, including a dedicated WhatsApp group. The initiative has been praised for helping to retain staff after they arrive in the UK.

I look forward to seeing Mark and Sumitha continue to excel and inspire others within our Group as they develop their careers.

We had a lot to celebrate these past few months at gesh, some of this include:

- This October, we celebrated Black History Month by sharing blogs from staff on the theme of "Reclaiming the Narrative." Additionally, we held our first gesh-wide Workforce Race Equality Standard (WRES) Conference, featuring guest speaker Roger Kline. Kline co-wrote "Too Hot to Handle," a report investigating racism in the NHS. He, along with our Group Chief Nurse Arlene Wellman and Managing Director-ESTH, led an interactive workshop with staff to discuss the root causes of racism, promote learning and understanding, and inspire actionable steps to address racism and foster equity and inclusivity at gesh.
- On 1 November, our Trust gathered to celebrate Diwali at an event organised by the REACH team and Ashish Patel from the Pharmacy LIA team. Vicky Smith, the Group's Chief People Officer, opened the celebration.



QUESTIONS AND DISCUSSION



Council of Governors

Meeting in Public on Thursday, 12 December 2024

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

Executive Summary

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

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

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

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

Action required by Council of Governors

The Council of Governors is asked to:

1. Note the update

Appendices				
Appendix No.	Appendix Name			
Appendix 1	Group Strategy Update			
Implications				
Group Strategic Objectives				
<input checked="" type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input checked="" type="checkbox"/> Affordable Services, fit for the future		<input checked="" type="checkbox"/> Empowered, engaged staff		
Risks				
Regulated activities				
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 checked="" type="checkbox"/> People		
<input checked="" type="checkbox"/> Preventing ill health and reducing inequalities		<input checked="" type="checkbox"/> Leadership and capability		
<input checked="" type="checkbox"/> Finance and use of resources		<input checked="" type="checkbox"/> Local strategic priorities		
Financial implications				
As per report				
Legal and / or Regulatory implications				
Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations				
Equality, diversity and inclusion implications				
As per report				
Environmental sustainability implications				
As per report				

Group Strategy update

Council Of Governors

James Marsh
DCEO

Report Authors:

Zahra Abbas, Strategy and Planning Manager
Annastacia Emeka-Ugwuadu, Head of Group PMO

12 December 2024



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



Introduction

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

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

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

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

St George's Council of Governors is asked to:

- Note the update

Delivering our 5-year vision

Local improvement

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

Strategic initiatives

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

Corporate enablers

The Board has agreed 24/25 objectives for corporate teams, and has also approved a People Strategy, Quality and Safety Strategy and a Green Plan to date. Progress reports on delivery of the Implementation Plans are being reported, by executive SROs, to Board Sub-Committees (CiCs) a minimum of three times per year.



Local improvement update

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

- The CARE awards will be taking place on 10 December. The awards have 12 categories explicitly linked to our CARE strategy and vision to provide outstanding care, together. Categories include patient safety, innovation, unsung team or person, championing our plans to be greener, and leader of the year. The awards will host an audience of over 400 staff. There have been significant comms across gesh to promote the awards including a slot at EQT, the Senior Leaders' Briefing and news bulletins.
- Board to Ward priorities have been communicated to staff, and the Board now receives regular progress updates against the Integrated Quality and Performance Report (IQPR)
- Individual teams are continuing to articulate their priorities/purpose using the CARE framework, with the offer of facilitation available from corporate teams.
- The communications about CARE continues, with CARE branding being disseminated across our physical sites and virtually. Staff comms on our main campaigns and priorities have been explicitly linked to our five-year strategy.

Corporate enablers update

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

Strategy	Update
People strategy	Approved by Board in May 2024, and now being translated into an implementation plan. Progress is being reported to the People Committee in Common three times a year.
Quality & safety strategy	Approved by Board in July 2024, and translated into an implementation plan. Progress is being reported to the Quality Committee in Common three times a year.
Green plan	Approved by Board in July 2024, and translated into an implementation plan. Progress is being reported to the Infrastructure Committee in Common four times a year.
Estates	Work commenced, with timetable for approval to be agreed in the coming weeks.
Digital	Work commenced. We are targeting summer 2025 for approval.
Research & innovation	We are targeting July 2025 for board approval.

Strategic Initiatives Update



Initiative / Programme	Update
Building Your Future Hospitals (BYFH)	<ul style="list-style-type: none"> An update on the outcome of the Government review into the New Hospital Programme (NHP) programme is expected in January 2025. In preparation, work to advance broader assurance processes and key strategic activities to position the programme for remobilisation in 2025 continues. Additional core fees received in October 2024 will fund core programme team to March 2025, with NHP exploring the potential for further funding to maintain key advisory work from January to March 2025. The Outline Business Case (OBC) readiness review has been successfully concluded and the Demand & Capacity modelling expected to conclude by end of Jan '25. Strategic discussions with The Royal Marsden Hospital are ongoing and an updated Head of Terms was received recently and being reviewed internally. As part of the Q5 partners recommendations, the BYFH team is working with the NHP Risk subject matter expert to adopt best practice risk management approaches, ensuring alignment with the Board Assurance Framework (BAF).
Collaboration across GESH	<ul style="list-style-type: none"> Integration of corporate services is progressing, allowing for quality benefits and cost savings. The integration of corporate affairs, communications, strategy, Programme Management Office, improvement, corporate nursing and clinical audit teams is complete. Integration of HR and other corporate medicine teams is underway, with finance, IT and estates to follow. The Group Pharmacy Strategy was approved by the Board in September, and implementation planning is underway. Community paediatrics is refining a new target pathway with system partners. Respiratory physiology is addressing service fragility at ESTH, and work is progressing on the Group Surgery and Children's Services Strategies. Work on a Full Business Case for the renal new build continues.
Collaboration across Southwest London hospitals (Acute Provider Collaborative)	<ul style="list-style-type: none"> Transformation programmes aimed at strengthening the Acute Provider Collaborative partnerships hosted by gesh continues to progress under the leadership of executive directors Kingston Hospital NHS Foundation Trust and gesh have initiated strategic collaboration efforts in general surgery. There is progress across the focus areas; elective recovery, diagnostics, outpatient transformation and workforce - with engagement and collaboration progressing through key forums including South West London Pathology (SWLP), South West London Elective Orthopaedic Centre (SWLEOC), SWL Procurement, and SWL Recruitment.
Collaboration with Local Partners (Place)	<ul style="list-style-type: none"> Provider Alliance Working Groups in Merton and Wandsworth have been established, with a focus on stimulating collaboration and developing alliance care models. The gesh Community of Practice continues to look at ways of reducing non-elective length of stay by 1.5 days, facilitating shared learning among operational teams. Successful scoping session for the Integrated Acute Frailty Service aimed at identifying key areas for development with input from frailty consultants. Focus is on testing new models for winter pathways in Merton, refining performance metrics for accuracy and consistency, and strengthening partnerships with provider partners and the SWL ICB.

Strategic Initiatives Update

Initiative / Programme	Update
Strengthening our Specialist Services	<ul style="list-style-type: none"> The programme has been re-scoped after a 'light touch review,' now focusing on six clinical projects: the strengthening of Neurosciences, Major Trauma, Renal, Cardiac surgery, future children services and cancer, including three strategic enablers: prepare for delegation of specialised commissioning funding, manage risk oversight framework and identify growth and consolidation opportunities The devolution of specialised commissioning from national to system-based oversight is on track for April 2025. Team also providing support to the new Paediatric Oncology Shared Care Unit (POSCU) service planning at the system level. Work continues to prepare for the delegation of specialised services funding from NHSE to the local system. A new system-wide transformation group, with a consolidated oversight framework and risk register, has been established to support this.
High Performing Teams & Leaders	<ul style="list-style-type: none"> The HPT programme has established 8 design and delivery groups with associated plans in place to pursue the development of a group wide collaborative quality management system. Each design and delivery group has started to test new ways of working with teams across gesh, learning from feedback and the practical application of the evidence based practice we are pursuing. Initial feedback has been extremely positive and will support scale and spread. Substantial progress made advancing staff and leadership skills through dynamic leadership improvement programmes and continuous improvement converge forums to enhance capability and share best practices.
Culture, diversity and inclusion	<ul style="list-style-type: none"> Group People Strategy Delivery Group has been established to oversee people strategy implementation. Planning underway to create a shared set of values across gesh alongside a group 'behaviours framework'. Roll out Level 3 Violence, Prevention Reduction Training for operational managers (accredited by Royal Society for Public Health) is progressing.
Shared electronic patient records across gesh	<ul style="list-style-type: none"> Good progress made across all streams of testing, including operational readiness, and the Go-Live timeline of May 2025 remains on track. Work is underway to refresh the governance framework and oversight for this strategic initiative, aiming to eliminate duplication and strengthen assurance. Programme has successfully launched new ICLIP branding.
Transforming Outpatients	<ul style="list-style-type: none"> Refreshed governance and meeting cadence introduced, with a Steering Group established overseeing 4 workstreams with Design & Delivery groups set up for each. Continued work with both sites, aligning reporting metrics, and further coping of the financial benefits of outpatient transformation work. Detailed discussions around the use of automation, with options appraisal and a framework drafted – focusing on the benefits Exploring the use of AI, automation and ongoing collaboration with SWL partners to identify solutions to reduce impact of health inequalities, improve performance and efficiency of the service across group and footprint.

Summary

Recommendation:

St George's Council of Governors is asked to:

- Note the update



Council of Governors

Meeting on Thursday, 12 December 2024

Agenda Item	2.3	
Report Title	People Strategy Update	
Executive Lead(s)	Jacqueline Totterdell, Group Chief Executive Officer	
Report Author(s)	Victoria Smith, Group Chief People Officer	
Previously considered by	People Committee-in-Common	04 December 2024
Purpose	For Noting	

Executive Summary

The People function is committed to supporting the delivery of the gesh CARE strategy and our vision to provide Outstanding Care, Together. This requires us to ensure our highly skilled, committed workforce is empowered and engaged.

The CARE strategy commits us to action: To get the basics right, put staff experience and wellbeing at the heart of what we do, foster an inclusive culture that celebrates diversity and embeds our values, build the workforce of tomorrow, and work differently (flexible by default, digital working, in well-led, high performing teams).

We see culture, diversity and inclusion as a strategic enabler to our vision. Our task is to develop the organisational culture to make the Group a great and more inclusive place to work in order to support great patient care. This will be achieved by: action on equality, diversity and inclusion; building pride in what we do and who we are; and integrating and embedding our values into policies, processes and behaviour, including to build a culture of psychological safety.

