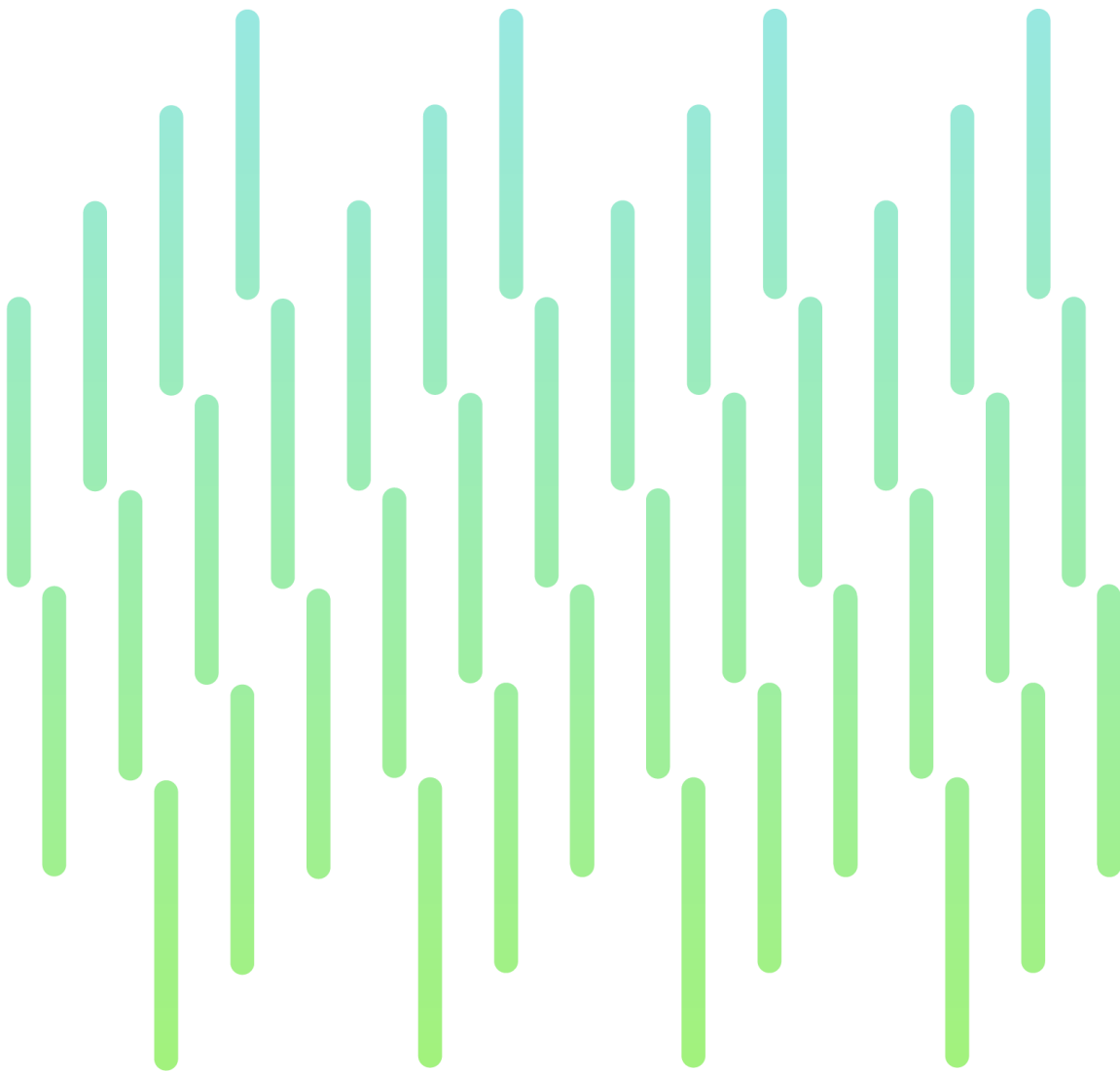




# Council of Governors Meeting

## 10 December 2025

Agenda and papers



## Visit to the Renal Department, St George's Hospital – 20 November 2025

**Attendees:** Ashok Bhat, John Hallmark, Jackie Parker

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### 1. Champneys Ward

The visit began in Champneys Ward, where the team was shown around by Carolyn, who has worked in the department for over 20 years. Her pride in the service and her commitment to patient care were evident throughout. We also met a number of long-serving staff, including Alice, who has similarly dedicated more than 20 years to the department. The team demonstrated a strong patient-centred ethos and a clear desire to deliver the highest possible standard of care.

Staff expressed disappointment regarding the pause on the development of the new renal unit and conveyed hope for a positive update in the future. Key issues raised during discussion included:

- **Lack of storage space** – staff felt embarrassed that equipment had to be stored in corridors.
- **Transport challenges** – difficulties were noted around arranging patient transport both to and from the hospital and to satellite hubs for dialysis.
- **Unpredictable workflow** – due to the variable timing of organ availability, staff sometimes needed to move patients into corridors while awaiting transport, in order to make urgently needed beds available for transplant recipients.
- **Emergency response limitations** – we were advised that for certain emergencies occurring during dialysis (e.g., cardiac events), staff occasionally had to call 999, particularly for patients in the Courtyard Clinic, which is not connected to the main hospital building.
- **Operational pressures caused by being split across two sites** – staff felt this arrangement placed additional strain on them and could impact patients despite their best efforts. The proposed new renal unit was seen as a key solution to consolidating services and improving patient experience.

The ward currently holds **Gold accreditation** and is aiming to achieve **Platinum**. Bank staff usage is minimal, appraisals are routinely completed, and staff retention is notably high, with many long-serving team members who describe the department as a positive place to work.

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### 2. The Courtyard Clinic – Renal Transplantation and Home Therapies

The team then visited the Courtyard Clinic, where they were shown around by Maria Fernandez (Renal Nurse of the Year), Lead Nurse for Renal Transplant Services.

Maria provided a clear explanation of the complexities involved in managing the renal transplant list and maintaining continuity of care across services.

We also visited the Home Therapies Unit and were welcomed by the Lead Matron, Martha, who demonstrated two types of dialysis machines — including one designed for use by suitable patients at home. Staff explained that while home dialysis is not appropriate for all patients, it offers significant benefits for those who are able to use it safely.

As in Champneys Ward, staff expressed disappointment about the pause in plans for the new renal building and highlighted similar challenges relating to storage and patient transport.

Accreditations across the units were reported as follows:

- **Renal Outpatient Clinic – Gold**
- **Courtyard Dialysis Centre – Gold**
- **Acute Dialysis Unit – Platinum**

Throughout the visit, the team was struck by the professionalism, commitment, and warmth of the renal staff. Their passion for delivering high-quality patient care was evident, and they were extremely welcoming in sharing insights into their services.

# Council of Governors

## Agenda

Meeting in Public on Wednesday, 10 December 2025, 14:00 – 16:20

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

### Feedback from Governor visits

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

### 1.0 Introductory items

Time	Item	Title	Presenter	Purpose	Format
14:20	1.1	Welcome and Apologies	Chair	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 Trust Updates

Time	Item	Title	Presenter	Purpose	Format
14:25	2.1	Group Chief Executive's Report	Interim GCEO	Update	Report
14:45	2.2	CQC Well Led Inspection Report	Interim GCEO	Update	Report
15:10	2.3	Operational Activity Update	MD-SGUH	Review	Report
15:35	2.4	Finance Update	GCFO	Discuss	Report

### Council of Governors: Governance and Membership

Time	Item	Title	Presenter	Purpose	Format
15:45	3.1	Governance Report	GCCAO	Note	Report
16:00	3.2	Membership Engagement Committee Update – (To include 2026-2028 Membership Engagement Strategy)	Committee Chair	Discuss	Report

### Closing Items

Time	Item	Title	Presenter	Purpose	Format
16:15	4.1	Any Other Business	All	Note	Verbal
	4.2	Council of Governors Calendar of Events	All	Note	Report
	4.3	Reflections on Meeting			



16:20	-	CLOSE
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<b>Council of Governors Purpose</b>	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
Mark Lowcock	Trust Chair	Chair
Nasir Akhtar	Public Governor, Merton	NA
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB1
Ashok Bhat	Public Governor, Rest of England	AB2
James Bourlet	Public Governor, Rest of England	JB
Luisa Brown	Public Governor, Merton	LB
Sandhya Drew	Public Governor, Rest of England	SD
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Judith Gasser	Appointed Governor, Wandsworth Council	JG
John Hallmark	Public Governor, Wandsworth	JH1
Hann Latuff	Public Governor, Merton	HL
Julian Ma	St George's University of London	MA
Jackie Parker	Public Governor, Wandsworth	JP
Augustine Odiadi	Public Governor, Wandsworth	AO
Jackie Parker	Public Governor, Wandsworth	JP
Abul Siddiky	Staff Governor, Medical and Dental	AS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Shuile Syeda	Appointed Governor, Merton Council	SS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance		
Natalie Armstrong	Non-Executive Director	NA
James Blythe	Interim Group Chief Executive Officer	IGCEO
Pankaj Davé	Non-Executive Director	PD
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
Ralph Michell	Director of Strategy & Integration	DS&I
Andrew Murray	Non-Executive Director	AM
Michael Pantlin	Interim Group Deputy Chief Executive Officer	IGDCEO
Claire Sunderland Hay	Associate Non-Executive Director	CSH
Kate Slemeck	Managing Director - SGUH	MD-SGUH
Victoria Smith	Group Chief People Officer	GCPO
Anna Missir	Governors and Membership Engagement Officer	GMEO
Apologies		
Chelliah Lohendran	Public Governor, Merton	CH
Sophia Agha	Associate Governor (Young Members)	SA
Georgina Sims	Appointed Governor, Kingston University	GS
Afzal Ashraf	Public Governor, Wandsworth	AAs

**Minutes of the Meeting of the Council of Governors (In Public)**  
**Wednesday, 24 September 2025, 13:15 – 15:40**  
**Hyde Park Room, Lanesborough Wing, St George's Hospital**

Membership and Attendees		
Members	Designation	Abbreviation
Mark Lowcock	Trust Chair	Chair
Nasir Akhtar	Public Governor, Merton	NA
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB1
Ashok Bhat	Public Governor, Rest of England	AB2
James Bourlet	Public Governor, Rest of England	JB
Luisa Brown	Public Governor, Merton	LB
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Judith Gasser	Appointed Governor, Wandsworth Council	JG
John Hallmark	Public Governor, Wandsworth	JH1
Hann Latuff	Public Governor, Merton	HL
Julian Ma	St George's University of London	MA
Lucy Mowatt	Public Governor, Wandsworth	LM
Jackie Parker	Public Governor, Wandsworth	JP
Augustine Odiadi	Public Governor, Wandsworth	AO
Jackie Parker	Public Governor, Wandsworth	JP
Abul Siddiky	Staff Governor, Medical and Dental	AS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Shuile Syeda	Appointed Governor, Merton Council	SS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
<b>In Attendance</b>		
Ann Beasley	Non-Executive Director	AB
James Blythe	Interim Group Chief Executive Officer	IGCEO
Elaine Clancy	Group Chief Nursing Officer	GCNO
Pankaj Davé	Non-Executive Director	PD
Elizabeth Dawson	Group Deputy Director of Corporate Affairs	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
Anna Macarthur	Group Chief Communications Officer	GCCO
Andrew Murray	Non-Executive Director	AM
Michael Pantlin	Interim Group Deputy Chief Executive Officer	IGDCEO
Daniel Pople	Group Deputy Chief Communications Officer	GDCCO
Nicola Shopland	Site Chief Nurse SGUH	SCN-SGUH
Claire Sunderland Hay	Associate Non-Executive Director	CSH
Kate Slemeck	Managing Director - SGUH	MD-SGUH
Victoria Smith	Group Chief People Officer	GCPO
<b>Apologies</b>		
Chelliah Lohendran	Public Governor, Merton	CH
Sophia Agha	Associate Governor (Young Members)	SA
Georgina Sims	Appointed Governor, Kingston University	GS
Afzal Ashraf	Public Governor, Wandsworth	AAs
Khadir Meer	Associate Non-Executive Director	KM
Natalie Armstrong	Non-Executive Director	NA
Peter Kane	Non-Executive Director	PK
Mark Bagnall	Group Chief Officer, Facilities, Infrastructure and Environment	GCOFE
Sandhya Drew	Public Governor, Rest of England	SD

## Feedback from Governor visits

### Feedback from Governor visits – Senior Health/Support Services/Community update

Governors had undertaken visits in and around the Support Services and Senior Health wards at the SGUH site since the previous meeting. They expressed their appreciation to the staff who facilitated these visits and took time to engage with them about their work and the services provided.

Governors Shulie Syeda (SS), John Hallmark (JH), and Judi Gasser (JG) provided detailed feedback from their visit to the Support Services. They highlighted positive engagement with teams across security, portering, catering, medical physics, and the Energy Centre, and commended staff for their dedication, professionalism, and innovation. Recognition was given to the sustainability initiatives, which had delivered annual savings of approximately £3 million. Governors also noted the success of the Energy Centre and the significant sustainability benefits achieved by bringing operations in-house. It was observed that these achievements are not always widely communicated, and that further promotion of such successes would be valuable.

The Catering Service received especially positive feedback. Governors praised the Catering Manager for his enthusiasm and hands-on approach, noting his clear passion for service delivery and his detailed explanation of the process — from food preparation through to ward delivery.

Concerns were raised about reports from portering staff regarding rudeness from senior colleagues. The Executive Team committed to following up on this.

The Chair thanked the Governors for their observations and acknowledged that bullying, morale, and culture-related concerns remain a recurring challenge across public services. He assured Governors that their feedback would be taken seriously and would be followed up by the Executive Team.

#### Senior Health

Governors Sarah Forester (SF), Afzal Ashraf (AA) and John Hallmark (JH) visited Amyand, Caesar Hawkins, and Hebden Wards. Staff morale, leadership, and patient care were praised. Key challenges remained around estates issues, discharge delays, and managing abusive patient behaviour.

#### Amyand Ward

Governors commented on the strong, long-standing leadership provided on the Ward, that appraisals were completed and were of high quality, and that the team was stable and diverse with minimal agency use. The Ward held silver accreditation; gold was missed due to estate constraints (drug cupboard). The average stay was extended by discharge delays. There was good carer engagement. In terms of space, there was a lack of a doctors' office and meeting space issues remained unresolved.

#### Caesar Hawkins Ward

The Ward was calm and well-run, with no vacancies and staff morale was high. The Ward was Silver accredited; Gold was missed due to outdated facilities. Staff felt well supported by senior leadership and medical colleagues. The Ward was also Involved in the "High Performing Ward" quality improvement trial.

#### Other Observations

Hampton Ward achieved Gold twice but faced discharge delays due to external coordination. Heberden Ward reported increased abuse from patients and visitors, creating pressure on staff. Lift failures persisted, affecting access and patient safety.

Governors raised concerns about the ongoing estates failures (lifts, sluices, storage, lack of workspace), and about discharge delays caused by poor external coordination.

#### Community Feedback

Governor Jackie Parker took the lead on the Community feedback and noted ongoing challenges in obtaining meaningful community feedback and commented that new, more targeted engagement methods would be explored.



Concerns had been raised over late-night notifications or cancelled appointments and poor communication. Public concern remained around proposed changes to Queen Mary's Urgent and Emergency Care and the St George's birthing centre. St George's faces pressure to expand urgent treatment services without sufficient resources

#### **Queen Mary's Hospital**

The enhanced primary care hub operated only by booking and remained under-used.

It was noted that the Trust would review scheduling and communication systems, especially for virtual appointments.

