St George's University Hospitals
NHS Foundation Trust

Council of Governors

Agenda

Meeting in Public on Thursday, 25 June 2026, 17:00 – 19:30

MS Teams

Feedback from Governor visits					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
17:00	-	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**
17:20	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**
17:25	2.1	Group Chief Executive's Report	Interim GCEO	Update	Report
17:50	2.2	NHS Staff Survey results, themes and actions	GCPO	Review	Report
18:15	2.3	Patient Experience Report	GCNO	Review	Report
18:40	2.4	Operational Activity Update	GDCEO	Review	Report
19:00	2.5	Health Bill: Overview and Implications	GCCAO	Discuss	Report

Council of Governors: Governance and Membership					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
19:15	3.1	Report from the Membership Engagement Committee • Approval of 2026-28 Membership Engagement strategy	Committee Chair	Note	Report

7.0 Closing Items					
Time	**Item**	**Title**	**Presenter**	**Purpose**	**Format**
19:25	7.1	Any Other Business	All	Note	Verbal
	7.2	Council of Governors Calendar of Events	All	Note	Report

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	7.3	Reflections on Meeting
19:30	-	CLOSE

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

Membership and Attendees		
Members	**Designation**	**Abbreviation**
Mark Lowcock	Trust Chair	Chair
Sophia Agha	Associate Governor (Young Members)	SA
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AAs
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
Jane Curley	Public Governor, Wandsworth	JC
Munir Dean	Public Governor, Rest of England	MD
Michelle Ellis	Appointed Governor, City St George's University	ME
Xavier Fernandes	Public Governor, Rest of England	XF
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
Khalid Khan	Staff Governor, Non-Clinical	HS
Hann Latuff	Public Governor, Merton	HL
Ifeanyi Nwike	Public Governor, SW Lambeth	IF
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
Georgina Sims	Appointed Governor, Kingston University	GS
Shuile Syeda	Appointed Governor, Merton Council	SS
In Attendance		
Matthew Shaw	Group Chief Executive Officer	GCEO
Natalie Armstrong	Non-Executive Director	NA
Pankaj Davé	Non-Executive Director	PD
Lizzie Alabaster	Interim Group Chief Finance Officer	IGCFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Kate Slemeck	Managing Director - SGUH	MD-SGUH
Victoria Smith	Group Chief People Officer	GCPO
Stephanie Sweeney	Group Director of Quality and Safety Governance	GDQSG
Wendy Doyle	Group Head of Patient Experience	GHPE
Apologies		
Andrew Murray	Non-Executive Director	AM
Yin Jones	Non-Executive Director	YJ
Claire Sunderland Hay	Associate Non-Executive Director	CSH

GOVERNOR VISIT TO THE OUTPATIENT DEPARTMENTS

On Wednesday 10 June 2026, Afzal, Dympna, John, Jackie, Munir and Jane took part in the visit round the Outpatients Department. It is a large department covering many areas and so we were only able to see a few clinics due to the time available. We were hosted by Doreen, the Head of Nursing for the Department and Sasha, the Assistant General Manager for Outpatients. Once again, we were impressed by the commitment and enthusiasm with which the staff approached their roles. It was notable too, the key to their success was their ability to communicate and build good working relationships with the Service teams. Each clinical department has its own Service team (eg the ENT, cardiology, rheumatology depts etc). The Service team is responsible for co-ordinating the patient journey and for tracking their progress; organising theatre lists and have general outpatient oversight for their department. The Outpatient department are the support service for each of the Service teams and their specialities.

Currently about 10% of the patients Do Not Attend (DNA) their appointments. There are initiatives to reduce this figure. They are currently trialling automated phone calls to patients to remind them of their appointments as well as the text messages they routinely send. They are also trialling booking appointments a few weeks in advance rather than months in advance. This has the benefit of knowing when the Doctors will be available (as they must give six weeks' notice for leave) plus a shorter time frame means patients are less likely to forget.

There is a general call centre for patients to call regarding their appointments. This currently has a long waiting time for the patients to hang on before their call is answered. Sasha is hoping to bring in initiatives to reduce the wait times for patients.

The Outpatients department are also looking at other ways of making appointments more efficient for patients by introducing AI note taking. They have found this can really help with efficiency but also allows the Doctors to be able to spend more 'face time' with their patients. Sometimes, however, clinical engagement can make this difficult to achieve.

Doreen has introduced the Happy Friday newsletter which is sent out every Friday to the 400 staff in the department. This appeared to be well received by the staff we met.

Admin Staff

When asked about the recent staff survey and the issue that was highlighted in it about administrative staff tending to be more disgruntled in the workplace. Doreen said there were 300 admin staff in the department, and it tended to be an entry level role (for staff in their first job). There was good career progression in the department, but there were sometimes unhappy admin staff. Doreen said it was important that all admin staff were

treated as part of the whole team. There did tend to be higher levels of sickness amongst the admin team.

Sasha said they had been working with the Wellbeing department to host group meetings where admin staff could discuss issues relating to 'What matters to you'. These had been useful and picked up a lot of issues where there were 'quick wins' the management team could introduce to help support staff. Sasha felt this had been a useful exercise and one they were hoping to expand to include the Central booking team. They were also planning a follow up with a 'What you said we did' session. They were also hoping to hold 'Planned, Do, Study, Act' sessions every 3 to 4 months.

CLINIC A

This clinic comprises mainly of gynae (including pregnancy loss) and Surgical outpatients including colposcopy.

Phlebotomy Department

The clinic also houses the phlebotomy department and here we met Callum Head of the Phlebotomy team. It is the only room on site where patients can book in for blood tests. It used to be a walk-in service but there was often a long wait, so a booking service has been introduced and this has been a much better system for both staff and patients. The phlebotomy team also cover the wards and rotate across the sites (Queen Mary's, The Nelson and St Johns) as well as covering haematology and cardiology outpatients. There are two phlebotomists who are qualified to cover the paediatric service.

They often have to deal with a lot of patients who have been referred from clinics, which can mean there is a 30 minute wait.

The bloods are sent to the laboratory in Jenner wing via a tube system. This laboratory covers South West London and local GP practices.

There are 30 members of staff in the team and between them they cover the hours between 8am-5pm. They provide a 7 day a week service.

The department usually gets 94% positive feedback from the patients and their families. They have just achieved platinum status for the first time.

If money was no object, the department could benefit from more admin support. Another improvement would be to upgrade the staff room which is a very small cramped and tired looking space for the 30 people who work in the phlebotomy department.

RHEUMATOLOGY CLINIC

Here we met Junior Sister Shanthashoruby. The rheumatology clinic is one of the only Outpatient departments to undertake clinical work ie they canulate and administer up to whole day infusions for the osteoporosis biologics and for rheumatology patients. There

are two clinic rooms for the infusions one is for the whole day (9-4pm) patients and the other is for the 2 hour infusions. The room for the 2 hour infusions is very small and there is no room for a sink in the room.

They also have scanners in the department including the Dexa scanner for osteoporosis, which is housed in the Hutong Centre. This is a busy scanner and they also take GP referrals.

The department has achieved a platinum award something they are very proud of.

ENT AND AUDIOLOGY CLINIC

This clinic takes both adults and children (on different days). The clinic has adjustments for patients with hearing loss such as giving them vibrating buzzers, so they know when there appointment is being called. They can perform nasal endoscopies in the clinic and have learnt how to do the first part of the decontamination post procedure in house before sending the equipment off to the general endoscopy unit for rest of the cleaning process.

All clinics have notice boards showing what the wait time is to see the doctors.

The biggest issue for the ENT Outpatient department is the capacity and backlog of patients waiting to be seen. They do try to put on extra clinics but there are financial implications as the nursing staff and admin team need to be paid extra. There can also be problems with room availability especially regarding specialist rooms.

This clinic is currently rated silver having just dropped from gold, but they are hoping to regain their gold status.

THE ROSE CENTRE

This is the breast clinic where breast screening and the symptomatic breast care are brought together. Here we met Ellie the Deputy General Manager for the Breast Service team and Julie the Breast imaging Clinical Nurse Specialist, both once again, impressed by their passion and commitment for their roles.

This clinic is the centre for South-West London breast screening, and they also have screening facilities at Queen Marys Hospital. It has been shown that only 62% of patients invited for their first breast screening turn up and then for others it is only 72%.

Julie has done a lot of work on health inequality, and she goes out into the community to try raise awareness about the importance of breast screening. She has visited prisons, traveller communities and Springfield hospital as well as Foodbanks and Car boot sales as well as different religious communities. One of our Governors, Munir, offered to put Julie in touch with the Ahmaddiya Muslims women's Association President (a GP), just in case the Association might wish to explore breast cancer awareness amongst the women's membership in the GESH coverage area (this has now been done).

The team have also introduced measures to make reasonable adjustments for patients who find the actual scan difficult.

There is also an Outpatients clinic for the oncology patients on the first floor of the Centre.

The same radiologists, radiographers and OHA's are used for both screening and then the 'One stop shop'. The first half of the day is given to the general breast screening programme and then the second half of the day is given to investigating patients who need further investigation. The aim is for these patients to have the imaging they need and biopsy all on the same day. 90% of these patients are usually found to have no cancer. Out of 100 people who have breast screening, 4 will have a full assessment (the one stop shop) and 1 will have Breast Cancer.

If a GP makes a referral, it is hoped the patients will be seen within the 2 week window. However, the centre doesn't have capacity for this, and the wait is currently 3 weeks. To try and reduce this wait list they have started to triage the wait list as they found that 20% of their referrals were low risk and could be seen at Queen Marys Hospital or the Nelson eg they did a trial on patients who had breast pain. None of them were found to have cancer and therefore the patients are now considered low risk. They have seen this initiative has started to bring down the 'One Stop Shop' wait list.

One of the things the Department would like to introduce is contrast enhanced mammography. They just need the prep for the contrast and the equipment to read the scans. This would be a huge benefit as it is easier for the patient to have done and less daunting than an MRI. It would also free up time for other patients requiring the MRI scanner.

A point of interest is that a lot of the imaging staff develop repetitive strain injury as they are making the same movements with their arms all day and the equipment can be heavy.

Now the Peabody's café has moved from the Rose Centre site there is some spare space for them to re-purpose. They are currently debating whether it would be better for it to become a community space for patients or if it should be used for more clinical space.

They have recently employed a locum consultant who has been excellent. She has helped improve the wait list and has been able to cover when other Doctors are on leave. They are very much hoping her role can be made substantive.

The clinic currently holds Gold for the symptomatic side and Silver for the screening. This is because the screening side is very 'paper heavy' and they are limited by the national measures they have to adhere to.

We would like to thank Doreen, Sasha and all the staff who hosted us and gave up their time in their busy jobs. It was much appreciated.

GOVERNORS VISIT ON 5 MAY TO SURGICAL UNIT AND OTHER CRITICAL AREAS

On 5 May 2026, John, Sarah, Khalid, Munir and Jane visited the Critical Care Outreach Team; the Integrated Operational team; Gray ward; Florence Nightingale ward and the Departure Lounge.

As has become usual on these visits we were struck by the enthusiastic and motivated staff, who genuinely cared about their work and the patients. Particular mention should go to the two Matrons who took time to show us around – Ella (CCOT) and Aoife (Surgical areas). They are clearly inspirational leaders for their staff and determined to do their best for them.

This report reflects solely the views of the staff we spoke to.

CRITICAL CARE OUTREACH TEAM

Ella hosted us, she is the Matron for the Critical Care Outreach team (CCOT). If someone is getting sick on the ward, then the CCOT team is called. The referral system is observations based. This team is set up to go and treat and advise on the care of deteriorating patients and to try and keep them out of Intensive Care (ITU). Research has shown it is much better for patient recovery if they can be managed on the ward. There is also a cost saving in keeping patients out of ITU and Ella reckoned her team had saved the hospital over £150,000 last year in helping to manage patients on the ward. They also take 'Martha's Rule' referrals.

The CCOT team is comprised of highly experienced nurses, doctors and an anaesthetist. They also help to form the 'crash' team (for patients who have gone into cardiac arrest).

The main challenge for the CCOT team is that they are understaffed and are under the national safety benchmark for the work they do. They currently have 2 nurses on the day shift and one at night. There is a Doctor on shift too, but they are often helping out in the ED, ITU or advising on tertiary care. The team see 1200 patients a month.

Ella is a Band 8a, She has 6 x permanent staff at band 7 and 4 x staff at band 6.

She has put together a business case for more staff to go from 11 to 14. This would bring them up to the safety level for the national benchmark. She feels the cost savings they make from preventing people from going to ITU is worth the expenditure for 3 more staff. She feels there is so much more they could do with more staff for the benefit of

patients and the hospital. She did mention she put the business a year ago but kept getting 'push back' perhaps due to funding issues.

Equipment has been an issue, and they need a new defibrillator, however, we understand they will be getting one now.

The CCOT team are meant to see patients within 3 minutes of getting a referral, but sheer volume of referrals has meant this target can't always be met.

The feedback from a recent visit from the Southwest London Peer Review Critical Care network was that they couldn't believe the amount of work the team were doing on the staffing levels they had.

The team usually get referrals from the wards, but they are finding that they are becoming a safety net for resident doctors who need advice and don't like to tell more senior doctors on their shift they are struggling.

F1 Doctors don't do nights at St Georges and there is a lot of work overnight so when they become F2s they are not as skilled as they might be and lack confidence.

The busiest time for the CCOT is at twilight between 1700 and 2030 hours. This is when the resident doctors and nurses are changing shifts and realise that patients have become sick.

Another issue they are facing is that they have found that nurses are becoming de-skilled. This they felt was due to the Covid period when it was 'all hands to the pump' and there wasn't time to upskill staff. They feel that post covid standards have not reached pre-covid levels. Another issue is that as nursing is becoming more specialised nurses are not getting an all-round education in how to deal with a variety of situations. The CCOT team have recently been running some workshops/training sessions to try and help ameliorate this, but they don't have time to do more. They felt ward staff needed more training even in basic care.

Regarding their own wellbeing, Ella said the team are under constant pressure and there was no time for reflection. That lunchtime they had had a rare chance to talk through some cases they had dealt with and had found it helpful. They don't have access to a psychologist, but like their ITU colleagues think this might be helpful.

The team share an office with an acute research team and at night share their office with the nurse practitioners, who take calls from the wards if they have queries about patients (wards do not call Doctors first). The CCOT team don't have access to a staff room where they can take breaks away from a work environment. In fact, they rarely have breaks anyway, but it would be nice for them to have somewhere to go to decompress given the relentless nature of the role.

Ella mentioned the lifts at the hospital are not reliable and there is no override function. Therefore, patients who are transferring to ITU (and who maybe intubated) often have to be kept waiting for a lift.

Marthas Law the Critical care outreach team follow up theses calls but there is still not and equivalent team for paediatrics , which is a shame as this initiative came originally from a paediatric perspective.

INTEGRATED OPERATIONAL TEAM

We were met by Darren, who is the General Manager of the Integrated operational team. His department manage the patient flow throughout the whole St Georges site on a 24/7 basis.

They have built an IT system specially designed for the needs of St Georges and can be accessed by all in the hospital, especially the executive management team. The control room has the system on a large screen and can be seen by the team at all times. There is only a 15/16 minute time lag from when the hospital front line staff input their data on patient movements to it being visible to the control room.

The team also have several TV screens showing CCTV of what is going on at the usual choke points in the hospital (ie Emergency Department (ED)) so they know where they need to focus their efforts to try and create better patient flow to get patients discharged so that beds can be made available for those people waiting to be admitted from ED.

The national OPEL categorisation is a measure of the pressure the hospital is under. On the afternoon we visited it was 3, which is one below the highest level (4). Level 4 means the pressure on the hospital is intense and staff need to be re-deployed. On our visit out of the 743 beds there were 11 empty beds.

When patients could be discharged, they come under 3 pathways. Pathway 1 means they are self-caring and can be discharged with no need of support. Pathway 2 means the patients may need some care at home and equipment to help make their discharge a success. Pathway 3 means that the patients could go home but have complex needs and so need to wait whilst their care needs are sorted out in the community. This can take time as social care isn't working as well as it could and there is huge demand for it. Improving care in the community would help improve patient flow at St Georges. During our visit there were 19 patients in this category.

The control centre is run by corporate nursing. Niamh, the shift Site Manager said it was important to engage with the hospital staff and so she goes on 3 'walkabouts' a day to see how (particularly ED) are coping and building relationships with the staff.

As a major trauma centre, St Georges can't turn patients away as some hospitals can. They sometimes need Integrated Care Board (ICB) help if the hospital is struggling to cope with the demand and the ICB can look across the whole area and see if the London Ambulance Service can take patients to other hospitals while the situation eases.

Patients end up boarding (being in a corridor) usually because another patient, who has been designated fit for discharge has been held back whilst they sort out the necessary steps for a successful discharge.

The physical structure of the hospital means that patients don't always get to wait in nice places.

The teams biggest challenge is that the pressure never stops.

GRAY WARD – ACUTE SURGICAL

We were hosted by Aoife, the Matron for the area and Mark the ward manager. Gray is an acute surgical ward, with mainly patients with upper and lower gastrointestinal issues as well as those suffering with intestinal failure. The ward is fully staffed and has good retention of staff.

The ward has 32 beds housed in 5 bays and 2 side rooms.

The main challenges the ward faces are that they would like to have more side rooms. This is because the ward is predominantly gastrointestinal and so infection control is an issue. To manage patient care better they would like to change one of the 5 bed bays into 2 side rooms, each with their own bathroom. This has been done on the major trauma ward to great and beneficial effect. It would only reduce the number of beds by three and is less impactful than closing a ward.

IT infrastructure also needs to be better. The Wifi keeps dropping out and the computers on the ward haven't been upgraded since 2015.

FLORENCE NIGHTINGALE WARD

We were hosted by Aoife again. This ward has 22 beds and 4 side rooms. It is ENT and looks after all patients who have a tracheostomy or had a laryngectomy in the hospital. The ward holds platinum status and there were no real challenges.

THE DEPARTURE LOUNGE

Jen the Junior Sister on the ward hosted us. The Departure lounge became a 24 hour service (if required) 2 months ago. This is where patients go when they are about to be discharged. It has been a massive adjustment, but they are settling in. If patients are to stay overnight, they need to have 4 patients to open, otherwise it isn't cost effective to bring in two nurses.

Transport is their biggest challenge and Jen felt that the Departure Lounge should be a priority. This is the biggest failure to timely discharge.

The pharmacy service is getting better, and they now have an on-site technician which has been helpful.

On the medical side the patients are well prepped for discharge, but Jen felt that the surgical side needs to be better when it comes to prescribing TTOs and completing the discharge paperwork. The cardiac teams could also be improved in prepping patients for discharge.

Jen said the volunteers, who help them are a great resource as they help deliver TTO's and equipment to patients at home so they can be discharged without delay.

Summary of the themes of community feedback from Governors *(detailed feedback below)*

- **Clinical care rated very highly in almost every case; people talk warmly and with admiration for the staff they encounter.**
- **A and E experience is mixed, mostly excellent care but the waiting room is still a difficult place to be at times. Question around treatment of some older patients in A and E, lack of privacy and dignity at times.**
- **Appointments admin is still a problem, lots of examples given below.**
- **Estate and infrastructure issues keep coming up (as well as in ward visits) such as lift failures, heat regulation, parking and equipment.**
- **Accessibility and Service navigation- specific examples given on Moorfields with suggestions on how to improve.**
- **PALs- still lots of concerns on this, plus we have now had the Wandsworth Healthwatch report on this, suggest that this is dealt with in at a later meeting in depth once some of the interventions that have been put in place are bedded in.**

Community Feedback from Wandsworth Governors

1. Overall Themes

- **Clinical care consistently rated highly** - staff described as compassionate, skilled, and collaborative.
- **Operational and systemic issues persist** - particularly A&E experience, outpatient admin, and communication.
- **Environment and infrastructure concerns** - ageing estate, temperature control, facilities, and equipment reliability.
- **Access and continuity challenges** – particularly outpatient follow-up and long waits.
- **Digital and IT reliability issues impacting care and communication.**

2. Quality of Care and Staff

Strongly positive across most feedback

- Staff described as:
  - “excellent”, “amazing”, “kind”, “world class”
  - Particularly strong feedback for:
    - A&E teams
    - Paediatric nurses and doctors
    - Specialist teams working collaboratively (e.g. gastro + respiratory)
    - Endoscopy and audiology services
    - Palliative care and cancer services
    - Gynae team
    - Atkinson Morely team
- Some bad experiences of care regarding cleanliness, particularly at night, when patients have felt ignored, this is not the norm, but very upsetting when it happens

3. A&E Experience

Mixed - excellent care but poor patient experience at times. A concern was raised regarding treatment of older patients in A&E, and the chaos of the waiting room at a busy time

Issues highlighted:

- Lack of privacy and dignity.
- Elderly patient asked to use a bedpan independently while in a corridor with people walking past.
- Some patients bring many family members in , should there be a limit given lack of space at busy times?
-

Balance

- Despite this, clinical care remains very highly rated in A&E, particularly once you have got past the waiting room which was described as a very difficult experience by some users. Users felt the Urgent Care referrals worked well.

4. Outpatients, Communication and Admin

One of the most consistent areas of concern

Issues

- **Appointment management**
  - Appointments repeatedly moved or poorly coordinated e.g. Speech & Language Therapy appointment moved three times within one month after already waiting a year.
  - Conflicting communications e.g. two appointment confirmations
  - Concern that reliance on NHS App notifications disadvantages older patients.
  - Belief that repeated appointment changes contribute to high DNA (Did Not Attend) rates.
  - Physical letters not arriving on time or in one case at all

Breast screening administration described as poor by some, excellent by others.

- Appointment changed but subsequently received confirmation for the original appointment.
- Clinical care itself was excellent.

Serious concerns regarding diabetes follow-up:

- Consultant left service and no replacement appointment arranged.
- Repeated efforts to contact the service.
- Appointment delays extending from 2024 to potentially 2027.
- No consultant review for over two years despite Type 1 Diabetes requiring regular specialist monitoring.

5. IT Systems and Administrative Reliability

Reported significant IT-related problems:

- No post-operative letter received by patient or GP.
- No record of surgery appearing on the NHS App.
- Staff unable to provide operation summary due to system outage.
- Consultant's secretary eventually supplied documentation over a month later.
- Nurse spent approximately 30 minutes trying to access the correct form on the computer.

Wider Concerns

Several comments linked communication failures to system issues.

6. Estate, Facilities and Infrastructure

Numerous concerns related to the physical condition of facilities.

- Frequent lift failures.
- Concerns about ageing buildings.
- Poor temperature regulation.

Freddie Hewitt Ward:

- Two out of three toilets missing toilet seats.
- Issue reportedly ongoing since January 2025.
- Broken blinds causing practical difficulties for families staying on the ward.

Maternity services:

- Excessive temperatures during heatwave.
- Lack of air conditioning and insufficient fans.
- Questions around compliance with NHS temperature guidance.
- Concern about women being transferred between floors during labour.

Parking:

- Concerns regarding customer service from parking office staff
- Criticism of outsourced parking arrangements.

7. Equipment Reliability

Reported two incidents on Freddie Hewitt ward:

- Failure of impedance monitoring equipment requiring a repeat 24-hour diagnostic study.
- Failure of pager system following her child's anaesthetic:
    - Parent was not informed child was ready.
    - Child became distressed while staff attempted to locate parent.

8. Accessibility and Service Navigation

Reported confusion between:

- Moorfields Eye Hospital pathways
- St George's A&E pathways

Issues:

- Outdated website information.
- Inconsistent printed guidance.
- Difficult patient journey.

Recommendation

Review patient-facing information across partner organisations to ensure pathways are clear and up to date.

9. Organisational Culture and Professionalism

- More consistent uniform standards.
- Reduced use of personal mobile phones in clinical areas.
- Concerns raised about the volume of awareness campaigns and themed months, questioning their impact on organisational priorities.

10. PALS and Feedback Handling

- There are concerns about the effectiveness and responsiveness of PALS and wider feedback mechanisms.
- In at least one case, a patient raised an issue about unclear triage pathways (eye care between Moorfields and A&E) on the 4th March with the intention of supporting service improvement but did not receive any response.
- This has led to a perception that:
    - Feedback not framed as a formal complaint may not be acknowledged or acted on
    - There is a lack of visibility on how feedback is used to drive improvement.

Implications

- Risks undermining patient confidence in engagement channels
- Missed opportunities for service improvement based on real patient insight

11. Suggestions and Opportunities

Respondents suggested:

- Improve discharge medication processes so patients can access prescriptions outside hospital pharmacies.
- Continue patient-focused improvements that reduce unnecessary appointments and travel
- Introduce a **customer care and patient experience standard** for parking office staff, focused on supporting patients, carers and visitors who may be attending hospital during stressful or difficult circumstances. This could include:
    - Training staff in customer service and empathy
    - Encouraging a "listen first" approach when dealing with parking queries
    - Providing clear information on parking concessions and support available for frequent attenders
- Maintain and celebrate the hospital gardens, which were highlighted as a valued feature.

Overall Message

The overwhelming message is that St George's staff deliver excellent, compassionate care under significant pressure. However, outpatient communication, estate condition, and IT reliability are not always supporting staff to deliver the standard of service patients expect.

Feedback from Merton governors

There have been the usual concerns around lack of responses from PALs but there is a specific issue that has been raised regarding the balcony on Caroline Ward which has been highlighted repeatedly by both patients and staff.