In order to deliver this objective, we have developed a comprehensive and ambitious People Strategy, comprising of 5 key strategic pillars and a detailed implementation plan with a wide range of activities and associated metrics.

Action required

The Council is asked to:

- a. Provide feedback on the activities described in the paper.



Committee Assurance	
Committee	People Committees-in-Common
Level of Assurance	Not Applicable

Appendices	
Appendix No.	Appendix Name
Appendix 1	[...]

Implications				
Group Strategic Objectives				
<input type="checkbox"/> Collaboration & Partnerships				<input type="checkbox"/> Right care, right place, right time
<input type="checkbox"/> Affordable Services, fit for the future				<input checked="" type="checkbox"/> Empowered, engaged staff
Risks				
Our people are our biggest asset and we can't provide care without motivated and skilled clinicians. There are a range of specific risks related to the implementation of the people strategy:				
<ol style="list-style-type: none"> 1) The efforts to roll out positive initiatives are undermined by the financial and operational pressures staff feel on a day to day basis. 2) Cultural patterns could prove too entrenched to influence in meaningful ways through top down, corporate activity. 3) The organisation (and leaders especially) have insufficient capacity to partner successfully with HR to drive change. 				
CQC Theme				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
NHS system oversight framework				
<input type="checkbox"/> Quality of care, access and outcomes				<input checked="" type="checkbox"/> People
<input type="checkbox"/> Preventing ill health and reducing inequalities				<input checked="" type="checkbox"/> Leadership and capability
<input type="checkbox"/> Finance and use of resources				<input type="checkbox"/> Local strategic priorities
Financial implications				
There will be financial implications of delivering elements of the People Strategy and business cases will be bought forward.				
Legal and / or Regulatory implications				
The People Strategy is important to delivering our responsibilities as an employer.				
Equality, diversity and inclusion implications				
Improving EDI is a core objective of the Strategy.				
Environmental sustainability implications				
This strategy should be read alongside the Green Plan for gesh.				



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



gesh People Strategy Implementation update

Victoria Smith, Group Chief People Officer

November 2024





Context: gesh People Strategy 2024-2026

The People function is committed to supporting the delivery of the gesh CARE strategy, *Outstanding Care, Together* and we aim to do this through our empowered, engaged staff.

In order to deliver this objective, we have developed a comprehensive and ambitious People Strategy, comprising of 5 key strategic pillars (as detailed) and a detailed implementation plan with a wide range of activities and associated metrics.

A robust **governance** process is in place to ensure we have oversight of activity at all times; tracking delivery of our activities and ensuring it facilitates the delivery of the prevailing objective to **deliver outstanding care, together through empowered, engaged staff.**

A number of design principles will run through our plan, which include;

- ensuring our teams have the skills and expertise required to deliver a high-quality service;
- that we adopt a model of continuous service improvement – making effective use of digital interventions and automation and empowering managers with the knowledge and skills needed to support their teams;
- ensuring our service responds to the needs of the wider organisation and that we remain actively engaged with all key stakeholders throughout the implementation of our strategy;





Empowered,
engaged staff

Getting the basics right

To ensure a responsive, consistent service to our people, the function will move towards a shared service model, which will seek to support managers with many of their HR needs. Our focus over 2024/25 will be focused on designing this model, building it around current demands on services and areas of activity where managers need greatest support.

Current activities (Q1 –Q2) include:

- ✓ Completing a re-design of the function, including a re-structure to ensure as many roles as possible are group
- ✓ Refreshing our governance to ensure we have effective oversight of all our activities
- ✓ Tightening up our approach to sickness absence management through an Employee Relations-led improvement plan

Planned/future activities include:

- Implementing our Target Operating Model, based around a self-service and a telephone helpdesk where staff can access HR advice and support in a co-ordinated and timely manner
- Roll out of a set of digital interventions aimed to increase efficiency and free up resource through better use of technology solutions and automation



Empowered,
engaged staff

Improve staff learning opportunities and wellbeing

It is vital that our managers are equipped with the knowledge and skills needed to empower their teams and improve outcomes for patients, therefore focus on line management and leadership will be a key priority. There will be a reinvigorated focus on career development and talent management to ensure our people have the right skills and abilities, complimented by an agreed gesh Reward and Recognition strategy.

Current activities (Q1 –Q2) include:

- ✓ Rolling out Compassionate and Inclusive Leadership training to as many of our managers as possible
- ✓ Rolling out the gesh Senior Leadership Development Programme
- ✓ Reviewing and redesigning our Mandatory and Statutory Training (MAST) Programme based on new national guidelines
- ✓ Promotion and accessibility of the Management Fundamentals Toolkit across gesh

Planned/future activities include:

- Agreeing and implementing our gesh-wide Talent Management Strategy to ensure we can identify excellence and providing opportunities for development and growth
- Comprehensively review our leadership and management offer to ensure it meets the needs of our current environment
- Support all activities to reduce violence and aggression against our staff and ensure they feel safe at all times whilst at work
- Agree and implement our apprenticeships strategy to provide development and learning opportunities for all our staff and to upskill them across a wide range of areas



E

Empowered,
engaged staff

Inclusive culture driven by our values

Across the group we will continue to build a workforce in which each employee can enjoy a strong sense of belonging and where diversity, difference and uniqueness are truly valued. We will maintain a high focus on working collaboratively on programmes developed as part of High Performing teams to ensure activity is mapped to NHS Standards and workplans developed accordingly. We will work to develop a single, shared set of values across gesh which aim to promote an inclusive culture across gesh.

Current activities (Q1 –Q2) include:

- ✓ Launch the High Impact Equality, Diversity and Inclusion Action Plan
- ✓ Establish the gesh Culture Forum to oversee the plan and to provide a framework to engage our people throughout all planned activities

Planned activities include:

- Initiate the development of a set of shared values across gesh
- Begin the roll out of activities across gesh as part of our High Performing Teams programme



Empowered,
engaged staff

Develop our workforce for the future

In recognition of our evolving clinical services, including our Building Your Future Hospital programme, we will focus on the workforce models required to enable effective delivery and seek all opportunities to work across the group, working collaboratively with our University partners. This will include a focus on new roles and models for delivery, as well as an increase in our clinical placement and training offer.

Current activities (Q1 –Q2) include:

- ✓ Agree resource requirements for Building Your Future Hospital (BYFH)

Planned activities include:

- Workforce plans in place for BYFH
- Strategic plan developed for collaboration with City St George's University of London



Empowered,
engaged staff

Embrace integrated ways of working

Extensive work is underway to establish an effective group model across all key enabling areas, including HR, finance and IT/digital. Teams working across the group will be able to identify opportunities to enable integrated working and develop plans to support their delivery.

Current activities (Q1 –Q2) include:

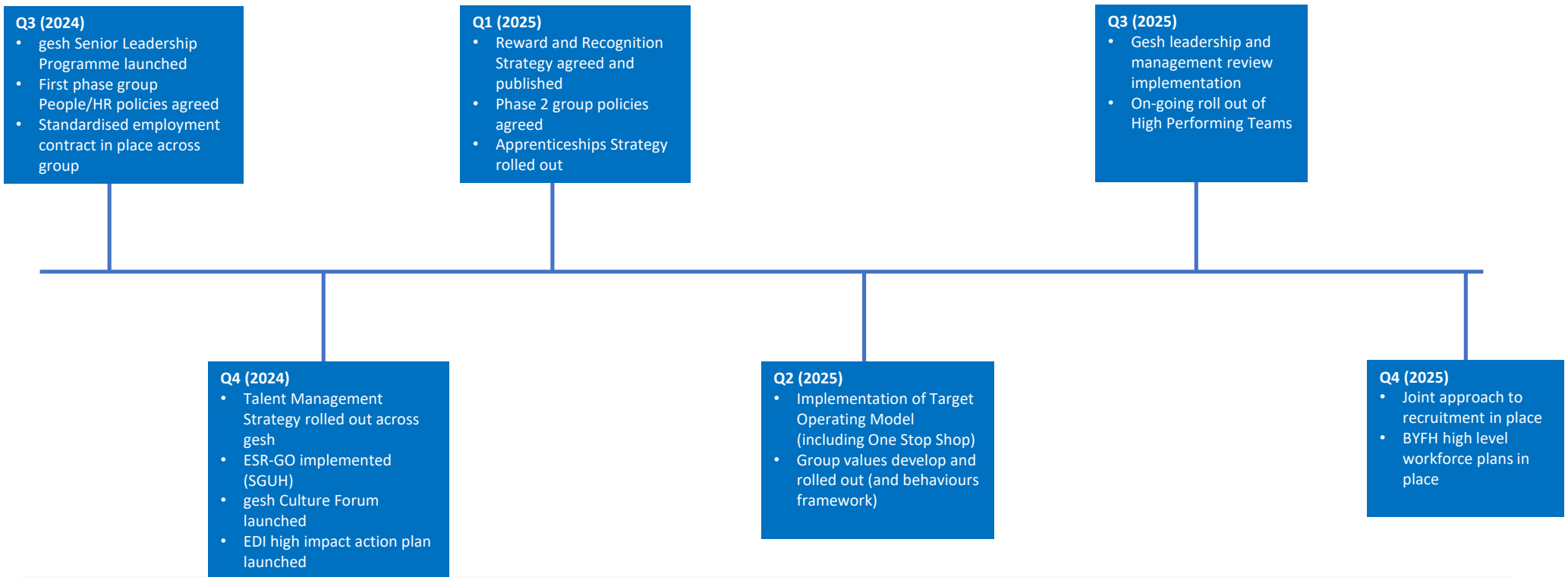
- ✓ A revised employment contract developed for all newly recruited staff across the group
- ✓ Review and develop our People policies, with gesh People policies being agreed and awaiting ratification for implementation across both organisations
- ✓ The continuing integration of our corporate services

Planned activities(Q3-Q4 2024/25) include:

- A gesh corporate induction to be finalised and launched for all new starters
- The continuation of our People policies review, moving all key People policies to gesh policies to be implemented across both organisations
- The continuation of our Group Corporate Services integration programme



High level Roadmap





Thank you.

For any other information, please see:



Council of Governors

Meeting in Public on Thursday, 12 December 2024

Agenda Item	2.4	
Report Title	Facilities, Infrastructure and Environment update.	
Executive Lead	Mark Bagnall Group Chief Officer, Facilities, Infrastructure and Environment	
Report Author(s)	Mark Bagnall Group Chief Officer, Facilities, Infrastructure and Environment	
		09 December 2024
Purpose	For Noting	

Executive Summary

The first three months of my working at gesh has been a steep learning curve although that is to be expected in a large and complex organisation such as the gesh group.