1.0	OPENING ADMINISTRATION	Action
1.1	<b>Welcome and Apologies</b> The Chair welcomed everyone to the meeting and introduced James Blythe as the Interim Group Chief Executive Officer, Elaine Clancy as the Interim Group Chief Nursing Officer and Leonie Penna as a new Non-Executive Director. Apologies were received as above. It was confirmed that the meeting was quorate.	
1.2	<b>Declarations of Interest</b> There were no new declarations of interest.	
1.3	<b>Minutes of the Public meeting held on 27 July 2025</b> The minutes of the meeting held on 17 July 2025 were approved as a true and accurate record.	
1.4	<b>Action Log and Matters Arising</b> The Council of Governors reviewed the action log and noted the following updates: <ul style="list-style-type: none"> <li>• <b>COG 12.3.25/3 Finance Update Training session to be provided on finance pressures 25/09/2025</b> The first part of finance information sharing session was delivered as part of the new governor's induction session. A follow up session was planned for 13<sup>th</sup> October. The Council agreed to close this action.</li> <li>• <b>COG.22.5.25/2 Points raised from governor visits:</b> The Council noted that the MD-SGUH had discussed the points relating to the Discharge Lounge at SGUH with the team. It was also confirmed that the GCMO had raised the concern around delays in pharmacy dispensing with the Chief Pharmacist. The Council agreed to close the action.</li> <li>• <b>COG.24.7.25/1 Governor Dashboard:</b> A Governor training session on the Integrated Quality and Performance Report had been set up and a task and finish group to develop a first iteration of a Governor Dashboard had been agreed.</li> <li>• <b>COG 22.5.25/1 Quality and Performance Well Led Inspection:</b> Letter in Advance of Report: The full final CQC report would be shared with the Council of Governors once received. The Council agreed to keep this action open pending the Trust's receipt of the report.</li> </ul>	
2.0	<b>STRATEGY</b>	
2.1	<b>Group Chief Executive Officer's (IGCEO) Report</b> The IGCEO opened his first report to the Council of Governors by thanking colleagues for their warm welcome and support. He expressed gratitude to Alfredo Benedicto for	

	<p>assisting with his induction. The report was taken as read with the following points highlighted:</p> <ul style="list-style-type: none"> <li>• <b>NHS 10-Year Plan:</b> The IGCEO referred to the Government's recently published NHS 10-Year Plan, 'Fit for the Future', setting out three major shifts: moving more care into communities, increasing use of technology and AI, and focusing on prevention and earlier diagnosis. He emphasised the importance of adapting locally to these changes, including strengthening primary and community care, reducing reliance on hospital-based services, and ensuring equitable access to healthcare across the boroughs. He highlighted the challenges facing the NHS, including rising demand, workforce pressures, and the need to maintain financial sustainability while continuing to deliver high-quality care. The Plan's focus on prevention and early intervention aligns with the Trust's approach to supporting patients before they reach crisis point through more integrated neighbourhood models.</li> <li>• <b>Financial and System Pressures:</b> The IGCEO recognised the ongoing financial pressures across the NHS and confirmed that gesh continued to identify improvement plans to manage costs effectively. Despite the national expectation that all trusts would move toward surplus by 2029/30, the current operating environment remained challenging. Staff engagement and innovation remained key to identifying savings while protecting patient care.</li> <li>• <b>Digital Transformation and Artificial Intelligence (AI):</b> The IGCEO provided an update on the Trust's AI pilot in the Emergency Department, part of a national programme exploring hands-free documentation and workflow automation. The initiative, supported by NHS England, had shown a reduction in administrative burden equivalent to saving one patient slot per shift. St George's was one of only a few trusts selected for this pilot, reflecting the organisation's leadership in digital innovation.</li> <li>• <b>Workforce, Winter Preparedness and Patient Flow:</b> The IGCEO outlined preparations for the coming winter, focusing on safe staffing levels, vaccination uptake, and improving patient flow across the hospital. In response to a question, he stressed that supporting staff wellbeing and maintaining morale would be essential to achieving safe and effective care throughout the winter months.</li> <li>• <b>Planning and Oversight Frameworks:</b> The Council noted the new NHS Planning Framework (September 2025), which shifted from annual to multi-year planning cycles to ensure financial sustainability, workforce resilience, and alignment with quality objectives. The IGCEO confirmed that the Group Board had begun reviewing its medium-term plans in line with national guidance. He also outlined the Provider Capability Assessment process launched by NHS England in August 2025, requiring trusts to self-assess against six domains: leadership, quality, people, access, productivity, and financial oversight. These assessments would inform each trust's rating and oversight level within NHS England's framework.</li> </ul> <p>The Chair invited comments and questions from Governors on the GCEO report, and the following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> <li>• Governors asked how AI tools in the Emergency Department were being governed and what safeguards were in place to protect patient data and ensure accuracy. The IGCEO confirmed that all AI systems undergo governance review, and that clinical validation remained mandatory. He emphasised that AI supports and does not replace clinician judgment.</li> </ul>	
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	<ul style="list-style-type: none"> <li>Governors queried how the Trust planned to balance financial recovery targets with patient safety and workforce morale. The IGCEO responded that financial sustainability remained a challenge across the NHS but confirmed that quality and safety would not be compromised. Efficiency initiatives were being designed collaboratively with staff.</li> <li>A governor asked whether the Trust had made tangible improvements since the last CQC maternity report. The IGCEO advised that a new Group Quality Governance Improvement Plan is in place and overseen by the Quality Committee. Early signs of progress were reported.</li> <li>Several governors commented positively on WRES/WDES improvements but queried how progress would be sustained, particularly for senior leadership representation. The GCPO confirmed ongoing monitoring through the People Committee and committed to publishing measurable data in future reports.</li> <li>A question was raised on how local implementation of the national 10 year plan would affect community-based care and access in South West London. The IGCEO stated that the Group is working closely with the Southwest London Integrated Care System (ICS) to align priorities and expand out-of-hospital care.</li> </ul> <p>The Council agreed that:</p> <ul style="list-style-type: none"> <li>A follow-up update on the AI pilot evaluation results in the Emergency Department and governance safeguards would be provided at a future meeting.</li> <li>Details of the winter staffing plan and wellbeing initiatives would be shared with Governors once finalised</li> <li>Measurable leadership diversity data and progress updates would be provided in a future report to the Council</li> <li>Key ICS developments and community-care model changes would be reflected in future Council updates.</li> </ul> <p><b>The Council of Governors noted the GCEO report.</b></p>	
<b>3.0</b>	<b>QUALITY AND PERFORMANCE</b>	
<b>3.1</b>	<p><b>Care Quality Commission Inspection Reports (St George's Hospital (Tooting) final report) (Queen Mary's Hospital final report)</b></p> <p>The Committee received an update on the Care Quality Commission (CQC) service inspection reports for St George's and Queen Mary's Hospitals, following unannounced inspections between October 2024 and February 2025 covering Maternity, Urgent &amp; Emergency Care, and Surgery. The reports confirmed an overall rating of "Requires Improvement" for St George's Hospital and "Requires Improvement" for Queen Mary's Hospital. A Section 29A Warning Notice had been issued in December 2024 in relation to maternity and emergency services. The Trust had since provided an improvement plan and submitted a factual accuracy response and prepared a coordinated action plan.</p> <p>The IGCNO highlighted that the reports related to inspections carried out nearly a year ago and noted that substantial improvement work had already been undertaken, particularly in response to the Section 29A Notice. Further work was required to strengthen leadership and stabilise the team following changes in senior midwifery posts.</p> <p>The Site CNO outlined recurring themes across services, including medicines management, documentation standards, and culture. Work was ongoing to address missed medication doses, strengthen documentation through regular audits, and promote a positive culture where staff felt safe to raise concerns. Progress had been made in triage arrangements and the use of digital tools in the Emergency Department and Maternity</p>	

	<p>Services. Environmental and equipment safety issues were being addressed collaboratively with Estates and Facilities.</p> <p>The GCMO emphasised that the CQC's findings had been known for almost a year and were already being acted upon. Work on safety oversight in triage and patient streaming had been strengthened, and leadership development, particularly in maternity, was a continued focus. The new IGCNO appointment was welcomed as an important step forward.</p> <p>Andrew Murray, Chair of the Board Quality Committee, confirmed that the Committee had maintained regular oversight of the improvement plans, particularly around Maternity and the Emergency Department. While progress had been seen, the pace of improvement in maternity remained slower than anticipated. Integrated improvement plans were now in place to streamline workstreams and ensure sustainability. The new Evidence Assurance process required sustained improvement over three months before actions were closed. If inspected again, it was felt both services would likely be rated as "Requires Improvement" for the safety domain rather than "Inadequate".</p> <p>Governors expressed the importance of maintaining support for both senior and frontline staff, noting the morale impact of inspections. It was suggested that reporting to the CoG be simplified, with clear summaries of issues, actions, and progress against previous reports.</p> <p>Questions were raised about how the Trust would sustain progress amid financial pressures and whether cuts could risk patient safety.</p> <p>AM confirmed that quality impact assessments were undertaken for all cost improvement programmes.</p> <p>The Council was reassured that no external intervention was anticipated as the Trust continued to respond proactively to CQC requirements. Ongoing improvements were also noted in documentation, safety culture, and integrated governance processes.</p> <p><b>The Council noted that the</b> Executive team would continue to refine reporting to Governors to highlight key issues and progress more clearly, and that the Council would be provided with further information on improvements being taken in response to the CQC inspections.</p>	
3.2	<p><b>SGUH Operational Performance and Priorities</b></p> <p>The MD-SGUH introduced the report, noting that overall operational performance was tracking relatively well across most key metrics. The report was taken as read, and highlights were summarised as follows:</p> <ul style="list-style-type: none"> <li>• <b>Emergency Department (ED):</b> The Trust continues to deliver against the four-hour standard, though flow remains challenging. Work is ongoing with system partners to improve patient flow both into and out of the hospital.</li> <li>• <b>Cancer Performance:</b> Performance remains stable, with a little fluctuation during the reporting period. A short-term dip in breast services due to staff sickness has now stabilised, and dermatology referrals continue to increase. Use of AI and skin analytics is being explored to support triage and capacity.</li> <li>• <b>Referral to Treatment (RTT):</b> RTT remains the most challenging area. The Trust currently has around 400 patients waiting over 65 weeks. The 52-week waiting list has also increased. It was confirmed that a recovery plan is in place and will be reviewed through the Finance and Performance Committee. Financial constraints</li> </ul>	

	<p>have limited the use of additional waiting list initiatives, requiring more focus on internal efficiency and booking processes.</p> <ul style="list-style-type: none"> <li>• <b>Beds and Flow:</b> The Trust successfully delivered the planned closure of 83 beds while maintaining flow through the creation of additional Same Day Emergency Care (SDEC) capacity and a new frailty SDEC unit, which has already assessed 125 frail patients. Work continues to reduce average length of stay (currently 8.4 days) and to improve early discharge planning.</li> <li>• <b>Operational Productivity:</b> Theatre utilisation has improved to 83%. Estates and Facilities are working on ventilation upgrades to reduce the risk of temperature-related theatre cancellations, though some disruption may remain.</li> </ul> <p>The Chair invited comments and questions from Governors and the following points were raised and noted:</p> <ul style="list-style-type: none"> <li>• SF queried the impact of the 83-bed closures on waiting lists and patient flow. The MD-SGUH explained that SDEC and frailty services were introduced to offset lost bed capacity, helping to prevent unnecessary admissions and reduce long stays through earlier intervention and discharge coordination.</li> <li>• SS questioned whether achieving zero 65-week waiters by December was realistic and expressed concern about staff pressure. The MD-SGUH acknowledged the challenge but confirmed modelling suggested the target was achievable under optimal conditions, adding that the team remained committed to reducing waits as far as possible. The chair emphasised that while challenging, the target reflects real patients waiting too long for treatment.</li> </ul> <p>The Council of Governors noted the report, acknowledging the Trust's continued focus on elective recovery, cancer performance, and patient flow improvements while managing significant operational and financial pressures.</p>	
<b>4.0</b>	<b>FINANCE</b>	
<b>4.1</b>	<p><b>Finance Update</b></p> <p>The GCFO, presented the Month 4 financial position, confirming that the Trust remained on plan. This position has been achieved through the use of non-recurrent benefits brought forward earlier in the year, which increases the challenge of sustaining performance in later months. Key Points from the Report discussed were:</p> <ul style="list-style-type: none"> <li>• <b>M4 Position:</b> SGUH reported on-plan performance at Month 4, supported by temporary non-recurrent measures. The underlying financial position remained highly challenging, and the Trust's ability to remain on plan would depend on identifying further Cost Improvement Plans (CIPs) in the coming months.</li> <li>• <b>CIPs and Workforce:</b> Recurrent CIP delivery was behind plan, with the shortfall offset by non-recurrent actions. The workforce position was 497 WTE adverse to plan, mainly due to lower-than-planned workforce CIPs and staffing increases from March 2025 not yet reversed. Pay expenditure therefore remained above forecast.</li> <li>• <b>Cash and Capital:</b> Cash remained broadly in line with expectations.</li> </ul> <p>The GCFO explained that maintaining the plan enabled access to £40 million of deficit support funding, equivalent to £10 million per quarter, which was dependent on the Trust staying on forecast. Work continued with South West London partners to sustain this position.</p>	



	<p>It was mentioned that the Trust was delivering more savings and recurrent efficiencies than ever before, but the overall financial demand remained large. The Executive Team continued to review options to sustain delivery.</p> <p>The Chair summarised that record levels of cost improvements have been achieved, remaining on plan for the full year would be extremely difficult without further recurrent CIPs, and the consequences of falling off plan would be severe, prompting the need to explore decisions previously held back. He invited comments and questions from Governors and the following points were raised and noted:</p> <ul style="list-style-type: none"> <li>• HL questioned whether smaller cost measures would achieve the necessary savings, suggesting that larger transformation projects may be needed. IGCEO confirmed that medium-term financial sustainability depended on radical service transformation, digital investment, and workforce productivity rather than incremental cuts.</li> <li>• AS asked about increasing private-patient capacity. The MD-SGUH advised this was being explored, particularly within neurosciences, and discussions are under way with external partners.</li> <li>• AS also asked about duplication of services across the Group. The IGCEO confirmed work was in progress to align service models—for example, paediatric surgery—and that wider reconfiguration would require coordination across the South West London and Surrey systems.</li> </ul> <p><b>The Council of Governors noted the Finance update.</b></p>	
<b>5.0</b>	<b>PEOPLE</b>	
<b>5.1</b>	<p><b>People Strategy implementation – Update</b></p> <p>The GCPO, presented an update on the implementation of the People Strategy 2024–2026, which had been reviewed by the Board's People Committee. She explained that the strategy was a key enabler of the gesh CARE Strategy, specifically supporting the “E” – Empowered and Engaged Staff. The GCPO emphasised that while early in delivery, progress was visible across several workstreams. Primary metrics (e.g., training completions, apprenticeships, wellbeing champions) and secondary metrics (e.g., staff survey results, absence rates, and temporary staffing spend) were being used to monitor delivery and impact respectively. The GCPO noted that preparations were under way for the 2025 NHS Staff Survey and the Trust aimed to exceed the 2024 response rate. Lessons learnt from 2024 included the success of “Staff Survey Day”, improved managerial toolkits, and targeted accessibility support. Areas for improvement included building trust that survey feedback led to action through an enhanced “You Said, We Did” framework.</p> <p>The following questions were raised and noted in discussion:</p> <ul style="list-style-type: none"> <li>• Governors raised ongoing concerns regarding bullying, racism, and hierarchy, citing CQC feedback and reports from porters experiencing poor treatment by senior colleagues. The GCPO acknowledged the issue, noting that while hierarchy exists in clinical teams, every role contributed to patient care and respect must underpin workplace culture. She outlined the following ongoing actions: Implementation of new Dignity at Work and Grievance Policies to make it safe to raise concerns; Executive Sponsorship of staff networks to strengthen inclusion; Roll-out of microaggression training and bullying &amp; harassment awareness sessions; Development of an Inclusive Board Programme to mentor emerging leaders and improve representation at senior levels; Introduction of the “What Matters to You” pilot across 10 clinical and non-clinical teams, focusing on being included, safe and supported; and Expansion of High-Performing Teams training at ward level to encourage collaboration and voice.</li> </ul>	

	<ul style="list-style-type: none"> <li>It was noted that the People Committee oversees the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Freedom to Speak Up (FTSU) data, with direct reporting from the FTSU Guardian.</li> <li>PD commended the scope of work but stressed the need for an employee-centric approach: ensuring actions make sense to staff and directly improve their daily experience. He highlighted the importance of communicating clear, understandable messages rather than process detail, and of promoting visible role models reflecting the organisation's evolving diversity.</li> </ul> <p>In the context of the Governors' comments about organisational culture, specifically around concern raising, the Chair suggested inviting the Group Freedom to Speak Up Guardian to a future meeting of the Council to talk about the work of the Freedom to Speak Up team.</p> <p><b>The Council of Governors noted the report.</b></p>	
<b>6.0</b>	<b>MEMBERSHIP ENGAGEMENT</b>	
<b>6.1</b>	<p><b>Membership Engagement Committee Update</b></p> <p>JP, Chair of the Membership and Engagement Committee, presented the report, noting strong progress over recent months since the Committee's reconstitution. She highlighted that the Corporate Governance team had worked hard to deliver several key improvements, including the introduction of new constituency email addresses, membership leaflets with QR codes, and digital copies for all governors. She also highlighted the following areas of progress:</p> <ul style="list-style-type: none"> <li><u>Committee Membership</u>: Luisa Brown joined the committee as a full member, having attended previously as an observer. Ashok Bhat is expected to join in future meetings.</li> <li><u>Member Engagement Strategy</u>: Although slightly behind schedule, most areas of the 2024–25 Member Engagement Plan remain achievable. Some activities, such as the member survey, have been removed to focus on direct engagement and events.</li> <li><u>Meet Your Governor (MYG) Events</u>: The Grosvenor Wing session was well-attended and generated several new sign-ups. Two further events are planned — Atkinson Morley Wing (December) and Queen Mary's Hospital (January 2026).</li> <li><u>Young Member Engagement</u>: The Committee had welcomed Sophia Agha as the first Associate Governor for Young Members, who has contributed ideas for student engagement, including Freshers' Week, volunteer days, and health awareness initiatives.</li> <li><u>BME Representation</u>: Work is underway to strengthen engagement with underrepresented groups. A recent meeting with the Group Head of Equality, Diversity and Inclusion, offered guidance and outreach support to help connect with diverse community networks, particularly within Merton and South West Lambeth.</li> <li><u>Membership webpages</u>: The membership webpage has been refreshed, and local recruitment campaigns launched in SW Lambeth, supported by leaflet drops.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Closer collaboration is planned with the Communications Team to enhance digital promotion and utilise social media, particularly Instagram, which has over 10,000 followers.</li> <li>• The members' newsletter "Connected" continues quarterly, balancing regular updates with manageable content.</li> </ul> <p>The Committee had reviewed the first draft of the new strategy, which maintains the three core objectives but adds a stronger focus on engaging younger members and those from global majority backgrounds. Key updates included: Advance scheduling of MYG events and member talks; clearer allocation of responsibilities for activities; cost-neutral approaches aligned with Trust-wide cost improvement priorities; and a requirement for each governor to attend at least two engagement activities per year.</p> <p>JP summarised the recent improvements and emphasised the importance of governors using their QR-coded materials to sign up new members. She noted the success of the Meet Your Governors events and progress toward improving communications despite limited Comms capacity.</p> <p>The Chair added his thanks, recognising the visible progress since summer and the Committee's commitment to action rather than process.</p> <p><b>The Council of Governors noted the report</b></p>	
6.2	<p><b>Annual Members' Meeting (AMM) Briefing</b></p> <p>Members of the Communications team provided an update on arrangements for the Annual Members' Meeting scheduled for the evening.</p> <p>SF emphasised the importance of Governors communicating that current service and financial pressures reflect wider NHS funding challenges, not Trust decisions.</p> <p>The Chair agreed that governor briefings to support consistent messaging to members and the public on high profile issues should be made available as necessary.</p> <p><b>The Council noted the update.</b></p>	
7.0	<b>GOVERNANCE</b>	
7.1	<p><b>6.2 Governor Elections Update</b></p> <p>The GCCAO presented the update on the forthcoming Council of Governors elections, outlining the process and timetable and highlighted that nine vacancies would be contested: six governors would reach the end of their term in January 2026, plus three existing vacancies (Rest of England, Southwest Lambeth, and Staff Non-Clinical and Allied Health Professionals) were also up for election. Nominations would close on 14 October 2025 and voting would take place between 4 and 28 November with the results announced on 1 December. Terms of office would then begin on 1 February. The GCCAO highlighted that an awareness session for those interested in the role would be held on 8 October.</p> <p>JP asked whether representativeness reflect the communities' governors live in, or the patient population. The GCCAO replied both, that it was important to have governors who represented their local communities and the hospital's patients.</p> <p>The chair reinforced the need for a good, contested election and thanked the GCCAO for the update.</p>	



<b>7.2</b>	<b>Any Other Business</b> The Chair referred governors to the Events note included in the meeting pack. AB highlighted the need to ensure that smaller follow-up items and feedback from community visits are captured, not just major issues. GDDCA agreed to review the current action-tracking process to ensure all items, including minor points, are logged and monitored.	
<b>7.3</b>	<b>Reflections on the meeting</b> The Chair asked for reflections on the meeting. It was agreed that it had been a productive meeting with some useful discussions.	