Caroline Ward primarily cares for elective thoracic surgery patients, the majority of whom are undergoing treatment or diagnostic procedures for suspected or confirmed lung cancer. These patients often experience significant physical and emotional stress before and after surgery and benefit greatly from environments that support both recovery and wellbeing.

The ward actively promotes enhanced recovery through exercise, breathing techniques, and mobilisation. Patients are encouraged to use the recumbent exercise bikes located in the day room, yet they do so while looking out onto a large balcony that remains inaccessible due to longstanding safety concerns relating to the height of the railings.

Both patients and staff have expressed frustration that this valuable outdoor space cannot be used. Access to the balcony could provide patients with an opportunity for fresh air, gentle exercise, quiet reflection, and time with family members in a less clinical environment. This is particularly important for post-operative thoracic patients, many of whom have chest drains and cannot easily leave the ward to access the hospital courtyard.

The inability to use the balcony also affects staff wellbeing. Although there is a designated staff room, it has no windows, doubles as a storage area, and becomes extremely hot during warmer weather. Access to an outdoor space would provide a much-needed area for short breaks and contribute positively to staff morale and wellbeing.

Given the repeated concerns raised by both patients and staff, I believe it would be valuable for the Trust to revisit the feasibility of making the balcony safe and accessible. Repurposing this currently unused space could deliver significant benefits for patient recovery, mental wellbeing, family engagement, and staff welfare.

St George's University Hospitals NHS Foundation Trust

Minutes of the Meeting of the Council of Governors (In Public)
Wednesday, 25 March 2026, 17:30 – 20:00
Hyde Park Room, Lanesborough Wing, St George's Hospital

Membership and Attendees		
Members	**Designation**	**Abbreviation**
Mark Lowcock	Trust Chair	Chair
Sophia Agha	Associate Governor (Young Members)	SA
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AAs
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
Jane Curley	Public Governor, Wandsworth	JC
Munir Dean	Public Governor, Rest of England	MD
Xavier Fernandes	Public Governor, Rest of England	XF
Dympna Foran	Staff Governor, Nursing and Midwifery	DF
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Judi Gasser	Appointed Governor, Wandsworth Council	JG
John Hallmark	Public Governor, Wandsworth	JH1
Khalid Khan	Staff Governor, Non-Clinical	HS
Hann Latuff	Public Governor, Merton	HL
Julian Ma	St George's University of London	MA
Ifeanyi Nwike	Public Governor, SW Lambeth	IF
Jackie Parker	Public Governor, Wandsworth	JP
Augustine Odiadi	Public Governor, Wandsworth	AO
Abul Siddiky	Staff Governor, Medical and Dental	AS
Georgina Sims	Appointed Governor, Kingston University	GS
Shuile Syeda	Appointed Governor, Merton Council	SS
In Attendance		
Pankaj Davé	Non-Executive Director	PD
Lizzie Alabaster	Interim Group Chief Finance Officer	IGCFO
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Yin Jones	Non-Executive Director / Senior Independent Director	YJ
Andrew Murray	Non-Executive Director	AM
Michael Pantlin	Group Deputy Chief Executive Officer	GDCEO
Kate Slemeck	Managing Director - SGUH	MD-SGUH
Apologies		
Natalie Armstrong	Non-Executive Director	NA
James Blythe	Interim Group Chief Executive Officer	IGCEO
Bidesh Sarkar	Non-Executive Director	BS

1.0	OPENING ADMINISTRATION	Action
1.1	**Welcome and Apologies** The Chair welcomed governors, non-executive directors and executive colleagues to the meeting. The Chair extended a particular welcome to newly elected governors attending their first Council meeting and thanked former governor, Chelliah (Logie) Lohendran, who had stepped down as a governor in January 2026, for his contribution to the work of the Council. Apologies were received as recorded above.	

1.2	**Declarations of Interest** There were no new declarations of interest.
1.3	**Minutes of the Public meeting held on 10 December 2025** The minutes of the meeting held on 10 December 2025 were approved as a true and accurate record.
1.4	**Action Log and Matters Arising** The Council of Governors reviewed the action log and matters arising: • Provide updates on Artificial Intelligence in the Emergency Department, Freedom to Speak Up, PALS and Outpatient Transformation: The Council agreed that updates on these areas would be brought to future meetings and would be programmed into the Council forward plan. The patient experience report would be added to the agenda of the June 2026 Council meeting, as would the item on the NHS Staff Survey. • Sharing winter staffing plans and staff wellbeing initiatives with governors: It was agreed that these would be circulated outside the meeting.
2.0	**Council of Governors: Governor Involvement and Engagement**
2.1	**Feedback from Governor visits:** **(a) Governor visit to Cardiology and Cardiac Surgery 26th February 2026** Governors provided feedback following their visit to Cardiology and Cardiothoracic Services on 26 February 2026. Governors reported positively on the visit, highlighting high staff morale, strong multidisciplinary working and a clear commitment to delivering high-quality patient care. Particular praise was given to the Cardiothoracic Intensive Care Unit and the continued development of the Enhanced Recovery After Surgery programme. Governors discussed three principal issues raised by staff: • progress towards the new Intensive Care Unit development; • suggestions from staff that the Trust should invest in an ECMO service; and • the absence of dedicated psychological support for patients, relatives and staff within critical care settings. Governors also noted workforce concerns relating to national shortages within specialist clinical professions, including anaesthetics. In response, the Executive Team acknowledged the concerns raised by staff and the enthusiasm of staff to bring in an ECMO service at the Trust. However, the Council were informed that decisions regarding ECMO were decisions that were for commissioners rather than the Trust. The need for enhanced psychological support within critical care environments was recognised and would be considered as part of wider workforce wellbeing and service development discussions. The Council welcomed the positive feedback received from staff and thanked those involved in supporting the visit. **(b) Governor Visit to Inpatient Wards and Same Day Emergency Care** Governors provided feedback following their visit to inpatient wards and Same Day Emergency Care services on 19 March 2026. Governors reported positively on the professionalism, commitment and teamwork demonstrated by staff across the services visited. Patient feedback observed during the visit was consistently positive.

	Within the Haematology Day Unit, governors discussed workforce challenges associated with the specialist nature of chemotherapy services and concerns regarding delays in chemotherapy prescribing, which were impacting patient flow and patient experience. Governors also received an update on the development of the Same Day Emergency Care model and welcomed evidence of improved patient flow and reduced admissions through earlier identification of suitable patients and expansion of advanced practitioner-led services. The Executive Team acknowledged the operational challenges highlighted and confirmed that improvement work continued in relation to prescribing processes, patient flow and service capacity. The Executive team agreed to take away issues raised in relation to drainage issues affecting the SDEC, and repatriation delays.
2.2	**Governor Community Engagement** Governors reported feedback gathered through community engagement activity and Meet Your Governors events. The principal themes raised by members of the public related to: • cancellation of planned procedures at short notice; • outpatient appointment and correspondence errors; • challenges associated with digital communications and accessibility; • responsiveness of the Patient Advice and Liaison Service; and • public awareness of services available at Queen Mary's Hospital. Governors highlighted the impact that poor communication can have on patient experience, particularly for elderly and vulnerable patients. Specific concerns were raised regarding reports of patients attending for planned hernia surgery, completing pre-operative preparation and subsequently being informed that their procedure would not proceed. The Executive Team acknowledged the concerns raised and advised that work continued to improve patient communications, appointment management arrangements and patient experience processes. The Council requested a written response addressing the issues raised (**Action: MD-SGUH**) Governors also wished to record their appreciation for the work of the Trust's gardening team and requested that their thanks be conveyed.
3.0	**Trust Updates**
3.1	**Group Chief Executive Officer's (IGCEO) Report**
	In the absence of the Interim Group Chief Executive Officer, the Group Deputy Chief Executive Officer (GDCEO) presented the report, which was taken as read. The GDCEO advised that the report provided an overview of key developments across the Group, including national NHS policy developments, operational performance, workforce and organisational development, and progress against strategic priorities. The GDCEO reported that the NHS continued to operate in a challenging national environment, with a growing focus on longer-term planning, productivity and service transformation. He advised that the Group had submitted its first Medium-Term Plan to NHS England, supported by a wider five-year strategic narrative setting out how the organisation intended to respond to increasing demand, workforce pressures and financial constraints whilst improving patient outcomes and experience. The Council was advised that significant progress had been made in elective recovery, including the elimination of 65-week waits and St George's exit from NHS England Tier 1 oversight arrangements. Focus was now shifting towards further reductions in 52-week waits and continued improvement in referral-to-treatment performance.

The GDCEO updated governors on publication of the NHS Staff Survey results. Whilst acknowledging that staff engagement scores had fallen nationally, he reported that the Group's results had remained broadly stable, with improvements in areas including flexible working, appraisal completion, work-life balance and staff perceptions of safety. However, he recognised that further work was required to improve staff experience, particularly in relation to inclusion, discrimination, wellbeing, recognition and career development.

Governors were advised that service-level and organisational improvement plans would now be developed in response to the survey findings.

The GDCEO also reported on the launch of the Inclusion Board, established in response to recommendations arising from the CQC Well-Led review. He advised that the Board had attracted strong interest from staff across the Group and would support the development of inclusive leadership, workforce diversity and future leadership talent.

An update was provided on progress against the St George's Well-Led improvement programme, including work to strengthen organisational culture, leadership development, governance arrangements, accountability structures and staff engagement.

The Council also received updates on publication of the Gender, Race and Disability Pay Gap reports and on recent senior leadership appointments across the Group and wider NHS.

The following key points were raised by Governors:

- Governors welcomed the progress made in elective recovery and sought assurance that improvements would be sustained over the longer term;
- Governors discussed the NHS Staff Survey results and emphasised the importance of translating survey findings into visible improvements for staff;
- Governors highlighted the need to improve staff experience, organisational culture and inclusion, particularly given the Trust's comparative performance within London;
- Governors sought assurance that lessons arising from the national maternity and neonatal investigation would continue to inform local maternity improvement activity;
- Governors welcomed the establishment of the Inclusion Board and discussed how its impact and success would be measured;
- Governors emphasised the importance of visible leadership and staff engagement during a period of significant organisational change and transformation; and
- Governors sought assurance that actions arising from the CQC Well-Led review were resulting in measurable improvements across the organisation.

In response, Governors were advised that learning from national reviews, including the national maternity investigation, continued to inform local improvement programmes and quality governance processes.

In relation to the Staff Survey, Governors were advised that NHS Staff Survey action plans would be developed at both organisational and service level, supported by engagement with staff and managers. Particular focus would be placed on recognition, wellbeing, leadership development, flexible working and creating a more inclusive working environment. The Executive Team further advised that delivery of the Inclusion Board, leadership development programmes and wider Well-Led action plan would form a significant part of the organisation's response to the culture and engagement issues identified through both the Staff Survey and the Well-Led review.

The Council congratulated Luci Etheridge on her appointment as a Registrant Council Member of the General Medical Council and Elaine Clancy on her appointment as Chief Nurse and Quality Officer across the South East London and South West London Integrated Care Boards. The Council also formally recorded its thanks to James Blythe for his leadership and contribution as Interim Group Chief Executive Officer and for his support and engagement with the Council of Governors throughout his tenure.

The Council of Governors noted the report.

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3.2	**Five Year Plan, 2026/27 – 2030/31**

The GDCEO presented the Group's Five-Year Plan Narrative for 2026/27–2030/31, which had previously been reviewed by the Group Board and submitted to NHS England as part of the Medium-Term Planning process.

The GDCEO advised that the NHS had moved towards longer-term planning arrangements, requiring organisations to demonstrate how they would achieve sustainable improvements in quality, access, workforce and financial performance over a five-year period.

Governors were advised that the Plan brought together:

- the Group's strategic ambitions and long-term vision;
- operational and financial planning requirements;
- the transformation programme;
- workforce and leadership priorities; and
- plans to strengthen collaboration across the Group and wider health and care system.

The GDCEO highlighted that delivery of the Plan would require significant transformation over the coming years, including a greater emphasis on prevention, community-based care, productivity improvement and new models of service delivery.

The Plan also reflected the Group's ambition to improve patient outcomes and experience, strengthen organisational sustainability and create a more integrated approach to service delivery across South West London.

Governors welcomed the development of a longer-term strategic plan and discussed:

- the realism and deliverability of the transformation programme given existing operational pressures;
- workforce capacity and capability to support delivery of the Plan;
- the importance of maintaining staff engagement and organisational culture throughout a prolonged period of change;
- the extent to which the Plan would support a shift towards prevention and community-based models of care;
- the financial assumptions underpinning the Plan and the level of transformation required to achieve long-term sustainability;
- the risks associated with delivering significant organisational change whilst maintaining performance and patient safety; and
- the importance of ensuring patients, staff, governors and local communities remained engaged as implementation progressed.

Governors recognised that many of the challenges identified within the Plan reflected wider pressures facing the NHS and health and care systems nationally.

The GDCEO acknowledged the scale of the challenge facing NHS organisations and advised that delivery of the Plan would require sustained focus on transformation, productivity and partnership working across the wider health and care system.

Governors were advised that the Plan was intended to provide a clear long-term direction of travel for the Group whilst retaining sufficient flexibility to respond to changing national requirements and local circumstances. The Executive Team emphasised that successful delivery would depend upon maintaining engagement with staff, patients and stakeholders and embedding transformation within day-to-day operational delivery.

Governors were also advised that the Board was the process of refreshing the Group Board Assurance Framework in light of developments in the external environment, the Medium Term Plan and the Group transformation programme. The refresh agreed by the Board would reduce the number of strategic risks from 14 to 10. The intention was that the new BAF would be presented to the Board in July 2026 after review by Committees in June 2026. Governors expressed an interest in learning more about the new BAF, and it was agreed that an item on the new BAF would be added

	to the Governors' training and development programme, which would follow the Board's review and agreement of the new BAF. **Action:** GCCAO to arrange a governor development session on the refreshed Board Assurance Framework following its approval by the Board. The Council welcomed the strategic ambition set out within the Plan and recognised its importance in supporting the long-term sustainability of services across the Group. **The Council of Governors reviewed and noted the Five-Year Plan Narrative.**
3.3	**Finance Update**
	The Interim Group Chief Finance Officer (IGCFO) presented an update on the Group's financial position and progress against the 2025/26 financial plan. The IGCFO advised that the Group remained on plan financially, although delivery continued to be supported by a number of non-recurrent measures. Whilst this represented a positive position against the agreed financial plan, it masked a more challenging underlying position that would require sustained action to address. Governors were advised that: • delivery of recurrent Cost Improvement Programmes (CIPs) remained below plan; • non-recurrent measures had been utilised to mitigate the in-year impact of CIP under-delivery; • workforce expenditure remained above plan, reflecting delayed delivery of workforce-related savings and growth carried forward from previous years; • development of the Group's Medium-Term Plan was underway, bringing together financial, workforce and activity assumptions; and • the organisation continued to receive approximately £40 million of Deficit Support Funding, which remained conditional upon delivery of the agreed financial plan. The IGCFO emphasised that addressing the underlying financial challenge would require transformational change and service redesign rather than incremental efficiency savings alone. Governors: • welcomed the clarity of the financial update but sought assurance regarding the sustainability of the reported position given the reliance on non-recurrent measures; • questioned whether sufficient progress was being made in identifying and delivering recurrent savings; • discussed the scale of the underlying financial challenge and the extent to which transformational change would be required to address it; • sought assurance that workforce expenditure above plan was being actively managed and that productivity improvements would be realised; • discussed the risks associated with continued reliance on Deficit Support Funding; and • emphasised the importance of maintaining quality of care, patient safety and staff wellbeing whilst delivering financial recovery. The IGCFO advised that increasing the proportion of recurrent savings remained a key priority and that additional work was underway to strengthen the identification and delivery of Cost Improvement Programmes. Governors were advised that workforce controls and productivity initiatives continued to be actively managed and that the Medium-Term Plan would set out a more comprehensive approach to addressing the organisation's underlying financial position through transformation and service redesign.

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	The Executive Team reiterated that quality and patient safety remained the organisation's overriding priorities and that financial recovery plans continued to be developed and implemented within an appropriate governance framework. The Council recognised the challenging financial environment facing the NHS and the organisation's continued efforts to maintain financial balance whilst progressing longer-term transformation. **The Council of Governors reviewed and noted the Finance Update.**
3.4	**Operational Activity Update**
	The Managing Director – St George's (MD-SGUH) presented the Operational Activity Report for January 2026 and provided an update on quality, operational performance and patient flow across the organisation. The Council was advised that: • no new Never Events had been reported during the reporting period; • two Patient Safety Incident Investigations relating to unexpected admissions to the Neonatal Unit had been declared and would be reviewed through the national Maternity and Newborn Safety Investigations programme; • progress continued to be made in reducing long elective waits, including the elimination of 65-week waits and exit from NHS England Elective Tier 1 oversight arrangements; • improvements had been achieved in diagnostic performance, theatre utilisation and a number of cancer pathways, including skin cancer and gynaecology services; • Emergency Department performance continued to be impacted by high demand, delayed discharges and bed capacity pressures; • infection control measures and occasional bay closures continued to affect operational capacity; and • complaints continued to be acknowledged within required timescales, although performance against the Trust's response time ambitions remained below target. Governors: • welcomed the continued improvement in elective recovery performance and sought assurance that progress would be sustained; • discussed Emergency Department performance and the impact of continued demand pressures on patients and staff; • sought assurance regarding delayed discharges, inpatient length of stay and the effectiveness of patient flow arrangements; • discussed the impact of infection control restrictions and bed availability on operational resilience; • raised questions regarding workforce pressures, sickness absence and the sustainability of current performance levels; • discussed complaints handling performance and the importance of learning from patient feedback; and • emphasised the importance of maintaining patient experience and quality of care during periods of operational pressure. In response, the MD-SGUH advised that improvement plans remained in place to address areas of quality and operational concern, including Venous Thromboembolism assessments, delirium assessments and pressure ulcer performance. Governors were advised that work continued across the Group to: • improve patient flow and discharge processes; • strengthen workforce resilience; • increase productivity and operational efficiency; • sustain elective recovery performance; and • improve access and waiting times across urgent and elective care pathways. The Executive Team acknowledged the continuing pressures facing services and staff and reiterated that quality, safety and patient experience remained the organisation's overriding priorities.

	The Council recognised the significant operational challenges being experienced across the NHS and welcomed the progress made in elective recovery and other key performance indicators. **The Council of Governors reviewed and noted the Operational Activity Report.**
3.5	**Health Inequality Update**
	The Group Chief Medical Officer (GCMO) presented an update on the Group's approach to reducing health inequalities and improving population health outcomes across the communities served by the organisation. The Council noted that the item had been scheduled in response to a request from Sarah Forester, Appointed Governor, who had asked for an update on the progress and impact of the Trust's work in addressing health inequalities. The report provided an overview of the Group's developing approach and the actions being taken to embed health inequalities considerations across services and patient pathways. The GCMO advised that the Group was seeking to develop a more coordinated and systematic approach to addressing health inequalities, building on a range of existing initiatives already underway across clinical services, local communities and partner organisations. Governors were advised that the programme aimed to: • embed consideration of health inequalities within service planning, design and delivery; • improve access to services for underserved and vulnerable populations; • strengthen the use of population health, equality and outcomes data to identify and address variation in care; • increase staff awareness and understanding of health inequalities and their impact on patient outcomes; • support greater involvement of patients and communities in shaping services; and • align the organisation's work with national priorities, including the NHS England Patient Safety Healthcare Inequalities Reduction Framework. The Council heard that the intention was to ensure that reducing health inequalities became an integral part of everyday clinical practice and decision-making, rather than a standalone programme of work. The GCMO highlighted examples of existing work across the organisation, including community outreach initiatives, targeted programmes aimed at improving access to services for harder-to-reach groups, and efforts to better understand differences in health outcomes across the population served by the Group. Governors welcomed the update and discussed: • how the organisation would measure the impact of its work on health inequalities and demonstrate improvements in outcomes over time; • the importance of ensuring services remained accessible to patients who face barriers in accessing healthcare, including those experiencing social, economic or cultural disadvantage; • the risks associated with digital exclusion and the need to maintain accessible alternatives for patients unable or unwilling to access digital services; • the importance of community engagement and partnership working in understanding local population needs; • opportunities to use governor engagement activities and community feedback to inform future priorities and service development; and • the importance of ensuring that health inequalities considerations were embedded within wider transformation, service redesign and quality improvement programmes. Governors emphasised the importance of understanding not only access to services, but also variation in patient experience and outcomes across different communities and population groups. The GCMO acknowledged the importance of robust measurement and advised that the organisation was continuing to develop its use of population health and equality data to better understand areas of variation and target improvement activity. Governors were advised that community engagement

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	would remain a key component of the programme and that feedback from patients, governors and local communities would help shape future priorities and interventions. The Executive Team further advised that reducing health inequalities formed a core component of the Group's wider strategic objectives and would increasingly be reflected within service planning, quality improvement programmes and transformation initiatives. The Council welcomed the progress being made and recognised the importance of continuing to embed health equity principles across the organisation to improve outcomes, experience and access to care for all communities served by the Group. **Action:** GCMO to provide a future update on the development of measures and indicators to assess the impact of the Group's work on health inequalities. **The Council of Governors noted the Health Inequalities Update.**
4.0	**CLOSING ITEMS**
4.1	**Any Other Business**
	No other business was discussed
4.2	**Council of Governors Calendar of Events**
	The Council received and noted the forward calendar of Governor meetings, development sessions, engagement activities and other forthcoming events. Governors were encouraged to continue participating in community engagement activities, Governor visits and development opportunities to support their role in representing members and local communities.
4.3	**Reflections on the meeting**
	The Chair asked for reflections on the meeting. Governors reflected on the value of continued community engagement, patient feedback and partnership working in informing service improvement and reducing health inequalities across the Group

Date of next Meeting

25 June 2026 17:00pm – 20:00pm Hyde Park Room, SGUH

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Council of Governors (Public) - 25 June 2026

NHS St George's University Hospitals NHS Foundation Trust

Action Log

ACTION REFERENCE	ITEM	ACTION	WHEN	WHO	UPDATE	STATUS
CoG.10.12.25/01	GCEO Report	A report on patient experience, PALS and complaints to be brought to a future meeting of the Council	25 June 2026	GCNO	On agenda for the meeting on 25 June 2026.	PROPOSED FOR CLOUSRE
CoG.10.12.25/04	GCEO Report	Workforce and Winter Preparedness: Share details of the winter staffing plan and wellbeing initiatives once finalised.	25 June 2026	MD-SGUH	Circulated prior to 25 June 2026 meeting	PROPOSED FOR CLOUSRE
CoG.24.07.25/02	GCEO Report	AI pilot in Emergency Department: Provide a follow-up update on AI pilot evaluation results and governance safeguards at a future meeting	30 September 2026	GDCEO	Update June 2026: A wider update on digital transformation to be presented to the Council in September 2026. The AI update will be part of this wider update.	NOT YET DUE
CoG.24.07.25/08	People Report	The Chair suggested inviting the Group Freedom to Speak Up Guardian to a future Council of Governors meeting.	30 September 2026	GCCAO	Update June 2026: The FTSU Guardian is confirmed as available to attend the Council meeting on 30 September 2026.	NOT YET DUE
CoG.10.12.25/06	GCEO Report	The Council requested that WRES and WDES information, including leadership diversity data and progress, be included in a future report to the Council.	30 September 2026	GCPO		NOT YET DUE
CoG.25.03.25/01	5 Year Forward Vision	GCCAO to provide a training session to Governors on the refreshed Board Assurance Framework, once the new BAF has been reviewed and approved by the Board.	31 October 2026	GCCAO	Update June 2026: The Board is scheduled to review the refreshed BAF at its meeting on 9 July, with the individual refreshed strategic risks having been considered by Board Committees during June 2026. Dates for a Governor development session in the autumn are currently being planned, and the BAF item will be included in this.	NOT YET DUE
CoG.10.12.25/02	CQC Well Led Report	The Council requested that the CQC Well Led Action Plan be presented to the Council following review and approval by the Board.	30 September 2026	GCCAO / MD-SGUH	Update June 2026: Following the publication of the CQC Well Led inspection report at SGUH on 31 Octyober 2026, the Trust decided to undertake a structuired programme of engagement with staff on the outcomes of the CQC Well Led inspection, with a view to understanding staff perspections of the results and the improvement actions required. These listening events continued through early 2026, and have now concluded. The Group Executive Committee is scheduled to review the draft CQC WEll Led Action Plan at its meeting on 7 July 2026, and the Board will consider this at its meeting in September, after which it will be presented to the Council at its meeting on 30 September 2026.	NOT YET DUE
CoG.10.12.25/03	Operational Activity Update	The Council requested that Outpatient Transformation, including PIFU, be brought back to a future meeting for a more detailed discussion.	10 December 2026	GDCEO / MD-ESTH (as SRO)		NOT YET DUE
CoG.25.03.25/02	Health Inequalities	GCMO to provide a future update on the development of measures and indicators to assess the impact of the Group's work on health inequalities at a future meeting.	10 December 2026	GCMO		NOT YET DUE

Council of Governors

Meeting in Public on Thursday, 25 June 2026

Agenda Item	2.1	
Report Title	**Group Chief Executive Officer's Report**	
Non-Executive Lead	Matthew Shaw, Group Chief Executive Officer	
Report Author(s)	Matthew Shaw, Group Chief Executive Officer	
Previously considered by	n/a	-
Purpose	**For Review**	

Executive Summary

This is my first report to the St George's University Hospitals NHS Foundation Trust Council of Governors since taking up post as Group Chief Executive Officer on 7 April 2026. The report provides an overview of key developments affecting the Trust and offers some reflections on my first ten weeks in post, including what I have learned from patients, staff and partners across the organisation.