There are some significant challenges due to the age and condition of the estate which is due to underinvestment in strategic backlog maintenance over a considerable number of years. However, there are a number of areas where the group has considerable expertise and highly performing teams and there are a number of colleagues within the facilities infrastructure and environment directorate who are very capable and should be able to take the work of the teams forward in a productive and positive manner.

Notwithstanding the above there remain a significant number of key challenges. However, early signs indicate that these should be able to be addressed in a satisfactory way.

Action required by Council of Governors

The Council of Governors is asked to note the GCOFIE's update report.



Committee Assurance	
Committee	Choose an item.
Level of Assurance	NA

Appendices	
Appendix No.	Appendix Name
Appendix 1	

Implications				
Group Strategic Objectives				
<input checked="" type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input checked="" type="checkbox"/> Affordable Services, fit for the future		<input checked="" type="checkbox"/> Empowered, engaged staff		
Risks				
As per report				
CQC Theme				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input 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 checked="" type="checkbox"/> Finance and use of resources		<input checked="" type="checkbox"/> Local strategic priorities		
Financial implications				
As per report				
Legal and / or Regulatory implications				
As per report				
Equality, diversity and inclusion implications				
As per report				
Environmental sustainability implications				
As per report				



1.0 Purpose of paper

This paper gives a brief summary of the progress that has been made on the delivery of key building projects within the trust capital plan.

These projects are overseen by a project steering group for each scheme that ensures that the progress towards completion, the level of spending, and that the original objectives of the project brief are being delivered in an effective way.

The updates below are not intended to provide any level of detail, rather they are a brief snapshot in order to demonstrate the progress that is being made.

2.0 ITU

The ITU building is currently in the construction phase and is located adjacent to the Atkinson Morley wing. The current status of the project is as follows:

- Currently in construction phase. Start on site October 23 and completion due June 2025. Volumetric modular solution with over 85% of modules currently installed on site. Remainder to be delivered in the next 6 weeks. Installation of external cladding to follow and internal fit out works in progress. Opening formed in adjacent PFI building in preparation for connection works.
- Negotiation with PFI continues to agree contractual agreement to vary Project Agreement.
- Conditional planning consent received August 2024 – Section 106 legal agreement to be signed shortly and conditions will be systematically discharged thereafter.
- Costs currently being reported within budget envelope; no project contingency available.
- Separate enabling works contract completed which included substation, diversion of utilities and service road.

3.0 Renal

The new renal building will bring together services from St. George's and some from St Helier. The building is currently due to go to the Local Authority Planning Committee early in the new year.

The current status of the project is as follows:

- Principal Supply Chain Partner (PSCP) or main contractor, was procured back in 2022 – IHP (a JV between Sir Robert McAlpine and Vinci). RIBA Stage 3 design signed off and Stage 4 design nearing completion.
- Preparing Full Business Case for submission in May 2025.
- IHP currently procuring subcontract packages in order to build up Target Cost Price – over 50 packages.
- Planning application with London Borough of Wandsworth – due to be determined in January 2025.



4.0 Hybrid Theatre

- Preferred equipment supplier identified.
- RIBA Stage 3 design complete and signed off; Stage 4 is now going through final approvals.
- Two stage contractor procurement just concluding with preferred supplier due to be identified this week.
- Project in High Risk Building, so submission due to be made to Building Safety Regulator (BSR) in January 2025.
- Planned start on site April 2025 and completion July 2025

5.0 Nicholls Ward

- Paediatric ward refurbishment as output from Time for Change charity appeal.
- Nicholls ward is first phase of works planned for Summer 2025
- RIBA stage 3 design complete and approved; Stage 4 in progress.
- Contractor procurement activity just launched.
- Project in High Risk Building so requires submission to BSR – aiming for March 2025.
- Current budget provided by the charity.
- Some additional funding will be required by the Trust to address backlog scope.

6.0 Atkinson Morley Wing Terraces

- Charity funded project to 'landscape' two of the existing external terraces to the AMW building
- This has been several years in development due to a combination of the dual funding sources – St George's Charity and John King Brain Tumour Foundation and the challenge of it being the PFI building.
- All design works complete, planning application with London Borough of Wandsworth and determination delayed.
- Contractor procurement complete and preferred supplier identified.

17.0 Other Charity Funded Projects

- Marnham Ward family room – room redecoration and new furniture– to be concluded January/February 2025.
- ED radiography registrar office – room refurbishment and fit out– to be concluded January/February 2025.

Mark Bagnall

Group Chief Officer, Facilities, Infrastructure and Environment

Council of Governors

Meeting in Public on Thursday, 12 December 2024

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

Executive Summary			
<p>This report provides an overview of the key operational performance information across St George's Hospitals (SGUH) based on the available data (October 2024), highlighting several improvements and achievements, along with an overview of significant challenges and the actions implemented to address them.</p>			

Action required by Council of Governors			
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> Note the report. 			

Appendices	
Appendix No.	Appendix Name
Appendix 1	N/A

Implications				
Group Strategic Objectives				
<input checked="" type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input checked="" type="checkbox"/> Affordable Services, fit for the future		<input checked="" type="checkbox"/> Empowered, engaged staff		
Risks				
Regulated activities				
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 checked="" type="checkbox"/> People
<input checked="" type="checkbox"/> Preventing ill health and reducing inequalities	<input checked="" type="checkbox"/> Leadership and capability
<input checked="" type="checkbox"/> Finance and use of resources	<input checked="" type="checkbox"/> Local strategic priorities
Financial implications	
Legal and / or Regulatory implications	
Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations	
Equality, diversity and inclusion implications	
Environmental sustainability implications	



SGUH Operational Performance Report

October 2024

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



Outstanding Care, Together: Our strategy 2023 to 2028

Publication Date: 02 Dec 2024

Executive Summary

Operational Performance



St George's Hospital

Successes

- The Elective Recovery Fund activity, which measures value-weighted elective activity, is ahead of plan year-to-date.
- First and procedure outpatient (OP) attendances as a percentage of total OP appointments continues to exceed target achieving 51.6% (above the national ask of 49%).
- The number of RTT pathways waiting for more than 65 weeks at the end of September is 10 (Neurosurgery 5, Plastic Surgery 3, Gastro 1, Gynaecology 1) against a trajectory of 20.
- Patient Initiated Follow-up (PIFU) uptake is increasing across all divisions. Plan to achieve 2% for October 2024 is on track.
- Diagnostic waits over 6 weeks remain within the 5% recovery target despite current challenges.
- Cancer 62-day performance improved achieving 81.9% in September 2024 compared to 77.2% in August 2024. Gynae, Lower GI, Skin and Urology reporting a compliant position.
- Performance against the 4-hour operating standard continues to exceed target, achieving 78.3% in September
- Average Length of Stay in an acute bed continues to track below the mean at 10 days.

Challenges

- The number of RTT 52-week pathways remains above plan with 743 patients waiting (a reduction from 789 in August), largest proportion within Neurosurgery and General Surgery. Continued growth seen in the non-admitted PTL.
- DNA Rates continue to be above target with 10% of patients through October 2024 not attending their scheduled appointment compared to peer median of 9.9%. Speciality DNA rates presented to all operational leads in Elective Access Meeting and actions identified.
- Theatre Capped Utilisation rates remain below the 85% target. There is continued emphasis on scheduling, particularly the 6-4-2 escalation processes, to ensure fully booked theatre lists. Deep dives into daycase rates underway through Recovery Meetings.
- Faster Cancer Diagnosis performance did not meet target in September 2024 reporting 70.4%. Focused recovery plans across all specialties are in place.
- Demand for diagnostic tests is now outstripping capacity October and November performance at risk.
- High proportion of beds continue to be occupied by patients not meeting the criteria to reside.

Operational Performance

Overview Dashboard | Elective Care



St George's

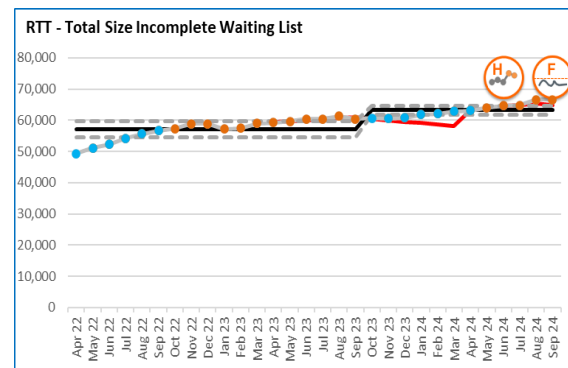
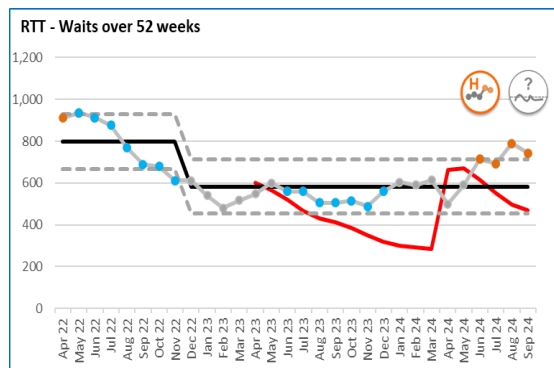
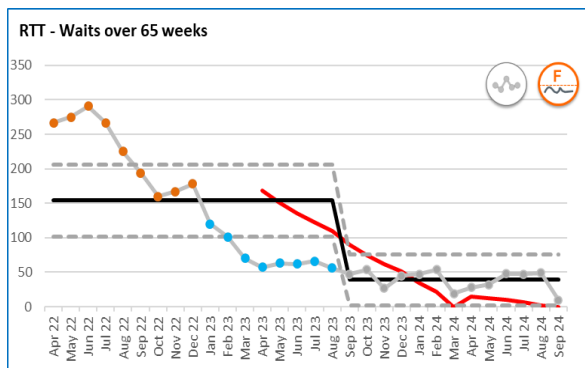
KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
Elective Ordinary Activity % of plan	Oct 24	87.1%	84.5%	-			
Elective Daycase Activity % of plan	Oct 24	100.3%	96.8%	-			
Outpatient first attendances without a procedure - ERF scope % of plan	Oct 24	138.5%	137.2%	-			
Outpatient procedures - ERF scope % of plan	Oct 24	89.6%	79.0%	-			
Diagnostic Activity	Sep 24	19866	20268	21345			
BADS All Daycase & Outpatient Procedures % of total procedures	Jul 24	80.9%	80.0%	83.6%			Lowest Quartile
Theatre Utilisation (Capped)	Oct 24	79.1%	79.7%	85.0%			Lowest Quartile
Outpatients Patient Initiated Follow Up Rate (PIFU)	Sep 24	1.0%	1.3%	5.0%			Lowest Quartile
First and Procedure Attendances as a proportion of Total Outpatients	Oct 24	51.6%	52.4%	49.0%			
Outpatients Missed Appointments (DNA Rate)	Oct 24	10.2%	10.0%	8.0%			Lowest Quartile
Outpatient Advice & Guidance Rate per 100 First OPA	Aug 24	17.9	16.9	16.0			2nd Quartile
RTT - Waits over 65 weeks	Sep 24	49	10	0			Top Quartile
RTT - Waits over 52 weeks	Sep 24	789	743	471			3rd Quartile
Cancer - 28 Day Faster Diagnosis Standard	Sep 24	70.4%	70.4%	77.0%			
Cancer 31 Day Decision To Treat to Treatment Standard	Sep 24	97.6%	96.1%	96.0%			Top Quartile
Cancer 62 Day Referral to Treatment Standard	Sep 24	77.2%	81.9%	70.0%			Top Quartile
Diagnostics - 6 Week Waits	Sep 24	3.5%	3.9%	5.0%			2nd Quartile