**Date of next Meeting**

**10 December 2025 14:00pm – 17:00pm Hyde Park Room, SGUH**

Council of Governors - Public - 10 December						
Action Log						
Action Ref	Section	Action	Due	Lead	Commentary	Status
COG 22.5.25/1	Quality and Performance	CQC Well Led Inspection – Letter in Advance of Report -The full final CQC report would be shared with the Council of Governors once received.'	Dec-25	GCCAO	The final report has been published, shared with governors and is on the agenda for discussion.	PROPOSED FOR CLOSURE
COG 24.7.25/1	Feedback from Governor visits	Trust to review scheduling and communication systems, especially for virtual appointments	n/a	MD-SGUH	Feedback from governors has been taken on board as part of ongoing reviews of operational processes.	PROPOSED FOR CLOSURE
COG 24.7.25/2	Group Chief Executive Officer's (IGCEO) Report	AI pilot in Emergency Department: IGCEO to provide a follow-up update on AI pilot evaluation results and governance safeguards at a future meeting	Jul-26	IGCEO		NOT YET DUE
COG 24.7.25/3	Group Chief Executive Officer's (IGCEO) Report	Workforce and Winter Preparedness: IGCEO / GCPO to share details of the winter staffing plan and wellbeing initiatives once finalised.	Mar-26	IGCEO/GCPO	Report to be included in March reporting to Council.	NOT YET DUE
COG 24.7.25/4	Group Chief Executive Officer's (IGCEO) Report	(WRES / WDES): to include measurable leadership diversity data and progress updates in the next report.	Sep-26	GCPO		NOT YET DUE
COG 24.7.25/5	Group Chief Executive Officer's (IGCEO) Report	NHS 10-Year Plan – Local Adaptation: IGCEO to ensure key ICS developments and community-care model changes are reflected in future Council updates.	n/a	IGCEO	Included in reports as matters arise.	PROPOSED FOR CLOSURE
COG 24.7.25/6	Quality and Performance	Executive team to refine reporting to Governors to highlight key issues and progress more clearly.	n/a	EXECUTIVE	Feedback from governors has been taken on board and will be reflected as future reports are developed.	PROPOSED FOR CLOSURE
COG 24.7.25/7	Quality and Performance	Continued assurance to be provided on safeguarding, documentation, and environmental safety improvements.	n/a	EXECUTIVE	Feedback from governors has been taken on board and will be reflected as future reports are developed.	PROPOSED FOR CLOSURE
COG 24.7.25/8	PEOPLE	The Chair suggested inviting the Freedom to Speak Up Champion to a future Council of Governors meeting to provide further insight into progress and staff experience.	Mar-26	Corporate Governance	FTSU Guardian to attend March meeting	NOT YET DUE

# Council of Governors

Meeting in Public on Wednesday, 10 December 2025

<b>Agenda Item</b>	2.1	
<b>Report Title</b>	<b>Group Chief Executive Officer's Report</b>	
<b>Non-Executive Lead</b>	James Blythe, Interim Group Chief Executive Officer	
<b>Report Author(s)</b>	James Blythe, Interim Group Chief Executive Officer	
<b>Previously considered by</b>	n/a	-
<b>Purpose</b>	<b>For Review</b>	

## Executive Summary

This report summarises key events over the past three months to update the Council of Governors on strategic and operational activity across the Trust, St George's, Epsom and St Helier University Hospitals and Health Group. Specifically, this includes updates on:

- The national context and impact at Group and Trust level
- Our work as a Group
- Staff news and engagement
- Next steps

## Action required by Council of Governors

The Council is asked to note the report.

## Appendices

Appendix No.	Appendix Name
<b>Appendix 1</b>	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

As set out in 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 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				
N/A				
Legal and / or Regulatory implications				
N/A				
Equality, diversity and inclusion implications				
N/A				
Environmental sustainability implications				
N/A				



## Group Chief Executive Officer's Report

### Council of Governors, 10 December 2025

#### 1.0 Purpose of paper

- 1.1 This report provides the Council of Governors with an update from the Group Chief Executive Officer on strategic and operational activity across the Trust, St George's, Epsom and St Helier University Hospitals and Health Group and the wider NHS landscape.

#### 2.0 National Context and Updates

##### Planning Framework for the NHS in England

- 2.1 In support of the delivery of the NHS 10 Year plan, NHS England has issued the anticipated new guidance entitled 'Medium Term Planning Framework – delivering change together 2026/27 to 2028/29'. The 3-year roadmap sets out the NHS plan to get back to delivering against its constitutional standards on elective care, which will see 2.5 million fewer patients waiting more than 18 weeks for treatment by March 2029.

It will ensure 85% of people with a cancer diagnosis receive their first treatment within 2 months of a referral – up from 70% today. There will also be immediate action to improve GP access and tackle unwarranted variation between practices. The Framework also sets an ambitious target for 80% of community health service activity within 18 weeks – tackling long waiting times for community services, which have seen a surge in the number of adults and children waiting for more than 2 years for care.

This will be supported by shifting more resources into community services for people with highest needs – such as frailer older people – reducing unnecessary hospital admissions and helping them manage their health at home.

Other areas in the guidance include ending unnecessary outpatient appointments – freeing up clinicians to see the patients that need to see them most. Areas of the country that fail to progress on unnecessary follow ups will be performance managed.

More patients will get appropriate care as part of the 'Advice and Guidance' scheme which allows GPs to get specialist clinical advice from leading experts at the touch of a button – rather than sending the patient for a hospital appointment which sometimes isn't needed.

The Group Board continues to discuss the implications of the NHS 10 Year Plan and its implementation within our medium-term plans, the development of which are well underway with a requirement to make a number of submissions to NHSE in December.

##### Resident Doctor Strikes

- 2.2 Following industrial action in November, resident doctors in England will strike again this month, with the BMA urging the Government to call off the action by resuming talks on jobs and pay. Should it go ahead, the latest round of action will see resident doctors' stage full walk-outs from 7am on 17 December until 7am 22 December.

During the November action we were able to continue with most of our elective work, however it is likely that there will be a greater impact in December due to the increased pressure that the



trust, like all hospitals nationally, are under at the moment and then need to meet the NHSE deadline to have cleared our 65 week wait list by the end of the year.

### 3.0 Our Trust

#### CQC report for services at St George's

- 3.1** The Care Quality Commission (CQC) published its report on the planned “well led” inspection at St George's between 25 and 27 February 2025. The final report was published on 31 October 2025. Overall and the Trust remains as 'Requires Improvement'. The report does not reflect where we want to be. Our priority is to ensure our staff are supported and empowered to do their jobs. They should be confident in coming forward to raise issues, knowing that we, as leaders, will take them seriously and take action. It is clear that this hasn't always been the case.

The report, and our initial response to its findings are an item for discussion later in the meeting but I would like to record my thanks to all those that were involved with the inspection and to our leaders who I know are committed to driving forward the improvements we need to see.

#### Complaints and PALS

- 3.2** As governors will know from their Meet Your Governor events and outreach work, the vast majority of our patients and carers are pleased with the level of care they receive, but there are times when things do not go well. The Quality Committee have reviewed the annual report from the service and highlighted were the improvements in 2024/25 with 99% of complaints responded to within 3 working days and reducing the PALS cases backlog from 275 open cases to 77 (January to March 2025). PALS managed 10,641 contacts (1% increase in year) with a 15% rise in closures, highlighting its role as a vital early resolution service. However, the majority of complaints relate to clinical care, communication, and staff attitude mirroring previous years and suggesting systemic issues remain unresolved. Additionally, the PALS and Complaints team have been under pressure due to staff capacity and means the backlog is likely to increase and our data systems hinders consistent monitoring of complaints and PALS performance, creating risks to transparency and improvement.

We intend to bring a full report to Council at their March meeting which will have a focus on speaking up and listening (to include Freedom to Speak Up as well as Complaints/PALS).

### 4.0 Events, Appointments and Our Staff

#### Black History Month

- 4.1** October was Black History Month, a time to honour, reflect on, and celebrate the achievements, culture, and contributions of Black communities across the UK and beyond. This year's theme was “Standing Firm in Power and Pride” and our gesh sites hosted a series of events to celebrate, reflect, and connect. Along with the Daphne Steele Memorial Lecture delivered by our former Group Chief Nursing Officer and careers and networking events, GB Olympian Michelle Griffith-Robinson gave a talk on sports as a vehicle for race inclusion and her career journey.



## Freedom To Speak Up Month

- 4.2** The Freedom to Speak Up (FTSU) Guardians have planned FTSU Month for November 2025 and are engaging with staff across all sites hosting drop-in sessions, awareness stands, and team visits to discuss speaking up and listening well. These activities provide opportunities for colleagues to share experiences, ask questions, and learn more about how the FTSU service supports them in raising concerns safely and confidently.

A central theme of this year's FTSU Month was psychological safety which is the foundation of a healthy, high-performing workplace and links directly to the findings of the St George's CQC report highlighted above.

The main event was an online conference for all staff to attend as much or as little as they could on 19<sup>th</sup> November. Guest speakers and senior leaders throughout the organisation attended to support speaking up and psychological safety throughout gesh. Over 150 joined throughout the session and the feedback was extremely positive.

## Gesh CARE Awards 2025

- 4.3** Over 900 nominations were received for the gesh CARE awards this year, almost double that from last year. The quality of nominations has been excellent and all staff who were nominated will receive an email with their nomination details. The finalists and their nominators have been invited to the event on 11 December at the Oval Cricket Ground. Our host this year is radio and TV star, Elle Osili-Wood, from hosting the Oscars red carpet to the Royal Coronation on the BBC and ITV, who is generously giving her time for free. The gesh CARE awards is generously sponsored by our hospital charities and local businesses to thank our teams for the care they provide every day.

## NHS Staff Survey

- 4.4** Last year our trusts were two of the most improved in the country in the NHS Staff Survey, with SGUH moving up more than 30 places to 10<sup>th</sup> most improved and ESTH up 8 places to 15<sup>th</sup>. The number of staff recommending us as a preferred place of work was up at both trusts, and our reward and recognition scores significantly higher, not least due to our gesh CARE awards (see above) and other initiatives to celebrate our people. But we recognise there is more to do and with growing demands on our NHS, we encouraged all gesh staff to make their voice heard and complete this year's NHS Staff Survey (which took place between 6 October – 29 November). By promoting local 'you said, we did' actions, engaging with HR Business Partners and Trust working groups, we highlighted the reasons why staff should share their anonymous feedback.

## 24 Hours in A&E

- 4.5** We were proud to welcome the popular Channel 4 series back to St George's. After several weeks of planning, filming recently finished in the Emergency Department, where 136 cameras and 150 microphones captured the life-saving work of our dedicated teams. We have received positive feedback from our ED colleagues and the teams that work with them, who are excited to show viewers the care and compassion they deliver every day. Follow-up interviews with staff and patients will continue over the coming months, with the broadcast date to be confirmed.



## Winter Flu Vaccination

- 4.6** In October we launched our Winter Flu Vaccination Programme across the group, we were pleased to offer free vaccines to governors as well. While the flu vaccine isn't compulsory for health and social care staff, it provides important protection for staff and the patients and visitors to the hospitals. Drop-in clinics are available at all of our hospital sites and are being promoted by staff across the group. At the time of writing, the take up by frontline staff is at 34.6% but we expect this to increase over the coming weeks.

## Recent leadership changes

- 4.7** Andrew Grimshaw, Group Chief Finance Officer, stood down from his role at the end of November to take up a new position at Mid and South Essex NHS Foundation Trust. Recruitment for an interim replacement has begun. After a competitive process, Lizzie Alabaster, Site CFO at ESTH, has been appointed to the interim position. Permanent recruitment will involve our CEO designate, Matthew Shaw.

Following the departure of Arlene Wellman, we recently welcomed Elaine Clancy as interim Group Chief Nursing Officer. Elaine is currently the most senior nurse in south west London and has joined gesh on an interim secondment while permanent recruitment continues.

## 5.0 Recommendations

- 5.1** The Council is asked to note the report.





# SGUH Council of Governors

Meeting on Wednesday, 10 December 2025

Agenda Item	2.2	
Report Title	CQC Well Led Report (St George's)	
Executive Lead(s)	James Blythe, Interim Group Chief Executive Officer	
Report Author(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Previously considered by	-	-
Purpose	For Review	

Executive Summary
<p>The Care Quality Commission (CQC) undertook a Well Led inspection at St George's University Hospitals NHS Foundation Trust (SGUH) between 25 and 27 February 2025, utilising its new Well Led assessment framework which was introduced in April 2024. The Trust received the report on 27 October 2025 ahead of publication on 31 October 2025, having previously reviewed a draft for factual accuracy checking in August 2025. This report provides an overview of the findings of the CQC Well Led report, a summary of key actions taken to take to respond to the initial feedback received from the CQC, planned actions, and next steps in relation to co-producing with the St George's Site Leadership team, divisional teams, and staff across the organisation a comprehensive action plan to respond to the CQC's detailed findings. That detailed action plan will be presented to the Board at its meeting in January 2026.</p> <p>The CQC's overall assessment rates the Trust as "Requires Improvement", the same rating as the Trust received from the CQC in its previous CQC Trust-wide inspection report in December 2019. Although the areas of improvement highlighted by the CQC had been previously recognised by the Trust as needing further work, the CQC report has brought into sharp focus the scale of the change that it needed across the Trust, and the pace of change that it required to deliver the required change. The Group Executive Committee and the St George's Site Leadership Team have reviewed the CQC report and, while disappointed, are committed to taking the actions necessary to improve the culture of the organisation and to engage staff in the improvement work. The report highlights the improvement actions already taken on in train, alongside planned areas of further work, in particular in relation to improving culture. The Trust recognises that to make progress in all of the areas highlighted by the CQC a more comprehensive action plan needs to be developed and, importantly, needs to be co-produced not only by the Board, Executive and Site Leadership Team, but also by engaging with staff across the organisation. We plan to use a series of regular engagement events with staff, starting this month, as well as feedback from staff through the NHS Staff Survey and engagement with our strengthened Staff Networks, to help develop the programme of actions needed to respond to the CQC's feedback. The intention is to co-produce that wider action plan with staff and bring this to the Board in public in January 2026, setting out key milestones and success measures.</p>

Action required by SGUH Council of Governors
The Council is asked to:



- a) Receive and Note the CQC's Well Led inspection report on St George's University Hospitals NHS Foundation Trust, published on 31 October 2025, and note the overall Well Led rating for the Trust of "Requires Improvement".
- b) Note the key findings from the CQC's Well Led inspection at St George's University Hospitals NHS Foundation Trust;
- c) Note that a progress report will be presented to the Group Board at its meeting in public in January 2026, and to the next meeting of Governors, setting out an integrated action plan, key milestones, and success measures.

## Appendices

Appendix No.	Appendix Name
<b>Appendix 1</b>	CQC Well Led Report: St George's University Hospitals NHS Foundation Trust (31 October 2025)

## 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 set out in paper.

### 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 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

N/A

### Legal and / or Regulatory implications

Well Led is one of the five domains the CQC uses to inspect NHS provider trusts, as part of its regulatory role. The Well Led framework was most recently updated in April 2024.

### Equality, diversity and inclusion implications

EDI is embedded within Quality Statement 4 of the 2024 Well Led framework, and the CQC's Report provides detailed comments on the Trust's position in relation to the Workforce EDI quality statement.

### Environmental sustainability implications

Environmental sustainability is embedded within Quality Statement 8 of the 2024 Well Led framework, and the CQC's Report provides detailed comments on the Trust's position in relation to environmental sustainability.



CQC Well Led Report (St George's)  
Council of Governors, 11 December 2025

1.0 Purpose of paper

1.1 This report provides an overview of the findings of the CQC Well Led inspection. Senior leaders have been discussing plans to co-produce with the St George's Site Leadership team, divisional teams, and staff across the organisation a comprehensive range of actions to respond to the CQC's detailed findings. A progress report will be presented to the Board at its meeting in January 2026.

2.0 Background

2.1 The CQC undertook a Well Led inspection at St George's between 25 and 27 February 2025. This was the first Well Led inspection held at the Trust since 2019. The overall CQC rating for the Trust in 2019, as well as its rating for the Well Led domain, was "requires improvement".

2.2 The Well Led inspection was undertaken in line with the CQC's updated Well Led framework published in April 2024. The new framework, which contains eight quality statements against which trusts are measured build on the previous 2017 Well Led framework, but with a greater emphasis on: quality, diversity and inclusion; freedom to speak up; environmental sustainability; population health; and partnership and inter-agency working. A summary of the framework and quality statements is set out below:

Shared direction and culture	• We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
Capable, compassionate and inclusive leadership	• We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.
Freedom to Speak Up	• We foster a positive culture where people feel that they can speak up and that their voice will be heard.
Workforce equality, diversity and inclusion	• We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
Governance, management and sustainability	• We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
Partnerships and communities	• We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
Learning, improvement and innovation	• We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.
Environmental sustainability	• We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

2.3 Ahead of the CQC Well Led inspection, the Trust undertook a self-assessment against the new framework and considered this at the Group Board development session in December 2024. This self-assessment informed the Trust's preparations for the inspection as well as longer-term actions to strengthen the Trust's position in relation to the requirements of the new framework.