Action required by Council of Governors

The Council of Governors is asked to note the report.

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	N/A

Implications				
Group Strategic Objectives				
☒ Collaboration & Partnerships			☒ Right care, right place, right time	
☒ Affordable Services, fit for the future			☒ Empowered, engaged staff	
Risks				
As set out in paper.				
CQC Theme				
☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led
NHS system oversight framework				
☒ Quality of care, access and outcomes			☒ People	
☒ Preventing ill health and reducing inequalities			☒ Leadership and capability	
☒ Finance and use of resources			☒ Local strategic priorities	
Financial implications				
N/A				
Legal and / or Regulatory implications				
N/A				
Equality, diversity and inclusion implications				
N/A				
Environmental sustainability implications				
N/A				

Group Chief Executive Officer's Report

Council of Governors, 25 June 2026

1.0 Purpose of paper

This is my first report to the St George's University Hospitals NHS Foundation Trust Council of Governors since taking up post as Group Chief Executive Officer on 7 April 2026. The report provides an overview of key developments affecting the Trust and offers some reflections on my first ten weeks in post, including what I have learned from patients, staff and partners across the organisation.

2.0 Trust Updates

2.1 Delivering High Quality Care and Improving Access

Demand across urgent and emergency care services remains high and we continue to experience significant operational pressures. Despite these challenges, teams across St George's have continued to make progress in improving access to care and reducing long waits for patients.

Performance against the 52-week Referral to Treatment standard has continued to improve, with long waits reducing to 0.63%, significantly better than planned. Performance against the 18-week standard has also improved, reflecting the sustained efforts of clinical and operational teams to recover elective activity and improve access to care.

Cancer services are performing well against the Faster Diagnosis Standard. Challenges remain within some cancer pathways, particularly lung cancer services, where demand and capacity pressures continue to impact performance.

The Trust has also continued to focus on improving patient flow through the hospital. Length of stay and delayed discharges have reduced, supported by new operational approaches and strengthened multidisciplinary working. While pressures remain significant, these improvements are helping more patients receive care in the right place at the right time.

Patient safety remains our highest priority. Work continues across a number of quality improvement priorities, including venous thromboembolism assessment, pressure ulcer prevention and delirium care, ensuring we continue to strengthen the quality and safety of services for our patients. We are also continuing to focus on work to strengthen quality governance both at St George's and across the Group.

2.2 Research, innovation and clinical excellence

Research and innovation are fundamental to St George's identity as a leading teaching hospital and academic healthcare organisation.

I am delighted that our cardiology research teams have recently received national recognition at the National Institute for Health and Care Research Cardiovascular Research Awards. Dr Mark Peterzan received the Most Promising New Principal Investigator Award in recognition of his leadership of major heart failure research studies, while the St George's Electrophysiology Team was recognised as Research Group of the Year.

These awards demonstrate the outstanding contribution our staff make to advancing medical knowledge and ensuring patients can access cutting-edge treatments and clinical trials.

Innovation is also helping us improve patient care. St George's has recently introduced CardioMEMS, a pioneering remote monitoring technology for patients living with heart failure. The system enables clinicians to identify deterioration at an earlier stage and intervene before patients become seriously unwell. This has the potential to improve quality of life, reduce avoidable hospital admissions and support patients to manage their conditions more effectively at home.

I am also delighted that our Serious Violence Team has been shortlisted for a national HSJ Patient Safety Award. The nomination recognises the team's innovative partnership work to support patients affected by serious violence and highlights our broader commitment to improving outcomes for some of the most vulnerable members of our communities.

2.3 Renal development programme

The Renal Development Programme remains one of the Trust's most important strategic priorities.

We continue to work closely with the New Hospital Programme and system partners to progress the development of a new specialist renal centre at St George's. The proposal would bring together renal services into a modern purpose-built facility capable of supporting world-class care, research and innovation for patients across South West London, Surrey and beyond.

The programme would significantly improve patient experience by co-locating specialist renal, transplant and acute services, reducing variation in care and supporting greater clinical integration. It would also enable renal services currently delivered from some of the poorest-quality estate within the group to move into modern facilities designed around patient needs.

The case for investment remains compelling and discussions continue regarding funding and delivery arrangements.

2.4 Delivering transformation and improvement

Alongside operational delivery, the Executive Team and Board continue to focus on the significant transformation required to ensure St George's remains clinically, operationally and financially sustainable over the coming years.

A comprehensive transformation portfolio has now been established covering urgent and emergency care, outpatient services, workforce transformation, corporate services, digital innovation, children's services, quality improvement and service transformation programmes. Together, these programmes are intended to improve patient experience, strengthen productivity, reduce unwarranted variation and support the long-term sustainability of services.

Particular areas of focus during 2026/27 include improving patient flow and discharge processes, modernising outpatient services, expanding digital innovation, strengthening workforce productivity and delivering improvements to corporate and support services.

While good progress has been made in establishing governance arrangements and programme leadership, I am clear that successful delivery will require disciplined prioritisation, strong clinical engagement and a relentless focus on implementation. The scale of change facing the NHS means transformation cannot be viewed as separate from operational delivery; it must become part of how we improve services every day.

The Board recently held a dedicated development session to consider how we strengthen our organisational capability to deliver change successfully. This included discussion around leadership, improvement capability, programme management, culture, digital enablement and workforce

engagement. These conversations will help shape how we continue to build the capacity and capability needed to deliver our ambitions over the coming years.

2.5 The future of the gesh Group

Following consideration by the Group Board earlier this year, the Strategic Case for the merger of St George's University Hospitals NHS Foundation Trust and Epsom & St Helier University Hospitals NHS Trust has been submitted to NHS England. Discussions with NHS England are progressing positively and we had a first round of discussions with NHS England on our Strategic Case earlier this month, which were positive and constructive. The Group is now working towards a proposed merger date of April 2028. The merger would represent the next step in the evolution of the gesh Group, building on four years of successful collaboration through the existing Group model.

As the Council of Governors is aware from its earlier discussions, the proposed merger is intended to support better outcomes for patients, staff and the wider health system by enabling faster and deeper integration across services, reducing duplication and improving the use of shared resources. A single organisation would help accelerate clinical collaboration, reduce unwarranted variation in care, support more joined-up patient pathways and strengthen the long-term sustainability of services across South West London and Surrey. For staff, the merger would create greater opportunities for career development, research, workforce flexibility and shared ways of working across a larger organisation. Importantly, there are no immediate changes planned to local services as a result of the merger, with the priority throughout remaining the delivery of safe, high-quality care for local communities.

2.6 Financial performance

Like NHS organisations across the country, St George's continues to operate within a challenging financial environment.

The Trust's reported financial position so far at this early stage in the year remains in line with plan. However, significant underlying pressures remain, including workforce costs, inflationary pressures and the requirement to deliver substantial efficiency improvements while maintaining high-quality patient care.

Financial sustainability remains one of our key priorities. The Executive Team is working closely with clinical and corporate leaders across the organisation to improve productivity, reduce waste, deliver transformation and ensure resources are used as effectively as possible. Throughout this work, maintaining quality and safety will remain paramount.

3.0 Our People and Culture

3.1 NHS Staff Survey 2025

The 2025 NHS Staff Survey provides one of the most important sources of insight into the experience of our workforce and remains a key measure of organisational culture. The survey highlights both the extraordinary commitment of our staff and the challenges we must address as an organisation.

Despite continuing operational, workforce and financial pressures, colleagues continue to demonstrate remarkable dedication to providing high-quality care for patients. However, the survey also identified areas where improvement is required, including staff wellbeing, morale, recognition, leadership visibility and consistency, opportunities for development, and experiences of inclusion and belonging. The findings reinforce the clear link between staff experience, organisational culture and the quality and safety of patient care.

The results also demonstrate that we have significant work to do. St George's ranked 17th out of 17 London Acute and Community Trusts across the NHS People Promise themes. While our staff continue to provide outstanding care under considerable pressure, the survey makes clear that we must improve the experience of working at St George's if we are to achieve our ambitions as an organisation.

The survey results align closely with themes I have heard repeatedly during my first ten weeks in post. Staff have spoken openly about the pressures associated with increasing demand, ageing infrastructure, digital frustrations and the cumulative impact that these challenges can have on morale and wellbeing. At the same time, colleagues have also demonstrated a strong desire to improve services, strengthen teamwork and create a more positive working environment.

Improving staff experience and organisational culture will therefore be one of my core priorities during the year ahead. In response to the survey findings, we are focusing on four key areas:

- First, we are strengthening leadership capability and consistency across the organisation, ensuring leaders at all levels have the skills, support and accountability required to create positive working environments and engage effectively with their teams.

- Second, we are promoting the behaviours we want to see across the organisation, with a particular focus on civility, kindness, respect and psychological safety, while taking a clear stance against bullying, harassment and inappropriate behaviours.

- Third, we are continuing our work to improve equality, diversity and inclusion, focusing on reducing inequalities in staff experience and workforce outcomes, improving opportunities for progression and ensuring all colleagues feel valued and supported.

- Fourth, we are strengthening staff recognition and celebration, building on initiatives such as our gesh25 Hall of Fame, our Big Thank You programme and wider staff recognition initiatives to ensure colleagues feel appreciated for the contribution they make every day.

Alongside these group-wide priorities, services across the organisation are developing local action plans informed by their own survey results, supported by a clear "You Said, We Did" approach so that staff can see how their feedback is driving meaningful change. Additional support is also being provided to lower-scoring services through focused leadership engagement, facilitated staff conversations and targeted improvement support.

The Council will receive a more detailed report on the NHS Staff Survey later on today's agenda. I would encourage Governors to consider the findings carefully. The survey provides an invaluable insight into the experiences of our workforce and will play an important role in shaping our organisational priorities and improvement plans over the coming year.

3.2 Tackling violence and aggression against staff

Every member of staff has the right to work in a safe environment. However, the Staff Survey highlighted the significant impact that violence, aggression, harassment and abusive behaviour can have on staff experience, wellbeing and morale. Colleagues described concerns relating to bullying, psychological safety and inappropriate behaviours from both patients and visitors, reinforcing the importance of ensuring staff feel safe, supported and respected at work.

In response to this and similar feedback in previous surveys, the organisation is strengthening its approach to violence prevention and reduction as part of the wider work to improve staff experience and organisational culture.

This month, the organisation is launching a new Violence Prevention and Reduction Policy, reinforcing our zero-tolerance approach to violence, aggression, harassment and abuse directed towards staff. The policy strengthens arrangements for prevention, reporting, investigation and support, while improving consistency across services. It forms part of our wider commitment to ensuring colleagues feel safe, respected and supported in delivering outstanding patient care.

3.3 Inclusion and belonging

Creating an inclusive organisation where everyone feels valued, respected and able to thrive remains a key priority.

The new Inclusion Board has now held its first two formal meetings following its launch earlier this year. Bringing together colleagues from a diverse range of backgrounds, professions and experiences, the Inclusion Board has been established to provide additional perspectives into organisational decision-making and strengthen inclusive leadership across the Trust.

The Board met for an initial development session in April before holding its first full meeting in May and a second meeting earlier this month. Discussions have focused on staff and patient experience, organisational culture, leadership and how we ensure a broader range of voices help shape decision-making at every level of the organisation. The Inclusion Board has also discussed our transformation programme and fed its views into the Board development day discussions. I have been encouraged by the openness, challenge and insight that members have brought to discussions and look forward to seeing the impact the Board can make over the coming months.

Alongside this work, we welcome the publication of Lord Mann's independent review into tackling racism, antisemitism and wider discrimination within the NHS. Commissioned by NHS England, the review examined how NHS organisations prevent, identify and respond to racism, antisemitism and other forms of discrimination affecting both staff and patients.

The review concluded that, while progress has been made across the NHS, discrimination and unequal experiences continue to affect some colleagues and communities. It makes a number of recommendations aimed at strengthening leadership accountability, improving education and training, enhancing support for those who experience discrimination, improving reporting and transparency, and ensuring organisations create cultures where concerns can be raised and addressed effectively.

The review reinforces the importance of ensuring that everyone who works in, or receives care from, the NHS is treated with dignity, fairness and respect. We will continue to work with NHS England and partners to implement the recommendations and strengthen our commitment to creating an organisation where all colleagues feel respected, included and able to contribute fully, and where patients from every community receive equitable and compassionate care.

The review is particularly relevant given the findings of our own NHS Staff Survey and the ongoing work of the Inclusion Board. It provides a timely reminder that improving organisational culture is not solely about staff experience, but also about ensuring fairness, belonging and equity for all colleagues and patients.

3.4 Celebrating our people

In May, we celebrated more than 120 colleagues across the gesh Group who had each achieved 25 years or more of NHS service through our gesh25 Hall of Fame event.

Together these colleagues represented more than 3,200 years of NHS service. Their dedication, expertise and commitment exemplify the very best of the NHS and it was a privilege to recognise their contribution.

The event marked the beginning of our wider "Big Thank You" programme, which aims to strengthen recognition and celebration across the organisation. I look forward to further opportunities throughout the year to celebrate the achievements and contributions of our staff.

4.0 Leadership and Appointments

4.1 Appointment of Site Chief Medical Officer

I am pleased to note the appointment of Dr Sijo Francis as Site Chief Medical Officer at St George's from June 2026. Sijo brings extensive clinical and leadership experience to the role and is highly regarded for his collaborative approach and commitment to high-quality patient care. I would also like to thank Dr Luci Etheridge for her outstanding contribution during her tenure as Site Chief Medical Officer and congratulate her on her appointment as a Registrant Council Member of the General Medical Council.

4.2 Appointment of Group Chief Finance Officer

I am also delighted to confirm the appointment of Azara Mukhtar as Group Chief Finance Officer. Azara joins us in August and brings extensive experience from senior NHS finance leadership roles. Her appointment will further strengthen the Executive Team as we continue to focus on financial sustainability, transformation and delivering high-quality services for patients.

5.0 Reflections on my first 10 weeks

Since joining the organisation on 7 April, I have spent my first ten weeks listening, learning and meeting colleagues across St George's and the wider group. I deliberately wanted to begin by understanding the organisation through the experiences of the people who work within it and the patients and communities we serve.

During this period, I have visited a wide range of clinical and non-clinical services, including emergency care, children's services, neonatal and paediatric intensive care, maternity services, surgery, estates and facilities teams, community services and a number of corporate and support functions. I have also spent time meeting staff through Executive Question Time sessions, the "Ask Mat Anything" initiative, leadership meetings and informal visits to wards and departments.

These conversations have provided invaluable insight into both the strengths of the organisation and the challenges colleagues face every day.

Three themes have consistently emerged from these discussions:

- The first is an overwhelming sense of pride. Across the organisation I have met highly skilled, committed and compassionate people who are deeply proud of the care they provide. I have been struck by the dedication of colleagues who continue to deliver excellent care despite significant operational pressures and increasing demand.

- The second is the scale of the opportunity ahead of us. St George's has an outstanding reputation for specialist care, education, research and innovation. Whether through our role as a major trauma centre, our specialist clinical services, our research achievements or our partnerships across South West London, there is enormous potential to build on these strengths and continue improving outcomes for patients.

- The third theme is the need to address some longstanding organisational challenges. Staff have spoken openly about pressures relating to workload, operational flow, estates, digital infrastructure and organisational culture. I have been particularly grateful for the honesty with which colleagues have shared their experiences and perspectives. These conversations have reinforced my belief that improving staff experience and organisational culture must remain central to our ambitions because organisations that care well for their staff are better able to care well for their patients.

I have also been encouraged by the willingness of colleagues to embrace change and improvement. There is a strong desire across the organisation to improve services, reduce unnecessary bureaucracy, modernise how we work and strengthen the experience of both patients and staff. Harnessing that energy and commitment will be critical to our future success.

While it is still early in my time with the organisation, the conversations I have had so far suggest a number of themes that are likely to feature prominently in future discussions with the Board and Executive Team. These include improving access to care and patient flow, strengthening organisational culture and staff experience, ensuring long-term financial sustainability, embracing innovation and digital transformation, and progressing the major service, workforce and estate changes needed to support the future development of the Trust.

I have also valued the opportunity to begin building relationships with Governors. As representatives of our members and local communities, Governors provide an important source of insight, challenge and perspective. I look forward to continuing that engagement over the coming months and hearing more about the issues that matter most to the communities we serve.

What has impressed me most over these first ten weeks is the quality of our people. The expertise, professionalism and commitment I have encountered across the organisation give me confidence that, while the challenges facing the NHS are significant, we have the capability, ambition and determination to continue improving services for patients and communities.

I look forward to continuing these conversations with staff, patients, Governors and partners as we shape the next chapter in the development of St George's.







6.0 Recommendations

5.1 The Council of Governors is asked to note the report.

SGUH Council of Governors

Meeting on Thursday, 25 June 2026

Agenda Item	2.2	
Report Title	2025 Staff Survey and Response	
Executive Lead(s)	Victoria Smith, Group Chief People Officer	
Report Author(s)	Tairu Drameh, Head of Culture and Staff Engagement	
Previously considered by	Group Board	08 May 2026
Purpose	**For Review**	

Executive Summary

The 2025 NHS Staff Survey results for St George's (STG) shows that colleagues remain highly committed to patient care, with the Trust achieving a staff engagement score of **6.81** which is above the national average of **6.74**. This reflects that our staff are motivated and proud of the care they provide.

The survey also identifies key people promise theme areas requiring improvement, with STG's scoring **below national averages** in **Learning and Development** (5.45 vs 5.57), **Flexible Working** (5.93 vs 6.22), **Recognition and Reward** (5.76 vs 5.87), and **Morale** (5.71 vs 5.84), indicating gaps in support, flexibility, and overall staff experience.

Across the Trust, benchmarked results show the largest gaps against national averages in **health and wellbeing** (48.2% vs 53.1%), **pay** (28.2% vs 31.5%), **flexible working** (52.1% vs 55.9%), and **discrimination** (12.70% vs 8.7%), indicating key areas where staff experience falls notably below national performance.

Within London, STG sit in the lower quartile of Acute and Community providers ranked **17th of 17** based on overall performance across the People Promise themes (see table 3 and 4).

Free-text feedback for STG highlights widespread concerns about disconnected leadership, cliquey culture, burnout from workload and system change, inequities in pay and progression, opaque recruitment, multiple-role working due to vacancies, infrastructure and digital issues, and persistent bullying and harassment (see table 6).

The results show clear disparities in experience, with **harassment levels** significantly higher for **Disabled staff** (27.68% vs 18.14% non-disabled) and **BAME staff** (25.73% vs 23.73% White), both exceeding national benchmarks. Only **67.59% of Disabled colleagues** report receiving the **reasonable adjustments** they need, compared with **73.65% nationally**, highlighting a notable accessibility gap.

These findings align with the Care Quality Commission's Well-Led recommendations for St George's, particularly the need to strengthen how staff feedback informs cultural improvement. The organisational response focuses on meaningful engagement, leadership development, and creating a

more inclusive and equitable working environment. Targeted support will be provided to 10 services with the lowest engagement scores, and quarterly national pulse surveys will track progress from April 2026.

Overall, the survey provides a clear opportunity to build on strengths, address concerns raised by staff and ensure that improvements in culture and leadership translate into better experiences for both colleagues and patients.

Action required by SGUH Council of Governors

The Board is asked to:

a. **To note** the analysis of the 2025 Staff Survey.
b. **To note** the engagement plan for 2026, as outlined in Appendix B.

Committee Assurance	
Committee	Council of Governors
Level of Assurance	Not Applicable

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	Appendix A: Retrospective assessment – 2024/25 Activities
Appendix 2	Appendix B: Corporate action plan – 2026 focus
Appendix 3	Appendix C: Teams with low survey respondents (No survey reports)

Implications

Group Strategic Objectives

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

Risks

The survey highlights risks related to morale, leadership capability, equality of experience, and workforce sustainability.

CQC Theme

☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☒ Well Led

NHS system oversight framework

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

Financial implications

Some improvement activities may require investment, particularly in leadership development and staff wellbeing.

Legal and / or Regulatory implications

The organisational response supports compliance with CQC Well-Led requirements, including the Regulation 17 notice for St George's.

Equality, diversity and inclusion implications

The findings reinforce the need to accelerate work on inclusion, particularly around harassment, career progression, and reasonable adjustments.

Environmental sustainability implications

No direct environmental implications identified.

2025 Staff Survey and Corporate Response
Council of Governors, 25 June 2026

1.0 Purpose of paper

1.1 To present the 2025 Staff Survey results for STG, outline the corporate and local organisational response, and seek executives and Board approval for the proposed systemwide cultural improvement approach aligned with CQC Regulation 17 requirements

2.0 Background

2.1 The 2025 Staff Survey results were published nationally on 13 March 2026

2.2 This report provides detailed STG benchmarking against national, London Acute/Community, and peer Trusts. It integrates quantitative theme scores, WRES/WDES indicators, and qualitative free-text analysis to provide a comprehensive view of staff experience.

2.3 The findings reinforce themes raised by the CQC Well-Led inspection at St George's, including the need for stronger leadership behaviours, improved staff voice, and more consistent cultural practices within STG. The report sets out the corporate actions required to address these issues and meet regulatory expectations.

3.0 Key issues for consideration

3.1 STG scored below the national averages in learning and development, flexible working, recognition, and morale. The Trust ranked last among London Acute and Community Trusts.

3.2 The survey highlights significant disparities for BAME and Disabled staff, including higher harassment rates and a "6% gap in reasonable adjustments."

3.3 Free-text feedback reveals widespread concerns about workload, burnout, inconsistent leadership behaviours, and perceptions of "top-heavy" management structures.

3.4 The Trust must demonstrate how staff feedback is used to improve culture and measure impact. The proposed corporate response directly supports this requirement.

3.5 Delivery of the improvement programme is at risk without strengthened capacity, prioritisation, and shared ownership across divisions.

4.0 Sources of assurance

4.1 The survey uses the NHS Staff Survey Coordination Centre methodology, providing robust, comparable data across Trusts.

4.2 The corporate response to the survey will follow the **Board-agreed** approach to driving improvement and sustainable cultural change

4.3 The report triangulates theme scores, WRES/WDES indicators, and free-text analysis - “The quantitative benchmark scores validate the qualitative themes.”

4.4 Divisional Management Boards, HRBP-led working groups, and site-level engagement groups are already reviewing results and developing action plans.

4.5 The Staff Engagement Working Group will provide structured diagnostics, leadership support, and monthly pulse monitoring for the 10 challenged services.

4.6 From April 2026, quarterly pulse surveys will provide ongoing measurement of progress at Trust, Directorate, and Service level.

5.0 Implications

5.1 The implications of the findings from the 2025 staff survey are as follows.

- **Strategic implications:** The findings directly impact the Group’s strategic objective of having “empowered, engaged staff” and are essential to delivering safe, high-quality care.
- **Financial implications:** Resource constraints may limit delivery of leadership development, engagement activities, and targeted support. Investment may be required to meet CQC expectations and mitigate workforce risks.
- **Legal and regulatory implications:** The report supports compliance with CQC Regulation 17. Persistent WRES/WDES disparities and gaps in reasonable adjustments pose potential legal risks.
- **Risk implications:** The survey highlights risks related to morale, burnout, leadership capability, equality of experience, and operational fragmentation. The survey also provides early warning signals about pressures that can undermine safe and effective care.
- **Equality, diversity and inclusion implications:** Significant disparities for BAME and Disabled staff require accelerated action, including anti-racism work, inclusive recruitment, and improved reasonable adjustments.
- **Environmental sustainability implications:** No direct environmental implications identified.

6.0 Recommendations

6.1 The Board is asked to:

a. **To note** the analysis of the 2025 Staff Survey.

b. **To note** the engagement plan for 2026, as outlined in Appendix B.

Report Title: 2025 Staff Survey and Corporate Response

Date: 25 June 2026

Author: Tairu Drameh. Head of Culture and Staff Engagement

1. Introduction

This report offers a detailed comparison of the 2025 NHS Staff Survey results for St George's Hospital (STG) against national and London benchmarks. The analysis examines performance across key domains of the NHS People Promise, staff engagement and morale, and workforce equality standards.

Staff engagement and morale remain fundamental to clinical safety; extensive research shows that highly engaged teams deliver better patient outcomes and experience lower turnover. This report integrates quantitative theme scores with Workforce Equality Standards (WRES/WDES) data and qualitative free-text insights to provide a comprehensive view of staff experience. These findings will directly shape our cultural and engagement priorities for 2026/27.

2. Benchmark of STG survey scores against the national average

The table below compares the performance of STG against the national average for Acute and Acute & Community Trusts. Our corporate actions and initiatives are designed to exceed national benchmarks and move STG closer to the scores demonstrated by high-performing Trusts.