Watch List KPIs							
RTT - Total Size Incomplete Waiting List	Sep 24	66612	66562	64919			2nd Quartile
RTT - Percentage within 18 weeks	Sep 24	64.3%	63.6%	92.0%			2nd Quartile
RTT - Median Waiting Time	Sep 24	12.6	13.1	-			Top Quartile
On the Day Cancellations not re-booked within 28 days	Oct 24	5	4	0			2nd Quartile

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

Operational Performance

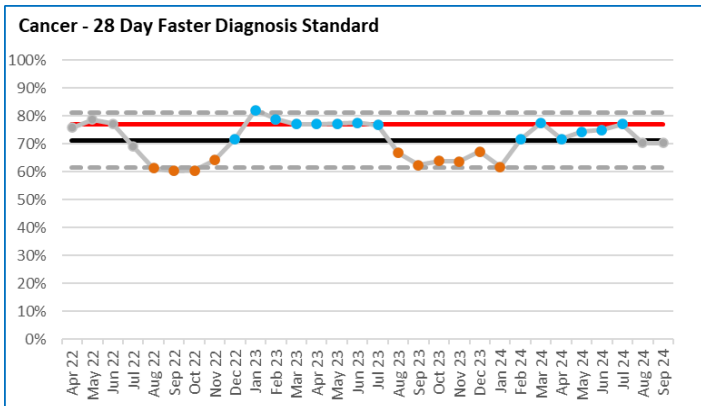
Exception Report | SGUH Referral to Treatment (RTT)



Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
<p>SGUH</p> <p>65 week waits behind plan of 0</p> <p>52 week waits behind plan of 471</p> <p>Waiting list size behind plan increasing trend</p>	<ul style="list-style-type: none"> 65 week waits reporting 10 open pathways (Neurosurgery 5, Plastic Surgery 3, Gastro 1, Gynaecology 1). Expected delivery was 20 (as per predicted outcome in June 2024) Waiting List size has seen slight reduction in the last month with an increase in the number of closed pathways. Admitted pathway waiting list reduced by 2.4%. Continued growth seen in the non-admitted PTL 743 patients >52 weeks compared to 789 at the end of August. Largest proportion within Neurosurgery and General Surgery 3,087 patients un-booked on First Outpatient PTL over 18 weeks, with Neurosurgery holding the highest proportion 	<p>Revised approach to managing long waits: The elective access meeting has adopted some processes and principles around the management of long waits and this is now a priority agenda item on the weekly meeting. Ensuring that long waiting patients are target booked and considered in capacity plans going forward.</p> <p>Capacity Demand Modelling: To fully understand our waiting list growth, we need to properly model what our core capacity is. Then we can focus on driving change and improvement on those areas with gaps</p> <p>Firebreak Clinics: Firebreak clinics are being introduced on a phased approach in specialties to support a reduction in wait times for patients. Paediatrics and Cardiology have begun to</p> <p>Patient Communications: Improving our communication with patients from point of receipt of referral to point of treatment and discharge. This will ensure there is better engagement and reduce DNAs</p>	<p>October 2024</p> <p>January 2025</p> <p>December 2024</p>	<p>sufficient for assurance</p>

Operational Performance

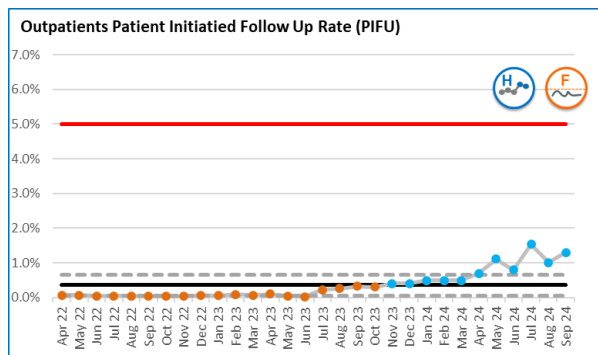
Exception Report | SGUH Cancer Faster Diagnosis Waiting Times



Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH FDS – Plan not met in Sep24	<p>Faster Diagnosis performance of 72.8% against a trajectory of 75.01%</p> <ul style="list-style-type: none"> Gynaecology performance improved to 45.3% challenges timely triage and access to one stop clinics and scans. Skin performance improved to (70.2%) outpatient capacity management has been an issue Breast compliant at 78.4%. Head & Neck at 86.2%. Radiology reporting turnaround times are impacting diagnostic waits. CT replacement program continued with one scanner down. Pathology delays to turnaround times are impacting all pathways. This is a workforce challenge which is currently being addressed. <p>62-day Performance continued to meet plan achieving 81.9%</p> <ul style="list-style-type: none"> Compliance achieved in Gynae, Skin, Lower GI and Urology. Ongoing challenges impacted by access to timely diagnostics and front end one stop clinics. Theatre capacity constraints in Breast and Lung and Urology (Robotic access). 	<ul style="list-style-type: none"> Gynaecology: continued focus on PTL management and one stop capacity coming online to reduce waits for first appointments. Skin: Pathway group set up to support pathway improvement work supported by service improvement manager. Breast has an ongoing recovery plan. Lung thoracic: The delays are due to increased referrals relating to Targeted Lung Health Checks programme. Theatre WLI's have been planned for October/ November 24. Haem Oncology clinic demand and capacity review is in progress. Radiology and pathology: Dashboards under development to support real time tracking of radiology scans and reports against national KPIs. 	Recovery time scales are dependent on Resources.	sufficient for assurance

Operational Performance

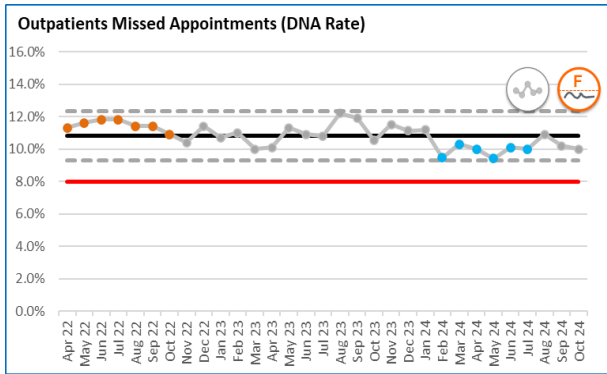
Exception Report | SGUH Patient-Initiative Follow Up (PIFU)



Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH PIFU Rate: Consistently not meeting target, improving trend	In month performance for September was 1.3% - as per Model Hospital. Activity continues to increase with the technical solution to PIFU now designed and rolled out in 10 services Currently have over 3,400 patients on a PIFU pathway. Physiotherapy are our highest users achieving 6.4% position in October	<ul style="list-style-type: none"> From 23rd September (IT Transformation led project) all specialities have the functionality to place PIFU orders, however we are phasing the approach to ensure correct governance of PIFU pathways We currently have over 3,400 patients on a PIFU pathway. Physiotherapy are our highest users achieving 6% position in September All GIRFT specialties now live. Neurology, Neurosurgery and Audiology went live in October. Planned go live for several more specialties ensuring they are PIFU ready [leaflet in place, clinician understand the process, local SOP In place. Focussed approach in the next month on PIFU communication and engagement with services who are placing order but have no officially launched Require engagement, education and training throughout all services, including those we have already launched in. 	2% planned for October 2024 – post launch of PIFU order for all specialities	sufficient for assurance

Operational Performance

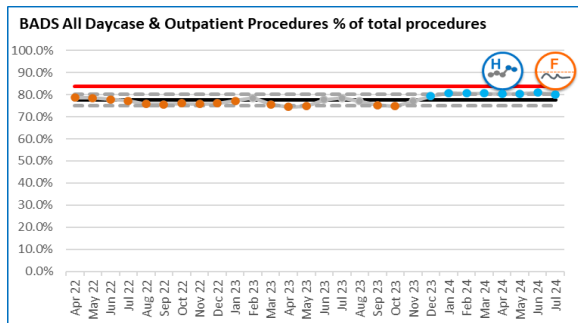
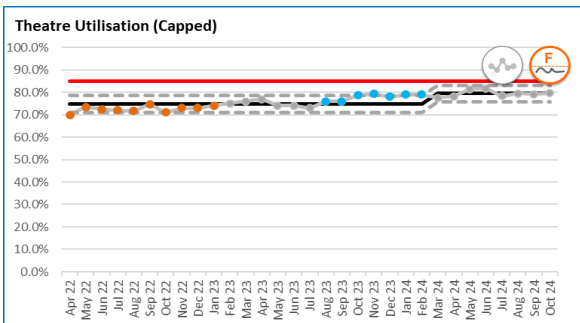
Exception Report | SGUH Missed Appointments (DNA Rate)



Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH Normal variation consistently not met target of 8%	<ul style="list-style-type: none"> Current DNA rates of 10 Peer median performance 9.9% Higher than peer – DNA for patients referred on a 2 week wait Highest levels of DNA rates remain in our new / first outpatient appointments 	<ul style="list-style-type: none"> Speciality DNA weekly performance presented to all operational leads in Elective Access Meeting. Deep dive, with actions being undertaken in the areas with highest areas of DNA rates All services reviewing their appointments that have one way reminder texts monthly for Day 7 and Day 2 before every appointment. Now have ability to launch Bulk Messaging and Quick Question through the patient portal for services to ‘push’ additional reminders or complete DNA audit Ask all Divisions to include DNA reviews within their Divisional reporting (if not already), prompting services to take ownership of their position and drivers behind this Reviewing the way we communicate with patients and timeframe for booking Working group has commenced to review and cease booking to first available. 	TBC	sufficient for assurance

Operational Performance

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



Model hospital recently updated capped utilisation methodology introducing additional exclusions which improves performance for both Trusts. Internal reporting to be updated to align.