- 2.4 The inspection took place between 25 and 27 February 2025 and involved interviews with members of the St George's Trust Board, including Non-Executive and Executive Directors, members of the St George's Site Leadership Team, meetings with each of the three Clinical Divisional Triumvirates, as well as meetings with key leads and staff including the Freedom to Speak Up Guardian, Guardian of Safe Working Hours, Caldicott Guardian, leads for patient safety, complaints, learning from deaths, safeguarding and pharmacy, as well as the chairs of the staff networks, representatives of Staff Side, and patient representatives. A number of follow-up interviews were also held by the CQC in the weeks following the on-site inspection.
- 2.5 The Well Led inspection followed assessments of the Trust's frontline services: Urgent and Emergency Care; Maternity; and Surgery at both St George's Hospital in Tooting and Queen Mary's Hospital in Roehampton. The CQC's reports on the service level CQC inspections was published on 28 August 2025 and the outcomes of these inspections were reported to the Group Board at its meeting on 5 September 2025.
- 2.6 The Trust received high level feedback from the CQC following the inspection in March 2025. This feedback letter and a high level set of actions to respond to the initial feedback was reported to the Group Board in public at its meeting on 1 May 2025.
- 2.7 The Trust received the Well Led inspection report from the CQC on 27 October 2025 and the report was published on 31 October 2025. Prior to this, the Trust had reviewed a draft of the report for factual accuracy checking.

### 3.0 Findings and key themes

#### *Overall rating*

- 3.1 The CQC's Well Led inspection report for St George's University Hospitals NHS Foundation Trust rated the Trust as "Requires Improvement" overall, the same rating as the Trust's previous Trust-wide CQC rating in December 2019.
- 3.2 For each of the eight quality statements that comprise the Well Led framework and which inform the overall score, the CQC provided the following ratings:

Quality Statement	CQC rating	
	Rating	Rating Definition
Shared Direction and Culture	2	Some shortfalls; Requires Improvement
Capable, Compassionate and Inclusive Leaders	2	Some shortfalls; Requires Improvement
Freedom to Speak Up	2	Some shortfalls; Requires Improvement
Workforce Equality, Diversity and Inclusion	1	Significant shortfalls; Inadequate
Governance, Management and Sustainability	1	Significant shortfalls; Inadequate
Partnerships and Communities	3	Good standard; Good
Learning, Improvement and Innovation	3	Good standard; Good
Environmental Sustainability	3	Good standard; Good

#### *Key themes*

- 3.3 The CQC Well Led inspection for St George's recognised a number of areas where the Trust was performing well including:
- the Trust had a clear, Board-approved strategy in place which had been developed with the input of patients, staff and stakeholders and which was aligned to local plans;



- the Trust had a well established set of values; most leaders had the skills and experience, knowledge and capacity to fulfil their roles and understood the challenges to sustainability;
- robust systems were in place to manage the Fit and Proper Persons Regulation;
- the Trust had strengthened its Freedom to Speak Up Guardian Service and had strengthened Board and Executive oversight of Freedom to Speak Up;
- there was a genuine desire to improve culture;
- there had been some improvements in the Trust's position in relation to the Workforce Race Equality Standard and Workforce Disability Equality Standard;
- leaders had taken action to address bullying and harassment and were committed to working towards a culture to promote equality and equity for staff;
- the Trust had in place an Accountability Framework, governance structures for the Group, assurance systems, systems and processes to identify and manage risk, processes and systems to monitor current and future performance;
- senior leaders understood their duty to collaborate and work in partnership and the Trust worked well with system partners;
- there was a focus on continuous learning, improvement and innovation and a strong focus on research; and
- senior leaders understood the impact of the organisation's activities on the environment.

3.4 However, the CQC also identified a number of areas where improvements were required. These included:

- the Trust's strategy was not fully embedded across the organisation and staff did not always understand their role in delivering the strategy;
- progress in implementing the strategy had been slower than planned;
- there had been a lack of pace in embedding the Group model with Epsom and St Helier NHS Trust and of realising the benefits of working as a Group;
- while values were in place, they were not well embedded in the Trust's culture, which was described by some staff as a blame culture, toxic, unprofessional and lacking in accountability;
- behaviours were not always inclusive and some managers lacked capacity for strategic delivery;
- leadership development, talent management and succession planning needed to be strengthened across the Trust;
- despite improvements to the Freedom to Speak Up Guardian Service and to Board and Executive oversight of speaking up, staff found it hard to speak up and organisational culture did not always encourage staff in raising concerns;
- leaders were not always viewed as acting with openness, honesty and transparency;
- the genuine commitment to improving culture was not reflected in staff experience;
- there was a need to improve the experience of staff across the protected characteristics and to promote an inclusive culture;
- despite some improvements, there was little evidence to support an overall improvement in equality, diversity and inclusion;
- systems of governance and management were not ways effective and service inspections in maternity, surgery and urgent and emergency care meant there was a lack of governance and accountability in specific areas.

### ***Regulation 17 Notices***

3.5 For the two quality statements where the CQC rated the Trust with a score of "1", the CQC issued Regulation 17 notices as follows:





- *The trust must ensure that they use feedback from staff to improve the culture of the organisation and measure the impact of actions taken.*
  - *The trust must ensure that they improve governance and management functionality to keep people safe from avoidable harm.*
- 3.6 Regulation 17 notices are notices issued under [Regulation 17 of the Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). The purpose of this regulation is to ensure that providers have systems and processes to ensure that they are able to meet other requirements of the 2014 Regulations, specifically in relation to governance, assurance, and monitoring and driving improvements in quality and safety, including the quality of the experience for people using the service. A key part of this regulation is the expectation that providers seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

#### 4.0 Trust response and co-producing with staff a comprehensive action plan

- 4.1 Although the areas of improvement highlighted by the CQC, including in its Regulation 17 Notices, had been previously recognised by the Trust as needing further work, the CQC report has brought into sharp focus the scale of the change that it needed across the Trust, and the pace of change that it required to deliver the required change. The Group Executive Committee and the St George's Site Leadership Team have reviewed the CQC report and, while disappointed, are committed to taking the actions necessary to improve the culture of the organisation and to engage staff in the improvement work.
- 4.2 As some of the areas for improvement were understood by the Trust ahead of the inspection through the self-assessment undertaken by the Board, the Trust had already put in place a number of improvement actions. These actions require further development before they are consolidated into a single action plan.
- 4.3 The Trust recognises that to make progress in all of the areas highlighted by the CQC a more comprehensive action plan needs to be developed and, importantly, needs to be co-produced not only by the Board, Executive and Site Leadership Team, but also by engaging with staff across the organisation. That wider engagement with our staff will help ensure that the action plan we co-design is collectively owned and embedded, and is one which leaders at all levels of the organisation recognise and feel empowered to deliver. We plan to use a series of regular engagement events with staff, starting this month, as well as feedback from staff through the NHS Staff Survey and engagement with our strengthened Staff Networks, to help develop the programme of actions needed to respond to the CQC's feedback, in particular in relation to improving the culture of the organisation. We also plan to use the current NHS Staff Survey to help the Site Leadership Team target organisational development, management capability and leadership interventions based on either a low feedback rating or specific poor ratings from staff, and to ensure effective Executive and Board level assurance in relation to focused follow-up in response to departmental-level negative outliers in the Staff Survey.
- 4.4 At the same time, the development of our response to the CQC Well Led inspection at St George's coincides with the development of our Medium Term Plan. We have integrated into our transformation programme key programmes of work that respond to the CQC's feedback. For example, one of the transformation programme workstreams focuses on organisational culture and developing quality improvement and a second transformation workstream is focused on developing the Group-model, strengthening our organisational form, and developing a new Target Operating Model for the Group, which aims to clarify how the Group should operate in future to deliver the Group strategy.



- 4.5 A progress report will be presented to the Group Board at its meeting in public in January 2026, and to the next meeting of Governors, setting out an integrated action plan, key milestones, and success measures.

## 5.0 Recommendations

- 6.1 The Council is asked to:
- a) Receive and note the CQC's Well Led inspection report on St George's University Hospitals NHS Foundation Trust, published on 31 October 2025, and note the overall Well Led rating for the Trust of "Requires Improvement".
  - b) Note the key findings from the CQC's Well Led inspection at St George's University Hospitals NHS Foundation Trust;
  - c) Note that a progress report will be presented to the Group Board at its meeting in public in January 2026, and to the next meeting of Governors, setting out an integrated action plan, key milestones, and success measures.



# SGUH Council of Governors

Meeting on Thursday, 11 December 2025

Agenda Item	2.2	
Report Title	CQC Well Led Report (St George's)	
Executive Lead(s)	James Blythe, Interim Group Chief Executive Officer	
Report Author(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Previously considered by	-	-
Purpose	For Review	

Executive Summary
<p>The Care Quality Commission (CQC) undertook a Well Led inspection at St George's University Hospitals NHS Foundation Trust (SGUH) between 25 and 27 February 2025, utilising its new Well Led assessment framework which was introduced in April 2024. The Trust received the report on 27 October 2025 ahead of publication on 31 October 2025, having previously reviewed a draft for factual accuracy checking in August 2025. This report provides an overview of the findings of the CQC Well Led report, a summary of key actions taken to take to respond to the initial feedback received from the CQC, planned actions, and next steps in relation to co-producing with the St George's Site Leadership team, divisional teams, and staff across the organisation a comprehensive action plan to respond to the CQC's detailed findings. That detailed action plan will be presented to the Board at its meeting in January 2026.</p> <p>The CQC's overall assessment rates the Trust as "Requires Improvement", the same rating as the Trust received from the CQC in its previous CQC Trust-wide inspection report in December 2019. Although the areas of improvement highlighted by the CQC had been previously recognised by the Trust as needing further work, the CQC report has brought into sharp focus the scale of the change that it needed across the Trust, and the pace of change that it required to deliver the required change. The Group Executive Committee and the St George's Site Leadership Team have reviewed the CQC report and, while disappointed, are committed to taking the actions necessary to improve the culture of the organisation and to engage staff in the improvement work. The report highlights the improvement actions already taken on in train, alongside planned areas of further work, in particular in relation to improving culture. The Trust recognises that to make progress in all of the areas highlighted by the CQC a more comprehensive action plan needs to be developed and, importantly, needs to be co-produced not only by the Board, Executive and Site Leadership Team, but also by engaging with staff across the organisation. We plan to use a series of regular engagement events with staff, starting this month, as well as feedback from staff through the NHS Staff Survey and engagement with our strengthened Staff Networks, to help develop the programme of actions needed to respond to the CQC's feedback. The intention is to co-produce that wider action plan with staff and bring this to the Board in public in January 2026, setting out key milestones and success measures.</p>

Action required by SGUH Council of Governors
The Council is asked to:





- a) Receive and Note the CQC's Well Led inspection report on St George's University Hospitals NHS Foundation Trust, published on 31 October 2025, and note the overall Well Led rating for the Trust of "Requires Improvement".
- b) Note the key findings from the CQC's Well Led inspection at St George's University Hospitals NHS Foundation Trust;
- c) Note that a progress report will be presented to the Group Board at its meeting in public in January 2026, and to the next meeting of Governors, setting out an integrated action plan, key milestones, and success measures.

## Appendices

Appendix No.	Appendix Name
<b>Appendix 1</b>	CQC Well Led Report: St George's University Hospitals NHS Foundation Trust (31 October 2025)

## 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 set out in paper.

### 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 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

N/A

### Legal and / or Regulatory implications

Well Led is one of the five domains the CQC uses to inspect NHS provider trusts, as part of its regulatory role. The Well Led framework was most recently updated in April 2024.

### Equality, diversity and inclusion implications

EDI is embedded within Quality Statement 4 of the 2024 Well Led framework, and the CQC's Report provides detailed comments on the Trust's position in relation to the Workforce EDI quality statement.

### Environmental sustainability implications

Environmental sustainability is embedded within Quality Statement 8 of the 2024 Well Led framework, and the CQC's Report provides detailed comments on the Trust's position in relation to environmental sustainability.



**CQC Well Led Report (St George's)**  
**Council of Governors, 11 December 2025**

**1.0 Purpose of paper**

- 1.1 This report provides an overview of the findings of the CQC Well Led inspection. Senior leaders have been discussing plans to co-produce with the St George's Site Leadership team, divisional teams, and staff across the organisation a comprehensive range of actions to respond to the CQC's detailed findings. A progress report will be presented to the Board at its meeting in January 2026.

**2.0 Background**

- 2.1 The CQC undertook a Well Led inspection at St George's between 25 and 27 February 2025. This was the first Well Led inspection held at the Trust since 2019. The overall CQC rating for the Trust in 2019, as well as its rating for the Well Led domain, was "requires improvement".
- 2.2 The Well Led inspection was undertaken in line with the CQC's updated Well Led framework published in April 2024. The new framework, which contains eight quality statements against which trusts are measured build on the previous 2017 Well Led framework, but with a greater emphasis on: quality, diversity and inclusion; freedom to speak up; environmental sustainability; population health; and partnership and inter-agency working. A summary of the framework and quality statements is set out below:

Shared direction and culture	• We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
Capable, compassionate and inclusive leadership	• We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.
Freedom to Speak Up	• We foster a positive culture where people feel that they can speak up and that their voice will be heard.
Workforce equality, diversity and inclusion	• We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
Governance, management and sustainability	• We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
Partnerships and communities	• We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
Learning, improvement and innovation	• We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.
Environmental sustainability	• We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

- 2.3 Ahead of the CQC Well Led inspection, the Trust undertook a self-assessment against the new framework and considered this at the Group Board development session in December 2024. This self-assessment informed the Trust's preparations for the inspection as well as longer-term actions to strengthen the Trust's position in relation to the requirements of the new framework.



- 2.4 The inspection took place between 25 and 27 February 2025 and involved interviews with members of the St George's Trust Board, including Non-Executive and Executive Directors, members of the St George's Site Leadership Team, meetings with each of the three Clinical Divisional Triumvirates, as well as meetings with key leads and staff including the Freedom to Speak Up Guardian, Guardian of Safe Working Hours, Caldicott Guardian, leads for patient safety, complaints, learning from deaths, safeguarding and pharmacy, as well as the chairs of the staff networks, representatives of Staff Side, and patient representatives. A number of follow-up interviews were also held by the CQC in the weeks following the on-site inspection.
- 2.5 The Well Led inspection followed assessments of the Trust's frontline services: Urgent and Emergency Care; Maternity; and Surgery at both St George's Hospital in Tooting and Queen Mary's Hospital in Roehampton. The CQC's reports on the service level CQC inspections was published on 28 August 2025 and the outcomes of these inspections were reported to the Group Board at its meeting on 5 September 2025.
- 2.6 The Trust received high level feedback from the CQC following the inspection in March 2025. This feedback letter and a high level set of actions to respond to the initial feedback was reported to the Group Board in public at its meeting on 1 May 2025.
- 2.7 The Trust received the Well Led inspection report from the CQC on 27 October 2025 and the report was published on 31 October 2025. Prior to this, the Trust had reviewed a draft of the report for factual accuracy checking.

### 3.0 Findings and key themes

#### **Overall rating**

- 3.1 The CQC's Well Led inspection report for St George's University Hospitals NHS Foundation Trust rated the Trust as "Requires Improvement" overall, the same rating as the Trust's previous Trust-wide CQC rating in December 2019.
- 3.2 For each of the eight quality statements that comprise the Well Led framework and which inform the overall score, the CQC provided the following ratings:

Quality Statement	CQC rating	
	Rating	Rating Definition
Shared Direction and Culture	2	Some shortfalls; Requires Improvement
Capable, Compassionate and Inclusive Leaders	2	Some shortfalls; Requires Improvement
Freedom to Speak Up	2	Some shortfalls; Requires Improvement
Workforce Equality, Diversity and Inclusion	1	Significant shortfalls; Inadequate
Governance, Management and Sustainability	1	Significant shortfalls; Inadequate
Partnerships and Communities	3	Good standard; Good
Learning, Improvement and Innovation	3	Good standard; Good
Environmental Sustainability	3	Good standard; Good

#### **Key themes**

- 3.3 The CQC Well Led inspection for St George's recognised a number of areas where the Trust was performing well including:
- the Trust had a clear, Board-approved strategy in place which had been developed with the input of patients, staff and stakeholders and which was aligned to local plans;

- the Trust had a well established set of values; most leaders had the skills and experience, knowledge and capacity to fulfil their roles and understood the challenges to sustainability;
- robust systems were in place to manage the Fit and Proper Persons Regulation;
- the Trust had strengthened its Freedom to Speak Up Guardian Service and had strengthened Board and Executive oversight of Freedom to Speak Up;
- there was a genuine desire to improve culture;
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3.4 However, the CQC also identified a number of areas where improvements were required. These included:

- the Trust's strategy was not fully embedded across the organisation and staff did not always understand their role in delivering the strategy;
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# SGUH Integrated Quality & Performance Report

October 2025



**Outstanding Care, Together: Our strategy 2023 to 2028**

Publication Date: 26/11/2025 | Contact: [gesh.performance@stgeorges.nhs.uk](mailto:gesh.performance@stgeorges.nhs.uk)



# National Oversight Framework



The NHS Oversight Framework provider segmentations and league tables for Q1 were published on 9 September 2025.

The Framework places trusts into one of four segments. Segment 1 represents organisations facing the fewest challenges, while Segment 4 includes those with the most significant challenges.

Segmentation is determined by performance across key domains: access, effectiveness, patient safety, workforce, and finance. **Only organisations demonstrating financial stability are placed in Segments 1 or 2.**

Metric scores (1 to 4) reflects relative performance.