Table 1: STG against national average 2025

People Promise Theme	STG Score 2024	STG Score 2025	National Average	Preliminary Insight
We are Compassionate and Inclusive	7.22	7.17	7.28	STG saw a slight decline from 2024 (-0.05) and now sits below the national average (-0.11). While scores remain relatively strong overall, the downward movement suggests staff may be experiencing slightly less consistent compassion and inclusion across the organisation.
We are Recognised and Rewarded	5.93	5.76	5.87	This theme declined in 2025 (-0.17 against 2024) and was -0.11 below the national average. This suggests recognition and reward remain a key challenge, with staff increasingly feeling undervalued for their contributions

People Promise Theme	STG Score 2024	STG Score 2025	National Average	Preliminary Insight
We Each Have a Voice That Counts	6.65	6.56	6.60	STG experienced a small decline (-0.09 below 2024) and now sits marginally below the national average (-0.04). This suggests some deterioration in staff confidence that their views are listened to and acted upon.
We are Safe and Healthy	6.10	5.98	6.07	STG Score in 2025 fell by 0.12 from 2024 and was -0.09 below the national average. This indicates growing concerns around staff wellbeing, and perceptions of safety.
We are Always Learning	5.61	5.45	5.57	This theme showed a notable decline for 2025 (-0.16 below 2024) and remains below the national average (-0.12). The findings suggest staff perceive reduced access to learning, development, and career growth opportunities.
We Work Flexibly	6.22	5.93	6.22	This is one of the most significant declines (-0.29 in 2025 vs 2024). STG score is substantially below the national average in 2025 (-0.29), indicating increasing dissatisfaction with flexible working opportunities or arrangements.
We are a Team	6.73	6.66	6.75	Teamworking declined slightly (-0.07 against 2024) and remains just below the national average (-0.09). Although broadly stable, this may indicate some weakening in collaboration, support, or sense of belonging within teams.
Staff Engagement	6.81	6.81	6.74	Staff engagement remained stable year-on-year and continues to perform above the national average (+0.07). This is a clear strength for STG, suggesting staff remain committed and connected to the organisational purpose despite pressures elsewhere.

2

People Promise Theme	STG Score 2024	STG Score 2025	National Average	Preliminary Insight
Morale	5.91	5.71	5.84	Morale saw a notable decline (-0.20 against 2024), In 2025 the theme score -0.13 below the national average. This suggests increasing pressure, fatigue, or dissatisfaction.

Insights

A consistent pattern emerges across the People Promise themes: 8 of the 9 themes declined between 2024 and 2025, with Staff Engagement being the only area to remain stable and above the national average. The largest declines are seen in Flexible Working, Morale, Recognition & Reward, and Learning & Development, suggesting that while staff remain committed to STG's purpose, their day-to-day experience of support, wellbeing, and growth has weakened.

As part of our response to these results, staff survey feedback is being directly integrated into the Clinical Workforce Transformation Programme, with a focus on strengthening management practices and improving feedback loops across the organisation.

3.1 Biggest negative disparity against the national benchmark

4 Table 2: Questions with the largest negative gaps for STG against national average

Survey Question	STG 2025	STG Disparity	National Avg.
Q11a – Organisation takes positive action on health & well-being	48.19%	**–4.97%**	53.16%
Q4c – Satisfaction with level of pay	28.21%	**–3.24%**	31.45%
Q4d – Satisfaction with flexible working opportunities	52.12%	**–3.82%**	55.94%
Q16b – Experienced discrimination from manager/colleagues (lower is better)	12.70%	**+4.01%**	8.69%
Q24b – Opportunities for career development	48.78%	–1.61%	50.39%
Q24d – Supported to develop potential	51.89%	–2.17%	54.06%

Insights

Overall, the areas identified in Table 2 represent the most material negative drivers of staff experience within STG. The findings highlight systemic challenges across STG in relation to

3

inclusion, staff support, and development. Rightfully, these are the areas that our corporate actions seek to address.

3. Where we rank in the London acute and community league table

This section ranks STG against the top and bottom 17 London Acute and Community trusts based on their **Overall Performance Score** (calculated as the mean of all 7 People Promise themes plus Staff Engagement and Morale). The London Acute and community Trusts Average is **6.41**.

Table 3: STG ranking against the top and bottom London Acute and Community Trusts

Rank	Trust Name	Overall Performance	Performance Category
1	Guy's and St Thomas' NHS Foundation Trust	6.69	Top Performer
2	University College London Hospitals NHS Foundation Trust	6.69	Top Performer
16	King's College Hospital NHS Foundation Trust	6.24	Bottom Performer
17	**St George's University Hospitals**	**6.23**	Bottom Performer

3.1 Performance: STG vs. London average

The table below provides a concise analysis of how **STG** compare to the wider London Acute/Community peer group.

Table 4: STG performance benchmarked against London Acute and Community average

Feature	STG	Insight
Overall Rank	**17th** of 17	STG sit in the bottom quartile of London providers.
Primary Strength	**Teamwork** (6.66) vs London Avg.: 6.81	Teamworking in STG is below the London average and requires strengthening. Low moral maybe a driver for this.
Primary Weakness	**Learning & Dev** (5.45)	Professional development is the largest deficit for STG vs. the London average: 5.79 (-0.34).
Morale Variance	-0.20 vs. London Avg.: 5.91	STG faces a significantly deeper morale challenge, scoring the lowest in this comparison group.
Work Flexibility	5.93 (Well below London Avg.: 6.12)	Flexibility is a major drag on STG ranking.
Staff Engagement	6.81 (London Avg.: 6.93)	Staff engagement is above the national average but trails London benchmarks, signalling a clear opportunity to strengthen this theme.

Feature	STG	Insight
Strategic Gap	**-0.18** from Avg.	STG requires significant improvement in key indicator such as learning & development, morale, flexible working and staff engagement to reach the regional performance mean.

Insights

- STG is in the **bottom quartile** of London providers, indicating significant performance challenges relative to regional peers While **staff engagement** remains comparatively strong, most indicators sit below London averages, reflecting a **pressured workforce environment**.
- The data shows **systemic staff experience challenges**, especially in **learning and development** (-0.34 vs London), **flexible working**, **morale**, and **team effectiveness**. These gaps present **retention and capability risks**.
- Staff are **not consistently experiencing the learning-centred culture** needed for effective **Quality Improvement (QI)** and **Quality Management System (QMS)**. Strengthening learning and development is a **strategic lever** to build improvement capability and stabilise workforce experience. We will work with Site teams to assess prioritisation within local QI and QMS plans.

4. Workforce Equality Standards (WRES and WDES)

Equality of experience remains a top corporate priority, yet the 2025 data shows persistent disparities for BAME and Disabled staff.

Table 5: WRES and WDES standards benchmarked with national average

Indicator	STG	National Benchmark	Insight
BAME: Harassment (Staff)	25.73% (white: 23.73%)	24.78%	BAME staff at STG report higher levels of harassment from colleagues than white staff. BAME experience of harassment was higher than the national average.
BAME: Career Progression	45.11% (white: 50.3%)	49.70%	BAME staff report lower perceptions of fair career progression at STG compared with white staff. We scored below the national average for fair career progression.
Disabled: Harassment	27.68%	25.24%	Higher than average harassment for

(Staff)	(non-disabled: 18.14%)		disabled colleagues.
Reasonable Adjustments	67.59%	73.65%	Staff reporting that reasonable adjustments were made is lower at STG compared with the national average, with around a 6% difference.

Insights

Our results show a 6% gap in "Reasonable Adjustments" compared to the national average. This is an organisational risk that impacts both wellbeing and legal compliance. Furthermore, the higher rates of harassment for both BAME and disabled staff suggest that our relatively high "Compassionate and Inclusive" scores are not yet universal across all protected groups.

To address reasonable, adjust issues, the People function has been increasing capacity to deliver timely reasonable adjustments for disabled colleagues.

5. Free Text Feedback thematic analysis

The 2025 survey thematic analysis for STG reveals the following qualitative insights:

Table 6: qualitative feedback themes and observations

Theme	Mentions*	Key Observations
Management and Leadership	679	Significant frustration regarding "top-heavy" management. Many staff feel that senior leadership is disconnected from frontline issues and that communication is often reactive rather than proactive.
Workplace Culture	610	Reports of "cliquey" environments, particularly in Maternity and Theatres. While many find their immediate teams supportive, there is a perceived lack of "psychological safety" when raising concerns to higher levels.
Wellbeing and Stress	386	High levels of burnout reported due to the pressure of maintaining "Business as Usual" alongside major system changes. Staff feel "exhausted and undervalued."
Pay and Recognition	327	Strong focus on Band 2 to Band 3 re-banding for Receptionists and Housekeepers. Frustration over the lack of bank shift availability for certain non-clinical roles.
Organisational Change	267	Heavy focus on the "system migration" and automation. Many staff feel these changes have made simple tasks more complicated and have not

Theme	Mentions*	Key Observations
		adequately considered less "tech-savvy" staff.
Training and Development	252	Concerns that career progression is based on "who you know" rather than merit. Some staff reported being unaware of vacancies until after they had closed.
Workload	223	Staff report doing the "job of three people" due to vacancies. Uneven work distribution is a common complaint, with high performers feeling penalised with extra tasks.
Facilities or Infrastructure	214	Complaints regarding the digital divide between acute and community settings (e.g., iCLIP vs. Rio) and basic office infrastructure like temperature control and desk space.
Staffing Levels	204	Vacancies are being held to save money, leading to a reliance on remaining staff to work extra hours. Concerns that "eating our young" (harsh treatment of new starters) is hurting retention.
Bullying and Harassment	147	Reports of "public belittling" and a culture where staff are hesitant to challenge poor behaviour for fear of being targeted.

**Mentions represent the frequency of thematic keywords within the anonymised text comments for STG*

Insight

The qualitative feedback for the Trust reveals that staff are deeply committed to patient care but under significant structural and cultural strain. They highlight several pressures, including feeling that senior managers don't understand their day-to-day realities, the strain of ongoing financial challenges and digital changes, and inconsistent support across STG.

We have acted on the Band 2–3 HCSW issue and established an appeal route for other Band 2 staff who believe their job description requires review.

5.1 Qualitative staff feedback links to the survey quantitative scores

The quantitative benchmark scores validate the qualitative themes, showing areas where STG sits near or below the national average.

- **Morale and burnout:** Morale is low (5.71), with the **burnout** sub-score (4.89) closely aligning with staff descriptions of **emotional exhaustion** and **chronic stress** in the qualitative feedback.

- **Recognition and reward:** The frustration over banding and pay is reflected in the scores for **"We are recognised and rewarded"** (5.76), which is below the national best results (6.34).

- **Safe and healthy climate:** The qualitative reports of bullying and a lack of support for

raising concerns align with the **"Raising concerns"** sub-score (6.18), which remains significantly lower than the best-performing trusts (7.02).

- **Inclusion and equality:** Although the overall **“Diversity and equality”** score is high (8.08), qualitative feedback indicates that the lived experience of some global majority colleagues is **not fully reflected** in headline metrics. Reports of **discrimination** from managers or colleagues are notably higher among staff from other ethnic groups (15.82%) compared with White staff (8.49%), signalling a significant disparity in day-to-day experience.

6. Engagement activities at local level

6.1 Empowering leaders through resources and toolkits

To ensure a consistent and effective response to survey feedback, a comprehensive suite of resource assets and toolkits has been produced and shared with HRBPs, divisional leaders and managers. These tools are designed to move beyond data analysis and into meaningful action:

- **Tailored infographics:** Data has been visualised through infographics at the divisional, care group, service, and team levels to provide clear, accessible insights into local performance.
- **The A3 action planning model:** Managers are required to use a simplified A3 model template to develop their action plans. This model focuses on defining the problem, identifying the current state through specific team scores, and committing to three impactful countermeasures with clear implementation steps.
- **Structured discussion guides:** A guide for working groups has been provided to facilitate deep-dive discussions, using "5 Whys" analysis to identify root causes and establish success measures.
- **Thematic analysis frameworks:** Comprehensive guidance has been issued to help managers interpret RAG (Red-Amber-Green) ratings across the **People Promise** and **Culture and Leadership** framework themes. These documents provide illustrative examples and actionable insights for areas such as Compassionate Leadership, Recognition, and Team Working.

6.2 Closing the feedback loop: "you said, we did"

Year-on-year, staff have reported a lack of visibility regarding the results and subsequent actions of the staff survey. To address this, our response mandates that teams see and discuss their results together:

- **Meaningful local discussion:** Managers are tasked with sharing team-level infographics and using them as the foundation for transparent, collaborative dialogue.
- **Visible communication:** Teams are encouraged to use a "You Said, We Did"

communication style via newsletters, team meetings, and directorate townhalls to explicitly link improvements to staff feedback.

- **Board to Ward Priorities:** Huddles will include conversations about what needs to change for team members to agree with these two statements: ‘Would recommend organisation as place to work’ and ‘If friend/relative needed treatment would be happy with standard of care provided by organisation’ to encourage ongoing conversations about engagement and local action.

6.3 Working group support

- **HRBP-led staff survey working groups**: HRBPs are supporting divisions to establish working groups focused on continuous improvement and local engagement actions.

- **Engagement events and workshops**: A programme of staff engagement events, webinars and workshops will begin in mid-May 2026 led by the HRBPs and OD Team to support teams and strengthen staff voice, creativity and collaboration.

- **Site-level working groups**: Site leaders across theTrust continue to oversee staff survey action planning and engagement delivery through established site-level groups.

6.4 Divisional engagement and planning

All divisions are actively engaging with staff survey results and progressing action plans, aligning actions with CQC Well-Led findings where relevant. Where plans are not yet fully formed, divisions report that engagement and planning are underway at local team level.

6.5 Targeted support for challenged services

The Staff Engagement Working Group will deliver targeted support to the 10 challenged staff-engagement services across STG. The support will focus on stabilising low-scoring areas, strengthening leadership capability, and establishing a sustainable, repeatable model for organisational rollout.

Services / teams with insufficient survey response rates (less than 10 staff participated in the survey with no published report) have been identified and will be supported to improve participation (See appendix C).

The aim is to achieve measurable improvements in local engagement scores and response rates within 12 months through clearer ownership and structured engagement activity.

Key elements of the approach include:

- Assignment of a named leadership sponsor/champion for each service / team
- Facilitated team engagement discussions
- Development and delivery of local improvement plans

- Increased and visible leadership presence

6.6 National quarterly pulse survey

To support the measurement and monitoring of the impact of both our corporate actions and local divisional and service actions, the group will participate in the National Quarterly Pulse Survey starting in April 2026. The first survey will take place between **1 - 30 April 2026**.

Results from the April survey will be available at **Trust level** for that quarter. From **Quarter 2 onwards (July 2026 survey)**, results will be provided at **Trust, Directorate, and Service level**, enabling more detailed analysis and supporting targeted improvement actions across the group.

7. Corporate Actions

7.1 What we have learned (2024–2025)

Our retrospective assessment (Appendix A) highlights three clear insights:

1. What is working and being embedded

- Interventions that **build leadership capability, improve day-to-day team experience, and are locally owned** (e.g. What Matters to You (WMTY), leadership programmes, HWB champions) show the strongest impact.
- Targeted approaches have delivered **measurable improvements in staff experience**, including:
    - Improvement across **61/99 staff survey questions** in WMTY pilot areas
    - Gains in **8/9 NHS People Promise themes**
    - Increased participation and impact in **recognition programmes and leadership development**

2. What we are standardising into business as usual

- High-value interventions (e.g. EDI policies, people management programme, wellbeing support, apprenticeships) are now embedded into **core organisational processes**.
- This reflects a shift from **standalone initiatives to systemic capability and infrastructure**.

3. What we are stopping or narrowing

- We have deliberately reduced lower-impact activity (e.g. standalone wellbeing programmes, broad action plans)
- Focus is now on **fewer, higher-impact interventions**, particularly:
    - Leadership capability
    - Inclusive recruitment and workforce equity
    - Team-level engagement

7.2 Our whole-system approach

We are taking a **consolidated, whole-system approach** to improving staff experience, ensuring that action is driven not only at team, service and divisional level, but also across corporate functions and organisational infrastructure:

- **Triangulation of insight**: Staff Survey, Pulse Survey, WRES/WDES, and CQC Well-Led findings
- **Integration with transformation**:

  We are aligning this work with the Trust's transformation infrastructure by:

  - Embedding staff experience and wellbeing into transformation programmes
  - Using the Transformation Team's **Quality Management System (QMS)** and **Quality Improvement (QI)** capability to support structured, sustainable improvement
  - Building leadership and team capability to identify, test and embed changes

- **Working with Digital and Estates to address system barriers**:

  A key development in our approach is **closer alignment with Digital and Estates teams**, recognising that many of the issues raised by staff relate to **systems, environments, and tools**, not just behaviours. We are therefore:

  - Working with Digital and Estates leads to **prioritise improvements** that will have the greatest impact on staff experience and operational efficiency
  - Ensuring that these actions are **tracked alongside divisional engagement plans** and reported through the same governance structures

    Examples include:

  - Digital improvements to reduce system inefficiencies and administrative burden
  - Estates improvements to enhance working environments, rest spaces, and staff facilities

- **Shift in approach**:
  - From "annual survey response" to **continuous engagement and improvement culture**
  - Actions triangulated with the findings from the **CQC Well-Led assessments and local discussions**

7.3 Our four priority themes (2026 focus)

We are prioritising **four themes**, with a small number of high-impact actions in each:

1. Leadership capability

- Strengthen **people management and leadership consistency**
- Embed **high-performing team behaviours**
- Ensure **monthly team engagement and improvement conversations**

2. Behaviours

- Focus on **civility, kindness, and psychological safety**
- Address **inappropriate behaviours (including sexual misconduct)**
- Embed expectations through **team-level practice**

3. Recognition & celebration

- Scale **meaningful recognition approaches**
- Strengthen **connection to organisational purpose and CARE strategy**
- Increase **visibility and inclusivity of recognition**

4. Diversity & inclusion

- **Improve equity in recruitment, progression and experience** by ensuring fair access to opportunities, transparent progression, and inclusive support throughout staff careers
- Strengthen **leadership accountability** by senior leaders setting clear D&I objectives, report progress quarterly and complete relevant L&D training
- Focus on **reducing inequity in workforce outcomes**

7.4 What we are asking leaders to do

We are clear that this is a **leadership responsibility**, supported by corporate infrastructure.

At **site, division and directorate level**, leaders are expected to:

- Hold **monthly team meetings** (“conversations that matter”)
- Review and act on **local staff feedback and survey data**
- Focus on **2–3 priority improvements aligned to the four themes**
- Support **nominated team champions (particularly in low-performing teams)**
- Embed **recognition and inclusive behaviours into daily practice**

7.5 Measuring success and impact

We are focusing on a **small set of key indicators**:

Primary outcomes

- Recommend organisation as a place to work
- Recommend organisation as a place to receive care

Supporting metrics

- Staff Survey (theme-level improvement)
- Pulse Survey (wellbeing focus)

- WRES / WDES indicators
- Recruitment and progression equity
- Recognition and engagement scores

Monitoring approach

- Quarterly dashboard
- Directorate-level tracking
- Targeted deep dives in priority areas

7.6 In-year priorities (what will make the difference)

To ensure impact, we will prioritise:

- 2 - 3 high-impact actions per theme (Appendix B)
- Consistent leadership behaviour at team level
- Targeted support to lowest-performing teams
- Clear measurement and accountability

8. Conclusion

Our 2025 Staff Survey results provide a clear and compelling mandate for change across our group. While staff engagement remains a relative strength and demonstrates the deep commitment our people have to patient care, the wider results highlight significant structural, cultural, and operational challenges that must be addressed with urgency and consistency. The data shows that STG continue to face pressures around morale, learning and development, flexible working, and equality of experience - issues that are further reinforced by key themes emerging from free-text feedback, including burnout, inconsistent leadership behaviours, concerns about fairness, and the impact of chronic staffing pressures.

The disparities highlighted through WRES and WDES indicators, particularly around harassment and reasonable adjustments, underline the importance of accelerating our work to become an antiracist and fully inclusive organisation. These findings also align closely with the CQC’s Regulation 17 notice for St George’s, reinforcing the need for a coherent, systemwide cultural response that is grounded in meaningful staff voice and measurable improvement.

Our corporate and local actions ranging from strengthened leadership development and inclusive recruitment to targeted support for challenged services and the introduction of quarterly pulse surveys provide a clear framework for delivering sustainable change. However, the risks identified in this report, including capacity constraints, operational fragmentation, and resource limitations, highlight that improvement will require shared ownership across all levels of the organisation. Embedding new behaviours, strengthening accountability, and ensuring alignment across sites will be essential to achieving long-term impact.

Appendix A: Retrospective assessment – 2024/25 Activities

A1. What is working and being embedded

Activity	Status	Metrics / Impact	NHS People Promise Alignment	Corporate Theme	Notes
HWB Strategy Development (HWB)	In Delivery	Shifted from wellbeing standards to comprehensive HWB strategy; aligned with People Strategy and gesh CARE Strategy	We care for staff health & wellbeing	Leadership Capability	Established HWB Steering Group with ~70 reps from diverse roles, ensuring inclusive strategy design
What Matters to You (WMTY) Programme (HWB)	In Delivery	Improved in 61/99 questions; improved in 8/9 People Promise themes; gains in stress & burnout, autonomy/control, EDI sub-scores	We are inclusive, compassionate & effective leaders; We care for staff health & wellbeing	Behaviours	Piloted with 15 teams; strong engagement from Cancer Care Group; continuing in 2026 with 10 new teams
HWB Champions Network (HWB)	In Delivery	Peer support and local events driven by 48 champions at STGH	We care for staff health & wellbeing; We respect each other	Behaviours	2026: standardising training, support and networking
Night Owl Project (New for 2026) (HWB)	In Delivery	Tailored support for night shift staff (~50% workforce); shareable resources available	We care for staff health & wellbeing	Leadership Capability	Funded for STGH
Leadership accountability and governance (EDI)	In Delivery	EDI objectives for Board members; Executive & SLT objectives complete; Executive Sponsorship for Staff Networks	We are inclusive, compassionate & effective leaders; We give equal opportunities	Leadership Capability	Interventions from 2025 EDI Action Plan; systemic impact on leadership behaviour, recruitment, workforce experience
Inclusive recruitment and talent (EDI)	In Delivery	Inclusive recruitment framework; Culture & Inclusion interview questions; 50+ trained B7+ Recruitment Inclusion Specialists; ERAF/EQIA in Talent Management pilots;	We give equal opportunities	Diversity & Inclusion	Key metrics: representation/progression at senior levels; recruitment outcomes; staff experience &

Activity	Status	Metrics / Impact	NHS People Promise Alignment	Corporate Theme	Notes
		Talent Management Plan launched			engagement; reduction in inequity
Culture and Engagement (EDI)	In Delivery	Ask Aunty app launched; EDI embedded into all induction routes; Effective Communications Training	We respect each other; We are inclusive, compassionate & effective leaders	Behaviours	Interventions from 2025 EDI Action Plan; measurable improvement in inclusion and engagement indicators
Group Reward and Recognition (Comms)	In Delivery	1,000 staff rewarded via CARE awards; 900 nominations in 2025; 600 colleagues celebrated 25-year service; recognition scores 51%; 89% rated experience 'Excellent'; 97% said event important; 95% understood charity/sponsor funded	We recognise & celebrate success; We respect each other	Recognition & Celebration	12 award categories linked to CARE strategy; VIP hosts and celebrity contributors; national media coverage
Apprenticeships Programme (L&D)	In Delivery / BAU	76% increase in participation; supports leadership pipeline, service improvement and digital transformation	We are inclusive, compassionate & effective leaders; We give equal opportunities	Leadership Capability	Focus now on evidencing workforce impact and maximising levy usage
MAST Review (L&D)	In Delivery	Reduced time burden; aligned requirements across sites; increased time for development	We are inclusive, compassionate & effective leaders	Leadership Capability	Aligning with national NHS guidance
gesh Leadership Programme (Talent)	In Delivery / Transitioning to BAU	3 cohorts delivered; multiprofessional leadership development; improved collaboration and collective leadership. Tiered development (Tier 1–3); aim to reach 85% of 2,500 managers in 24 months	We are inclusive, compassionate & effective leaders	Leadership Capability	Tier 1 & 2 delivered; Tier 3 in development.To be absorbed into LMDP (Q3 26/27); risks mitigated via Culture & OD team

Activity	Status	Metrics / Impact	NHS People Promise Alignment	Corporate Theme	Notes
Appraisals & Career Conversations (Talent)	In Delivery / BAU	Improved appraisal quality; ongoing dialogue replacing annual-only approach	We are inclusive, compassionate & effective leaders	Leadership Capability	Part of Talent Programme redesign
Inclusion Board (Pilot) (Talent)	BAU / Pilot	Supporting inclusive leadership and talent progression	We give equal opportunities	Diversity & Inclusion	Currently mid-delivery; part of Talent Management approach
Career Conversations (Pilot) (Talent)	BAU / Pilot	Improved quality of appraisal and ongoing dialogue	We are inclusive, compassionate & effective leaders	Leadership Capability	Mid-design; aligned to Talent Programme

A2. Transitioning to business as usual

Activity	Status	Metrics / Impact	NHS People Promise Alignment	Corporate Theme	Notes
Policies and processes (EDI)	BAU / On Demand	Sexual Misconduct Policy; Flexible Working Policy; Disability in the Workplace Policy; Centralised reasonable adjustments process	We respect each other; We give equal opportunities	Diversity & Inclusion	Successfully delivered and embedded within standard organisational processes
Workforce experience and support (EDI)	BAU / On Demand	Menopause training; Wellbeing Toolkits; bespoke onboarding for international nurses/midwives	We care for staff health & wellbeing; We give equal opportunities	Leadership Capability	Transitioned to BAU / on-demand availability
Insight and assurance (EDI)	BAU / On Demand	Annual Pay Gap Report (Gender, Ethnicity, Disability); WRES and WDES	We give equal opportunities	Diversity & Inclusion	Embedded as routine organisational assurance processes
Organisational Capability (EDI)	BAU / On Demand	Redesigned EDI Workforce function; Ask Aunty resources available group-wide; EDI	We give equal opportunities; We are inclusive,	Leadership Capability	Embedded within standard organisational capability structures