Please note Model Hospital have updated BADS methodology now including outpatient procedures.

The calculation now measures the number of Outpatient Procedure and Day case Procedures as a proportion of all Procedures (Outpatient, Daycase and Inpatients). This is not comparable to previous data.

Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH - Theatre Utilisation (capped): 80% 81%- IP 79%-DSU 66%- QMH	<ul style="list-style-type: none"> Model Hospital recently updated its methodology, introducing several exclusions that have improved our performance by an average of 1.6%. The updated MH rules have inadvertently increased the number of rejected sessions in national data submissions, as they are now higher compared to the previous methodology. While there has been an upward trend in capped utilisation across the Trust, both DSU and QMH utilisation fell below target in October. In October, 47 OTDCs were reported, which is higher when compared with previous month. 	<ul style="list-style-type: none"> As part of the Theatre Transformation Programme - ongoing work to rollout ePOA across specialties, which will improve access to service and subsequently reduce On The Day Cancellations due to clinical reasons. Redesign of Tableau Theatre Dashboards to reflect the new Model Hospital rules. Continued emphasis on scheduling, particularly 6-4-2 escalation processes “Perfect Moring” workshops underway to optimise theatre productivity, with Vascular as the pilot surgical group. Lists not booked to more than 75% utilisation with 2 weeks’ notice are being reviewed and stood down. Unless there is a clinical exception to this standard. Further work is being planned to understand the scope for improvement of average cases per session across different specialities, particularly at QMH. 	TBC	sufficient for assurance
SGUH: Improving trend however performing below benchmark of 83.6%	<ul style="list-style-type: none"> Effects of data correction and improved recording continues to support an improving trend. Procedures normally coded as daycase often booked as an intended management of elective overnight due to the complexity of patients referred to SGUH. Data suggests there is an opportunity to convert some elective inpatient work to daycase and outpatient which is being reviewed in highlighted specialities 	<ul style="list-style-type: none"> BADS compliance is being discussed with all surgical specialities within theatre transformation deep dives to explore opportunity. Further work is required to ensure cases are being coded appropriately. Undertaking a significant piece of work on QMH which includes expanding the inclusion criteria at QMH which will increase throughput. Deep dive into BADS metric to understand opportunity for improvement, data shared with Breast team to review and determine whether intended management code is being used correctly and plans to correct if required (particular outlier). 	TBC	Sufficient for assurance

Operational Performance

Overview Dashboard | Urgent and Emergency Care



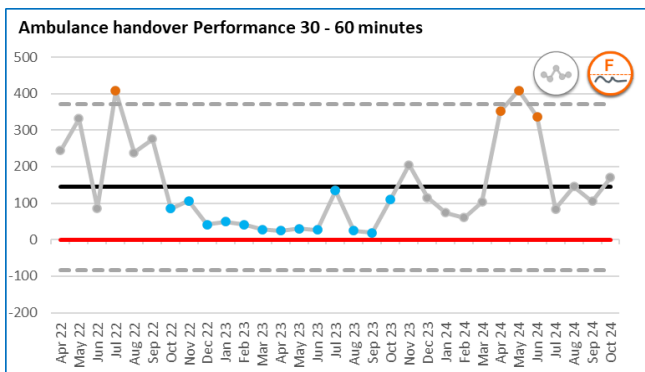
St George's

KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
4 Hour Operating Standard	Oct 24	78.3%	78.3%	78.0%			2nd Quartile
Over 12 Hours in ED from Arrival (%)	Oct 24	9.2%	9.0%	8.8%			2nd Quartile
Ambulance handover Performance 30 - 60 minutes	Oct 24	105	170	0			
Ambulance handover Performance 60+ minutes	Oct 24	1	4	0			
Non Elective Length of Stay	Oct 24	9.3	10.1	-			
Length of stay > 21 days (super stranded)	Oct 24	157	158	117			
Overnight G&A beds occupancy - Adults	Oct 24	95.6%	96.8%	90.8%			
Number of patients not meeting criteria to reside (Daily Avg)	Oct 24	136	129	86			

Watch List KPIs							
Mental health delays 4 Hour Breaches	Oct 24	143	139	-			

Operational Performance

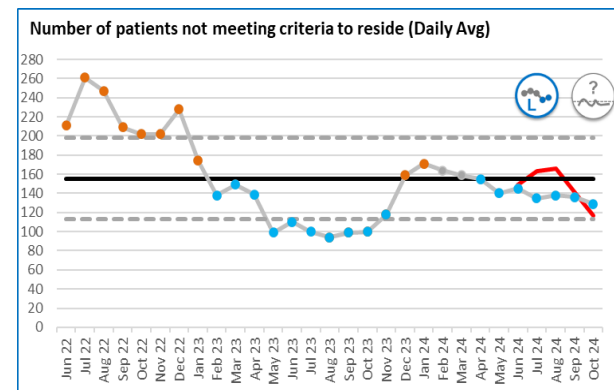
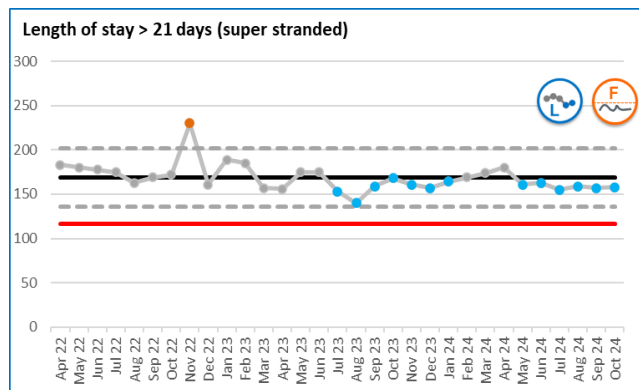
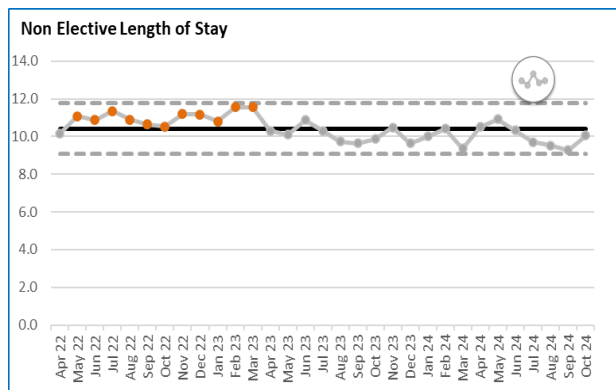
Exception Report | SGUH Ambulance Handovers



Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
<p>SGUH LAS Target consistently not met showing common cause variation.</p>	<p>Four Hour Performance in October 2024 was 78.33%, on par with September performance. On average across the month, 86 ambulance conveyances arrived per day compared to 88 through September 2024. 85.5% of 2,680 LAS arrivals were off-loaded <15 minutes. Lower rates in the number of patients waiting for more than 30 minutes for ambulance handover are being maintained. The key drivers of operational pressures and delays are:</p> <ul style="list-style-type: none"> •DTA's in department •High number of complex mental health patients spending >24hrs in department •Increased hours of corridor care 	<ul style="list-style-type: none"> •Dedicated Treatment pod for faster delivery of IVs •Dedicated investigation cubicle to reduce time to finding equipment •Maintaining in-and-out spaces to aid flow •RAT rota fully established to redirect patients where appropriate •Continue to work with 111 to optimise UTC utilisation •Further development of SDEC inclusion criteria •Direct access to Paediatric clinics for UTC plastic patients. •Enhanced boarding and cohorting continue to be business as usual across site •Weekly meetings with LAS are underway to resolve issues both Trust and LAS have faced •Increased discharge lounge capacity allowing for increased criteria of patients that were previously rejected. •Full Capacity Protocol launched 5th Nov •Frailty SDEC to pilot from 25th Nov 	TBC	Internal validated figures

Operational Performance

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



Site & Metric	Cause of variance/ non-compliance	Actions: Completed since last update, New, and Ongoing	Recovery Date	Data Quality
SGUH NCTR LOS Los>21days: Consistently not meeting target, all showing performance below mean	<ul style="list-style-type: none"> Now adopted the SWL methodology for calculation of non-elective average length of stay (i.e. Adult patients discharged from the hospital in month that had a method of admission of emergency but excluding patients that did not have an overnight stay in hospital and excluding maternity, paediatric and A&E specialties). Non-Elective Length of Stay below the mean for the fifth consecutive month however increase seen through October 2024. Largest cohort of patients with LOS>21 days Geriatric Medicine (avg. 31 beds per day) and Neurology (avg. 19 beds per day). NCTR Delays – on average 136 beds per day across September. Hospital and Social Care Interface process highlighted as highest reason for delay. In particular we see a significant number of patients awaiting Packages of Care, as well as beds in mental health institutions. 	<ul style="list-style-type: none"> The Emergency floor and the Integrated Care Transfer Hub continue to review if Social Workers & CLCH partners can attend on site. Increase in bedding in SDEC / AAA overnight impacting ED exit flow Good improvement in earlier discharges MADE “style” Events has resumed given increased operational pressure Transfer of Care team provided vital in-person support on the wards to facilitate discharge The Trust has replaced Red2Green with the National Criteria to Reside tool for daily electronic tracking patients' readiness for safe and timely discharge to improve patient flow and reduce length of stay. Focussed sessions with ward teams to improve NCTR data capture The division has agreed, with support from Senior Leadership Team to close one bay (6 beds) on MSW over the summer, planned for July – November inclusive. Significant improvement in the number of NCTR forms completed prior to 9.30am daily, reflecting a more accurate number of patients NCTR. This is being reviewing in the daily 10.30am bed meetings. 	TBC	sufficient for assurance



Appendices

Statistical Process Control (SPC)

Interpreting Charts and Icons



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

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

Appendix 2

Metric Technical Definitions and Data Sources



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

Glossary of Terms



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

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

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

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

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



Council of Governors

Meeting on Thursday, 12 December 2024

Agenda Item	3.3	
Report Title	Learning from Complaints	
Executive Lead(s)	Arlene Wellman, Group Chief Nursing Officer	
Report Author(s)	Amanda Lavender, Group Deputy Director of Nursing Projects Stephanie Sweeney Group Director of Nursing for Quality and Safety Governance	
Previously considered by	n/a	Click or tap to enter a date.
Purpose	For Noting	

Executive Summary

This paper outlines how St George's University Hospitals NHS Foundation Trust (SGH) has approached complaints management during the 2023/2024 period, focusing on learning from complaints to drive service improvements. It highlights trends, challenges, and progress in addressing issues raised by patients and service users.