Assessment Period: Q1 2025/26				SGUH	ESTH
Trust Segment (adjusted)				3	3
Ranking (Acute Trusts)				37/134	61/134
Unadjusted Segment (pre finance override)				1	3
Overall Metric Score (breakdown below)				2.05	2.41
Domain	No.	Metric	Data Period	Metric Scores	Metric Scores
Access	1	RTT 18 weeks Performance	Jun-25	2.34	1.81
	2	RTT 18 weeks Performance vs Plan	Jun-25	1.00	1.12
	3	RTT 52 Weeks Performance	Jun-25	2.73	2.32
	4	Community Services - % waits over 52 Weeks	Jun-25	1.00	2.35
	5	Cancer - 28-Day Faster Diagnosis Standard	Q1-25/26	2.20	2.04
	6	Cancer - 62-Day Treatment Standard	Q1-25/26	1.00	1.00
	7	A&E 4-Hour Wait Standard	Q1-25/26	1.00	3.37
	8	A&E 12-Hour Waits (from arrival)	Q1-25/26	2.82	3.78
Effectiveness & experience of care	9	Summary Hospital Level Mortality Indicator	R12 - Mar-25	2.00	2.00
	10	Average number of days between planned and actual discharge d	Jun-25	1.74	Not Reported (DQ)
	11	CQC inpatient survey satisfaction rate	2023	2.00	2.00
	12	Urgent community response 2-hour performance	Q1-25/26	N/A	2.24
Patient Safety	13	NHS Staff Survey -raising concerns sub-score	2024	3.12	2.78
	14	CQC safe inspection score (if awarded within the preceding 2 yea	N/A	N/A	N/A
	15	Rates of MRSA infections	R12 -Jun-25	2.37	2.63
	16	Rates of C-Difficile infections	R12 -Jun-25	3.62	2.62
	17	Rates of E-Coli infections	R12 -Jun-25	3.39	2.05
People and workforce	18	Sickness absence rate	R12 -Mar-25	1.72	2.44
	19	NHS Staff Survey engagement theme score	2024	2.38	2.20
Finance and productivity	20	Planned surplus/deficit	Apr-25	4.00	4.00
	21	Variance year-to-date to financial plan	YTD Jun-25	1.00	1.00
	22	Implied Productivity Level	YTD Mar-25	1.74	3.26

## gesh CARE Board: Board Level Improvement Priorities for 2025/26

C Collaboration & Partnership: Work with other teams to reduce delays in patient journeys through our services				A Affordable healthcare, fit for the future: Live within our means: innovating, working more efficiently and cutting costs				R Right care, right place, right time: Keep our patients safe – including those waiting for our care				E Empowered, engaged staff: Make our team a great and inclusive one to work in			
Reduce average non-elective LOS (days): Oct 25				Deliver Financial Plan (month 7)				Improve VTE Performance: Sep 25				Staff recommending gesh as an employer			
	Actual	Plan	Trend		Variance to plan	Assurance on deliverability			Actual	Plan	Trend		Actual 2023	Actual 2024	Trend
SGUH	10	8.4	no significant change	SGUH	£0.0m (on plan)	Very challenging		SGUH	85.3%	95%	no significant change	SGUH	59.5%	63.2%	improved
ESTH	11.3	TBC	no significant change	ESTH	£0.0m (on plan)	Very challenging		ESTH	80.0%	95%	no significant change	ESTH	59.3%	61.46%	improved
Reduce delays between planned & actual discharge (inc 0 delays) Sep 25				Improve (Implied) Productivity (YTD Jul 25)				Reduce RTT 52week waiters: Sep 25				Reduce Staff sickness absence rates: Oct 25			
	Actual	Trend			YoY Change	National Benchmark			Actual	Plan	Trend		Actual	Plan	Trend
SGUH	0.7 days	no significant change		SGUH	-0.1%	3rd quartile		SGUH	2.52%	1.0%	deteriorating	SGUH	4.75%	4%	no significant change
ESTH	1.6 days	no significant change		ESTH	-0.5%	Lowest Quartile		ESTH	2.1%	1.0%	deteriorating	ESTH	6.08%	4%	deteriorating
Enable increase in referrals to Urgent Community Response Team: Oct 25				Deliver CIP Target (month 7)				Maintain 12-hour waits in ED at or below 24/25 levels: Oct 25				Sutton	6.39%	4%	no significant change
	Actual	Trend			YTD Delivery	Note			Actual	Plan	Trend	Surrey	6.03%	4%	deteriorating
Sutton	454	increase		SGUH	£40.7m to date	In line with plan. Includes £2.4m of nr b/f and £2.3m of nr additional to support		SGUH	11.7%	13.5%	no significant change				
Surrey	560	no significant change		ESTH	£26.7m to date	Includes £5.9m of nr balance sheet to support the non-delivery of planned CIP		ESTH	16%	11%	no significant change				
				Improve Cash Position (month 7)											
				Current balance and Cash stress expected based on current cash flow											
				SGUH	£68.6m	£39.9m favourable	Mid Q4								
				ESTH	£42.2m	£30.2m favourable	Early Q4								

3

# Executive Summary

## Quality & Safety



### St George's Hospital

#### Key Messages

- **Patient Safety Incident Investigations (PSII) and Never Events:** No new Never Events were reported in October 2025. One new Patient Safety Incident Investigation (PSII) was initiated, relating to a neonatal death in the Delivery Suite.
- **VTE Risk Assessments:** Reported compliance improved to 85% following a revision to the reporting logic to use admission time (bed placement) instead of time of Decision to Admit. Chief Medical Offices across gesh are leading on improvement work to deliver the 95% national target.
- **Falls Prevention and Management:** In October 2025, there was one extreme-harm fall – this has gone through the divisional review process, but the view is that this was a collapse secondary to an acute catastrophic haemorrhage due to Acute Promyelocytic Leukaemia and associated Disseminated Intravascular Coagulation. It has been downgraded to low harm
- **Pressure Ulcers:** There were two category 4 and 11 category 3 pressure ulcers reported in October 2025. This is the first time the Trust has breached the category 3 pressure ulcer target since May 2025. One category 4 ulcer occurred on a Neurosurgery ward (sacrum), and the other involved the ear of a patient cared for on an acute medical ward. Despite the rise in category 3 pressure ulcers, the data indicates normal variation. All incidents are undergoing after-action reviews.
- **Infection Prevention and Control (IPC):** Seven new C diff cases in October 2025, YTD 39 against a trajectory of 43. Continuous reviews are addressing identified lapses in care.
- **Long Bone Fracture Surgical Site Infections -** SGUH continues to be an outlier nationally. Task and Finish group has been established to review practices including skin preparation, antibiotic prophylaxis and wound closure.
- **Complaints:** In September and throughout October 2025, the complaints team experienced considerable staffing pressures, leading to a dip in performance. There has been slow improvement, performance remains below target. An action plan is in place to address staffing gaps and restore acknowledgement and response rates to the required standards.
- **Mortality:** Mortality rate, as measured by the Summary Hospital-level Mortality Indicator (SHMI), performance is better than expected. The change to Same Day Emergency Care (SDEC) data reporting which went live on the 29<sup>th</sup> October 2025 may negatively affect future SHMI results. This continues to be monitored closely.
- **Family and Friends Tests:** FFT scores are strong across Inpatient, Outpatient, Maternity, and Community Services. The Emergency Department continues to perform below the 90% target

# Executive Summary

## Operational Performance



### St George's Hospital

#### Successes

- Capped theatre utilisation has improved, placing it in the top quartile of the national rankings in the first week of November met the 85% target and seeing an increase in the average cases per session.
- RTT 65-week and 52-week waits have shown positive weekly reductions since mid-September 2025. RTT performance in September was 60.8%, ahead of the submitted plan.
- Diagnostic performance improved significantly in September and October 2025, with recovery plans reducing long waits, particularly in Ultrasound and Cardiac MRI.
- The 4-hour emergency department standard continues to be maintained achieving 79.1% in September 2025. This is supported by reduced times for ambulance handover.

#### Challenges

- Performance pressures persist across key RTT metrics, with a high volume of >52-week waits, but we remain on track in line with our revised RTT plan and trajectory. Targeted actions are underway and overseen by the Chief Operating Officer (COO). The summary of key actions are set out in the report.
- Eliminating >65 week waits by 21st December is challenging but national funding has been awarded to support delivery which is being overseen by the newly implemented Tier 1 operational performance committee chaired by the COO. The meeting also includes Cancer and DM01 performance oversight.
- Anaesthetic pay issues are impacting on capacity.
- Cancer performance whilst seeing improvement through September 2025, remains below plan with 28-day Faster Diagnosis Standard (FDS) performance at 65.1%, and 62-day performance at 71.3%. Key challenges include seasonal referral surges in Dermatology impacting access to clinic and minor ops; service recovery plan in place, with additional resilience funding to support waiting list initiatives. SGUH is working with Royal Marsden Partners (RMP) to deliver mutual aid across South West London (SWL) to support FDS performance improvement along with the use of templated letters commencing in high throughput specialities. This is being overseen in line with Tier 1 actions, commencing in October 2025.
- Patient-Initiated Follow-Up (PIFU) rates remain below our end of year target of 3%, PIFU and Follow up reduction is a key workstream within Outpatient Patient Transformation Programme.
- Further requirement to reduce length of stay to meet winter plan of 8.4 days.

# 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 <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.	<b>Consider if the level/range of variation is acceptable.</b> 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.	<b>Something's going on!</b> Something a one-off, or a continued trend or shift of numbers in the wrong direction	<b>Investigate</b> 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.	<b>Something good is happening!</b> Something a one-off, or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening/ happened. <b>Celebrate</b> the improvement or success. Is there <b>learning</b> 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 <b>within</b> 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 <b>outside of those limits in the wrong direction</b> then you know that the target cannot be achieved.	<b>You need to change something in the system or process if you want to meet the target.</b> 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 <b>outside of those limits in the right direction</b> then you know that the target can consistently be achieved.	<b>Celebrate the achievement.</b> 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.

# Safe, High-Quality Care

## Overview Dashboard



KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
Never Events	Oct 25	0	0	0			N/A
Patient Safety Incident Investigations	Oct 25	2	1	0			N/A
Moderate and Severe Harm from Falls	Oct 25	2	1	-			N/A
Pressure Ulcers - Acquired Category 3&4	Oct 25	6	13	7			N/A
Infection Control - Number of MRSA	Oct 25	0.0	0.0	0.0			3rd Quartile
Infection Control - Number of Cdiff - Hospital & Community	Oct 25	7	7	5			2nd Quartile
Infection Control - Number of E-Coli	Oct 25	3	14	9			Lowest Quartile
30-Day Emergency Readmission Rate	Sep 25	13.5%	13.6%	-			TBC
VTE Risk Assessment	Sep 25	84.9%	85.3%	95.0%			N/A
Mortality - SHMI	Jun 25	0.85	0.86	-			Better than Expected
% Births with 3rd or 4th degree tear	Sep 25	3.2%	2.2%	-			3.0%
% Births Post Partum Haemorrhage >1.5 L	Sep 25	2.2%	3.2%	-			3.0%
Stillbirths per 1,000 births	Sep 25	6.2	3.1	-			3.3
Neonatal deaths per 1,000 births	Sep 25	9.3	6.3	-			1.6
HIE (Hypoxic ischaemic encephalopathy ) per 1,000 births	Sep 25	6.2	0.0	-			N/A

# Safe, High-Quality Care

## Overview Dashboard – Patient Experience



KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance
Complaints - Responded to within 35 working days	Oct 25	97.4%	79.0%	85.0%		
Complaints - Acknowledgement within 3 working days	Oct 25	100.0%	37.0%	100.0%		
Number of complaints not completed within 6 months from date of receipt	Oct 25	1	2	0		
Friends and Family Test - Inpatients Score	Oct 25	98.4%	98.6%	90.0%		
Friends and Family Test - Emergency Department Score	Oct 25	83.0%	76.2%	90.0%		
Friends and Family Test - Outpatients Score	Oct 25	94.5%	94.8%	90.0%		
Friends and Family Test - Maternity Score	Oct 25	92.5%	83.9%	90.0%		



# Operational Performance

## Overview Dashboard



KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
RTT - Waits over 65 weeks	Sep 25	354	297	0			3rd Quartile
RTT - Percentage of waits over 52 weeks	Sep 25	2.54%	2.52%	1.00%			3rd Quartile
RTT - Percentage of waits within 18 weeks	Sep 25	60.5%	60.8%	60.0%			2nd Quartile
RTT - Percentage of waits within 18 weeks for first appointment	Sep 25	64.7%	64.1%	66.6%			3rd Quartile
RTT- Waiting List – total children under 18	Sep 25	6562	6294	7715			-
Cancer - 28 Day Faster Diagnosis Standard	Sep 25	64.4%	65.1%	82.7%			2nd Quartile
Cancer 62 Day Referral to Treatment Standard	Sep 25	69.8%	71.3%	85.0%			Top Quartile
Diagnostics - 6 Week Waits	Oct 25	9.6%	6.8%	5.0%			2nd Quartile
4 Hour Operating Standard	Oct 25	78.1%	79.1%	78.0%			Top Quartile
Over 12 Hours in ED from Arrival (%) Type 1	Oct 25	11.4%	11.7%	13.0%			3rd Quartile
Ambulance average Handover Time (min)	Oct 25	00:22:46	00:24:26	00:24:00			TBC

# Our People

## People Metrics



KPI	Latest month	Previous Month Measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
Staff Sickness Absence rate	Oct 25	4.5%	4.8%	4.0%			2nd Quartile
Agency rates	Oct 25	0.4%	0.8%	-			
MAST	Oct 25	91.0%	91.1%	85.0%			Top Quartile
Vacancy Rate	Oct 25	4.8%	5.1%	10.0%			
Appraisal Rate Medical	Oct 25	81.5%	79.3%	90.0%			
Appraisal Rate Non Medical	Oct 25	80.3%	79.3%	90.0%			Top Quartile
Turnover	Oct 25	9.9%	9.4%	13.0%			4th Quartile
Workforce WTE	Oct 25	10856	10792	10325			
Percentage BAME staff band 8 and above	Oct 25	32.9%	32.9%	-			



# Council of Governors : 10<sup>th</sup> December 2025

## 25/26 M07 Financial Performance

GCFO, SGH Site CFO



# Introduction from GCFO



## Key messages

- Month 7: **SGH has reported on plan at month 7**. In order to do this some additional non-recurrent benefit has been added to help support that position. This brings forward other planned benefits and mean the challenge for later in the year increases. The Trust remains committed to delivering the financial plan in 25/26.
- CIPs. **Overall, on plan at month 7**, although this is the month although SGH has utilised more non-recurrent actions to achieve this position given lower than planned levels of recurrent CIPs. This will cause pressure later.
- Workforce. **SGH is 467 WTE adverse** to plan, driven by lower levels of CIPs than the value expressed in the plan and increases in M12 24/25 not fully reversed back yet. There is an offsetting variance in TUPE of Corporate staff.
- Planning. **SGH has commenced the 26/27 financial year planning round**, focus from NHSE on alignment across workforce, financial and activity data and to include plans for future years into an integrated medium-term plan.
- The Council of Governors is asked to note that while the position is on plan the underlying position remains highly challenging, and looking at coming months our ability to remain on plan will be impossible to maintain unless more CIPs are identified.

# SGH M7 position

## GESH



	SGH		Comment
	Variance	RAG	
I&E in month	£0.0m		STG - £0.6m mitigation in month to support CIP delivery, note this includes £2m of additional SWL income
I&E cumulative	£0.0m		STG - £6.3m additional non recurrent above plan used to meet the position in the year to date position
I&E Forecast	£0.0m		Both trusts show material risk against the year end forecast. Residual net risks have been reported at M7, but additional work is underway to mitigate this risk. The Trust Board in common remains committed to delivering the plan.
CIP fully developed	73.2%		Identification and delivery of the level of CIPs in the plan remains the groups largest financial risk
CIP delivery	£0.0m		STG - £4.7m of CIP mitigation to support YTD CIP delivery
Income	£0.2m Adv		STG – YTD adverse variance due to underperformance on staff recharges offset by vacancies
Pay	£1.9m Adv		STG – YTD adverse position reflects CIP underperformance of offset by brought forward mitigation. £0.7m of Industrial Action pressure
Non-pay	£2.1m Fav		STG – YTD favourable position reflects central mitigation to support baseline and CIP over delivery
Workforce	467 Adv		STG - decrease in WTE CIP plan from M4 onwards of 425 WTE linked to stepped increase in CIP target.
Cash in bank	£28.8m Fav		STG – above plan by £28.8m. Net inflow in month £8.1m.
BPPC (non-NHS %)	2.40% Adv		STG – both trusts below 95% compliance for non-NHS payments. Delays in creditors being approved for payment remains the major challenge. Steps are being taken to improve this.
Capital	£11.2m Fav		STG – Expecting to increase as year progresses



St George's, Epsom  
and St Helier

University Hospitals and Health Group

# SGH - Summary Reported Position



Performance	Plan	Actual	Variance	Annual Plan	Forecast	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Income	759,557	759,397	-160	1,299,562	1,299,562	0
Total Pay	-483,516	-485,433	-1,917	-821,001	-821,001	0
Non-Pay	-278,815	-276,765	2,050	-457,847	-456,981	866
Non Operating Items	-12,137	-12,110	27	-20,714	-21,580	-866
<b>Performance Target</b>	<b>-14,911</b>	<b>-14,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Workforce YTD	Plan	Actual	Variance	Plan	Forecast	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Substantive	-441,685	-449,659	-7,974	-749,938	-754,438	-4,500
Bank	-32,729	-30,441	2,288	-55,566	-55,566	0
Agency	-7,233	-3,462	3,771	-12,297	-7,797	4,500
Other Pay	-1,869	-1,871	-2	-3,200	-3,200	0
<b>Total</b>	<b>-483,516</b>	<b>-485,433</b>	<b>-1,917</b>	<b>-821,001</b>	<b>-821,001</b>	<b>0</b>

Workforce	Plan	Actual	Variance	Move from M06
	WTE	WTE	WTE	WTE
Substantive	9,622	9,998	-375	21
Bank	645	721	-76	-22
Agency	58	74	-15	-6
<b>Total</b>	<b>10,325</b>	<b>10,792</b>	<b>-467</b>	<b>-7</b>

Key Metrics	Plan	Actual	Variance
<b>Bed Numbers</b>	<b>797</b>	<b>797</b>	<b>0</b>

CIP	Plan	Actual	Variance	Plan	Forecast	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Pay - Recurrent	20,040	5,552	-14,488	40,243	22,586	-17,657
Non-pay - Recurrent	10,705	11,525	820	30,100	23,613	-6,487
Income - Recurrent	1,970	3,698	1,728	3,957	6,301	2,344
<b>Recurrent Efficiencies</b>	<b>32,715</b>	<b>20,775</b>	<b>-11,940</b>	<b>74,300</b>	<b>52,500</b>	<b>-21,800</b>
Pay - Non-recurrent	4,880	3,694	-247	9,805	15,902	6,097
Non-pay - Non-recurrent	2,612	8,314	8,422	10,242	8,472	-1,770
Income - Non-recurrent	476	7,900	2,548	953	18,426	17,473
<b>Non-Recurrent Efficiencies</b>	<b>7,968</b>	<b>19,908</b>	<b>11,940</b>	<b>21,000</b>	<b>42,800</b>	<b>21,800</b>
<b>Total</b>	<b>40,683</b>	<b>40,683</b>	<b>0</b>	<b>95,300</b>	<b>95,300</b>	<b>0</b>

Key Metrics		Plan	Actual	Variance
Cash	£m	39,869	68,608	28,739
Capital	£m	23,253	12,018	-11,235
BPPC volume non NHS	%	95.00%	92.60%	-2.40%

## YTD Commentary

### Income

- Income is £0.2m adverse YTD, with patient care income £1.3m favourable and other operating income £1.5m adverse.
- Patient Care income is driven by £0.7m industrial action income and £0.6m of Pathology income, both offset by expenditure.
- Other Operating Income is driven by Pathology (£0.5m) and Pharmacy (£0.6m) which are both offset by additional expenditure.