Activity	Status	Metrics / Impact	NHS People Promise Alignment	Corporate Theme	Notes
		embedded in all induction programmes	compassionate & effective leaders		

A3. what we are stopping or narrowing

Activity	Status	Metrics / Impact	NHS People Promise Alignment	Corporate Theme	Notes
Wellbeing Standards (HWB)	Stopped	N/A	N/A	Leadership Capability	Moved away from standalone wellbeing standards in favour of integrated HWB strategy
Standalone Health Promotion & Training (HWB)	Stopped	N/A	N/A	Leadership Capability	Reduced number of standalone health promotion and training; wellbeing content now embedded into leadership training due to low uptake
Focused delivery / high-impact actions (EDI)	Stopped	N/A	N/A	Diversity & Inclusion	Delivery narrowed to high impact actions, particularly inclusive recruitment and ER, based on Board, staff feedback and CQC Well Led recommendations

Appendix B: Corporate action plan – 2026 focus

B1. Your Voice, Our Action Plan (Corporate Delivery)

Theme	Priority Action	Expected Impact / Metrics	Lead	Timeline
Leadership	1. Wide engagement on merger to develop shared values, behaviours and core capabilities	Alignment on vison for gesh, values & behaviours, increased engagement	Strategy and People	Q2 - Q4
	2. “Conversations that matter” (1:1s, weekly huddles, monthly meetings, annual reviews including Career conversations)	Improved connection, feedback culture, clear career progression, retention metrics	People	Q1 - Q4 (ongoing)
	3. gesh People Management Programme (Tiers 1,2,3)	Enhanced skills & learning uptake		Q2 - Q4
	4. Quality Management System + Continuous Improvement development programme	Process improvements and empowerment	Continuous Improvement	Q2 - Q4
Behaviour	5. Kindness and Respect Campaign which covers teamwork, participation and civility	Improved staff culture, engagement scores	People and Comms	Q2 - Q4
	6. New approach to patient/visitor violence & aggression, harassment, and racism	Patient satisfaction metrics, safety improvements	Health & Safety	Q2 – Q3
Diversity & Inclusion	7. Inclusive Recruitment	Diverse workforce metrics, equity in career progression	People	Q2 - Q4
	8. Inclusion Board	Shared decision-making, Career progression, retention		Q2 - Q4
	9. Embedding flexible working and access to reasonable adjustments	Staff satisfaction, retention, inclusion		Q2 - Q4
	10. Wellbeing initiatives (absentee management, improved OH and physio access, safe staffing and rostering)	Improved wellbeing, reduced absenteeism, increased productivity	Clinical Workforce Productivity	Q1 - Q4 (ongoing)
	11. Health Inequalities	Reduction in measurable disparities, improved equity metrics (e.g., patient outcomes by demographic)	Health Equity and Patient Experience / Inclusion	Q1 - Q4 (ongoing)
Recognition & Celebration	12. Recognition strategy & local recognition toolkit	Increased staff recognition, engagement	Communications	Q2 - Q4
	13. gesh events (CARE awards, gesh 25, Big Week)	Staff engagement, recognition		Q2 - Q4

B2. Team / service-level actions (Local Implementation)

Theme	Priority Action	Expected Impact / Metrics	Lead	Timeline
Leadership	Develop 2–3 action plans per team	Completion of team action plans, clear priorities, measurable improvements	Manager	Q2
	"Conversations that matter" - 1:1s, weekly huddles, monthly meetings, annual reviews	Staff engagement, improved feedback culture, participation rate	Manager	Q2 - Q4 (ongoing)
	Sponsor local champions/leads	Increased staff engagement, champions actively leading initiatives, visibility of engagement activities	DMB Sponsor	Q2–Q4 (ongoing)
Behaviour	Civility & Kindness	Staff culture improvements, reduction in complaints/conflicts, engagement survey scores	Manager / Engagement Champion	Q2–Q3
	New approach to patient/visitor violence, aggression, harassment, and racism	Reduction in incidents, improved staff safety perception, patient feedback	Manager / engagement Champion	Q2 –Q4
Diversity & Inclusion	Embedding flexible working	Staff satisfaction, retention, utilization of flexible working options	Manager	Q2–Q4
Recognition & Celebration	Recognition strategy & local recognition toolkit	Uptake of recognition tools, measurable recognition events, engagement survey results	Manager / Engagement Champion	Q2–Q4

Appendix C: Teams with low survey respondents (No survey reports)

Staff Survey participation across STG shows significant variation, with notable engagement gaps in both operational and clinical teams. Several critical areas recorded response rates below 30%, signalling the need for immediate, targeted action with clear divisional leadership accountability to ensure a representative staff voice. The tables in this section list only those teams with fewer than 10 respondents, and their survey results have been suppressed in line with staff survey confidentiality rules and GDPR requirements.

The teams that are highlighted in red are those more than 15 staff with fewer than 6 respondents to the staff survey, indicating they require urgent focus and support.

1. St George's - Low participation teams

Children & Women's Diagnostic & Therapy Services

Service	Team (Original)	Eligible	Respondents	Response Rate
Neonatal	Newborn Services Medical Staff and Income 712506	18	7	38.9%
Paediatric Community Therapy	Complex Needs Therapy 712509	18	7	38.9%
Paediatric Medicine	Community Paed Medical & Admin 712521	23	8	34.8%
Paediatric Medicine	Fred Hewitt Ward 712523	29	6	20.7%
Paediatric Medicine	Paediatric Junior Doctors 714414	56	6	10.7%
Paediatric Surgery	**Paed Surgery Medical Staff & Support 712539**	**19**	**5**	**26.3%**
Intensive Therapy Unit	**Hospital 247 712576**	**19**	**4**	**21.1%**
Breast Screening	Breast Surgery 712589	21	9	42.9
Imaging	Nursing & RDA 712603	24	6	25%
Outpatients	**General Surgery & Rheumatology Outpatients 712621**	**19**	**4**	**21.1%**
Acute Rehab	T&O Physio 712663	19	7	36.8%
Obstetrics	Ante Natal Clinic 712678	17	6	35.3%
Obstetrics	**Carmen Suite 712680**	**25**	**5**	**20%**

Obstetrics	**O & G Junior Medical Staff 712688**	**26**	**4**	**15.4%**
Obstetrics	Obstetrics Medical Staff 712689	24	9	37.5%

Corporate Division

Service	Team	Eligible	Respondents	Response Rate
Group Chief Nurse	Group Chaplaincy and Voluntary Services 713003	20	9	45
Group Chief Nurse	Group Complaints And PALS 713031	19	6	31.6
HR Operations	Workforce Intelligence and Rostering 714237	23	6	26.1

Estates and Facilities Division

Service	Team	Eligible Sample	Respondents	Response Rate
Engineering Services	**Electrical & Mechanical**	**18**	**5**	**27.8%**
Engineering Services	Engineering	33	9	27.3%

Medicine and Cardiovascular Division

Service	Team	Eligible	Respondents	Response Rate
Acute Medicine	Same Day Emergency Care (SDEC) 714378	17	6	35.3%
Senior Health	Dalby Ward (Senior Health) 712702	47	7	14.9%
Cardiac Surgery	**Cardiac Surgery Medical Staff 712713**	**24**	**4**	**16.7%**
Thoracic Surgery	Caroline Ward 712791	31	7	22.6%
Vascular Surgery	Cheselden Ward 712795	31	6	19.4%
Vascular Surgery	**Vascular Surgery Medical Staff 712801**	**21**	**5**	**23.8%**
Vascular Surgery	**Vascular Surgery Other & Laboratory 712800**	**20**	**2**	**10%**
Cardiology CAG.	Belgrave Ward AMW 712715	33	7	21.2%
Cardiology CAG.	Coronary Care Unit 712724	29	7	24.1%
Cardiology CAG.	E C H O 712726	32	9	28.1%

Service	Team	Eligible	Respondents	Response Rate
Cardiology CAG.	Heart Failure Unit 712727	22	8	36.4%
Cardiology CAG.	**James Hope Ward 712728**	**17**	**3**	**17.6%**
Clinical Haematology	Clin Haematology Medical Staff 712740	24	7	29.2%
Clinical Haematology	**Gordon Smith Ward 712742**	**22**	**5**	**22.7%**
Clinical Haematology	**Ruth Myles Ward 712746**	**24**	**3**	**12.5%**
Medical Oncology & Palliative Care	Oncology Day Care 712747	18	9	50%
Medical Oncology & Palliative Care	Trevor Howell Ward 712751	33	6	18.2%
Renal	Champneys Ward 712753	33	6	18.2%
Renal	Renal Medical Staff 712756	35	9	25.7%
Dermatology & Lymphoedema	Dermatology 712763	25	7	28%
Dermatology & Lymphoedema	Lymphoedema Clinic 712768	19	9	47.4%
Rheumatology	Rheumatology Income and Direct Costs 712789	19	6	31.6%

SWL Pathology Division

Service	Team	Eligible	Respondents	Response Rate
SWLP Central Reception	SWLP SGH Shared Costs 713122	37	8	21.6%
SWLP Group 3	SWLP Group 3	46	9	19.6%

Surgery & Neurosciences Division

Service	Team	Eligible	Respondents	Response Rate
Anaesthetics	Anaesthetics SDU Direct Costs 712898	19	6	31.6%
Theatre Services	Cardiac Theatre Costs 712907	20	6	30%
Theatre Services	**Neurosciences Theatre 712913**	**27**	**5**	**18.5%**
Theatre Services	QMH Scrub 712918	22	9	40.9%

Service	Team	Eligible	Respondents	Response Rate
Theatre Services	Renal & Urology Theatre Costs 712920	16	8	50%
Theatre Services	Theatre Portering 712925	24	6	25%
Cancer	Cancer Performance Team & Support 712804	28	8	28.6%
Neuroradiology	Neuroradiology Medical Staff 712833	21	8	38.1%
Neurosurgery	Neurosurgery Income & Senior Nurses 712838	18	6	33.3%
Neurosurgery	Neurosurgery Medical Staff 712839	41	8	19.5%
Surgery Directorate Overheads	Ward Budget Surg & CLS 712844	19	9	47.4%
ENT & Audiology	**ENT Medical Staff 712855**	**23**	**1**	**4.3%**
General Surgery	General Surgery Medical Staff 712861	36	8	22.2%
Max Fax	Maxfax Medical & Laboratory 712870	26	7	26.9%
Plastic Surgery	Keate Ward 712873	34	9	26.5%
Plastic Surgery	**Plastic Surgery Income and Direct Costs 712875**	**16**	**5**	**31.3%**
Plastic Surgery	**Plastic Surgery Medical Staff 712876**	**29**	**1**	**3.4%**
Trauma & Orthopaedics	Major Trauma Ward 712880	31	9	29%
Urology	Urology Income Specialist Nurses 712889	23	7	30.4%
Urology	Urology Medical Staff 712890	30	7	23.3%
Urology	Vernon Ward 712893	36	9	25%

Council of Governors

Meeting on Thursday, 25 June 2026

Agenda Item	2.3	
Report Title	**Patient Experience bi-annual report SGH April to September 2025**	
Executive Lead(s)	Elaine Clancy GCNO and DIPC	
Report Author(s)	Wendy Doye, Group Head of Patient Experience Stephanie Sweeney, Group Director of Quality and Safety Governance	
Previously considered by	Quality Committee Group Executive 16 June 2026 PSQGs	25 June 2026 16 June 2026 May 2026
Purpose	**For Assurance**	

Executive Summary

During the reporting period (1 April to 30 September 2025), the Patient Experience Team continued to deliver SGUH's statutory and strategic responsibilities across patient engagement, patient feedback, carers, the Armed Forces community, accessibility and equality programmes, aligned to the NHS England Experience of Care Framework and Trust Strategy.

Significant progress has been made in strengthening partnership working with patients, carers and communities, improving how patient feedback informs service improvement, and embedding approaches that recognise the whole person through accessibility, reasonable adjustments and support for unpaid carers and members of the Armed Forces community.

Key achievements during the reporting period included:

- Development of a co-designed Carers Charter informed by extensive engagement with carers from diverse communities across the areas served by SGUH;
- Introduction of a pilot follow-up telephone service for unpaid carers identified through iClip, strengthening support and involvement in care;
- Achievement of Veteran Aware Accreditation and continued development of initiatives to support members of the Armed Forces community;
- Establishment of the St George's Carers Steering Group and introduction of training to improve identification and support of unpaid carers;
- Securing charitable funding to enhance information, support and resources available to carers and members of the Armed Forces community;
- Progress towards embedding identification and support for carers and veterans as routine business across the Trust; and
- Recruitment to the vacant Band 5 Patient Experience Officer post, strengthening operational delivery and programme resilience.

The Patient Partnership Experience Group (PPEG) has continued to provide oversight of patient engagement activity, supporting learning, service improvement and sharing of good practice across

the Trust. Friends and Family Test performance remained positive throughout the reporting period, with patient feedback continuing to inform local quality improvement initiatives.

These achievements have been delivered within a small specialist team comprising one Band 8b, three Band 5s and one Band 3. Whilst the team has continued to deliver significant progress, increasing demand associated with co-design, accessibility requirements and statutory responsibilities presents an ongoing sustainability risk.

Future consideration may therefore be required regarding the capacity and resilience needed to maintain and further develop this portfolio.

Action Required by Council of Governors

The Council of Governors is asked to note the progress made in improving patient experience at SGUH during the reporting period and the continued development of programmes supporting patient engagement, carers, veterans and accessibility.

Appendices

Appendix No.	Appendix Name
Appendix 1	Patient Experience Newsletter SGUH Q1 (April – June 2025)
Appendix 2	Patient Experience Newsletter SGUH Q2 (July – September 2025)

Implications

Group Strategic Objectives

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

Risks

There is a risk that we will not meet statutory requirements for Experience of Care, co-designing services in partnership with patients, if we do not appropriately support and resource this programme.

There is a risk that we remain not compliant with the Accessible Information Standard and may struggle to successfully implement the Reasonable Adjustment Digital Flag by September 2026 as a result of this.

CQC Theme

☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led

NHS system oversight framework

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

Financial implications

There are no direct financial implications arising from this report. The programmes and activities described have been delivered within existing approved budgets and established staffing resources.

Legal and / or Regulatory implications

Multiple statutory functions sit within this portfolio

- Identifying and supporting unpaid carers – Section 91, Health and Social Care Act 2022
- Identifying and supporting the Armed Forces Community – Armed Forces Covenant
- Reasonable Adjustments Digital Flag - Information Standards Notice (ISN)
- Working in Partnership with People and Communities NHS England » Working in partnership with people and communities: Statutory guidance

Experience of Care Framework NHS England » Experience of care improvement framework

Equality, diversity and inclusion implications

Patient Experience is a key component in meeting our strategic aims by championing the patient voice, improving patient care, person centred care and co-designing services with patients. Patient Experience can improve outcomes and experiences for people using services, including unpaid carers, staff, volunteers and communities, supporting equality, diversity and inclusion.

Environmental sustainability implications

No significant environmental sustainability implications have been identified as a direct consequence of this report.

Patient Experience
Bi-annual report (April to September 2025)
Council of Governors, 25 June 2026

1.0 Purpose of paper

St George's University Hospitals NHS Foundation Trust (SGUH) is committed to consistently providing safe, high-quality and compassionate care to all patients. Central to this commitment is ensuring that the voices of patients, carers, families and communities are actively listened to, understood and used to inform service development, quality improvement and decision-making across the Trust.

The NHS England Experience of Care Framework, published in February 2025, reinforces the importance of working in genuine partnership with people who use services, placing patient experience alongside patient safety and clinical effectiveness as a core component of quality. In response, SGUH continues to strengthen a culture of listening and learning, ensuring patient feedback, lived experience and co-design are embedded within the planning, delivery and evaluation of services.

The Trust's strategic ambitions emphasise collaboration, partnership and engagement, recognising that the best outcomes are achieved when patients, carers and staff work together to shape services. The Patient Experience Team plays a key role in supporting this ambition through a broad programme of work encompassing patient engagement and involvement, Friends and Family Test, carers, veterans and the Armed Forces community, accessibility, equality and inclusion, and patient insight.

During the reporting period, significant progress has been made in strengthening relationships with patients and carers, increasing opportunities for co-design, supporting statutory responsibilities relating to carers and accessibility, achieving Veteran Aware Accreditation, and ensuring patient feedback continues to influence service improvement across the Trust.

This report provides the Council of Governors with an overview of patient experience activity at SGUH between 1 April 2025 and 30 September 2025. It highlights key achievements, progress against priorities, emerging risks and areas for future development, providing assurance regarding the Trust's ongoing commitment to improving the experience of care for patients, carers and the communities it serves.

2.0 Background

2.1 Patient Experience Programmes

The report highlights achievements, challenges and risks, and progress across the following programmes of work:

- Patient Engagement and Involvement
- Friends and Family Test (FFT)
- Armed Forces Programme

- Carers Programme
- National and local patient surveys
- Accessible Information Standard including the Reasonable Adjustment Digital Flag
- Patient elements of Equality, Diversity and inclusivity (EDI)

3.0 Analysis

3.1 Patient Engagement and Involvement

During the reporting period, patient experience initiatives continued to be reported through the Patient Partnership Experience Group (PPEG) at SGUH,

PPEG focuses on improving patient experience, sharing achievements and challenges, as well as initiatives and programmes.

3.1.1 Challenges

Attendance and divisional representation were noted as an issue for PPEG, but further to escalation this has now been resolved.

3.1.2 Presentations

The PPEG agenda is responsive to transformational opportunities. An overview of presentations for the period is given below:

Date	Topic	Presenter
May 2025	AccessAble	Head of Customer Success, AccessAble
	NHSE England – Experience of Care Framework	Senior System Development and Patient Experience Manager, NHS England
July 2025	Urgent and Emergency Care survey 2025	Consultant Practitioner (Paramedic) Emergency Department
	Appointment rescheduling via the MyCare patient portal	Programme Manager
	Adult and Young Carers Charter	Group Head of Patient Experience
September 2025	Group Patient Experience Annual Report	Group Head of Patient Experience
	Carers Paper	Group Head of Patient Experience
	Co-designing the Carers Charter – experience from a patient/carer couple	Carer and Patient Couple shared their story
	Accessibility	Group Head of Patient Experience

3.1.3 Resources and Capacity

The Patient Experience Team continues to deliver a broad portfolio of work across the GESH Group, supporting statutory requirements, co-design activity, patient engagement, survey programmes and targeted initiatives for carers, veterans and accessibility.

Staff across the Group continue to seek support and advice from the team in areas including the development of local surveys, establishment of patient forums and support groups, 15 Steps assessments, pathway reviews, co-design projects and wider patient engagement activity. The team has continued to respond to these requests whilst maintaining delivery of its core programmes of work.

During the reporting period, significant progress has been achieved across all seven programmes of work within the existing staffing establishment. Prioritisation of activity has been necessary to ensure that statutory responsibilities and agreed priorities continue to be delivered effectively.

3.1.4 Current Structure

The Patient Experience Team currently comprises one Band 8b, three Band 5 staff and one Band 3 member of staff. The achievements described within this report demonstrate the commitment and flexibility of the team in delivering improvements in patient experience across the Group.

This report is presented for assurance regarding progress made during the reporting period. No additional resource is requested through this paper. Future priorities will continue to be managed through existing governance and workforce planning processes.

3.2 Friends and Family Test (FFT)

The Friends and Family Test (FFT) remains one of the Trust's key mechanisms for understanding patient experience and identifying opportunities for improvement. During the reporting period, the Patient Experience Team continued to support divisions in promoting participation, improving the quality of patient feedback received and ensuring learning from feedback informed local quality improvement initiatives.

The team worked closely with clinical areas to encourage participation through ward engagement visits, staff support, promotion of QR code access, and the provision of divisional and specialty-level feedback reports. Feedback continues to be reviewed within divisional governance structures and used alongside complaints, compliments, PALS contacts and patient survey findings to provide a comprehensive picture of patient experience.

3.2.1 SGUH Performance

Overall FFT performance at SGUH remained positive throughout the reporting period, with Trust-wide scores consistently above 90%.

Performance varied between divisions. Surgery, Anaesthetics and Neurosciences, together with Community and Women's and Children's services, consistently achieved scores between 93% and 95%. Medicine and Cardiovascular Services achieved lower scores during the period, although performance improved and reached its highest level in September 2025. Divisional teams continue to review patient feedback to identify opportunities to improve patient experience and participation rates.

Service	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	Average
Medicine and Cardiovascular	87% (2881)	87% (2714) –	85% (2409) ↓	88% (2605) ↑	86% (2156) ↓	86% (2559) –	89% (2185) ↑	88% (2253) ↓	87% (2310) ↓	87% (2408) –	88% (1780) ↑	89% (2148) ↑	87% (28408)
Surgery Anaethetics and Neuro	98% (1632)	98% (1638) –	98% (1464) –	98% (1637) –	98% (1586) –	97% (1714) ↓	99% (1654) ↑	98% (1764) ↓	98% (1852) –	98% (1763) –	99% (1603) ↑	98% (1860) ↓	98% (20167)
Women and Children Diagnostic and Therapy Services	92% (5355)	94% (5994) ↑	93% (4776) ↓	94% (5432) ↑	94% (5137) –	94% (5989) –	94% (4258) –	94% (4947) –	95% (5334) ↑	95% (5100) –	94% (3791) ↓	95% (4872) ↑	94% (60985)
Trust	92% (9868)	93% (10346) ↑	92% (8649) ↓	93% (9674) ↑	93% (8879) –	93% (10262) –	93% (8097) –	93% (8964) –	94% (9496) ↑	93% (9271) ↓	94% (7174) ↑	94% (8880) –	93% (109560)

3.2.2 Summary

FFT continues to provide valuable real-time patient feedback and remains an important component of the Trust's patient experience framework. The Patient Experience Team will continue to work with clinical services to maintain participation rates, improve the quality of feedback received and ensure learning is translated into service improvement.

3.3 Armed Forces Programme

SGUH remains committed to the Armed Forces Covenant and to ensuring that members of the Armed Forces Community receive equitable access to healthcare and appropriate support throughout their patient journey. The Patient Experience Team continues to lead this work by raising awareness, delivering staff training, supporting identification of veterans and reservists, and promoting initiatives that improve the experience of care for this patient group.

3.3.1 Recording today, supporting tomorrow!

During the reporting period, significant work was undertaken to strengthen the identification and support of members of the Armed Forces Community. A key focus was ensuring that staff understand the importance of identifying veterans, reservists and military families so that appropriate support can be offered and health inequalities reduced.

Improved recording processes and ongoing staff awareness initiatives have contributed to an increase in the number of patients identified as members of the Armed Forces Community, enabling services to better understand need and target support appropriately.

3.3.2 VCHA Accreditation

During 2025, SGUH successfully maintained its Veteran Aware accreditation through the Veterans Covenant Healthcare Alliance (VCHA), demonstrating continued commitment to meeting the healthcare needs of veterans and their families.

This accreditation recognises the work undertaken across the Trust to improve awareness, identification and support for veterans, ensuring staff understand the specific health and wellbeing challenges that may be experienced by those who have served in the Armed Forces.

Future work will focus on embedding veteran identification and support within routine clinical practice, strengthening governance arrangements and ensuring that support for the Armed Forces Community becomes fully embedded within business as usual.

3.3.3 Armed Forces Day and Reservists Day

During June 2025, the Trust participated in Armed Forces Day and Reservists Day activities to raise awareness of the Armed Forces Community and the support available to patients and staff who have served or continue to serve.

These activities provided an opportunity to celebrate the contribution of Armed Forces personnel and increase staff awareness of the importance of identification and support.

3.3.4 Exercise Medical Endeavour 256

Staff from SGUH participated in Exercise Medical Endeavour 256, delivered by the 256 (City of London and South East) Multi-Role Medical Regiment. Participation provided a valuable opportunity for multidisciplinary staff to develop teamwork, leadership and resilience skills whilst increasing awareness of military healthcare and the experiences of Armed Forces personnel.

Feedback from participants was overwhelmingly positive and reinforced the Trust's commitment to supporting the Armed Forces Community.

3.3.5 Training and Awareness

The Patient Experience Team continued to deliver Armed Forces awareness training throughout the reporting period through face-to-face sessions, virtual sessions and bespoke departmental training.

A total of 77 SGUH staff attended formal Armed Forces awareness training during the reporting period, comprising 72 staff through face-to-face sessions and 5 staff through virtual sessions.

Increasing staff awareness remains a key priority, supporting earlier identification of members of the Armed Forces Community and ensuring staff understand the services and support available.

awareness and reinforce the GESH commitment to supporting the Armed Forces Community.

3.3.6 Identification of the Armed Forces Community

Between April and September 2025, 81 patients identified as members of the Armed Forces Community were recorded through Trust systems.

This represents continued progress in improving identification rates and provides greater assurance that veterans and their families can be offered appropriate support. Further work is planned during the second half of 2025/26 to increase awareness amongst staff and further improve identification and recording.