Key highlights include:

- **814 complaints received**, reflecting a 20% increase from the previous year due to rising service demand, longer waiting times, and staff shortages.
- **Primary themes:** Clinical treatment/care (45.5%), communication (14.6%), and staff attitude (11%).
- **Backlog reduction:** Addressed 59 of the 100 identified backlogged complaints between January and March 2024, leaving 41 pending cases.
- **Timeliness challenges:** Only 58.2% of complaints were resolved within allocated timescales, compared to 88.2% in 2022/2023, driven by staffing pressures and complex case handling requirements.
- **Improvement initiatives:**
 - Adoption of a **Quality Improvement (Qi) methodology** to standardise complaints handling.
 - Reconfiguration of the **Datix system** to improve tracking and accountability.
 - Enhanced **staff training programs** for complaint investigation and resolution.
 - Group Integrated **Complaints Policy** with joined up ways of working.



Action required by Choose an item.

The Council of Governors is asked to:
 a. Note the paper and requirement necessary to improve patient experience.

Committee Assurance

Committee	Council of Governors
Level of Assurance	Choose an item.

Appendices

Appendix No.	Appendix Name
Choose an item.	N/A

Implications

Group Strategic Objectives

- | | |
|--|---|
| <input checked="" type="checkbox"/> Collaboration & Partnerships | <input checked="" type="checkbox"/> Right care, right place, right time |
| <input type="checkbox"/> Affordable Services, fit for the future | <input checked="" type="checkbox"/> Empowered, engaged staff |

Risks

As set out in the paper

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 checked="" type="checkbox"/> People |
| <input type="checkbox"/> Preventing ill health and reducing inequalities | <input checked="" type="checkbox"/> Leadership and capability |
| <input type="checkbox"/> Finance and use of resources | <input type="checkbox"/> Local strategic priorities |

Financial implications

While the primary costs associated with complaints management are staffing and operational resources, delays and unresolved complaints can result in increased administrative burden and reputational risks. Enhanced systems like Datix reconfiguration will deliver long-term efficiencies and reduce recurring costs associated with poor complaints handling.

Legal and / or Regulatory implications

Complaints handling at SGH must comply with the **NHS Complaints Regulations (2009)** and national standards. Effective complaint resolution mitigates legal risks, prevents potential escalations to the Parliamentary and Health Service Ombudsman (PHSO), and ensures the Trust meets its regulatory obligations for patient safety and quality.

Equality, diversity and inclusion implications

The Trust is committed to ensuring equitable access to complaints processes for all patients and their representatives, addressing any barriers related to language, disability, or cultural differences. Steps are being taken to improve inclusivity through updated policies, communication materials, and training for staff to handle diverse patient needs effectively.

Environmental sustainability implications



Learning from Complaints

Council of Governors, 12 December 2024

1.0 Purpose of paper

The purpose of this paper is to:

1. Provide the Council of Governors with an overview of complaints handling at SGH for the 2023/2024 period.
2. Highlight key themes, trends, and lessons learned from patient feedback to inform quality improvement strategies.
3. Share progress made in reducing the complaints backlog and outline the steps being taken to enhance complaints management.
4. Note the ongoing improvement initiatives and recommendations aimed at ensuring timely and effective handling of complaints.

This report aims to demonstrate SGH's commitment to listening to patients, learning from their concerns, and fostering a culture of continuous improvement.

2.0 Background

Complaints are a critical source of feedback for healthcare organisations, offering insights into areas where services can be improved to enhance patient care, safety, and satisfaction. St George's University Hospitals NHS Foundation Trust (SGH) has experienced an increase in complaints during the 2023/2024 period, reflecting both external pressures and internal challenges.

2.1 Context

In accordance with NHS Complaints Regulations (2009), the Trust is required to maintain robust systems for managing complaints effectively and learning from them. Complaints are handled in line with national guidance, focusing on timely acknowledgment, comprehensive investigation, and actionable learning to improve patient experiences.

2.2 Complaint Volume and Trends

During 2023/2024, SGH received **814 complaints**, a 20% increase from the **678 complaints** received in 2022/2023. This rise was partly anticipated due to a combination of factors, including:

- Increasing demand for services against limited capacity.
- Longer waiting lists and inpatient stays.
- Staff shortages and associated burnout.
- External socioeconomic pressures, such as the rising cost of living, impacting patient well-being.



2.3 Complaint Themes

Complaints at SGH are categorised into 18 themes, with the primary issues reported in 2023/2024 being:

- **Clinical treatment/care (45.5%)**
- **Communication (14.6%)**
- **Staff attitude (11%)**

These themes highlight areas where service quality and staff interactions with patients require focused improvement.

2.4 Complaints Handling Challenges

Several challenges impacted SGH's ability to meet performance standards, including:

- **Acknowledgment Rates:** While SGH acknowledged 93% of complaints within three working days, this fell slightly short of the national target of 95%.
- **Timely Responses:** Only 58.2% of complaints were resolved within the agreed timescales, a significant decline from 88.2% in 2022/2023. Contributing factors included staff shortages, operational pressures, and the complexity of complaints requiring extensions.

2.5 Improvement Efforts

In February 2024, a comprehensive review of the complaints-handling approach was initiated under the leadership of the Group Chief Nursing Officer. The review adopted a Quality Improvement (Qi) methodology to address systemic challenges and included:

- Workshops on new processes to support staff feedback to evolve changes
- Reconfiguring the Datix system for better tracking and reporting.
- Standardising processes across divisions to ensure consistency.
- Introducing staff training programs to improve investigation quality.
- Including complaints data in quality and safety reporting to enable monitoring and shared learning
- Introducing patient and staff surveys to capture impact of process change.
- Develop and launch Group Complaints Policy

2.6 The Importance of Learning from Complaints

Complaints provide valuable insights that enable SGH to:

- Identify recurring issues and trends to address them proactively.
- Improve patient safety and reduce the risk of repeat complaints.
- Foster a culture of accountability and continuous learning within the organisation.



3.0 Key issues for consideration in Learning from Complaints

The process of learning from complaints at St George's University Hospitals NHS Foundation Trust (SGH) is critical for improving patient care, safety, and satisfaction. However, several challenges and opportunities have been identified that must be addressed to strengthen the Trust's ability to learn effectively and consistently from complaints. These key issues include:

3.1 Variability in Capturing and Sharing Lessons Learned

Although complaints investigations often lead to valuable insights, the process of capturing and disseminating these lessons across divisions remains inconsistent. Current challenges include:

- Variability in how recommendations from complaint investigations are documented.
- Lack of a centralised system for tracking whether actions based on lessons learned have been implemented.
- Limited cross-divisional sharing of best practices and learning opportunities.

This highlights the need for more robust systems to ensure that learning from complaints is standardised and actionable.

3.2 Themes Requiring Continuous Improvement

Recurrent themes in complaints, such as clinical care (45.5%), communication (14.6%), and staff attitude (11%), indicate areas requiring ongoing attention and targeted interventions. These themes reflect systemic issues that, if addressed effectively, can lead to significant improvements in patient experience and satisfaction.

3.3 Balancing Reactive and Proactive Learning

While SGH has implemented several measures to respond to complaints effectively, there is an opportunity to shift toward a more proactive approach by:

- Using complaints data to identify systemic issues before they escalate.
- Integrating complaints feedback with other patient experience data to gain a holistic understanding of improvement areas.
- Developing preventive measures to address the root causes of common complaints.

3.4 Limitations in Monitoring and Accountability

A recurring issue is the lack of robust mechanisms to monitor the implementation of learning from complaints. This includes:



- Ensuring accountability at the divisional level for actions identified during investigations.
- Tracking the impact of changes made in response to complaints over time.
- Standardising how learning is recorded and reviewed across the organisation.

The reconfiguration of the Datix system is expected to address these gaps by providing a centralised platform for monitoring and reporting.

3.5 Staff Training and Engagement

Effective learning from complaints requires that staff across all levels are equipped with the skills and tools to:

- Conduct thorough and consistent complaint investigations.
- Translate findings into actionable improvements.
- Engage in open and transparent communication with complainants to rebuild trust.

Currently, the level of training and engagement in these areas varies, creating opportunities for improvement.

3.6 Measuring the Impact of Learning

SGH lacks comprehensive mechanisms to evaluate the effectiveness of learning from complaints. For example:

- Are changes implemented after a complaint investigation improving patient outcomes and experiences?
- Are recurring complaints reducing over time in areas where improvements were targeted?

Developing metrics to measure the impact of learning from complaints will enable the Trust to assess the success of its initiatives and identify areas needing further attention.

Addressing the Key Issues

To enhance learning from complaints, SGH is focusing on the following initiatives:

1. **Standardisation:** Implementing consistent processes for capturing, sharing, and acting on learning from complaints.
2. **Digital Tools:** Utilising the reconfigured Datix system for centralised tracking and reporting of lessons learned and actions taken.
3. **Staff Development:** Expanding training programs to improve investigation quality and accountability.
4. **Impact Assessment:** Establishing metrics to evaluate the outcomes of complaint-driven changes and inform future improvements.
5. **Proactive Learning:** Integrating complaints data with other quality and safety data to identify trends and prevent issues before they arise.
6. **Workshops:** Staff involvement in the revision of complaint processes to ensure engagement of change and active participation in proactive complaints management



7. **Revised Policy:** Implementing a revised complaints policy to guide staff on the management of complaints, including action learning
8. **Patient Surveys:** Ensuring the patient voice is captured on their experience of the complaints process to guide improvements
9. **Staff Surveys:** Ensuring staff are involved in the QI process

4.0 Conclusion

SGH recognises the vital role complaints play as a mechanism for learning and driving improvement. The 2023/2024 period has highlighted significant challenges, including an increase in complaints volume, delays in resolution, and a need for stronger accountability and consistent implementation of learning. However, through the adoption of Quality Improvement methodologies, the reconfiguration of the Datix system, and a renewed focus on staff training and engagement, SGH has taken meaningful steps to address these issues.

SGH is working to ensure that lessons from complaints translate into tangible improvements in patient care and experience. Continued efforts to standardise processes, enhance monitoring and accountability, and proactively address recurring themes will be critical in achieving these goals. As the Trust moves forward, it is committed to transforming challenges into opportunities to provide safer, more compassionate, and responsive care for all patients and their families.