### Non pay

- Non-Pay is £2.0m favourable YTD. This is driven by a £1.6m overdelivered CIP, together with other non-pay reserve releases.

### Pay and workforce

- Pay is £1.9m adverse to plan YTD where underspends in bank and agency are offset by under- delivery of pay CIPs.
- Bank and Agency both remain below plan with CIPs focussed on temporary staff reduction.
- Trust is 467 WTE adverse to plan in M7 due to decrease in WTE CIP plan from M4 onwards of 425 WTE linked to stepped increase in CIP target.
- The movement from M6 shows an increase in temporary staffing offset by decrease in substantive.

### Other key metrics

- G&A beds M6 are 797 which is in line with the plan.

### M7 reported CIP

- The Trust has delivered its CIP plan to date
- The recurrent efficiency plan is £11.9m adverse and non recurrent £11.9m favourable as more YTD CIP is non-recurrent replacing planned recurrent.

### Cash

- Cash in the bank is £8.1m higher than last month and remains ahead of the total forecast in the annual plan.

### BPPC

- BPPC remains above 90% although target is 95%

### Capital

- The £8.2 million variance is attributed to delays in project expenditures.

# Medium Term Planning – NHSE Guidance



## Overview

NHS England has issued detailed planning guidance and confirmed allocations for revenue and capital. The Group faces significant financial and operational challenges, requiring robust, integrated plans across finance, workforce, and activity.

## Key Revenue Guidance

- **Breakeven Duty:** Required at organisation level
- **Failure to Deliver:** Triggers financial override under NHS Oversight Framework and reduces future deficit support.
- **Plan Limits:** Each organisation receives a 3-year plan limit.
- **Funding Assumptions:**
  - Inflation uplift flat; assumes 2% efficiency to offset costs.
  - No additional funding for growth; productivity expected to cover demand.
- **Deficit Support Funding (DSF):**
  - Non-recurrent, reducing over time (max 3 years).
- **Payment Model Changes (2026/27):**
  - Blended payments for urgent/emergency care and radiotherapy (tariff  $\pm 20\%$ ).
  - Elective care remains activity-based.
  - Review of fixed payments (block deconstruction).

## Next Steps

- Initial plan submission: 17 December (2 years).
- Final plan submission: 13 February (3 years).



# SGUH Council of Governors

Meeting on Thursday, 11 December 2025

<b>Agenda Item</b>	3.1
<b>Report Title</b>	<b>Council of Governor Governance Update</b>
<b>Executive Lead(s)</b>	Stephen Jones, Group Chief Corporate Affairs Officer
<b>Report Author(s)</b>	Elizabeth Dawson, Group Deputy Director of Corporate Affairs Sarah Forester, Appointed Governor – Healthwatch Merton
<b>Previously considered by</b>	n/a
<b>Purpose</b>	<b>For Noting</b>

## Executive Summary

This report sets out governance activity related to the Council of Governors including:

- Outcome of the 2025 governor elections and next steps
- Update on the Governor Dashboard Task and Finish Group (Sarah Forester)
- Governor Calendar of events
- Confirmation of the appointment of Matthew Shaw as Chief Executive Officer
- Re-appointment of Andrew Murray as a Non-Executive Director

## Action required by SGUH Council of Governors

The Council is asked to:

- a) note the outcome of the elections to the Council of Governors and the plans in place for inducting new Governors
- b) note the progress in developing a new Governor dashboard and the proposed next steps from the working group
- c) note the calendar of meetings and events
- d) note the approval of the Council between meetings to approve the Board's appointment of the new Group Chief Executive and to reappoint Andrew Murray as a NED.

Appendices				
Appendix No.	Appendix Name			
Appendix 1	Council of Governors Election Report			

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 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				
Other than the cost of upcoming elections, there are not financial implications to this report.				
Legal and / or Regulatory implications				
N/A				
Equality, diversity and inclusion implications				
N/A				
Environmental sustainability implications				
N/A				

## Governance Update to the Council of Governors

### Council of Governors, 10 December 2025

#### 1.0 Purpose of paper

- 1.1 This paper sets out the activity on governance matters related to the Council of Governors since the last meeting of the Council in September 2025.
- 1.2 The issues covered in this report relate to:
- Outcome of the 2025 governor elections and next steps
  - Update on the Governor Dashboard Task and Finish Group (Sarah Forester)
  - Governor Calendar of events
  - Confirmation of the appointment of Matthew Shaw as Chief Executive Officer
  - Re-appointment of Andrew Murray as a Non-Executive Director

#### 2.0 Elections to the Council of Governors

- 2.1 As set out in the paper to the Council at its meeting on 24 September, the Trust held its latest set of elections to the Council of Governors in the autumn of 2025. There were 9 vacancies in the recent elections to the Council of Governors:

Merton:	1 to be elected
Wandsworth:	3 to be elected
Rest of England	2 to be elected
South West Lambeth	1 to be elected
Staff: Non-Clinical	1 to be elected
Staff: AHP	1 to be elected

- 2.2 The Trust appointed Civica Election Services as the Independent Returning Officer in the elections and the timetable for the elections were as follows:

Notice of Election/nominations open	16 September 2025
Nominations deadline	14 October 2025
Summary of valid candidates published	15 October 2025
Final date for candidates to withdraw	17 October 2025
Notice of poll to be published	4 November 2025
Close of election	28 November 2025
Declaration of results	1 December 2025
Term of Office for new governors begins	1 February 2026

- 2.3 The ballot closed on 28 November and the results were verified by Civica on 1 December, following a recount in Wandsworth. The following have been elected and will start their term/new term of office on 1 February 2026:

Merton:	Nasir Akhtar
Wandsworth:	Afzal Ashraf, Jane Cuffley and Lucy Mowatt
SW Lambeth:	Ifeanyi Nwike
Rest of England:	Munir Dean (3 years), Xavier Fernandes (1 year)
Staff Non-Clinical:	Khalid Khan

The full report of the results is at Appendix 1.



- 2.4 Congratulations are recorded to all successful candidates, although we will unfortunately say farewell to Ataul Tahir at the end of January. We are delighted, thanks to direct governor outreach, that we will have a governor from South West Lambeth, with the role having been vacant for some time. Although there were a good number of nominations for most constituencies, turnout remains low: 7.4% Merton, 6.0% Wandsworth and 2.7% Rest of England. We have discussed this with Civica who have confirmed that the Trust is not an outlier among Trusts in England in this respect and that the turnout recorded at St George's is in line with other NHS Foundation Trusts, but we hope that as our membership engagement continues to improve turnout will be higher in the future.
- 2.5 Governors will recall that we ran the elections slightly earlier this year to ensure time for some induction before the new terms of office begin. Two online induction sessions are arranged for January and there will be an in person event in February so that new governors can meet with the Chair, existing governors, NEDs and the executive in an informal setting before their first Council meeting in March. As was done this year, we will be asking governors to 'buddy' with one of the new Council members to support them during their first year in office.
- 2.6 We did not have any candidates for the Allied Health Professionals and Other Clinical and Technical Staff Constituency. This vacancy arose due to the resignation of Atif Mian, and the term of office for a new governor would be until 31 January 2027. The winter pressures mean that we are unlikely to get any greater engagement with staff over the next few months and so further consideration will be given to the timing of a new process and a recommendation made to Council in due course.
- 2.7 Ahead of our next round of elections, we will be talking to other Foundation Trusts (FTs) to identify ways in which we could improve and identify some best practice. For example, we could include a current governor in our online information session for those interested in standing and do more to promote the value of voting throughout the year and the timeframe for when the next elections will be held. We will also be more explicit in the election materials about which candidates are existing governors and include their attendance record.
- 2.8 It should be noted that regretfully, due to an incorrect date being given to a governor, a small number of new members joined who may have had the expectation of being able to vote in these elections, but were unable to. Members had to be registered by the date nominations closed (14 October) to be eligible to vote but one governor was told by a member of staff that the date was 4 November, which was then shared with 3 other governors. This incorrect information may have impacted up to 60 new members across Merton, Wandsworth and Rest of England. All options were considered to address this, and we approached the Department of Health and Social Care and NHS England, who oversee the model election rules on behalf of the Department, to ask whether they would grant us an exemption to the rules to enable members who had signed up, but this was declined. An explanation and apology has been made to those new members, and relevant governors, and the following steps will be taken to ensure that a similar issue will not occur in the future:
- Civica will include the date that members have to be registered by in their election materials.
  - This date will also be highlighted on the website, any publicity about the elections and the governor calendar.
  - Our election materials will explicitly state that it is recommended that anyone interested in standing or voting in the elections should read the model election rules.
  - Anybody raising a query about the election process will be required to contact Civica directly.

We are aware that the governor elections may be under review in the future and we will engage with any consultation to encourage maximum flexibility to support as many people as possible participating in the election process.

### 3.0 Governor Dashboard Progress (Sarah Forester)

- 3.1 As agreed at the July Council meeting, a Governor Task and Finish Group has been established to develop recommendations on the content of a Governor Dashboard to replace the IQPR. This group consists of Sarah Forester, Luisa Brown, Ashok Bhat, Jackie Parker, Sopha Agha and staff members Ed Nkumrah and Liz Dawson.

<b>Purpose</b>	To develop a Data Dashboard for governors that supports their roles in <ul style="list-style-type: none"> <li>Representing the interests of the community through understanding the overall performance of the hospital</li> <li>Holding NEDs to account by indicating areas that may need further enquiry</li> </ul>
<b>Objectives</b>	It was agreed that the Dashboard should; <ul style="list-style-type: none"> <li>Concentrate of key strategic indicators rather than large amounts of operational data</li> <li>Be presented in an accessible way and jargon free</li> <li>Show indicators against both National expectations and St George's strategic objectives both for performance and quality</li> <li>Have strong elements of patient experience</li> <li>Ensure indicators around staff and the people function are clear</li> <li>Not give extra work to staff to produce data that isn't already available</li> </ul>

- 3.2 Following the IQPR information session and the survey on data that were open to all governors, the group has met on two occasions. The group has had really useful discussions about both the flow and content of information and have been very well supported by Liz and Ed, who has been particularly helpful in explaining which data sets would be most useful in meeting our aims.
- 3.3 For the operational update at item 2.3 on the agenda, Ed has used a version of the dashboard based on our discussions as an early 'test'. We will gather feedback on this version with the aim of having a new dashboard for the CoG meeting in March 2026.
- 3.4 The Task and Finish Group propose the following next steps:
- We recommend further training for Governors in understanding the data – especially new Governors.
  - We suggest that some governors may want to focus on key areas aligned to particular Board committees to get a more detailed analysis behind the high-level indicators.
  - Whilst the Board Assurance Framework is a Board document, Governors may want to think about how information in the BAF provides Governors with information relevant to holding the NEDs to account for the performance of the Board.
  - Governors should explore how soft data, including community feedback and the views of other key stakeholders might be presented.

#### 4.0 Annual Calendar of Events

- 4.1 To support all governors to attend events and meetings we have continued to review options for a shared calendar that can be accessed online. Barriers that we need to navigate to have an online shareable calendar are: be web based so that there is no need to download an app; able to be viewed successfully on different devices; the potential to sync with other calendars that governors use; not require governors to create new email accounts; not incur cost (which is typical for the large number of users we would have) or excessive duplication of work for the team and be permitted within our IT systems to ensure cyber security.
- 4.2 We aim to have explored all options and report back to governors at the March meeting. In the meantime, a calendar of events for the remainder of 2025/26 is included in the meeting papers and will be kept up to date and circulated with each issue of the Governor newsletter. Governors are also reminded that calendar invites are issued and they may be able to sync these with any online calendar they already use. It may also be helpful to note that when accepting a calendar invite, if you do not have your own Outlook calendar, once accepted, the invite and Teams link will go into your 'trash' folder and can be retrieved from there back to your 'inbox'.

#### 5.0 Approvals given by Council via email

- 5.1 On the recommendation of the Governors Nominations and Remuneration Committee, the following decisions were taken by Council via email and recorded here.
- i. Approval of Appointment of Chief Executive Officer: Following a process that involved the Board, staff and governor stakeholder groups, NHS England and the ICB, the interview panel held on 5 November 2025, which included the Lead Governor, recommended to the Board Remuneration Committee that Dr Matthew Shaw, currently Chief Executive at Great Ormond Street Hospital For Sick Children NHS Foundation Trust, be appointed as the new Group Chief Executive Officer and asked that the Council confirm the appointment. This was reviewed by the Governor Nominations and Remuneration Committee on 11 November, which recommended to the Council who, in turn, gave confirmation of its approval via email.
  - ii. The Governors Nominations and Remuneration Committee also reviewed and recommended to Council the reappointment of Andrew Murray as non-executive director for a further three-year term. This recommendation was agreed by Council via email and Andrew's second term of office will begin on 23 January 2026 and run until 29 January 2029.

#### 5.0 Recommendation

- 5.1 The Council of Governors is asked to:
- e) note the outcome of the elections to the Council of Governors and the plans in place for inducting new Governors
  - f) note the progress in developing a new Governor dashboard and the proposed next steps from the working group
  - g) note the calendar of meetings and events
  - h) note the approval of the Council between meetings to approve the Board's appointment of the new Group Chief Executive and to reappoint Andrew Murray as a NED.



# Report of Voting

**ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST**

**ELECTION TO THE COUNCIL OF GOVERNORS**

**CLOSE OF VOTING: 5PM ON 28 NOVEMBER 2025**

**CONTEST: Public: Merton**

RESULT		1 to elect
AKHTAR, Nasir	149	<b>ELECTED</b>
COX, Ellie	98	

Number of eligible voters		3,380
Votes cast by post:	80	
Votes cast online:	170	
Total number of votes cast:		250
Turnout:		7.4%
Number of votes found to be invalid:		3
Total number of valid votes to be counted:		247

**CONTEST: Public: Rest of England**

RESULT		2 to elect
DEAN, Munir	58	<b>ELECTED</b>
FERNANDES, Xavier	48	<b>ELECTED</b>
DICKENSON, Darren	WITHDREW	

Number of eligible voters		4,894
Votes cast by post:	69	
Votes cast online:	61	
Total number of votes cast:		130
Turnout:		2.7%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		128



**CONTEST: Public: Wandsworth**

<b>RESULT</b>		<b>3 to elect</b>
CURLEY, Jane	117	<b>ELECTED</b>
ASHRAF, Afzal	108	<b>ELECTED</b>
MOWATT, Lucy	100*	<b>ELECTED</b>
CLARKE, Matthew	98	
TAHIR, Ata-ul-Qadir	78	
MERZ, Felicity	50	
LEWIS, Phillip	44	
HINTON, Thomas	22	
ZAHID, Ikan	10	

\*Result confirmed by recount

Number of eligible voters		4,103
Votes cast by post:	113	
Votes cast online:	132	
Total number of votes cast:		245
Turnout:		6.0%
Number of votes found to be invalid:		5
Total number of valid votes to be counted:		240

**CONTEST: Staff: Non-Clinical**

<b>RESULT</b>		<b>1 to elect</b>
KHAN, Khalid Aman	110	<b>ELECTED</b>
TUN, Aung	100	
PELLATT, Rebecca	70	
BAKER, John	65	
MADDICK, Rachel	38	
RAZNATOVIC, Dejan	23	

Number of eligible voters		2,566
Votes cast online:	406	
Total number of votes cast:		406
Turnout:		15.8%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		406



Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

**Ciara Hutchinson**  
**Returning Officer**  
**On behalf of St Georgen's University Hospitals NHS Foundation Trust**



# UNCONTESTED REPORT

## ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

### ELECTION TO THE COUNCIL OF GOVERNORS

**CLOSE OF NOMINATIONS: 5PM ON 14 OCTOBER 2025**

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: SOUTH WEST LAMBETH 1 TO ELECT
<p>The following candidate is elected unopposed:</p> <p>Ifeanyi Nwike</p>

STAFF: ALLIED HEALTH PROFESSIONALS AND OTHER CLINICAL AND TECHNICAL 1 TO ELECT
<p>No valid nominations were received</p> <p><i>1 vacancy remains</i></p>

**Ciara Hutchinson**  
**Returning Officer**  
**On behalf of St George's University Hospitals NHS Foundation Trust**



# Council of Governors

Meeting in Public on Wednesday, 10 December 2025

<b>Agenda Item</b>	3.2	
<b>Report Title</b>	<b>Report from the Membership Engagement Committee</b>	
<b>Executive Lead(s)</b>	Stephen Jones, Group Chief Corporate Affairs Officer	
<b>Report Author(s)</b>	Jackie Parker/ Anna Missir	
<b>Previously considered by</b>	n/a	-
<b>Purpose</b>	<b>For Approval / Decision</b>	

## Executive Summary

The Council of Governors is asked:

- to note the matters considered by the Membership and Engagement Committee at its meeting on 10 December 2025
- provide feedback on the review of the 2025 Membership Engagement Strategy
- approve the 2026-28 Membership Engagement Strategy.