3.4 Carers Programme

During the reporting period, the Patient Experience Team led the co-design and development of the GESH Carers Charter, working in partnership with carers from communities served by SGUH. This work reflects both the Trust's statutory responsibilities and commitment to recognising, involving and supporting unpaid carers as key partners in care.

3.4.1 Listening events

Events took place on:

Date	Venue
7 March 2025	Virtual
13 March 2025	Wandsworth Carers Centre
17 March 2025	Virtual
19 March 2025	Waterstones Sutton Café
27 March 2025	Queen Mary's Hospital, Roehampton
2 April 2025	Action for Carers, Surrey
4 April 2025	Richmond and Wandsworth Young Carers Centre
10 April 2025	Wandsworth Carers Centre
30 April 2025	St Helier Hospital

The events were planned to focus on the following:

- Demonstrate commitment to working in partnership with the community
- To go into the community to seek out carers
- Active listening to carer insights
- Asking carers to share what good looks like through the lens of a carer
- What is important to carers?
- Sharing experiences of care
- What carers would like to see in a carers charter

3.4.2 Diversity of attendance

Hosting and attending several community events resulted in meeting with, and an opportunity to listen to, a diverse group of carers. Ethnicity of carers who took part in events included:

- Asian or Asian British
- Black, Black British, Caribbean or African
- Mixed or multiple ethnic groups
- White

Age ranges included:

- 8 – 17 years
- 20 – 39
- 40 – 64
- 65+

Caring responsibilities covered the following conditions:

- Dementia
- Alzheimer's
- Learning disabilities
- Stroke
- Mental Health
- Physical disabilities
- Autism

3.4.3 Themes

Several recurrent themes were heard at different events by carers:

- Communication – right format, right time
- Involving carers - making time and space to listen to carers
- To be treated as equal partners
- To be considered as people, as well as carers
- To be heard and involved
- To be recognised/acknowledged and respected

3.4.5 Changing perspectives

The listening events held during March and April saw a change in the ongoing relationship between the hospital and carers.

- Carers saw repeated opportunities available to share their stories, insights, opinions and thoughts. Carers shared the events with other carers, and additional events were requested and held
- Opportunities arose, one example was asking the young carers to co-design an information sheet by young carers, for young carers
- Realtime issues were discussed and resolved by sharing information with ward staff and departments, so staff could reach out to carers who were caring for current inpatients
- Questions were asked and shared in other forums across the hospital, expanding the learning, such as support available for carers during their own hospital admissions
- Opportunities to meet carers and to invite them to be part of events such as the Forum or Steering groups
- The complexities of a life caring with other responsibilities such as work, raising a family or caring for multiple family members

3.4.6 Drafting the Charter

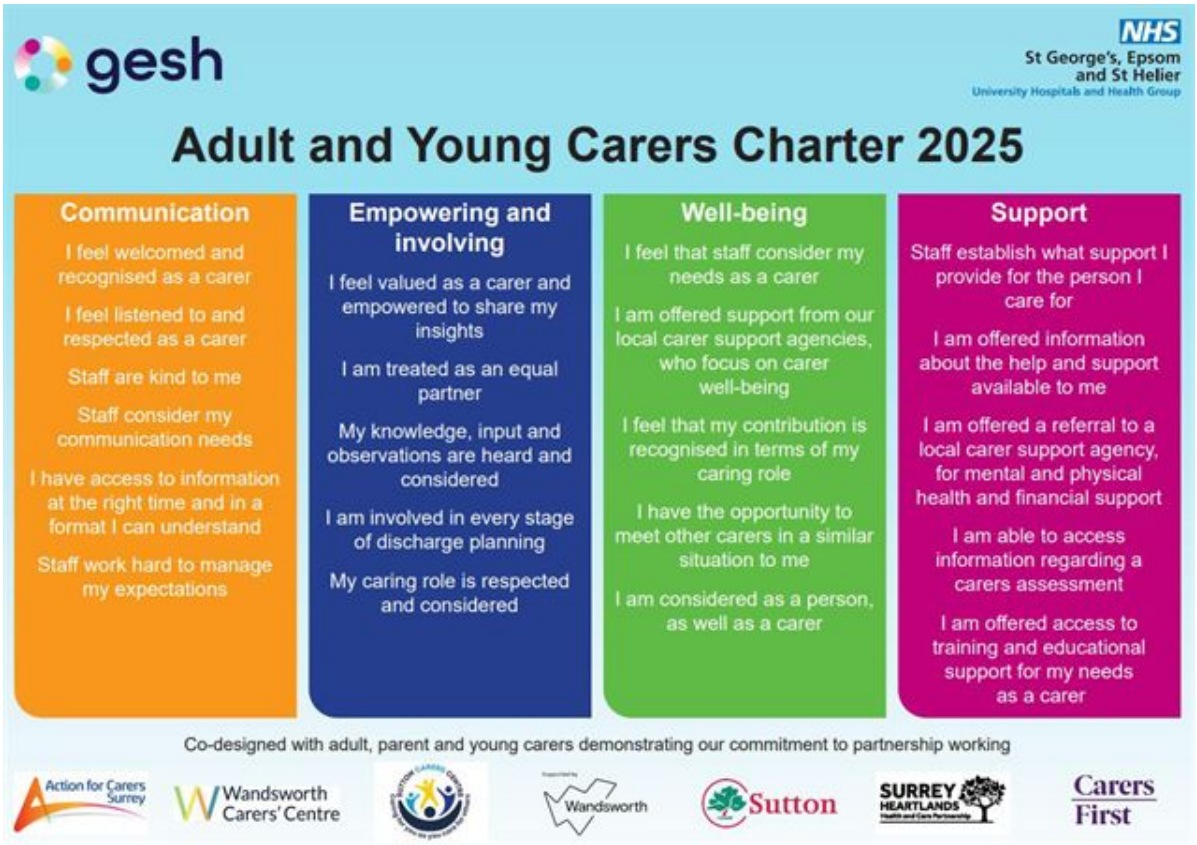
All the feedback and insights from carers was analysed and grouped by theme and four clear themes emerged. These were organised carefully, and where possible the words of the carers have been used. The Charter was drafted and shared with all the carers who had contributed for feedback and approval. Several minor changes have been made, and version 4 of the charter can be seen below.

The charter is clear, short, but powerful in its simplicity. This makes it easy to translate into other languages and formats.

It represents a gold standard of co-design in terms of process, but in addition, recognises the challenges faced by carers and offers a pledge by GESH of the importance of identifying, recording, involving and supporting unpaid carers.

The charter was drafted in May 2025, in time for circulation during Carers Week in June 2025. The theme for Carers Week 2025 was 'Caring about Equality' and the development of the charter seemed apt to coincide with this year's national theme.

3.4.7 Gesh Carers Charter



The charter was finalised in November proudly bearing the logos of all the organisations who supported this significant project.

3.4.8 Board Endorsement of the Charter

In September 2025, the patient experience team presented at the gesh Quality meeting to request Board Endorsement of the Carers Charter. The group agreed that endorsement could be progressed. This is in progress.

3.4.9 Carers Survey

Following the development of the Carers Charter, a follow-on project was planned for October 2025 to start to co-design a Carers Survey.

1.4.10 Carers Week

In June 2025, we participated in the annual carers awareness campaign celebrating and recognising the vital contribution made by over 7 million unpaid carers across the UK. In partnership with our

local carers organisations, Action for Carers (Surrey), Wandsworth Carers Centre and Carers First Merton we hosted stands/tables across all our sites, St George's, Epsom and St Helier. The theme was 'Give Young Carers a Break'.



3.4.11 Steering Group

In September 2025, St George's started a new Carers Steering Group, mirroring the group in place at ESTH to drive initiatives to improve carer experiences.

3.4.12 Training

We offer bi-weekly Carers Awareness Training sessions across the group, as well as an online training module available 24/7 currently at ESTH only, to suit the needs of our staff working patterns. In addition, we offer bespoke sessions, face to face or via MS Teams to departments on request.

Training and Awareness sessions	Total
Carers Awareness Training F2F ESTH	16
Carers Awareness Training F2F SGUH	130
Carers Awareness Training MS Teams ESTH	47
Carers Awareness Training MS Teams SGUH	19
Carers Awareness Training e-learning ESTH	0
Carers Awareness Training e-learning SGUH	0
Carers Awareness Training Taster session ESTH	0
Carers Awareness Training Taster session SGUH	33
Total	**245**

3.4.13 Numbers identified

	April	May	June	July	August	September	Total
Carers ESTH	0	0	4	5	1	6	16
Carers SGUH	4	5	9	10	7	43	78
Total	**4**	**5**	**13**	**15**	**8**	**49**	**94**

These numbers show a significant improvement on the previous 6-month period for St George's with significant work required at ESTH to increase the number of carers identified and recorded on iClip.

3.4.14 Follow-up calls pilot project at SGUH - NEW

With the recruitment to the vacant band 5 post based at SGUH mid-2025, a pilot project started in the summer of 2025 to provide a follow-up telephone call to every identified and recorded carer on iClip to provide a 'check in' function and to offer referral to borough specific care agencies such as Wandsworth Carers Centre or Carers First (Merton). This project has been an unmitigated success, supporting clinical staff with the patient experience team providing the support to carers. Staff are asked to identify and record carers on iClip, and the Patient Experience Team will provide follow on support. Ward based staff are expected to involve carers in the discharge process to meet the statutory function as set out in the Health and Social Care Act (Section 91), but patient experience is offering the holistic discussion and referral to ensure the sustainable personalised care often needed for this group. Outcomes of the first 6 months pilot at St George's are seen below.

Month	Number Identified	Called	Referral	Unavailable – no unpaid carer/unanswered/nursing/care home	Death	No support required	No immediate support required – self referral
April	4	4	1	2	0	1	0
May	5	2	0	1	3	1	0
June	9	9	2	5	0	2	0
July	10	10	2	8	0	0	0
August	7	7	2	4	0	0	1
September	43	41	22	13	2	3	3
Total	**78**	**73**	**29**	**33**	**5**	**7**	**4**

Follow- up call success story:

During a follow-up call, an unpaid carer divulged she was feeling extremely overwhelmed. She had spent a prolonged period caring for her mother, who sadly passed away after battling breast cancer. Whilst still grieving, she immediately took on the full-time care of her father, who is currently undergoing treatment for prostate cancer. She explained that she had not had any break between these caring responsibilities and expressed uncertainty about how much longer she could carry on like this.

The support available to her was explained alongside the purpose of this supportive follow-on call. Initially, she appeared uninterested. However, when advised that some carer support centres offer respite care, she became much more engaged and recognised how beneficial it could be. She agreed to be on to a brough specific carer agency for additional support. A referral was made to the carer's agency, and she is now receiving the assistance she required.

3.4.15 Tableau

The Unpaid Carers reporting tool in Tableau (SGUH) allows greater monitoring of performance and identification of areas requiring additional support. It is recognised that work is needed to improve the overall reporting of unpaid carers at group level.



3.4.16 Embedding carer identification into business as usual

The latter part of 2025/26 will focus on embedding the identification and supporting of unpaid carers into business as usual, and the patient experience team are working with the fundamentals of care team to explore monthly audits, observatories and ward accreditation.

3.4.17 Carers Survey

The SGUH Carers Steering Group agreed the piece of work to follow the Charter is a Carers Survey – Carers have made it clear what they would like their experience to look like, measuring performance is needed to understand impact and to identify potential areas for improvement. A workshop is planned with carers in October to co-design a Carers Survey.

3.5 National and Local Surveys

3.5.1 An overview of the National Survey activity is shown between April to September 2025. St George's took part in all national surveys, working with Picker to undertake the field work.

Survey	Update	Link
Inpatient 2024	Published in September 2025	Adult inpatient survey 2024 - Care Quality Commission
Maternity 2025	Published in Autumn 2025	Maternity survey 2025 - Care Quality Commission
Under 16 Cancer 2024	Published in Autumn 2025	U16 Cancer Survey
Cancer (CPES)	Published in July 2025	Latest results - National Cancer Patient Experience Survey
Children and Young People	Published in May 2025	Children and young people's survey 2024 - Care Quality Commission
Inpatient 2025	Sampling month is November 2025	Field work in progress

3.5.2 Local Surveys

Teams and services across gesh have asked for support to develop new surveys to promote improvements. The patient experience team support where possible, although this is the area in need of additional resource. The patient experience team run a virtual monthly drop-in session on the first Wednesday of the month for staff to support in the development of surveys. Sessions are open to all staff and teams are encouraged to share this work via PPEG to recognise achievements. Under consideration is to increase numbers of drop-in sessions.

3.6 Accessible Information Standard

3.6.1 The Accessible Information Standard was launched in 2016 by NHS England, with the aim of ensuring that people who have a disability, impairment or sensory loss:

- can access and understand information about NHS and adult social care services
- receive the communication support they need to use those services

Applies to patients with

- Information or communication support needs related to disability, impairment or sensory loss
- The AIS has 5 steps – Identify, Record, Flag, Share, Meet

3.6.2 The AIS was relaunched in 2025 with an additional step added (step 6 – review). The AIS applies to patients with:

- Information or communication support needs related to disability, impairment or sensory loss



St George's and Epsom and St Helier are unable to demonstrate compliance with the AIS currently.

3.6.3 Reasonable Adjustment Digital Flag (2023)

In 2023, NHS England launched the Reasonable Adjustment Digital Flag (RADF), part of the AIS but with a broader remit than the AIS. The RADF covers:

Impairment types

Vision - for example blindness or partial sight

Hearing - for example deafness or partial hearing

Mobility - for example walking short distances or climbing stairs

Dexterity - for example lifting and carrying objects, using a keyboard

Learning or understanding or concentrating

Memory

Mental health

Stamina or breathing or fatigue

Social and/or communication differences (for example, associated with Autism and Attention Deficit Hyperactivity Disorder - ADHD)

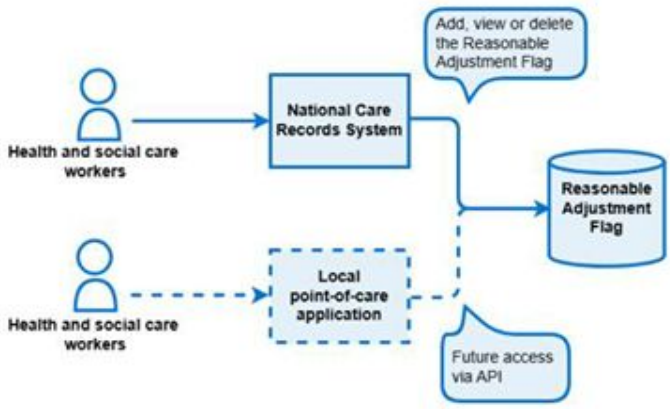
Other (please specify)

Prefer not to say

3.6.4 Legal requirement

Reasonable adjustments are a legal requirement under the Equality Act 2010. The RADF covers both primary and secondary care with a bold vision:

'Each reasonable adjustment digital flag provides a national visible marker on a person's record (available via the National Care Records Service) which indicates any reasonable adjustments needed by a person with a disability, whenever they are seen or treated within all publicly funded health or social care services.'



3.6.5 In practice

Patients will be assessed in primary care and a flag added to the National Care Record System (NCRS, formerly known as the Spine). The NCRS will be connected to iClip and staff will be able to see any visible flags (as shown under Impairment Types). The legal requirement will be to make appropriate reasonable adjustments based on the flag.

3.6.6 Compliance

RADF Compliance is required by September 2026, and a new gesh Accessibility Group is planned to start in January 2026 to manage this programme of work. Chaired by the Group Head of Patient Experience, the group will include staff from IT, Health Inclusion, CNO, Divisions, Estates, Learning Disability, Mental Health and Safeguarding and other key areas.

A project plan is currently being developed. The team are working closely with NHS England and other organisations. NHS England have provided a checklist for organisations to work through and the gesh Accessibility Group will lead this work.

The work required to become compliant with the RADF will result in compliance with the AIS but it should be noted that this is a significant programme of work.

3.7 Patient Equality, Diversity and Inclusivity

3.7.1 There are many elements to this programme and the patient experience team is working with patients and colleagues exploring:

- Patient information
- Patient support groups
- Patient forums
- Transformation
- Wayfinding and Access Guides

3.8 Raising profile

During the reporting period, the team worked hard to raise their profile by engaging with teams, attending wards and departments, communicating in several ways from drop-in sessions, bespoke based training, visiting wards/departments and through meetings, emails and newsletters. The team continue to create and share a quarterly newsletter for each site to offer quick, accessible information to colleagues (see appendices).

3.9 Training

New ward-based ‘Essentials’ carers training started in August 2025. In addition to the fortnightly virtual 30 minutes training sessions on offer, and bespoke departmental sessions on request, the patient experience team, in partnership with Wandsworth Carers Centre, started to offer ward-based drop-in sessions to make training as accessible as possible for ward-based staff. Staff were advised that if they had access to a seminar room/ward teaching space or staff room, the patient experience team would attend for an agreed period to allow staff to drop in for a 10-15 minute carer taster session covering the following:

- Why supporting carers is important
- How to record a carer on iClip
- How to refer to carer support agencies

3.10 Co-design workshop - NEW

A new workshop is planned for 2026. Working in partnership with a patient partner, this new workshop will enable staff to Co-design with Confidence, and the design is planned for completion in March 2026.

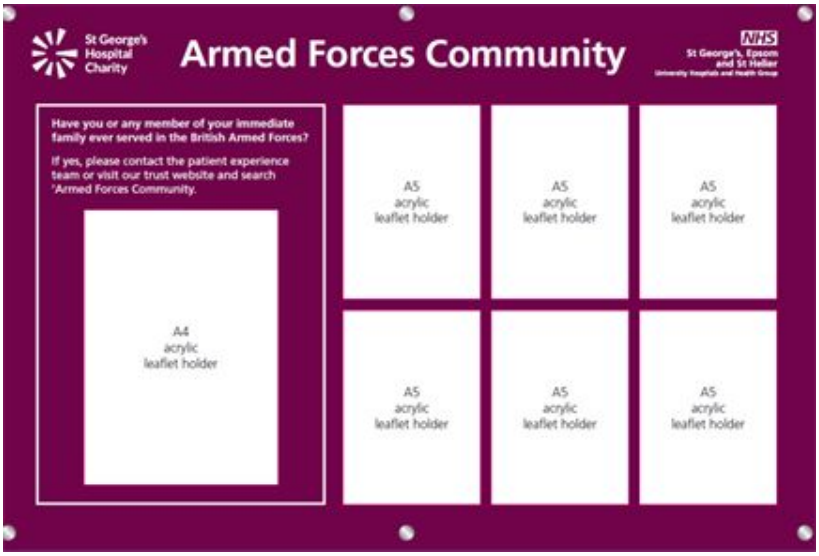
3.11 Charity funding - NEW

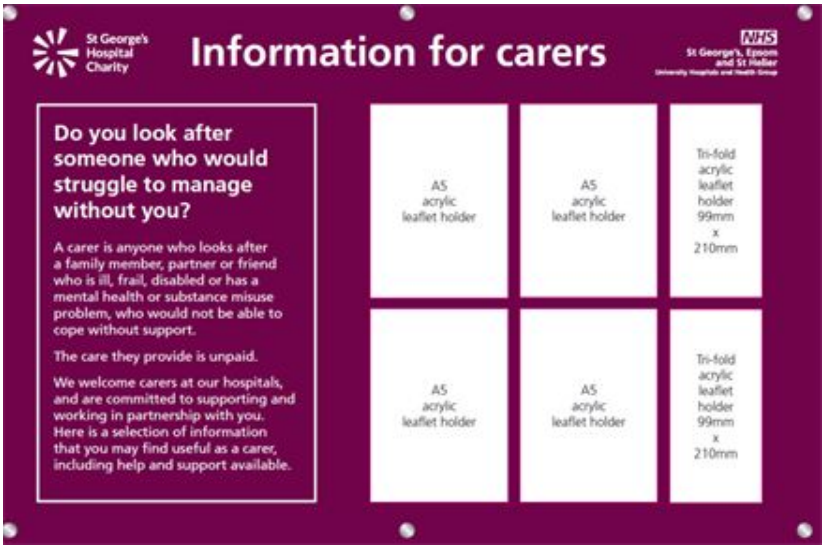
Access to clear, visible and accessible information is an important component of delivering person-centred care and ensuring that patients, carers and members of the Armed Forces Community are aware of the support available to them during their healthcare journey.

Following the success of information boards developed to support carers and members of the Armed Forces Community, charitable funding was secured through St George's Charity to support the introduction of similar resources across the SGUH site. The boards will provide information on available support services, signposting, local and national resources, and ways in which patients, carers and veterans can access additional assistance when required.

The introduction of these resources will further strengthen the Trust's commitment to supporting unpaid carers and members of the Armed Forces Community, whilst increasing visibility of the services available and promoting earlier identification of individuals who may benefit from additional support.

The Patient Experience Team would like to acknowledge and thank St George's Charity for its continued support in helping to improve the experience of care for patients, carers and veterans.





3.11.2 Carer Badges

Feedback obtained through the Carers Programme and the co-design of the Carers Charter identified a desire from carers to have a simple and visible way of identifying themselves as a carer whilst supporting a family member or loved one within the hospital setting.

In response, a carer identification badge has been developed in partnership with carers to support recognition and visibility. The badges are intended to help staff identify carers more readily, promote inclusion in conversations regarding care and discharge planning, and reinforce the Trust's commitment to working in partnership with carers as valued members of the care team.

Funding for the production of the badges has been generously provided by St George's Charity. Implementation will commence during the next reporting period as part of the wider programme of work to strengthen carer identification, involvement and support across the Trust.

The Trust is grateful to St George's Charity for enabling this initiative and supporting improvements in the experience of unpaid carers.

3.12 Planned activities for October – March 2026

There are several planned activities for the remainder of the financial year, building on programmes in place, under development, or to progress existing projects. An overview of planned activities is detailed covering quarters 3 and 4.

3.12.1 Quarter 3 (October – December 2025)

Detail	Sites	Programme	Planned date	Status
Follow on calls to unpaid carers	GESH	Unpaid Carers	1 October 2025	In progress
Gesh Armed Forces Steering Group	Gesh	Armed Forces	November 2025	Scheduled
Draft gesh Carers Policy	Gesh	Unpaid Carers	1 October 2025	Complete
Hold Carers Survey Workshop	Gesh	Unpaid Carers	20 October 2025	Complete
Draft gesh Carers Survey	Gesh	Unpaid Carers	November 2025	Drafted

3.12.2 Quarter 4 (January – March 2026)

Detail	Sites	Programme	Planned date	Status
Follow on call to Armed Forces	Gesh	Armed Forces	1 Jan 2026	In progress
Go live carers e-learning at SGUH	SGUH	Unpaid Carers	Feb 2026	Complete
Gesh Accessibility group	Gesh	AIS	Jan 2026	Scheduled
Gesh AF working group	Gesh	Armed Forces	Feb 2026	Scheduled
Governance review	Gesh	Patient Experience	Feb 2026	In progress
Template for reporting	Gesh	Patient Experience	March 2026	Planned
Review Armed Forces Training	Gesh	Armed Forces	March 2026	Complete
Develop Co-design workshop	Gesh	Patient Experience	March 2026	Planned
Increase number of drop-in sessions	Gesh	Patient Experience	Jan 2026	Complete
Review Armed Forces website	GESH	Armed Forces	March 2026	Planned
Integrate Corporate Gratitude reporting	Gesh	Patient Experience	March 2026	Planned
Review and align reporting mechanisms of Carers and Armed Forces through BI	Gesh	Armed Forces and Carers	March 2026	Planned
Board Endorsement of the gesh Carers Charter	Gesh	Unpaid Carers	March 2026	Requested

3.13 Priorities

The following priorities were identified for 2025-2026:

- Patient and Engagement and Experience function

Establish what works well begin review of NHS England Experience of Care Framework to identify areas for improvement

- Governance and integration
  Align reporting and governance mechanisms across both sites
- Digital and enablement and data quality
  Support rollout of Gather for FFT, resolve text messaging and feedback channels
- Accessibility Standard
  Develop improvement plan
- Workforce development
  Continue to work to making training accessible to all staff on all sites
- Recognition and feedback loops
- Corporate Gratitude reporting on both sites
- Equity-focused programme
  Scale Armed Forces and Carers programmes

A mid-year review of progress and planned projects outlined for the remainder of the year, demonstrates patient experience are on target to meet these priorities.

4.0 Sources of Assurance

4.1 The Patient Experience team work with teams at Group level to support improving patient experience at all levels. Further assurance is available through reports and presentations, divisional governance reports, FFT scores, national survey outcomes, local survey outcomes, and developments through key meetings such as PPEG and PSQG

5.0 Implications

5.1 Strategic implications

Delivery of the Patient Experience Programme supports the GESH Group Strategy 2023–2028 by strengthening collaboration and partnership with patients, carers and communities, improving the experience of care, promoting person-centred approaches, and ensuring that patient insights inform service improvement. The work described within this report contributes to the Group's ambitions of delivering the right care, in the right place, at the right time, whilst empowering and engaging both patients and staff. Programmes addressing the **Accessible Information Standard (AIS)** and **Reasonable Adjustment Digital Flag (RADF)** form a core component of ensuring equitable access and personalised care for patients with communication or access needs. This work is in its infantancy but us part of the work plan going forward.

6.0 Recommendations

The Council of Governors is asked to note the progress made in improving patient experience at SGUH during the reporting period and the continued development of programmes supporting patient engagement, carers, veterans and accessibility.