5.0 Recommendations

The Council of Governors is asked to note the developments necessary to improve the patient experience.



Council of Governors

Meeting on Thursday, 12 December 2024

Agenda Item	4.1	
Report Title	Finance report Month 07 (October)	
Executive Lead(s)	Andrew Grimshaw, Group Chief Finance Officer	
Report Author(s)	GCFO plus site CFOs	
Previously considered by	Finance Committees-in-Common	29 November 2024
Purpose	For Noting	

Executive Summary	
<p>The trust is £5.8m adverse to plan at Month 7. The YTD deficit position is driven by baseline pressures (£1.6m), CIP non-delivery (£2.4m), the impact of Industrial Action (£0.8m) and the impact of the Cyber Attack (£0.9m).</p> <p>There are pressures on the plan that are being managed with non-recurrent resources and delivery of the plan by year end is at risk. The key message from the Trust Board to SWL and NHSE is:</p> <ul style="list-style-type: none"> • Delivery of the year end financial plan remains at risk with the current forecast indicating a year end adverse variance from plan of £14m • Work continues to see if this can be improved. <p>The Group Executive Team are focused on seeking to deliver the best year end position possible provide regular reports to the Finance Committee and Trust Board.</p>	

Action required by the Council of Governors	
The Council is asked to note this paper	

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

Appendices	
Appendix No.	Appendix Name
	None



Implications				
Group Strategic Objectives				
<input checked="" type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input checked="" type="checkbox"/> Affordable Services, fit for the future		<input checked="" type="checkbox"/> Empowered, engaged staff		
Risks				
BAF SR4.				
CQC Theme				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
NHS system oversight framework				
<input type="checkbox"/> Quality of care, access and outcomes		<input checked="" type="checkbox"/> People		
<input type="checkbox"/> Preventing ill health and reducing inequalities		<input checked="" type="checkbox"/> Leadership and capability		
<input checked="" type="checkbox"/> Finance and use of resources		<input type="checkbox"/> Local strategic priorities		
Financial implications				
IN support of delivering the Group financial plans.				
Legal and / or Regulatory implications				
Equality, diversity and inclusion implications				
Environmental sustainability implications				



Council of Governors 12th December 2024 2024/25 Month 7 (October) Financial Performance

GCFO, SGH Site CFO, ESTH Site CFO



Summary M7 position

GESH



	Issue	Action
Summary I&E	<ul style="list-style-type: none"> Trust off plan by £5.8m to date and on an underlying basis by £4.1m after using a material number of non recurrent benefits above plan. Brought forward NR benefits from later in the year (£1.8m). Delivered mitigations of £9.4m including £2.9m of NR benefits and £3.8m of NR income. 	<ul style="list-style-type: none"> Deloitte have been engaged to review controls environment and opportunities for further cost control/CIP. This has highlighted the trust control environment is robust Continued focus on cost control and the development and delivery of CIPs through site management meetings. Work with system partners to identify actions to address operational pressures.
Workforce costs and WTE plan	<ul style="list-style-type: none"> Pay expenditure is overspent against budget. WTE is adverse to plan by 420 due to the step up in CIP delivery planned for in M4/7 of 333 and operational pressures of 73. CIP plan included in plan submission assumed a higher level of WTE reduction. This has not been seen with more workforce price reductions, income, non-pay and non-recurrent actions. 	<ul style="list-style-type: none"> Increased focus on control actions in key areas notably agency controls all staff groups, medical temporary staff costs, nursing rota management and continued challenge through vacancy control. Opportunities for system wide work on medical staffing and agency costs. Management of activity pressures, especially in the UEC pathway in support of both CIP plans and mitigating current pressures above plan.
CIP delivery	<ul style="list-style-type: none"> £3.1m adverse to plan (although this includes b/f £0.8m benefit) with £3.7m less recurrent than plan. 	<ul style="list-style-type: none"> Continued focus on CIPs identification and delivery within the Trust. Work actively with SWL groups to identify other opportunities and system wide actions, including estates, medical staffing and agency. A process for Quality Impact Assessments led by the GCMO and GCNO is in place for CIPs.
Capital	<ul style="list-style-type: none"> M7 YTD position is behind plan mainly due to SECH enabling unlikely to be drawn down in year and slippage in ITU Minor delays in ITU could attract NHSE attention. 	<ul style="list-style-type: none"> Careful monitoring and forecasting of capital will be required in both trusts across the year. Continue focus on key projects.
Cash	<ul style="list-style-type: none"> NHSE informed the system and Trust that the £120m system deficit would be cash backed with cash in allocations from October. Cash pressure is not expected for the rest of the financial year. 	<ul style="list-style-type: none"> Maintain focus on cashflow forecasting and management ensuring effective processes in place for working capital management.
Forecast to year end	<ul style="list-style-type: none"> The trust is forecasting it will be £14m adverse to plan at year end after the impact of mitigations. SWL has been informed that we expect to miss our financial plan. 	<ul style="list-style-type: none"> Every effort will be made to improve on this but at present it is

SGH - Summary Reported Position



		Full Year Budget (£m)	M7 Budget (£m)	M7 Actual (£m)	M7 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Income	Patient Care Income	1,061.7	103.4	103.4	0.1	627.3	631.1	3.9
	Other Operating Income	162.1	16.3	15.5	(0.8)	94.0	97.2	3.2
Income Total		1,223.8	119.7	119.0	(0.7)	721.3	728.3	7.0
Expenditure	Pay	(756.8)	(77.9)	(77.3)	0.6	(445.8)	(449.4)	(3.6)
	Non Pay	(446.3)	(39.8)	(41.7)	(2.0)	(268.8)	(278.0)	(9.3)
Expenditure Total		(1,203.1)	(117.7)	(119.1)	(1.4)	(714.6)	(727.4)	(12.8)
Post Ebitda		(25.1)	(1.2)	(1.2)	0.0	(14.6)	(14.6)	0.0
Grand Total		(4.3)	0.7	(1.3)	(2.0)	(8.0)	(13.7)	(5.8)

The Trust is reporting a £13.7m deficit YTD in M7, which is £5.8m adverse to plan. The YTD deficit position is driven by baseline pressures (£1.6m), CIP non-delivery (£2.4m), the impact of Industrial Action (£0.8m) and the impact of the Cyber Attack (£0.9m).

Income

- Income is £0.7m adverse to plan driven by a £1.7m YTD budget adjustment for group recharges that offsets with pay. The underlying position is therefore £1.0m favourable driven by additional SWLP (£0.7m) and divisional (£0.3m) income offsetting pay and non-pay costs.

Pay

- Pay is £0.6m favourable to plan driven by a £1.7m YTD budget adjustment for group recharges that offsets with income. The underlying in month income position is therefore £1.1m adverse driven by a £0.8m negative CIP target variance, £0.3m overspend in medical pay and £0.3m overspend in ward nursing. This is partially offset by a favourable variance on corporate non-clinical where costs have moved to non-pay.

Non-Pay

- Non-Pay is £2.0m adverse to plan in month. This is driven by additional non pay costs offset by additional income, inflation and other non-pay pressures. £0.2m is driven by a negative CIP target variance.

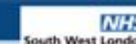


St George's, Epsom and St Helier
University Hospitals and Health Group

SGH revenue metrics Scorecard



SGH Finance Scorecard



Finance											
Category	YTD Plan	YTD Actual	YTD Variance	YTD RAG	% Variance	FY Plan	FOT	Variance	RAG	% FY Variance	
OPEX	Substantive Pay	399.2	407.1	-7.9	A	-2.0%	677.2	677.2	0.0	G	0.0%
	Bank Pay	36.3	34.8	1.5	G	-4.1%	61.9	61.9	0.0	G	0.0%
	Agency Pay	10.3	7.4	2.9	G	28.0%	17.6	17.6	0.0	G	0.0%
	Pay Costs	445.8	449.4	-3.6	A	-0.8%	756.8	756.8	0.0	G	0.0%
	NonPay Costs	268.2	279.0	-10.8	A	-4.0%	447.2	447.5	-0.3	G	-0.1%
	OPEX	714.0	728.4	-14.4	A	-2.0%	1,204.0	1,204.3	-0.3	G	-0.0%
Income	Operating income from patie...	627.3	631.1	3.9	G	0.6%	1,061.1	1,061.1	0.0	G	0.0%
	Other operating income	94.0	97.7	3.7	G	3.9%	162.8	163.7	0.9	G	0.6%
	Total Operating Income	721.3	728.8	7.6	G	1.0%	1,223.8	1,224.8	0.9	G	0.1%
I&E	Reported I&E	-8.0	-13.7	-5.8	R	-72.6%	-4.3	-4.3	0.0	G	0.0%
	Recurrent I&E	-52.7	-62.6	-9.9	R	-18.8%	-83.1	-88.5	-5.4	R	-6.5%
Cash	Cash & cash equivalents	17.3	71.6	54.4	G	314.8%	15.0	15.0	0.0	G	0.0%

Workforce						
	Plan (in month)	Actual (in month)	Variance (in month)	RAG (in month)	% Variance (in month)	
WTEs	Substantive WTE	9,358	9,672	-314	A	-3.4%
	Bank	601	843	-241	R	-40.2%
	Agency	249	118	131	G	52.7%
	Total WTEs	10,208	10,632	-425	A	-4.2%
Cost per WTE	Substantive	7.6	7.4	0.2	G	2.7%
	Bank	8.5	5.8	2.8	G	32.4%
	Agency	5.9	5.8	0.0	G	0.4%
	Total Cost per WTE	7.6	7.3	0.4	G	4.7%

Operational pressures have led to an increase in ED cohorting and additional HCAs for boarding, also increases usage in UTC for GPs and additional cover for Consultants unable to work nights. Acute Medicine and Senior health ward nursing is also nursing increased due to Boarding nurse in Richmond, enhanced care. Jr Docs pressure include Less than full time trainees as well as significant gaps in rotas leads to high levels of bank and agency spend. Key areas are Neonatal, Plastics and T&O. Increased spend on clinical consumables, this is being reviewing versus improved additional ERF activity. Nonpay inflationary pressures above the 2% funded. Contracts that are causing inflationary pressure compared to planning assumptions. E.g. NHSBT (5-10%), Wandsworth Council rates (20%), Mitie contract (4.3%).

The income variance is broadly driven £1.4m related to Commercial pharmacy income with offsetting costs. £2.5m from SWL ICB in M5 to balance our position, is above planned levels of income. £1.3m IA income from NHSE offsetting IA costs.