## Committee Assurance

Committee	Not Applicable
Level of Assurance	Not Applicable

## Appendices

Appendix No.	Appendix Name
<b>Appendix 1</b>	Review of 2025 Membership Engagement Strategy
<b>Appendix 2</b>	2026-2028 Membership Engagement Strategy

## 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 checked="" type="checkbox"/> Well Led
<b>NHS system oversight framework</b>				
<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		
<b>Financial implications</b>				
N/a				
<b>Legal and / or Regulatory implications</b>				
N/A				
<b>Equality, diversity and inclusion implications</b>				
As set out in paper.				
<b>Environmental sustainability implications</b>				
N/A				



## Report from the Membership and Engagement Committee

### Council of Governors, 10 December 2025

#### 1.0 Purpose of paper

1.1 This report provides an expanded and comprehensive update on the work of the Membership and Engagement Committee (MEC), drawing together:

- Outcomes from the November 2025 MEC meeting
- The full 2024–25 Membership Engagement Strategy Review
- Progress made since the Committee's reconstitution
- Feedback from governors' engagement activities
- Demographic insights relating to Trust membership
- The updated draft 2026–28 Membership Engagement Strategy
- Operational challenges, lessons learned, and emerging priorities

The report is designed to give the Council of Governors a complete picture of the breadth and depth of recent engagement work, including areas of strong performance and those requiring continued focus.

#### 2.0 Progress Report

##### 2.1 Update on activity since last meeting

The Committee met on 28 November 2025.

The Committee has rebuilt significant momentum since Spring 2025 following a period of reduced capacity and absence of a Committee Chair. With the appointment of Jackie Parker as Chair and strengthened support from Corporate Affairs, engagement activity has intensified.

Key highlights include:

- A substantial uplift in active governor involvement across events, outreach, and membership recruitment.
- Closer alignment between MEC work and Trust-wide operational priorities.
- Strengthened collaboration with Healthwatch, academic partners, community groups, and volunteers.
- Clearer data-driven insights guiding future engagement priorities.

##### Update on Engagement Activities

##### Meet Your Governor (MYG) Events

The MYG model has been revitalized with the event held early 2025 showing excellent governor engagement.

A further event is being held at St Georges Atkinson Morley Wing on 3<sup>rd</sup> December and Queen Marys event scheduled for mid-February 2026.



### External Community Outreach

Governors have proactively expanded community engagement, including:

- GP practice visits and patient participation groups (PPGs)
- Mosque visits and faith-based outreach
- Veterans' network introductions
- Work with Healthwatch Wandsworth and Healthwatch Merton

This has provided governors with a greater understanding of community concerns and strengthened trust relationships.

### Student and Young Member Engagement

A major step forward has been the appointment of Associate Governor (Young Members), Sophia Agha, who has:

- Expanded relationships with Merton College and St George's University
- Supported research on young people's health and wellbeing
- Identified opportunities to simplify membership joining processes for students
- Led preparation for a student-facing MYG-style mini-event

### Membership Trends and Demographics

Despite broader sector challenges, the Trust has seen sustained growth:

- 393 new members joined from June 2024 to November 2025
- 34 unsubscribed
- Net increase of +359

Demographic analysis shows an increase in representation among members from Asian backgrounds and a small reduction in the proportion of members from White backgrounds. However, the under-representation of younger adults (18–35) remains an ongoing challenge.

These findings continue to support the relevance of the forward strategy and the need for targeted interventions.

## 2.2 Update on 2024-25 Strategy

The Committee received an update on the 2024-2025 Strategy from the Governors and Membership Engagement Officer (GMEO) that provided them with information on the following objectives:

### Objective 1: Improve the quality of two-way engagement with members

Constituency emails are now operational, enabling members to contact governors directly. Further public promotion of the email addresses was also thought to be a good idea with promotion through Civica and the MYG events.

Governors are participating in more PPGs and health partnership opportunities.





### **Member's newsletter 'Connected' relaunched**

The members' newsletter Connected has been successfully relaunched, with Issue Three scheduled for publication in December. Although the original intention was to produce monthly editions, this proved too resource intensive. The Committee therefore agreed that a quarterly publication cycle is more sustainable and is preferred by members, ensuring high-quality content without overwhelming inboxes.

There had also been consideration of aligning Connected with the planned reinstatement of the Trust's own newsletter. As this has not yet progressed, we continued independently with the quarterly edition.

In addition, the Committee is reviewing the overall newsletter production workload. One proposal is to introduce a more concise, more frequent version of Connected, which could be achieved by moving the Governors' weekly newsletter to a fortnightly schedule. This would help maintain regular communication while ensuring the GMEO's workload remains manageable.

### **(MYG) Meet Your Governor events (both hospitals)**

Thank you to the Corporate Governance team for organising and setting up the stall for our Meet Your Governor event at St George's in the Atkinson Morley wing, and to all Governors who dedicated their time to support the day. The event was well received and demonstrated the Corporate Governance team's commitment to working alongside Governors as an active, engaged part of the wider team. It also provided a valuable platform for meaningful engagement with both patients and staff.

During the course of the day, we welcomed new members and gathered a range of insightful feedback from our communities. The comments we received — both positive and constructively critical — were extremely helpful in understanding patient and staff experiences and will inform our ongoing membership and engagement work. The event also enabled Governors to demonstrate their visibility and accessibility, reinforcing the important link between the Trust's leadership and those who use and deliver our services.

An interesting observation from holding the event in the Atkinson Morley Wing was the opportunity to speak with many individuals who had travelled significant distances to visit relatives or attend specialist services located in that building. It was also noted that there is currently no reception or information point within the wing. As a result, Governors frequently found themselves directing patients and visitors, highlighting a potential area for improvement in supporting wayfinding and visitor experience.

These Meet Your Governor events continue to play an important role in strengthening our presence across the organisation, promoting membership, and supporting meaningful two-way dialogue with our communities.

Please note that the Meet Your Governor events originally scheduled for Queen Mary's have been rescheduled to February 2026. This adjustment will ensure a fully attended programme and allow all newly elected Governors to participate, thereby supporting a more comprehensive and representative engagement with our local communities.



**Objective 2: Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members**

In March 2025, the Council confirmed the appointment of Sophia Agha as the first Associate Governor for Young Members, following a recruitment process initiated in December 2024. Since her appointment, Sophia has become an active and valued member of the Committee, contributing significantly to the development of our approach to engaging younger adults. Her involvement has noticeably strengthened our youth engagement work.

Governors also expressed a clear commitment to increasing representation among members from global majority and minority ethnic backgrounds, ensuring our membership reflects the communities served by the Trust. Initial partnership work with the EDI team is already underway, focusing on outreach to global majority communities.

Further work is planned to improve the accessibility of the membership form and reduce barriers to signing up, supporting a more inclusive and representative membership base.

**Objective 3: Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth**

A range of leaflet campaigns and new advertising materials have been deployed, resulting in modest but positive membership growth. Insights from this activity show that face-to-face recruitment remains the most effective method of engagement.

Despite these efforts, South West Lambeth continues to be under-represented, although recent targeted work has delivered encouraging progress, with 10 new members recruited from the area in recent months. A social media campaign run during the previous governor elections did not achieve the expected impact; however, this approach has been repeated for the most recent elections and supplemented with a targeted leaflet drop across GP surgeries and local community networks.

**Council is asked to provide any feedback on the outcome of the 2025 strategy.**

## 2.3 Draft Membership Engagement Strategy 2026-2028

The Committee endorsed the revised 2026–28 Membership Engagement Strategy, which has been shaped by learning from the past 18 months and the operational challenges experienced during 2024–25, including reduced staff capacity and a temporary pause in Committee meetings. These issues limited the delivery of several planned actions, but they have informed a more resilient, proactive, and strategically focused approach for the next planning cycle.

The updated Strategy places much greater emphasis on advance scheduling, clear accountability, and the use of low-cost or cost-neutral methods, ensuring the work can continue effectively even in periods of reduced resource availability or Trust-wide Cost Improvement demands. Governors will also benefit from longer lead-in times, enabling them to plan their contributions more effectively.

The revised Strategy includes the following key enhancements:

- Early scheduling and forward planning of Meet Your Governor (MYG) events, Member Talks, and quarterly newsletters, with programmes set a year in advance.
- Clear expectations of governors, including a requirement to participate in a minimum of two engagement activities per year.



- A strengthened focus on younger members and individuals from global majority backgrounds, ensuring the membership better reflects the communities served by the Trust.
- Development of a structured governor outreach database to enable consistent and ongoing engagement with patient groups, community partners, and external organisations.
- Improved cross-functional integration with Communications, EDI, the Charity, and Volunteers to strengthen reach, visibility, and impact.
- A requirement for monthly governor social media activity, supported by guidance and ready-to-use templates to ensure confidence and consistency.

Overall, this Strategy provides a more structured and sustainable framework for membership development and positions the Trust for more proactive, inclusive, and responsive engagement with its members. It reflects the lessons learned from the previous strategy and demonstrates the significant work undertaken by the Corporate Governance team to strengthen processes and build a positive, collaborative relationship with governors. Both governors and the Corporate Governance team have played a vital role in recruiting new members, and the recent increase in membership numbers is a clear reflection of their collective efforts. This progress is something everyone should take credit for.

**Council is asked to approve the 2026-2028 strategy.**

### 3.0 Recommendations

#### 3.1 The Council of Governors is asked to:

- note the update on the matters considered by MEC at its November meeting and to consider the action points for governors
- provide any feedback on the 2025 Membership Engagement Strategy outcomes
- approve the 2026-2028 Membership Engagement Strategy.



## Membership Engagement Committee Meeting on 28 November 2025

Agenda Item	
Report Title	<b>Review of 2025 Membership Engagement Strategy</b>
Executive Lead(s)	Stephen Jones, Group Chief Corporate Affairs Officer
Report Author(s)	Liz Dawson, Group Deputy Director of Corporate Affairs
Previously considered by	n/a
Purpose	<b>For Review</b>

### Executive Summary

The 1-year Member Engagement Strategy was prepared with the Committee in Summer 2024 and agreed by Council in September of the same year. Despite a hiatus in the Committee's work and a period of reduction in staff capacity, leading to agreement to remove some elements from the strategy in June 2025, progress was made on most of the core elements and there has been an increase in both activity and membership. 393 new members joined between July 2024 and November 2025.

During the course of the strategy, key successes have included the increase in numbers at Annual Members Meeting, the Meet Your Governor Event in the Grosvenor Wing was well supported by governors and led to several new member sign-ups, further events are planned on 3 December and in January. We also appointed our first Associate Governor (Young Members) Sophia Agha.

Areas where we are yet to make the progress we would have liked are the Member Talks or specific outreach sessions, but the latter is beginning to move forward with contact made with a number of groups. Whilst the Corporate Governance team can provide support, such as through the Members newsletter, face to face engagement has to be carried out by governors – outside of the Meet Your Governor Event only a few governors have been active with member engagement, and we would like to see all governors participating in this key aspect of their role next year.

The 2025 strategy was always intended to be a foundation for a longer-term strategy, and the successes and challenges encountered have helped inform the 2026-28 draft strategy, which is for consideration later on the agenda.

### Committee Assurance

Committee	Not Applicable
Level of Assurance	Not Applicable

### Appendices

Appendix No.	Appendix Name
<b>Appendix 1</b>	2024-25 Strategy



Appendix 2	Full membership data
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Action required by Membership Engagement Committee
<p>The Committee is asked to:</p> <ul style="list-style-type: none"><li>a. Provide any reflections or comments on the outcome of 2024 Membership Engagement Strategy.</li><li>b. Remind all governors of the importance of outreach and engagement work.</li></ul>



## End of Year Report on the 2025 Membership Engagement Strategy

### Membership Engagement Committee

#### 1.0 Purpose of paper

- 1.1.1 To provide the Committee with a review of the one-year engagement strategy that was approved by the Council of Governors in September 2024.

#### 2.0 Background

The Membership Engagement Committee, having been re-energised and refocused in 2024, recommended an ambitious yet achievable one-year strategy. This was endorsed by the Council in September 2024.

The strategy was built around three core objectives:

- **Objective 1: Strengthen the quality of two-way engagement with members.**
- **Objective 2: Ensure membership reflects the diversity of our communities, with a particular focus on engaging younger members.**
- **Objective 3: Maintain and, where possible, grow membership, with an emphasis on increasing representation in South West Lambeth.**

Unfortunately, there was a hiatus in activity as the Committee was without a Chair until Spring 2025 and the Governor and Membership Engagement Officer was recuperating from surgery. With the appointment of Jackie Parker as Chair, the Committee has been reinvigorated and despite the challenges in the early part of the year, progress has been made. This gives confidence that the ambitions of the 2026-2028, supported by commitment from all governors, can be met.

#### 3.0 End of strategy review

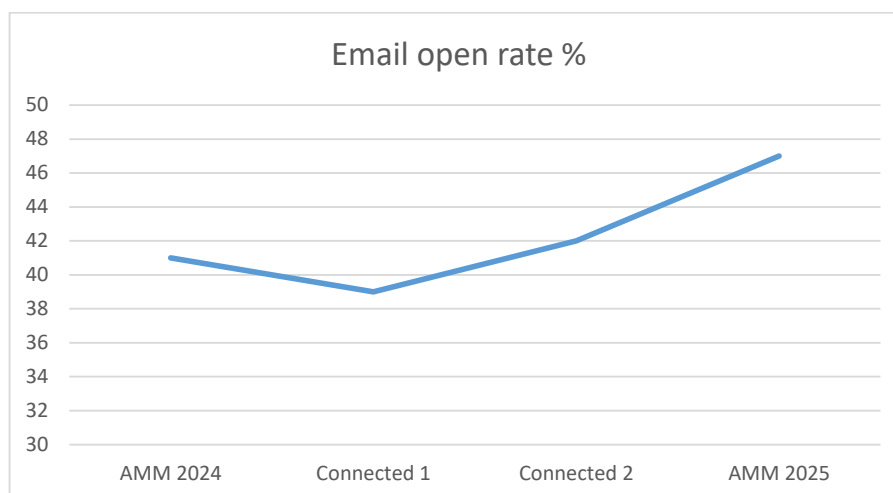
##### 3.1 Objective 1: Improve the quality of two-way engagement with members

**Constituency-specific email addresses** - are now operational, enabling members to contact governors directly. Only a very small number of emails are received via this route but we feel that they remain a useful point of connection and should be retained.

##### **Member's newsletter 'Connected' relaunched**

The members newsletter 'Connected' has been successfully relaunched with issue three being produced for release in December following the elections and the gesh Care Awards. The original aim of monthly issues proved a little too ambitious, and it was agreed by the Committee that a quarterly newsletter was more achievable and welcomed by the members as not having repetitive information overwhelming inboxes. We had originally planned to 'piggy back' on the Trust newsletter that was due to be reinstated but this has not happened, and so we have continued with our own cycle.

Our email communication to members has seen a steady increase in open rates over the past year. It is worth noting that the average open rate for a newsletter is circa 22% so our most recent at 42% is performing extremely well.



For 2026-28 the focus for the newsletter is on having a clearer schedule of main items for the agenda to structure or theme other news stories around.

#### **(MYG) Meet Your Governor events (both hospitals)**

There were two MYG events arranged for May this year. There was excellent uptake for the St George's event but very little interest for Queen Mary's with only one governor available. The St George's event took place in the reception areas of Grosvenor wing which saw very good governor engagement.

Due to a flood in the Hunter Wing, the City St George's University Fresher's Week was significantly scaled back so we were unable to have a stand. However, thanks to Sophia's tenacity, a mini-event is planned for 27 November 2025 which will raise the profile of membership with students.

A second MYG is being held at St George's on 3 December in the Atkinson Morley wing and at Queen Mary's in February (moved from January due to availability). We hope that these events will boost membership but, more importantly, give an opportunity for governors to talk with patients, carers, visitors and staff about the role of Council and to hear their views on the services we provide.

Governors have also arranged a number of opportunities themselves, for example John Hallmark and Jackie Parker spoke at a local patient group and Afzal Ashraf joined a community event at a local mosque that was run by the local GP surgery.

The main action not achieved under Objective 1 was the running of Member Talks and was probably the most notable victim of the hiatus in activity from October – late Spring 2025. We did not have the capacity to take these forward and due to the numbers likely to be involved need the support of the Communications Team, who also had limited capacity, to help host the event. For the 2026-28 strategy, we will have early engagement with the Comms Team to identify space in the calendar for Talks – one of which will include an introduction to a new Group CEO.

### **3.2 Objective 2: Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members**

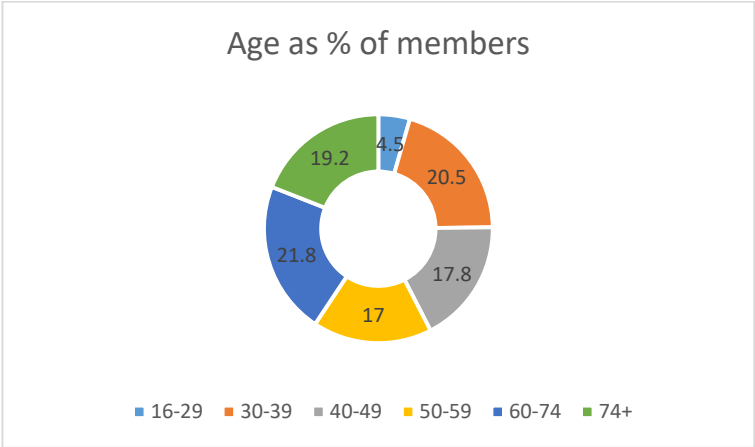
In March 2025, the Council confirmed the appointment of Sophia Agha as the first Associate Governor (Young Members), following a process initiated in December 2024.