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Patient Experience Newsletter

Welcome to the SGH Patient Experience Newsletter. We value patient involvement, listening and learning through patient experience and collaborative working.

Quarter 1, April to June 2025

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Engagement Activities Quarter 1

Welcome to the ESTH Patient Experience Newsletter, a way to raise awareness of patient experience initiatives. It is not always clear what sits under Patient Experience, and it may be useful to clarify this for staff. The Patient Experience Team cover the following areas:

- Local surveys/National surveys
- Friends and Family test (FFT)
- Patient Experience and Engagement
- Supporting Unpaid Carers
- Armed Forces Community
- Patient equality, diversity and inclusivity
- Accessible Information Standard

Quarter 1 was an exceptionally busy period with the Patient Experience Team running several listening events for carers, co-designing a Carers Charter, and submitting the re-accreditation for Epsom and St Helier to maintain our well-deserved Veteran Aware Status.

June was a busy month with both Carers Week and Armed Forces Weeks taking place, as well as business as usual. The team excelled, ensuring a positive outcome for Armed Forces Accreditation. All sites recognised Carers Week and Armed Forces Week, and patients, carers and staff were kept informed of developments, improvements and opportunities.

National Surveys Update

(recent and upcoming)

Survey	Update
Inpatient 2024	Will be published in September 2025
Maternity 2025	To be published in Autumn 2025
Urgent and Emergency Care 2024	Published in November 2024
Under 16 Cancer 2024	Due to be released in Autumn 2025
Cancer Patient	Results to be published in July 2025

Carers Week – 9 - 15 June 2025

We participated in the annual awareness campaign to celebrate and recognise the vital contribution made by around 7 million unpaid carers across the UK.

The theme this year was '**Give Young Carers a Break'**.
We collaborated with our local carer organisations, Action for Carers (Surrey), Carers First Merton and Wandsworth Carers Centre.







Carers Awareness Training sessions

Are you up to date with your training?
You can join any one of our sessions to see how you can ***identify, register and support*** unpaid carers.
(Sessions are listed under News and Events.)

Alternatively, you can call the Patient Experience Team, and we can arrange bespoke sessions for your department, at a convenient time for you.

St George's, Epsom and St Helier Group (GESH) Carers Charter

9 events were held across our boroughs for carers, listening and talking to unpaid carers, staff carers, adults and young carers. Insights from carers were used to co-design a Group Carers Charter, demonstrating our pledge and commitment to supporting unpaid carers.

By working in partnership with our carers in the communities we serve, we want to ensure our Charter aligns with what carers feel is important to them.

Four key themes were identified, and we look forward to sharing our Group Carers Charter with you soon, once we get approval from our selection of carers and our board members.

If you cannot wait, contact the Patient Experience Team and they will share the draft Charter with you.

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Armed Forces Update

In May, the Patient Experience Team submitted their reaccreditation submission to the Veterans Covenant Healthcare Alliance (VCHA). This passed with flying colours, and we have secured our Veteran Aware Status for another 3 years.

We also obtained Group Veteran Aware Status, so going forward we will be working to sustain and grow our Veteran Aware Status as GESH.

Thank you to everyone who has supported this vitally important project and ensuring we continue to support members of the Armed Forces Community.

In May, the VCHA ran a news piece on ESTH Emergency Department Veterans Mental Health Bags. These bags are given to Veterans in our ED departments who could be suffering with a mental health episode. The bags contain items that are proven in supporting a Veteran with PTSD. We would like to replicate these bags at SGH.

In June, we celebrated Armed Forces Day and Reservists Day with a table at Reception, raising awareness of all the support available for members of the Armed Forces community if we are able to identify them.



Posters were given out to staff to display all over the Trust, and we are now able to track how many members of the Armed Forces community have been recorded on iClip through a Tableau Report.



We would encourage all staff and teams to complete the Armed Forces 30-minute training to '**identify**, **register** and **support'** the Armed Forces Community. Dates can be found under news.

Armed Forces Covenant
Proudly supporting those who serve

Friends and Family Test (FFT)

Quarter 1 saw FFT scores at SGH maintain a positive rate of 93% in April and May, with an increase to 94% in June 2025 with a total of 26,555 for the Quarter.



Experience of Care Improvement Framework

In February 2025, NHS England published a refreshed framework to replace the 2018 version. The framework encourages organisations to carry out an organisational diagnostic against a set of indicators.

The main focus is to identify:



This gives the organisation an opportunity to review five focus areas, to self-assess and identify areas for improvement. The document can be found at:

https://www.england.nhs.uk/publication/experience-of-care-improvement-framework/

News and Events	Date	Time
Patient Experience Drop-in Sessions	02 July 06 Aug 03 Sep 01 Oct	10:00 - 12:00 10:00 - 12:00 10:00 - 12:00 10:00 - 12:00
Carers Awareness Training Sessions	17 July 05 Aug 21 Aug 02 Sep 18 Sep 07 Oct	14:00 - 14:30 10:00 - 10:30 14:00 - 14:30 10:00 - 10:30 14:00 - 14:30 10:00 - 10:30
Armed Forces Training Sessions	15 July 29 July 12 Aug 26 Aug 09 Sep 23 Sep	14:00 - 14:30 14:00 - 14:30 14:00 - 14:30 14:00 - 14:30 14:00 - 14:30 14:00 - 14:30
GESH Carers Forum	01 Sep	10:00 - 11:00
ESTH Carers Steering Group	10 Sep	10:00 - 11:30
Patient Partnership Experience Group (PPEG)	19 Sept	10:00 -12:00
Improving Patient's Experience Committee (IPEC)	30 Sep	14:00 - 16:00

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Patient Experience Newsletter

Welcome to the SGH Patient Experience Newsletter. We value patient involvement, listening and learning through patient experience and collaborative working.

Quarter 2, July to Sept 2025

wendy.doyle@stgeorges.nhs.uk patientexperience@stgeorges.nhs.uk esth.patientexperience@nhs.net

Engagement Activities Quarter 2

Summer 2025 gave the team an opportunity to reflect on how patient experience can support staff and patients to provide the most positive experience of care. This reflection followed the production and presentation of the GESH Annual Patient Experience report and objectives setting for the remainder of the year. The Patient Experience Team are committed to working with colleagues focussing on the following areas:

- Accessibility
- Patient Equality Diversity and Inclusivity
- Co-design principles
- Patient Information
- Patient and family engagement
- Person-centred care
- Improving feedback mechanisms
- Learning from patient insights and stories

We are all encouraged to consider how we can improve the care for patients more efficiently and this includes understanding what is important to our patients and where improvements are most needed.

AccessAble

AccessAble Your Accessibility Guide

Do you know about the accessibility of our hospitals?

National Surveys Update (recent and upcoming)

Survey	Update
Inpatient 2025	Sampling month is November and posters will be delivered to all adult inpatient wards.
Maternity 2025	To be published in Autumn 2025 (around November)
Urgent and Emergency Care 2026	Sampling month will be February 2025 and posters will need to be displayed then.
Children and Young People	Published in May 2025
Adult Cancer 25	Fieldwork underway

Supporting Unpaid Carers

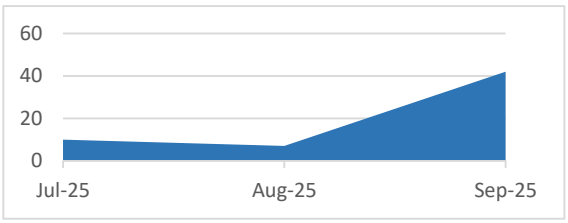
Carers Awareness Training

Not content with virtual sessions open to all staff and departmental sessions available on request, the Patient Experience Team decided to make the Carers Training mobile and started visiting wards and departments offering Essential Training sessions that are shorter, snappier and effective at supporting busy department-based staff.

This new approach started as a pilot in August and was very successful with 4 departments requesting training and 33 members of staff trained in identifying, recording and supporting unpaid carers.

Carers recorded on iClip

September saw the highest number of carers recorded on iClip at St George's.



This coincided with the recruitment of a new patient experience officer. With a full team in place, the patient experience team are contacting every recorded carer on iClip providing a follow-on conversation and referring to community support where needed.

General updates on the Carers Programme

1. The Carers Charter is complete and has been endorsed by the GESH Quality Group.
2. Work on the GESH Carers Survey starts in October 2025
3. Identifying Carers will become business as usual and is planned for inclusion in the monthly matrons audit and will be added to the Accreditation Programme soon.
4. Carers Pack contents are now on the Intranet
5. Carers Support Packs delivered to all non-ward departments

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Armed Forces Update

Further to achieving Group Veteran Aware status in May, the Patient Experience Team have been doing the following during July to Sept.

- Standardisation – reinforcing the need for staff to ask patients the following question:

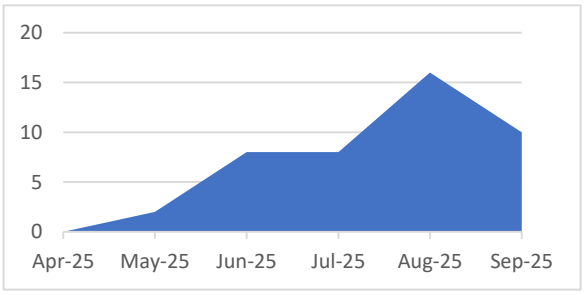
Have you, or a member of your immediate family, ever served in the British Armed Forces?

- Consistency of recording – with iClip being used across GESH, the team are supporting staff by providing awareness training in multiple formats enabling the recording of members of the Armed Forces Community (AFC) on iClip.

Numbers are being monitored and an increase in support has been requested around supporting identified AFC members with individual needs. The patient experience team are introducing a follow-on call to check in with veterans and see if additional support is needed or required.

- Plans are in place to introduce a new Group Armed Forces Steering Group chaired by Kate Slemeck as Group Executive Lead of the AFC to oversee compliance with statutory requirements to identify and support AFC members.

- An improvement is seen in numbers of members of the AFC recorded on iClip.

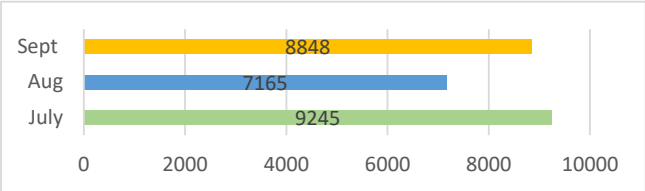


ARMY Medical Reservist Outdoor Event 256 (London) Multi-Role Medical Regiment Frimley Park 10 + 11 September 2025

GESH were invited to take part in a fun, team building event undertaking one day training similar to that of Reserves. For the first time, GESH sent not one, but two teams made up of multi-disciplinary staff to take part in this event. Feedback from the event has been positive and this has helped to raise awareness and reinforce the GESH commitment to support the AFC.

Friends and Family Test (FFT)

Quarter 2 saw FFT scores at SGH maintain a positive rate of 93% in July, and 94% in August and September, whilst noting a reduction in responses during August. A total of 25,258 responses were received, a slight reduction on the 26,555 for the previous quarter.



Workshops open to all staff

Patient Support Group Workshop

Last year, a new workshop was designed and delivered jointly by the Head of Patient Experience and a Patient Partner, focussed on supporting staff to help set up Patient Support Groups or Patient User Groups. Two courses ran and feedback was very. Requests have been received requesting a further workshop. If you are interested, contact the patient experience team.

Co-design Workshop

The Team plan to run a new workshop supporting staff in the principles of co-designing with service users, supporting service change, transformation and patient information. Let the team know if you are interested.

News and Events	Date	Time
Patient Experience Drop-in Sessions	6 Nov 3 Dec	10:00 - 12:00 10:00 - 12:00
Carers Awareness Training Sessions	7 Oct 16 Oct 4 Nov 20 Noc 2 Dec 18 Dec	10:00 - 10:30 14:00 - 14:30 10:00 - 10:30 14:00 - 14:30 10:00 - 10:30 14:00 - 14:30
Armed Forces Training Sessions	07 Oct 21 Oct 4 Nov 18 Nov 2 Dec 16 Dec 30 Dec	14:00 - 14:30 14:00 - 14:30 14:00 - 14:30 14:00 - 14:30 14:00 - 14:30 14:00 - 14:30 14:00 - 14:30
GESH Carers Forum	01 Dec	10:00 - 11:00
ESTH Carers Steering Gp	10 Dec	10:00 - 11:30
SGH Carers Steering Gp	18 Nov	10.00 - 11.00
Patient Partnership Experience Group (PPEG)	26 Nov	10:00 -12:00
Improving Patient's Experience Committee (IPEC)	3 Nov	14:30 - 16:30
Armistice Day Events	11 Nov	10.30 –11.30

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University Hospitals and Health Group

SGUH
Integrated Quality & Performance Report – Summary for Council of Governors



April 2026

Outstanding Care, Together: Our strategy 2023 to 2028

Publication Date: 18/06/2026 | Contact: gesh.performance@stgeorges.nhs.uk

National Oversight Framework

Assessment Period: Q3 2025/26				SGUH Q1	SGUH Q2	SGUH Q3	ESTH Q1	ESTH Q2	ESTH Q3
			Trust Segment (adjusted)	3	3	3	3	3	3
			Ranking (Acute Trusts)	37/134	61/134	56/134	61/134	101/134	93/134
			Unadjusted Segment (pre finance override	1	2	2	3	3	3
			Overall Metric Score (breakdown below)	2.05	2.31	2.29	2.41	2.64	2.64
Domain	**No.**	**Metric**	**Data Period**	**Metric Scores**	**Metric Scores**	**Metric Scores**	**Metric Scores**	**Metric Scores**	**Metric Scores**
Access	1	RTT 18 weeks Performance	Dec-25	2.34	2.62	2.64	1.81	2.11	2.66
	2	RTT 18 weeks Performance vs Plan	Dec-25	1.00	1.00	2.07	1.12	3.17	3.65
	3	RTT 52 Weeks Performance	Dec-25	2.73	2.94	2.48	2.32	2.76	2.51
	4	Community Services - % waits over 52 Weeks	Dec-25	1.00	1.00	1.00	2.35	2.06	2.59
	5	Cancer - 28-Day Faster Diagnosis Standard	To Dec 2025	2.20	3.65	2.88	2.04	3.67	3.51
	6	Cancer - 62-Day Treatment Standard	To Dec 2025	1.00	2.15	2.62	1.00	1.00	1.00
	7	A&E 4-Hour Wait Standard	To Dec 2025	1.00	1.00	1.00	3.37	2.62	2.91
	8	A&E 12-Hour Waits (from arrival)	To Dec 2025	2.82	3.11	1.84	3.78	3.67	3.68
		Access to services domain score	**Q3-25/26**	1.76	2.18	2.07	2.22	2.75	2.81
Effectiveness & experience of care	9	Summary Hospital Level Mortality Indicator	R12 - Sep-25	2.00	2.00	2.00	2.00	2.00	2.00
	10	Average number of days between planned and actual discharge date	Dec-25	1.74	2.38	2.86	Not Reported (DQ)	3.64	3.52
	11	CQC inpatient survey satisfaction rate	2023	2.00	2.00	2.00	2.00	2.00	2.00
	12	Urgent community response 2-hour performance	Q3-25/26	N/A	N/A	N/A	2.24	2.76	2.42
		Effectiveness and experience of care domain score	**Q3-25/26**	1.91	2.13	2.29	2.08	2.60	2.49
Patient Safety	13	NHS Staff Survey -raising concerns sub-score	2024	3.12	3.12	3.12	2.78	2.78	2.78
	14	CQC safe inspection score (if awarded within the preceding 2 years)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	15(a)	Rates of MRSA infections	R12 -Dec-25	2.37	2.33	2.28	2.63	2.60	3.01
	15(b)	Rates of C-Difficile infections	R12 -Dec-25	3.62	3.30	3.25	2.62	1.00	1.00
	15(c)	Rates of E-Coli infections	R12 -Dec-25	3.39	3.37	2.69	2.05	2.15	2.07
		Patient Safety to services domain score	**Q3-25/26**	3.12	3.06	2.93	2.62	2.35	2.40
People and workforce	16	Sickness absence rate	Q2 2025/26	1.72	1.60	1.79	2.44	2.68	2.54
	17	NHS Staff Survey engagement theme score	2024	2.38	2.38	2.38	2.20	2.20	2.20
		People and Workforce domain score	**Q3-25/26**	2.05	1.99	2.00	2.32	2.44	2.37
Finance and productivity	18	Planned surplus/deficit	2025/2026	4.00	4.00	4.00	4.00	4.00	4.00
	19	Variance year-to-date to financial plan	M9 2025	1.00	1.00	1.00	1.00	1.00	1.00
	20	Implied Productivity Level	M6 YTD 25/26	1.74	3.28	3.46	3.26	3.44	3.53
		Finance and productivity domain score	**Q3-25/26**	1.87	2.64	2.73	2.63	2.72	2.76

Executive Summary
Quality & Safety

St George's Hospital

Key Messages

- **Never Events:** No never events were declared at SGUH in April 2026
- **Patient Safety Incident Investigations (PSII) -** There were no Patient Safety Incident Investigations (PSIIs) declared at SGUH in April 2026
- **VTE Risk Assessments:** The Trust has increased its assessment rate to 86.2%, though performance remains below the 95% national standard. Early indicators suggest improvement actions are having a positive effect. NHSE has updated its guidance on measuring compliance against the requirement to assess patients within 14 hours, changing the start point from ward admission to the decision to admit. This is adversely impact on reported performance.
- **Pressure Ulcers:** In April 2026, there were 12 category 3 pressure ulcers reported, zero were related to medical devices. There were zero category 4 pressure ulcers. The Trust action plan has been updated and the rollout of new hybrid mattresses has commenced.
- **Delirium Assessments:** In April 2026, delirium assessment within 24 hours for patients >65 remained low. An action is in development led by Chief Nurses. Additionally, a review of the reported metric is underway to ensure it fully aligns with NICE guidance, focusing on eligible cohorts reporting and target setting.
- **Respiratory infections:** Influenza activity increased throughout April 2026; 4 outbreaks were reported and managed. COVID-19 activity remained stable.
- **Complaints:** Targets for timely acknowledgement of complaints has decreased for April 2026 to 89.9%, an action plan remains in place to address staffing shortfalls and restore targets. The recent increase in formal complaints is driven by multiple factors. The main issues relate to appointments (delays in being seen and repeated cancellations) and communication (difficulty contacting services, staff–patient interactions, and slow responses), alongside concerns about clinical treatment.

Executive Summary
Operational Performance

St George's Hospital

Successes

- Efforts to recover elective performance continued in March 2026, with RTT 52-week waits reducing to 0.63% against a plan of 1%-, and 18-weeks performance improving to 63.4%.
- The Cancer Faster Diagnosis Standard exceeded target achieving 81.5%, supported by the prioritisation of Two-Week bookings leading to a reduction in the CT Colonography (CTC) backlog.
- Within Urgent Care, front-door pathways and paediatric access have been strengthened, triage capacity expanded, and data quality improved, with daily senior oversight driving performance.
- Non-elective length of stay and the average days delayed both reduced supporting flow across the Trust. W-OPEL (Ward based Operational Pressures Escalation Levels) launched in March 2026, now embedding into operational flow.

Challenges

- Cancer 62-day performance is 72.4%, below target, primarily due to pressure on the lung pathway driven by thoracic capacity constraints and high referral volumes. Short-term mitigations are in place, with longer-term solutions under discussion with the ICB. The RMP led SWL Lung Cancer Forum will be hosted at St George's Hospital in May 2026, providing an opportunity to support service development and pathway improvement.
- Diagnostic performance fell in March 2026; while waits have previously stayed below 5%, staff absences caused clinic cancellations increases waits. Endoscopy and Echo plans to reduce waits are in development however further delays are expected in non-obstetric ultrasound due to Sonographer vacancies.
- Length of stay remains above ambition. Several improvements were made in March 2026, including the launch of W-OPEL, expanded bridging services, acute medicine moving into business-as-usual, and completion of key reviews with outputs due in April 2026. These are aligned to the gesh-wide Non-Elective Transformation Programme.
- NHS England has introduced a standard definition of corridor care for national reporting. This is a count of ED patients who spend over 45 minutes receiving corridor care during a 24-hour period. This includes patients treated, assessed, admitted, or transferred. Stakeholder communications and alignment with reporting and assurance, are now the focus.
- Expansion of Patient-Initiated Follow-Ups (PIFU) and the reduction of low-value follow-ups are key components of the SGUH productivity workstream within the gesh OP Transformation programme.

Statistical Process Control (SPC)

Interpreting Charts and Icons

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

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

Safe, High-Quality Care

Overview Dashboard

	St George's						
KPI	Latest month	Previous month measure	Latest Month Measure	Target	Variation	Assurance	Benchmark
Never Events	Apr 26	0	0	0			N/A
Patient Safety Incident Investigations	Apr 26	3	0	0			N/A
Moderate and Severe Harm from Falls	Apr 26	3	2	2			N/A
Pressure Ulcers - Acquired Category 3	Apr 26	11	12	7			N/A
Pressure Ulcers - Acquired Category 4	Apr 26	0	0	0			N/A
Infection Control - Number of MRSA	Apr 26	0	0	0			2nd Quartile
Infection Control - Number of Cdiff - Hospital & Community	Apr 26	3	5	5			3rd Quartile
Infection Control - Number of E-Coli	Apr 26	12	6	9			2nd Quartile
Delirium Assessment Compliance 65+ within 24 hours of admission	Apr 26	39.9%	37.2%	-		-	N/A
30-Day Emergency Readmission Rate	Mar 26	7.6%	9.2%	-		-	N/A
VTE Risk Assessment	Apr 26	85.2%	86.2%	95.0%			Lowest Quartile
Mortality - SHMI	Dec 25	0.90	0.91	-		-	As Expected
Complaints - Responded to within 35 working days	Apr 26	93.5%	89.1%	85.0%			N/A
Complaints - Acknowledgement within 3 working days	Apr 26	99.0%	89.8%	100.0%			N/A
Number of complaints not completed within 6 months from date of receipt	Apr 26	1	4	0			N/A
Friends and Family Test - Inpatients Score	Apr 26	91.8%	98.4%	-		-	N/A
Friends and Family Test - Emergency Department Score	Apr 26	78.6%	76.5%	-		-	N/A
Friends and Family Test - Outpatients Score	Apr 26	94.7%	94.5%	-		-	N/A
Friends and Family -Inpatient Response Rate	Apr 26	31.6%	31.1%	-		-	N/A
Friends and Family -Emergency Department Response Rate	Apr 26	10.5%	16.7%	-		-	N/A
Friends and Family - Outpatient Response Rate	Apr 26	8.4%	9.6%	-		-	N/A

Safe, High-Quality Care

Overview Dashboard – Patient Experience

	St George's						
KPI	Latest month	Previous month measure	Lastest month measure	Target	Variation	Assurance	Benchmark
% Births with 3rd or 4th degree tear	Apr 26	2.2%	2.2%	-		-	3.3%
% Births Post Partum Haemorrhage >1.5 L	Apr 26	2.2%	5.1%	-		-	3.0%
Stillbirths per 1,000 births rolling 12 months	Apr 26	0.95	2.38	-		-	3.49
Neonatal deaths per 1,000 births rolling 12 months	Apr 26	1.19	0.72	-		-	2.36
HIE (Hypoxic ischaemic encephalopathy) per 1,000 births	Apr 26	0.0	0.0	-		-	N/A
Friends and Family Test - Maternity Births Score	Apr 26	100.0%	75.0%	-		-	N/A
Friends and Family - Maternity Births Response Rate	Apr 26	2.1%	0.8%	-		-	N/A

Operational Performance

Overview Dashboard

	St George's						
KPI	Latest month	Previous month measure	Lastest month measure	Target	Variation	Assurance	Benchmark
RTT - % of waits over 52 weeks	Mar 26	1.1%	0.6%	0.7%			2nd Quartile
RTT - Percentage of waits within 18 weeks	Mar 26	62.2%	63.4%	67.8%			2nd Quartile
Waiting List Community - Percentage of waits within 18 weeks	Mar 26	71.0%	79.6%	78.0%			TBC
Cancer - 28 Day Faster Diagnosis Standard	Mar 26	84.4%	81.5%	80.0%			2nd Quartile
Cancer - 31 Day Decision To Treat to Treatment Standard	Mar 26	93.0%	96.7%	96.1%			Top Quartile
Cancer - 62 Day Referral to Treatment Standard	Mar 26	72.4%	77.3%	80.0%			3rd Quartile
Diagnostics - 6 Week Waits	Mar 26	4.4%	6.0%	5.0%			2nd Quartile
4 Hour Operating Standard	Apr 26	78.2%	81.0%	82.2%			2nd Quartile
4 Hour Operating Standard - Paediatrics <16 years	Apr 26	91.0%	91.6%	95.5%	-	-	TBC
Over 12 Hours in ED from arrival (%) Type 1	Apr 26	8.1%	7.7%	8.5%			2nd Quartile
Emergency Department Corridor Care (Average Daily Count)	Apr 26	19	21	-		-	TBC
Ambulance handovers over 45 minutes	Apr 26	8.9%	8.4%	0.0%			TBC
Ambulance average Handover Time (min)	Apr 26	00:24:24	00:24:28	00:15:00			TBC

Our People

People Metrics

	St George's					
KPI	Latest month	Previous month measure	Lastest month measure	Target	Variation	Assurance
Staff Sickness Absence rate	Apr 26	4.8%	4.0%	4.0%		
MAST	Apr 26	91.1%	91.3%	85.0%		
Vacancy Rate	Apr 26	5.3%	5.6%	10.0%		
Appraisal Rate Medical	Apr 26	88.0%	88.2%	90.0%		
Appraisal Rate Non Medical	Apr 26	76.3%	76.7%	90.0%		
Turnover (12-month)	Apr 26	9.0%	8.7%	13.0%		
Percentage BAME staff band 8a and above	Apr 26	32.6%	32.2%	-		-
Workforce WTE	Apr 26	10841	11201	10292		

Council of Governors

Meeting in Public on Thursday, 25 June 2026

Agenda Item	2.5	
Report Title	**Health Bill 2026: Overview and Implications**	
Non-Executive Lead	Stephen Jones, Group Chief Corporate Affairs Officer	
Report Author(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Previously considered by	n/a	-
Purpose	**For Review**	

Executive Summary

The Government's Health Bill 2026 represents one of the most significant packages of NHS legislative reform in recent years. The Bill proposes the abolition of NHS England, greater powers for the Secretary of State, the introduction of a Single Patient Record, the abolition of Healthwatch and significant changes to the governance of NHS foundation trusts.