Total pay costs at SGH are rated amber, with an overspend of 0.8% or £3.6m. IA/Cyber impacts account for £1.5m adverse and challenges in ED and acute wards accounting for the majority of the balance. Non-pay has an adverse variance of £10.8m (4.0%) and this variance is partially driven by a mismatch in income and non pay which is in review. The remaining challenge is from CIP and inflationary pressure. Pay inflation pressure is not being seen YTD, although the bank pay award is expected to give an additional pressure into 2526

SGH are behind plan in M7 with increases in Junior Doctors and an additional CIP assumption of 510 WTE only partially delivered. SGH have significantly lower agency WTEs than plan which is driving a favourable variance against total WTE plan. Agency costs per head, however, were higher than plan so the underspend in cost for agency is not of the same scale and the reduction in WTEs.

Efficiency										
	YTD Plan	YTD Actual	YTD Variance	YTD RAG	% YTD Variance	FY Plan	FOT	Variance	RAG	% Variance
Recurrent Efficiency	23.0	17.9	-5.1	R	-22.3%	46.0	46.0	0.0	G	0.0%
Non-Recurrent Efficiency	11.5	12.4	0.9	G	7.4%	22.5	22.5	0.0	G	0.0%
Total Efficiency	34.6	30.3	-4.3	R	-12.4%	68.5	68.5	0.0	G	0.0%

SGH are £4.3m adverse to CIP targets, CIP risk has been identified as an FOT gap which mitigations are being worked though by the Exec. The Trust will need to ensure that recurrent efficiency continues to be delivered in year so as not to increase the financial challenge in 2025/26. ERF also has challenges related to industrial action and cyber attack that will impact on delivery.

Performance						
Metric	M04	M05	M06	YTD	Target	Variance
ERF	110%	109%	108%	110%	105%	5%
LoS*	7.7	8.0	7.3	8.8	9.4	0.5
Outpatient attendances as a First or Procedure**	49%	49%	48%	49%	49%	0%
A&E Target	82%	81%	78%	80%	78%	2%

Good progress on LOS although significant challenge expected to maintain and improve this position over the winter period.

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

Deloitte Grip & Control Assessment – Summary



- ✓ A comprehensive review of Grip and Control has been undertaken. This identified a good level of financial grip, with standard levels of control in place in all but 1 area (estates). In many areas there was evidence of enhanced and strong controls although there is opportunity for shared learning across the two Trusts.
- ✓ Opportunities to enhance controls identified have been carried forward into KLOEs for CIP opportunities and subsequently quantified.
- ✓ Improvements that offer financial opportunities include management of medical staffing spend and discretionary non pay. Whilst resource management in nursing was enhanced, there are some target areas of improvement with associated financial benefits.

#	Control	SGH		
		Standard	Enhanced	Strong
1	Vacancy Control	4/4	3/4	0/3
2	Nursing Agency and Temp Spend	5/6	2/3	0/3
3	Nursing Rostering	6/7	3/5	0/2
4	Other Staff Agency and Temp Spend	4/5	1/3	2/4
5	Medical Locums and Temp Spend	4/4	1/4	0/3
6	Medical additional shifts	3/3	2/3	0/4
7	Medical Rostering	5/6	0/4	0/1
8	Absence Management	3/4	2/3	1/4
9	Non-Pay Controls	3/4	1/2	2/2
10	Procurement	2/2	2/3	4/4
11	Reporting, Review and Governance	3/3	1/2	1/2
12	PMO	4/5	3/4	2/2
13	Communications	1/3	1/3	1/2
14	Financial Recovery Arrangements	4/4	3/3	4/4
15	Income and Budgeting	3/4	1/4	0/1
16	Estates	3/3	1/2	2/3

Five workstreams has been established to lead further work to deliver the opportunities identified by Deloitte. These cover

1. Medical workforce
2. Nursing workforce
3. Admin workforce
4. Non-pay controls
5. Recruitment controls

Key:

- <33% met
- ≥33% - <66% met
- ≥66% met



Council of Governors
Meeting in Public on Thursday, 12 December 2024

Agenda Item	6.1	
Report Title	Membership Engagement Strategy Update	
Executive Lead(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Report Author(s)	Liz Dawson, Group Deputy Director of Corporate Affairs & Head of Corporate Governance	
Previously considered by	n/a	-
Purpose	For Noting	

Executive Summary

Member engagement activity has increased despite lack of capacity due to the long-term absence of the Governor and Membership Engagement Officer, we expect to gain more traction from January 2025.

The AMM, held on 26 September 2024, was the best-attended in years with around 40 members and governors. The event resulted in 7 new member applications. The 2025 AMM is confirmed for 25 September.

The October 2024 edition of the 'Connected' newsletter had a 1% bounce-back rate and a 27% open rate, which is in line with expectations. Issues with email delivery, are being reviewed as use of the Civica email may have resulted in a number of emails going into spam or junk folders. The November issue was postponed so that we can link with the Trust's December newsletter and so that we can promote governor elections in January and the 'Meet Your Governor' events.

The Council and Member pages of the website were updated, and the 2024-25 Engagement Strategy was published. However, website limitations restrict layout and document upload so it is not as engaging as we might like.

Recruitment for the Associate Young Governor role began in November 2024, with outreach to universities, youth councils, health organizations, and more. The closing date for applications is 9 December 2024.

The Membership Engagement Committee has not met since the last Council meeting but will reconvene in the new year to appoint a new Chair.

The key task in January is confirming dates for stakeholder events and developing an engagement calendar for the year ahead. Governors are asked to share event details from their constituencies to help shape this calendar.

Committee Assurance



Committee	Not Applicable
Level of Assurance	Not Applicable

Appendices	
Appendix No.	Appendix Name
n/a	

Implications				
Group Strategic Objectives				
<input type="checkbox"/> Collaboration & Partnerships				<input type="checkbox"/> Right care, right place, right time
<input type="checkbox"/> Affordable Services, fit for the future				<input type="checkbox"/> Empowered, engaged staff
Risks				
N/a				
CQC Theme				
<input 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 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				
N/a				
Legal and / or Regulatory implications				
N/A				
Equality, diversity and inclusion implications				
As set out in paper.				
Environmental sustainability implications				
N/A				



Membership Engagement Strategy Update

Council of Governors, 12 December 2024

1.0 Purpose of paper

- 1.1 This paper sets out recent member engagement activity and future planning linked to the member engagement strategy that was reviewed at the last Council meeting. It also highlights where support or action by governors is needed.

2.0 Member Engagement Activity September - date

- 2.1 We have made some progress with increased member engagement but, due to the long term absence of the Governor and Membership Engagement Officer while they recuperate from surgery, this has not had the pace that we had planned. We should gain more traction from January.

- 2.2 **Annual Members Meeting (AMM) 26 September 2024** – The AMM, which is organised by the Communications Team, was the most well attended for a number of years with c40 members and governors present. The event was publicised on the website as well via email to members, on social media and across the hospital - both with posters and on the intranet.

Flyers were available at the event with information, including a QR code, on how to sign up as a member and 11 new 'applications' were received over the next few days. The date for 2025 has already been confirmed as 25 September.

- 2.2 **Member Newsletter** – The Member Newsletter 'Connected' was issued in October via email and posted on the website. There was a 1% bounce back and an open rate of 27%, which is in line with expectations. However, we are aware that a number of emails went to spam or junk emails as they are sent from a civica, rather than SGUH email. We are working with Civica on how this can be addressed. It should also be noted that staff members are not captured on the civica database as there is no manageable mechanism for starters and leavers to be updated. We are reviewing how we can communicate effectively with our staff members, which is likely to include use of the intranet and via our staff governors.

In discussion with the Lead Governor, it was agreed that the November issue of the newsletter would be postponed so that it could be incorporated with the Trust newsletter that is being issued in December and so it can also be used as a reminder of the governor elections being held in January and the Meet Your Governor Events.

- 2.3 **Website refresh** – With thanks to governors for their contributions, the Council and Member pages of the website were refreshed and the 2024-25 Engagement Strategy published. Unfortunately, the constraints of the website mean that we are somewhat limited on the changes that we can make to the layout and the type of documents we can upload but we continue to work with colleagues in the Communications team as a general review of the website is underway.



- 2.4 **Meet Your Governor Events** – We had hoped to be able to have at least one Meet Your Governor Event as part of the Governor Election process but there was limited availability both from the space and governors, so we were unable to take this forward.

3.0 Associate Young Governor

- 3.1 Following the decision of Council in July 2024 and the work of the Membership Engagement Committee (MEC) on the role description and process that was reported in September 2024, recruitment began in November for the Associate Governor (Young Members) role. With thanks to Julian and Georgina, it has been promoted at both St George's and Kingston University where we think it most likely candidates would come from. It was also shared with:

- the trust website, and was promoted as a news item
- Member Newsletter
- LinkedIn
- Wandsworth Youth Council
- Merton Youth Council
- Merton Health Watch
- Wandsworth Health Watch
- South Thames College
- SGUH Patient Partnership and User Group
- The alumni networks of two multi academy trusts

Governors were also asked to promote across their networks, which where reported has been captured above.

The closing date was set as 9th December and an update will be provided at the meeting on any applications received.

4.0 Membership Engagement Committee

- 4.1 The Committee has not met since the last meeting of Council, with a date to be set for early in the new year. The first activity will be to appointment a new Chair - thanks are recorded to Sandhya Drew for the progress that was made during her time in the role.

5.0 Next steps

- 5.1 **'Meet Your Governor'** sessions have been booked to coincide with planned Governor visits to avoid asking for additional dates. We will be contacting governors to confirm timings and attendees in the coming weeks.
- 16th January 2025 – Queen Mary's Hospital
 - 27 February – Grosvenor Wing Reception, SGUH
 - 20 March – Grosvenor Wing Reception, SGUH
- 5.2 **Newsletter** - The December Newsletter is to be issued shortly. We will be asking governors for contributions for later editions as part of the 'meet your governor' sections. We are also



reviewing whether in the next financial year we will be able to do one physical mailing with the aim of capturing more email addresses.

5.3 **Calendar of Engagement Events** – Our most significant task in January is to confirm dates and arrangements for stakeholder events. We would also like to hold at least one Member talk before the end of Q4. Governors are reminded of the request to:

- provide the Corporate Governance team with details of events and stakeholder groups within constituencies which could be used to develop an engagement calendar for the year ahead.

Liz Dawson

December 2024

Board, Committees and Council of Governors Calendar 2024/25

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

Board, Committees and Council of Governors Calendar 2024/25

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