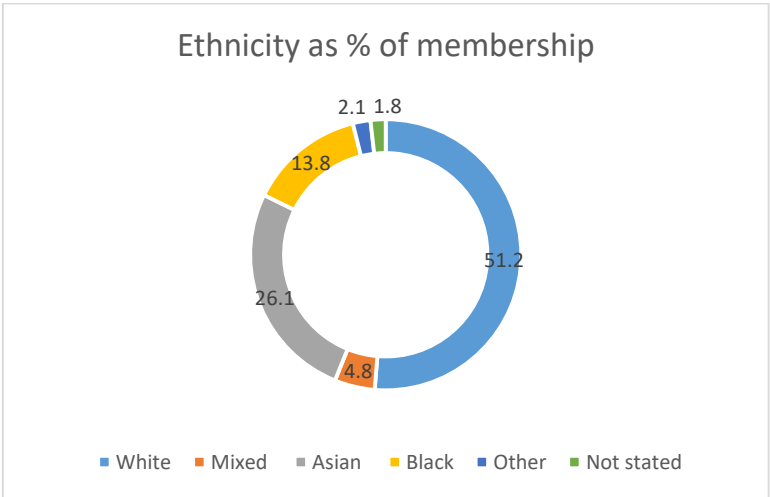
Sophia has since become an active and valued contributor to the Committee, helping shape our approach to younger members. As above, Sophia will be leading a mini-MYG event in the University on 27 November, and she has also been linking with Merton Healthwatch on their young member work.

Our data on the ages of our members shows that this is fairly static compared 2024 but we anticipate an increase in young members after the mini-MYG event on 27 November.



Governors also wished to focus on increasing our members from a BME background to reflect the community the trust serves. We have reached out to the EDI team for guidance on how this might be achieved and the Committee Chair met with the EDI lead in October and will be taking some of these ideas forward in 2026-28.

There has been a 1pp decrease in those from a white background and a 1pp increase in those from an Asian background, with all other groups remaining fairly static since 2024.



### 3.3 Objective 3: Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth

The “Bring a Friend” initiative was first used at the Annual Members Meeting (AMM) in 2024 and was extended to other events including Diwali, Christmas celebrations, and Armed Forces Day. However, there has been very limited attendance from governors at hospital events, where engagement and the importance of the role of governors could be promoted. A priority for the team is to work with the Communications Team to ensure that we are able to provide more advance notice of these events via an annual calendar which is regularly updated.

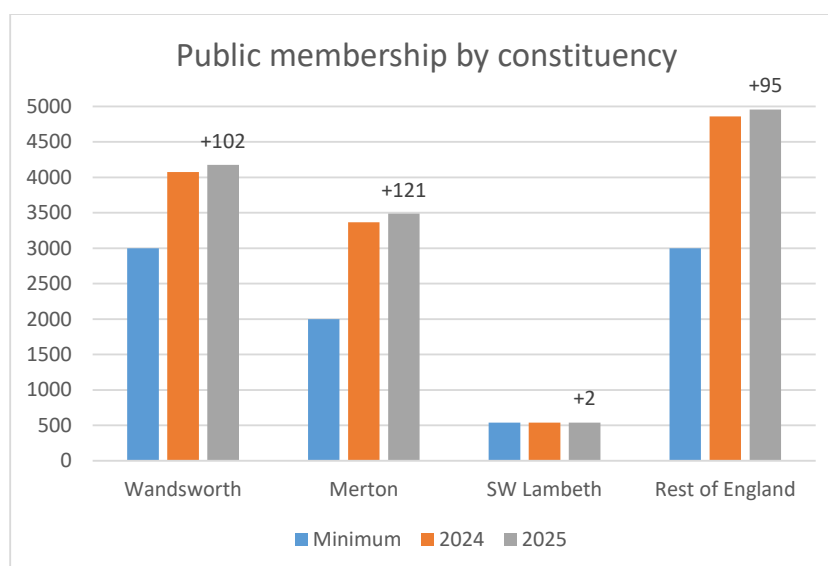
Connections have been made with the Patient Partnership Engagement Group (PPEG) lead, Wendy Doyle. In April this year Wendy reached out to the GMEO for help in assigning a governor to three workstreams: Carers; Accessible Information Standard; Patient Equality, Diversity and Inclusivity.

John Hallmark is a member of PPEG and Afzal Ashraf has been linked with the Armed Forces Community. Governors Alfredo Benedicto and Jackie Parker have offered their support with the Carers and Accessible Information Standards and have also become more involved with the St George's Charity. However, governors report that there has been limited contact since they put themselves forward and this will be followed up with PALS team to try and refresh these.

There were no volunteers for the Patient Equality, Diversity and Inclusivity workstream.

South West Lambeth still has a very small number of members. Although 12 new members from South West Lambeth have joined since the June 2024 data report, which is a success, this only resulted in a net gain of 2 due to the numbers who unsubscribed. A social media campaign at the time of the 2024 governor elections did not yield the desired results but through personal networking from a governor, we did have a nominee from South West Lambeth in the 2025 elections. This demonstrates the value of direct governor engagement.

Between the June 2024 report and mid November 2025, 34 members asked to be removed from the database. However, 393 new members joined, the majority from May 2025 onwards, giving an overall increase of 359. The impact on the constituencies is shown below:





#### 4.0 Conclusion

Whilst not achieving all that was planned during the year in terms of activity, even without the hiatus, the Strategy has, as was the aim, reinvigorated membership engagement and provided a good foundation for the 2026-2028 Strategy.

The 2026-2028 Strategy builds on the themes that have been set out with a greater focus on advance scheduling and a more explicit ask of governors so that the responsibility does not sit with a small number of individuals.

Thanks are due to all those governors who gave so generously of their time, and to Anna Missir, Governor and Membership Engagement Officer for her support.

The Committee is asked to:

- Provide any reflections or comments on the outcome of the 2024 Membership Engagement Strategy
- Remind all governors of the importance of outreach and engagement work
- Submit this report to the Council of Governors



St George's University Hospitals  
NHS Foundation Trust

# 2024-2025 membership engagement strategy





**NHS**  
St George's University Hospitals  
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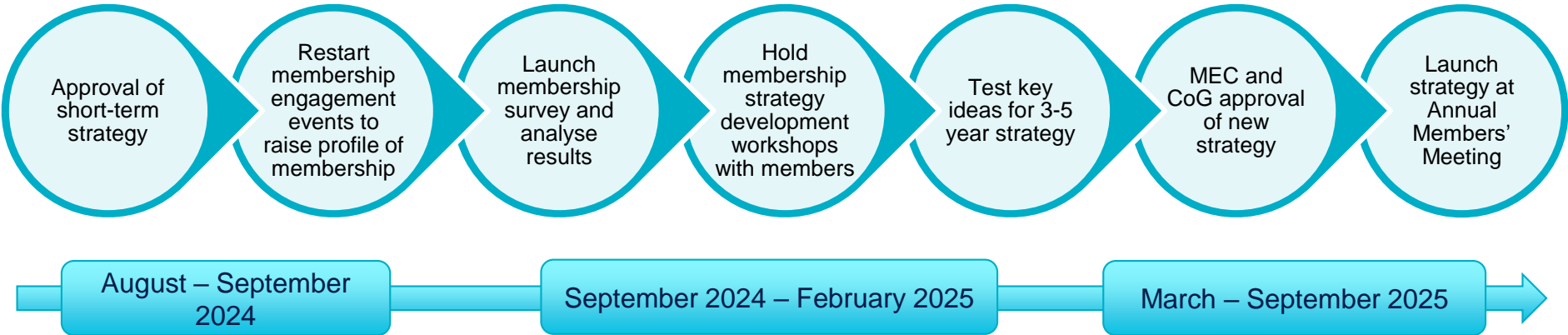
## 2024-2025 membership strategy review



# Our 2024-2025 objectives and timeline



- »»» Improve the quality of two-way engagement with members
- »»» Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members
- »»» Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth





## Objective 1: Improve the quality of two-way engagement with members

Aim	Action	Success Measure	Outcome
To provide members and governors with increased opportunities to engage with each other using a variety of media that is inclusive to a wide range of groups, leading to higher levels of connection with SGUH.	<ul style="list-style-type: none"> <li>Relaunch SGUH membership newsletter</li> <li>Relaunch Meet Your Governor (MYG) events on hospital sites</li> <li>Develop Governor outreach events</li> <li>Confirm and deliver a calendar of regular member talks</li> <li>Launch Governor constituency email addresses</li> </ul>	<ul style="list-style-type: none"> <li>SGUH membership newsletter issued monthly</li> <li>Each Governor to have participated in at least one MYG and outreach event</li> <li>Minimum of 4 talks held during 2024/25</li> </ul>	<ul style="list-style-type: none"> <li>Agreed that 'Connected' would be issued quarterly. Open rate of 39% for issue 1 and 42% for issue 2.</li> <li>Not all governors participated in an event but there was good engagement for the first MYG.</li> <li>Talks are yet to be planned.</li> </ul> <p>Partially achieved</p>
<del>To better understand the needs of members and how they can be supported in their engagement with SGUH.</del>	<ul style="list-style-type: none"> <li><del>Undertake survey of members</del></li> <li><del>Hold focus groups with members</del></li> </ul>	<ul style="list-style-type: none"> <li><del>Survey issued</del></li> </ul>	Agreed to remove from plan.
<del>To better understand survey data and develop the 3-year strategy in collaboration with stakeholders.</del>	<ul style="list-style-type: none"> <li><del>2024-25 Strategy development workshops</del></li> </ul>	<ul style="list-style-type: none"> <li><del>Series of workshops held</del></li> <li><del>3-year strategy approved</del></li> </ul>	Agreed to remove from plan.





## Objective 2: Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members

Aim	Action	Success Measure	Outcome
Ensure that all communication is up to date, accessible and inclusive leading to increased member engagement / member recruitment.	<ul style="list-style-type: none"> <li>Review and refresh membership pages on website and other literature to ensure that is inclusive, developing specific materials for under represented groups where necessary.</li> </ul>	All communication tools reviewed and relaunched.	<ul style="list-style-type: none"> <li>Website has been refreshed within limits of site.</li> <li>Flyers for each governor produced</li> <li>Meeting with EDI lead held.</li> </ul> <p>Achieved: High and improving open rate for newsletter and membership increased by 359.</p>
Increase membership of under represented groups.	<ul style="list-style-type: none"> <li>Identify forums and local groups who connect with under represented groups, including younger members, as a focus for outreach activity.</li> <li>Hold engagement events at City St George's University</li> <li>Hold Governor-led engagement events with secondary / tertiary education providers.</li> </ul>	All under represented groups show an increase in membership.	<ul style="list-style-type: none"> <li>A number of local groups have been identified.</li> <li>MYG event at City St George's University</li> </ul> <p>Partially achieved: All groups have shown a similar level of increase although we anticipate young members will join following the mini MYG event.</p>



### Objective 3: Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth

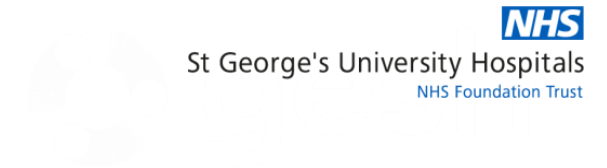
Aim	Action	Success Measure	Outcome
Increase in member numbers*  *success with objective 1 should maintain current member levels	<ul style="list-style-type: none"> <li>All member events/activity to include a 'bring a friend' element with facilities available for immediate new member sign up</li> <li>Governors to attend events within SGUH and community to promote membership</li> <li>Corporate Governance Team to work with teams within SGUH to identify opportunities for membership promotion eg: PPEG and Comms</li> </ul>	5% increase in member numbers	Partially achieved: An increase in membership of 2.9% could be considered a success considering that the work of the Committee was stalled for approximately 6 months.
Increase number of members in SW Lambeth.	<ul style="list-style-type: none"> <li>Identify forums and local groups within SW Lambeth</li> <li>Targeted advertising and governor engagement</li> </ul>	5% increase in members from SW Lambeth	Partially achieved: Although only a net gain of 2, 12 members joined (2.2%) and due to governor networking a SW Lambeth nominee stood in the 2025 elections.



St George's University Hospitals  
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# 2026-2028 Membership Engagement Strategy – For recommendation to Council of Governors





## 2026-2028 membership strategy



## Our 2026-2028 objectives



Improve the quality of two-way engagement with members



Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members and those from a Black, Asian and Minority Ethnic background



Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth



## Objective 1: Improve the quality and regularity of two-way engagement with members

Aim	Action	Success Measure
To provide members and governors with increased opportunities to engage with each other using a variety of media that is inclusive to a wide range of groups, leading to higher levels of connection with SGUH.	<ul style="list-style-type: none"> <li>• SGUH membership newsletter issued quarterly.</li> <li>• Design and introduce a training and guidance module for governors on membership engagement / outreach.</li> <li>• Four Meet Your Governor (MYG) events on hospital sites per year.</li> <li>• Confirm and deliver a calendar of member talks.</li> <li>• Share guidance for governors on preparing social media posts.</li> <li>• Begin to use social media on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>• SGUH membership newsletter issued quarterly to the set schedule.</li> <li>• Each Governor to have participated in at least two MYG and two outreach events per year.</li> <li>• Minimum of 2 talks held each year.</li> <li>• At least one social media post per month from governors- eg governor visits</li> </ul>
To make use of internal and external networks / groups to engage with members and hear their views.	<ul style="list-style-type: none"> <li>• All appropriate patient groups have a governor link attending</li> <li>• Link with external organisations and community groups for</li> </ul>	<ul style="list-style-type: none"> <li>• All patient groups to have a link governor who attends regularly.</li> <li>• Database of groups and dates for regular engagement set.</li> </ul>



**Objective 2: Ensure our membership is representative of the communities we serve – with a focus on engaging with younger members and those from a Black, Asian and Minority Ethnic background**

Aim	Action	Success Measure
Ensure that all communication is up to date, accessible and inclusive leading to increased member engagement member recruitment.	<ul style="list-style-type: none"> <li>Keep membership pages on website and other literature under regular review to ensure that is inclusive, developing specific materials for under represented groups where necessary.</li> </ul>	All communication tools reviewed and maintained.
Increase membership from under represented groups.	<ul style="list-style-type: none"> <li>Identify forums and local groups who connect with under represented groups, including younger members and those from a Black, Asian and Minority Ethnic background as a focus for outreach activity.</li> <li>Hold engagement events at City St George's University</li> </ul>	<ul style="list-style-type: none"> <li>All under represented groups show an increase in membership.</li> <li>At least two bespoke young member activities planned each year.</li> </ul>





### Objective 3: Maintain and where possible increase our membership, perhaps with a focus on increasing numbers in SW Lambeth

Aim	Action	Success Measure
<p>Increase in member numbers*</p> <p>*success with objective 1 should maintain current member levels</p>	<ul style="list-style-type: none"> <li>All member events/activity to include a 'bring a friend' element with facilities available for immediate new member sign up</li> <li>Governors to attend events within SGUH and community to promote membership</li> <li>Corporate Governance Team to work with teams within SGUH to identify opportunities for membership promotion eg: PPEG and Comms</li> </ul>	<ul style="list-style-type: none"> <li>5% increase in member numbers</li> <li>All governors to attend at least two events per year</li> </ul>
Increase number of members in SW Lambeth.	<ul style="list-style-type: none"> <li>Identify forums and local groups within SW Lambeth</li> <li>Targeted advertising and governor engagement</li> </ul>	5% increase in members from SW Lambeth

## Board, Committees and Council of Governors Calendar 2025/26

Month	Date	Meeting	Time	Location / Format
December	3 December	(Provisional) Governor/NED pre-meet	14:00 – 15:30	TBA
	3 December	Meet Your Governor – St Georges Atkinson Morley Wing	09:00 – 13:30	Atkinson Morley Wing, St Georges Hospital
	4 December	Group Board Meeting (Public and Private)	09:15 – 15:30	QMH, Sheen and Richmond Rooms
	8 December	Governor Visits – Childrens Services – Cancelled	TBA	Not enough Governor interest
	10 December	Council of Governors Meeting	14:00-17:00	Hyde Park Room, St Georges Hospital
	11 December	People Committees	09:00 – 12:30	MS Teams
	12 December	Infrastructure Committees	11:30 -13:30	MS Teams
	18 December	Quality Committees	09:00 – 12:30	MS Teams
	19 December	Finance and Performance Committees	09:00 – 13:00	MS Teams
January	8 January	Group Board Meeting (Public and Private)	09:15 – 15:30	Epsom General Hospital, Conference room 1
	January	Meet Your Governor – Queen Marys Hospital	TBA	TBA – Postponed to February
	12 January	New Governor Induction – Part one	12:00 – 14:00	MS Teams
	19 January	Governor Visits – TBA	TBA	TBA
	22 January	People Committees	09:00 – 12:30	MS Teams
	23 January	Infrastructure Committees	11:30 -13:30	MS Teams
	28 January	New Governors Induction Part 2	13:00-15:00	MS Teams
	29 January	Quality Committees	09:00 – 12:30	MS Teams
	30 January	Finance and Performance Committees	09:00 – 13:00	MS Teams
February	2 February	Governors Visits - Neurology	14:30-16:30	Atkinson Morley Wing, St George's
	February	Meet Your Governor - QMH	TBA	TBA
	6 February	Membership Engagement Committee	16:00 – 17:30	MS Teams
	19 February	People Committees	09:00 – 12:30	MS Teams
	20 February	Infrastructure Committees	11:30 -13:30	MS Teams
	26 February	Quality Committees	09:00 – 12:30	MS Teams
	26 February	Governors Visits - Cardiology and Cardiac Surgery	14:00 – 16:00	St George's Hospital
	27 February	Finance and Performance Committees	09:00 – 13:00	MS Teams
	5 March	Group Board Meeting (Public and Private)	09:15 – 15:30	Hyde Park Room, St George's Hospital

**Board, Committees and Council of Governors Calendar**  
**2025/26**

Month	Date	Meeting	Time	Location / Format
	19 March	Governors Visits - In Patients wards	10:00 – 12:00	St George’s Hospital
	20 March	Infrastructure Committees	11:30 -13:30	MS Teams
	25 March	Governor Pre-meet	17:00-17:30	Hyde Park Room, St George’s Hospital
	25 March	Council of Governors Meeting	17:30-20:00	Hyde Park Room, St George’s Hospital
	26 March	Quality Committees	09:00 – 12:30	MS Teams
	27 March	Finance and Performance Committees	09:00 – 13:00	MS Teams