Of particular relevance to the Council of Governors are proposals to abolish foundation trust membership arrangements and councils of governors. If enacted in their current form, these reforms would remove the statutory governor role, including governors' responsibilities for appointing and holding the Chair and Non-Executive Directors to account.

The Government argues that these changes modernise NHS governance and reflect the diminishing distinction between NHS trusts and foundation trusts. However, concerns have been raised during parliamentary scrutiny regarding the future of local accountability, public involvement and patient voice.

The Bill is currently at Committee Stage in the House of Commons and remains subject to amendment before it completes its passage through Parliament.

Action required by Council of Governors

The Council of Governors is asked to note the report.

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	N/A

Implications				
Group Strategic Objectives				
☒ Collaboration & Partnerships			☒ Right care, right place, right time	
☒ Affordable Services, fit for the future			☒ Empowered, engaged staff	
Risks				
As set out in paper.				
CQC Theme				
☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led
NHS system oversight framework				
☒ Quality of care, access and outcomes			☒ People	
☒ Preventing ill health and reducing inequalities			☒ Leadership and capability	
☒ Finance and use of resources			☒ Local strategic priorities	
Financial implications				
N/A				
Legal and / or Regulatory implications				
N/A				
Equality, diversity and inclusion implications				
N/A				
Environmental sustainability implications				
N/A				

Health Bill: Overview and Implications

Council of Governors, 25 June 2026

1.0 Purpose of paper

This paper provides the Council of Governors with an overview of the Government's Health Bill 2026, the key reforms proposed by the legislation, the principal areas of debate during its parliamentary scrutiny, and the implications for NHS foundation trusts and councils of governors.

2.0 Background

The Health Bill 2026 is a major piece of NHS reform legislation and forms part of the Government's programme to implement the NHS 10 Year Health Plan.

The Government has described the Bill as a response to concerns that the NHS has become increasingly centralised, bureaucratic and fragmented, with unclear accountability and outdated information systems. Drawing on the findings of Lord Darzi's review of the NHS, Ministers argue that the current system contains unnecessary organisational complexity and that reform is required to improve patient experience, strengthen accountability and support more integrated care.

The Bill therefore seeks to:

- simplify national NHS structures;
- strengthen ministerial accountability;
- support greater local flexibility;
- improve patient involvement and experience;
- enable the development of a national Single Patient Record; and
- modernise NHS governance arrangements.

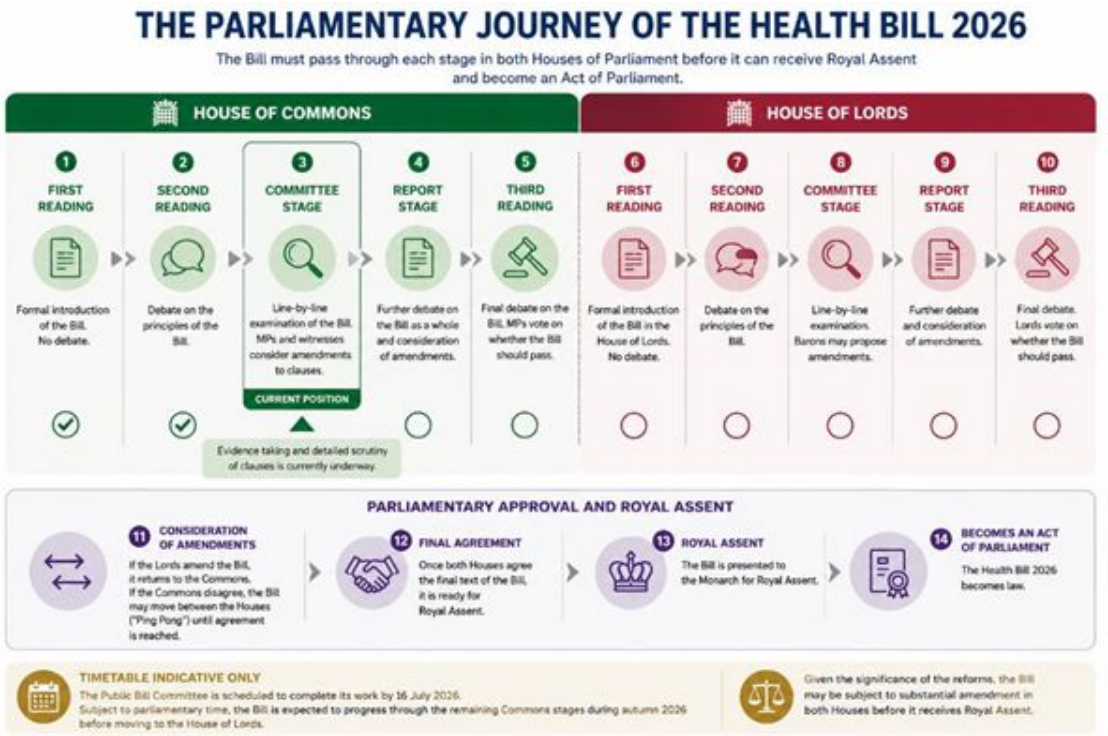
Whilst many of the reforms are structural in nature, several have significant implications for the governance and accountability arrangements of NHS foundation trusts.

3.0 Current Parliamentary Position

The Health Bill was introduced into the House of Commons on 14 May 2026 and has completed both First Reading and Second Reading. The Bill is currently undergoing detailed scrutiny during Committee Stage in the House of Commons, where Members of Parliament are considering the legislation clause-by-clause and proposing amendments.

The Public Bill Committee is scheduled to conclude its scrutiny on 16 July 2026, after which the Bill will return to the House of Commons for Report Stage and Third Reading before progressing to the House of Lords.

The Bill remains at a relatively early stage in its parliamentary passage and must still complete a number of stages in both the House of Commons and House of Lords before it can become law. As a result, the proposals contained within the Bill, including those relating to NHS foundation trusts and councils of governors, remain subject to further parliamentary scrutiny and amendment.



4.0 NHS Foundation Trust Governance Reforms

The reforms affecting NHS foundation trusts are amongst the most significant provisions within the Bill and represent the most substantial changes to the foundation trust model since its introduction in 2004.

The Government argues that many of the distinctions between NHS trusts and NHS foundation trusts have reduced over time, with increasing national oversight and common regulatory arrangements resulting in the two organisational forms operating in a much more similar manner than originally envisaged.

The Bill therefore proposes a substantial redesign of foundation trust governance arrangements. Supporters argue that the reforms will simplify governance structures, strengthen accountability and better reflect how the NHS currently operates. Critics have questioned whether the proposals risk weakening local accountability and reducing opportunities for public, patient and staff involvement in NHS decision-making.

The principal reforms are summarised below:

- **Abolition of Foundation Trust Membership and Councils of Governors**

  The Bill abolishes the statutory requirement for foundation trusts to maintain membership schemes and councils of governors.

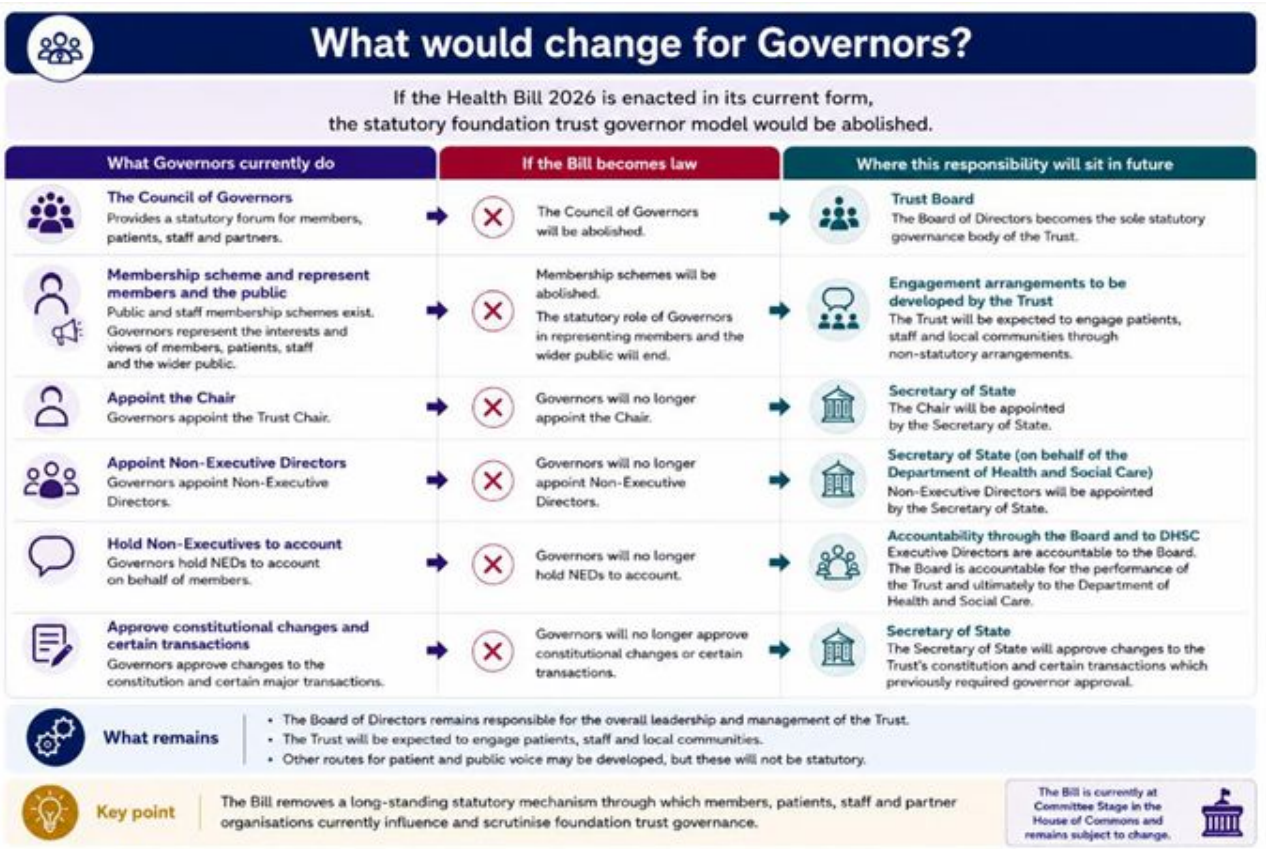
  If enacted in its current form, the legislation would remove:
  - public membership arrangements;
  - staff membership arrangements;
  - elected and appointed governors;

- councils of governors; and
- governors' statutory powers and responsibilities.

This includes the current governor role in:

- appointing the Chair;
- appointing Non-Executive Directors;
- holding Non-Executive Directors to account for the performance of the Board; and
- representing the interests of members and the wider public.

This proposal has attracted particular parliamentary attention. Members of Parliament questioned how local accountability, patient voice and staff representation would be maintained if governors are removed. Concerns were also raised regarding the loss of one of the NHS's most visible mechanisms for public involvement in organisational governance. In response, Ministers argued that the foundation trust model was developed for a significantly different NHS landscape and that accountability should be exercised more directly through NHS boards, Ministers and modern engagement mechanisms. The Government's position is that patient and public involvement should be embedded throughout NHS governance rather than being exercised through a separate statutory structure.



- **Increased Central Oversight of Foundation Trusts**

The Bill introduces greater Secretary of State involvement in a number of matters that have historically been determined locally by foundation trusts.

The Government argues that stronger national oversight is necessary to support consistency, accountability and effective stewardship of public resources. Critics have suggested that the

proposals may further reduce the autonomy that originally distinguished foundation trusts from NHS trusts.

- **Financial and Operational Intervention Powers**

  The Bill introduces additional powers relating to foundation trust expenditure, intervention and recovery arrangements. It also creates powers enabling the conversion of failing foundation trusts into NHS trusts in certain circumstances.

  The Government argues that these powers provide greater flexibility to respond where organisations encounter significant difficulties and further simplify the provider landscape. However, opponents have argued that the measures further erode the distinction between foundation trusts and NHS trusts and may represent a move away from the original principles of local organisational autonomy.

5.0 Key Reforms and Parliamentary Debate

The Health Bill contains a broad package of reforms affecting the governance, accountability and operation of the NHS. While the Government presents the legislation as a programme of modernisation designed to simplify structures, strengthen accountability and improve patient experience, several provisions have generated significant debate during parliamentary scrutiny. The following section summarises the principal reforms proposed by the Bill together with the key arguments advanced both in support of and in opposition to those reforms.

- **Abolition of NHS England**

  The Bill abolishes NHS England and transfers its functions to the Secretary of State, the Department of Health and Social Care and other NHS bodies.

  The Government argues that NHS England and the Department of Health and Social Care have developed overlapping responsibilities, creating duplication and unclear accountability. Ministers have described the reform as restoring democratic accountability by ensuring that Ministers are directly responsible for NHS performance.

  During parliamentary debate on the Second Reading, supporters argued that patients and Parliament should be able to identify clearly who is accountable for NHS performance. Critics questioned whether abolishing NHS England genuinely represents devolution of power or whether it instead concentrates authority within central government. Concerns were also raised regarding the disruption associated with another major NHS reorganisation.

- **Increased Powers for the Secretary of State**

  The Bill significantly increases the powers available to the Secretary of State in relation to NHS bodies, particularly integrated care boards.

  The Government argues that stronger powers are required to ensure effective oversight of NHS performance and to reinforce democratic accountability. However, concerns have been raised during parliamentary scrutiny that the proposals may increase political involvement in operational NHS decision-making and reduce the autonomy of local NHS organisations. This tension between national accountability and local autonomy has been one of the recurring themes throughout parliamentary debate.

- **Reform of Integrated Care Boards**

The Bill reforms the governance and planning arrangements for Integrated Care Boards (ICBs), including:

- changes to membership requirements;
- abolition of Integrated Care Partnerships;
- introduction of neighbourhood health planning arrangements; and
- additional powers and responsibilities for ICBs.

The Government argues that these changes simplify the current system and support greater local flexibility. Critics have questioned whether the reforms genuinely reduce bureaucracy and whether the new arrangements will improve accountability and public understanding of NHS decision-making.

- **Single Patient Record**

  The Bill establishes the legislative framework for the creation of a national Single Patient Record.

  This is one of the least controversial elements of the legislation and has attracted broad support across Parliament. The Government argues that a single patient record will:

  - improve patient safety;
  - reduce duplication;
  - support earlier intervention;
  - improve patient experience; and
  - enable patients to access and manage their information more effectively.

The principal concerns raised during parliamentary debate relate to:

- data protection;
- cyber security;
- public confidence;
- patient consent; and
- appropriate safeguards governing access to sensitive information.

- **Abolition of Healthwatch**

  The Bill abolishes both Healthwatch England and local Healthwatch organisations.

  The Government argues that responsibility for patient voice should sit directly with NHS organisations and commissioners rather than being exercised through separate statutory bodies. However, a number of parliamentarians and stakeholder organisations have questioned whether abolishing independent patient advocacy bodies could weaken public confidence and reduce independent scrutiny of NHS services.

- **Transfer of HSSIB Functions to the Care Quality Commission**

  The Bill transfers the functions of the Health Services Safety Investigations Body (HSSIB) into the Care Quality Commission.

  The Government argues that this will simplify a complex patient safety landscape and better align investigation, learning and improvement. Opponents have expressed concern that combining investigative and regulatory functions could undermine the independence that has been central to HSSIB's approach and credibility.

6.0 Overall Impact

Taken together, the reforms proposed in the Bill would significantly reduce the practical and legislative distinctions between NHS trusts and NHS foundation trusts.

The most significant implication for St George's University Hospitals NHS Foundation Trust is the proposed abolition of the Council of Governors and the associated membership model. These arrangements have formed a core part of the foundation trust model since its introduction in 2004 and provide a mechanism through which patients, staff, members and partner organisations can influence and scrutinise the organisation.

Whilst the Government has argued that alternative mechanisms for public and patient involvement now exist, questions remain regarding how local accountability will be maintained if councils of governors are abolished.

As the Bill continues its passage through Parliament, there may be further amendments to these proposals. The Trust will continue to monitor developments and update the Council of Governors as the legislation progresses.

6.0 Recommendations

The Council of Governors is asked to note the report.

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Council of Governors

Meeting in Public on Thursday, 25 June 2026

Agenda Item	3.1	
Report Title	**Report from the Membership Engagement Committee**	
Governor Lead	Jackie Parker, Chair - Membership Engagement Committee	
Report Author(s)	Jackie Parker, Chair - Membership Engagement Committee Anna Missir, Governors and Membership Officer	
Previously considered by	n/a	-
Purpose	**For Noting**	

Executive Summary

The Membership and Engagement Committee met on 12 June 2026 and considered a range of initiatives to strengthen engagement with members, patients, staff and local communities.

The Committee reviewed recent governor engagement activity, including Meet Your Governor events and governor visits to clinical areas, and supported plans to increase opportunities for governors to engage directly with patients, visitors and members of the public. The Committee also considered proposals to strengthen the Trust's membership offer through a programme of membership talks, improved communications, enhanced use of social media and the development of a Governor and Members Newsletter.

The Committee reviewed an analysis of the Trust's membership profile and demographic data. Governors welcomed continued growth in membership numbers, noted the diversity of the membership base and recognised opportunities to increase engagement with younger members, under-represented communities and areas where membership growth has remained static.

The Committee also considered the draft Membership Engagement Strategy 2026–2028. The strategy builds on the existing approach to member engagement while placing greater emphasis on improving participation, representation and communication with members. The Committee was supportive of the proposed objectives and actions and recommends the Strategy to the Council of Governors for approval.

Action required by Council of Governors

The Council of Governors is asked to:

a) Note the report of the meeting of the Membership Engagement Committee held on 12 June 2026.
b) Note the actions being taken to strengthen engagement with members.
c) Approve the Membership Engagement Strategy 2026-28
d) Note the analysis of the Trust's membership

Committee Assurance	
Committee	Not Applicable
Level of Assurance	Not Applicable

Appendices	
Appendix No.	**Appendix Name**
Appendix 1	Membership Engagement Strategy 2026-28
Appendix 2	Trust Membership Analysis

Implications

Group Strategic Objectives

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

Risks

N/a

CQC Theme

☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☐ Well Led

NHS system oversight framework

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

Financial implications

N/A

Legal and / or Regulatory implications

N/A

Equality, diversity and inclusion implications

The Membership Engagement Strategy includes specific actions to improve engagement with younger people and members from global majority backgrounds to support a membership that is representative of the communities served by the Trust.

Environmental sustainability implications

N/A

Report from the Membership and Engagement Committee

Council of Governors, 25 June 2026

1.0 Purpose of paper

1.1 This report sets out the key matters considered by the reconstituted Membership and Engagement Committee at its meeting on 12 June 2026.

2.0 Progress Report

2.1 Update on Activity Since Last Meeting

The Committee received an update on governor engagement activities, community feedback and plans for future Meet Your Governor (MYG) events.

The Committee reviewed a video of Sophia Agha, Appointed Governor for Young People, which focused on her work as a Governor and how members and the public could get involved with the Trust. The video had been posted on the Trust's social media channels, and had been well received. The Committee welcomed the initiative, and thanked Sophia for her work on this.

The Committee also discussed the recent Governor visits to Outpatients and welcomed the positive feedback received from both Governors and staff. The Committee agreed that Meet Your Governor (MYG) sessions were an important way in which Governors could engage with patients, staff and members of the public, and agreed that additional events should be arranged during the rest of 2026/27, with at least two more during the calendar year. The Committee also discussed opportunities to hold future events in clinical areas where governors could engage directly with patients, visitors and members of the public. Outpatients was suggested as one of the possible areas to hold a session.

The Committee also received an update on membership activity and reviewed current engagement initiatives designed to strengthen links between governors, members and local communities.

2.2 Developing our Membership Offer

The Committee received a presentation from the Communications Team on proposals to strengthen and modernise how the Trust's membership offer was communicated internally and across our local communities.

A programme of membership talks was proposed, with a combination of in-person and virtual events taking place throughout the year. Potential topics included:

- Meet the Group Chief Executive and the future direction of GESH
- The Trust's journey towards closer group working and merger
- Digital transformation and the use of artificial intelligence within healthcare
- Understanding when to access emergency care and alternative healthcare services
- Weight management services and population health
- Understanding neurological and brain conditions

Governors welcomed the proposals and supported the development of a structured programme of talks for members.

The Committee discussed the importance of ensuring that topics were relevant and accessible to members. Particular emphasis was placed on ensuring that any digital transformation events also considered digital inclusion and supported members to access services such as the NHS App and patient portals.

The Committee also discussed opportunities to align future membership talks with existing membership events, including the Annual Members Meeting, to maximise engagement and attendance.

In addition, the Committee received updates on proposals to develop a Governor and Members Newsletter, improve the use of social media for governor engagement, and refresh the membership pages on the Trust website. Governors welcomed the support being provided by the Communications Team and recognised the opportunity to strengthen member engagement through improved communications channels.

2.3 **Draft Membership Engagement Strategy 2026-2028**

The Committee received an update on the development of the draft Membership Engagement Strategy 2026-2028.

The Committee noted that the proposed strategy builds on the existing Membership Engagement Strategy and retains the three core objectives of improving two-way engagement with members, ensuring membership reflects the communities served by the Trust, and maintaining or increasing membership levels.

The strategy had been updated to place a greater emphasis on engagement with younger members and members from global majority backgrounds, reflecting the Trust's commitment to ensuring membership is representative of the communities it serves.

The Committee noted that lessons had been learned from the previous strategy period. These included the impact of reduced staffing capacity and the pause in Membership Engagement Committee meetings, both of which had affected delivery of some planned actions. In response, the new strategy places a stronger focus on forward planning, clearer ownership of actions and closer working with the Communications Team.

Governors welcomed the strategy and supported the proposed objectives and actions. The Committee discussed the importance of using a range of engagement methods, including member talks, newsletters, social media, community outreach and Meet Your Governor events, to strengthen relationships with members and local communities.

The Committee also reviewed updated membership data, which showed overall membership growth since 2024. Governors noted the opportunities presented by the data to support targeted engagement activity, particularly with underrepresented groups and in areas where membership growth has remained static.

The Committee supported the draft Membership Engagement Strategy and agreed that it should be recommended to the Council of Governors for approval.

2.4 **Membership data and demographic analysis**

The Committee received a detailed analysis of the Trust's current membership profile, including constituency, demographic, ethnicity, age and socio-economic data.

The Committee noted that overall membership had continued to grow since 2024, with membership now standing at 13,236 members. Governors welcomed the increase in membership numbers and noted that growth had been particularly strong within the Wandsworth constituency. The Committee was encouraged that the membership profile broadly reflected the diversity of the communities served by the Trust, whilst recognising that there remained opportunities to further improve representation within some groups.

The Committee discussed the relatively low number of younger members aged 16-25 and supported the inclusion within the draft Membership Engagement Strategy of specific actions to increase engagement with younger people. Governors also noted opportunities to undertake targeted engagement activity in under-represented wards and communities and to improve the completeness of demographic information held on members, particularly ethnicity data.

Overall, the Committee was content with the findings of the report and agreed that the analysis provided a useful evidence base to inform future membership recruitment and engagement activity.

3.0 Recommendations

3.1 The Council of Governors is asked to:

a) Note the report of the meeting of the Membership Engagement Committee held on 12 June 2026.
b) Note the actions being taken to strengthen engagement with members.
c) Approve the Membership Engagement Strategy 2026-28
d) Note the analysis of the Trust's membership

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2026-2028 Membership Engagement Strategy – For recommendation to Council of Governors





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2026-2028 membership strategy

Our 2026-2028 objectives

St George's University Hospitals NHS Foundation Trust

- 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

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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.	• SGUH membership newsletter issued quarterly. • Design and introduce a training and guidance module for governors on membership engagement / outreach. • Four Meet Your Governor (MYG) events on hospital sites per year. • Confirm and deliver a calendar of member talks. • Share guidance for governors on preparing social media posts. • Begin to use social media on a regular basis.	• SGUH membership newsletter issued quarterly to the set schedule. • Each Governor to have participated in at least two MYG and two outreach events per year. • Minimum of 2 talks held each year. • At least one social media post per month from governors- eg governor visits
To make use of internal and external networks / groups to engage with members and hear their views.	• All appropriate patient groups have a governor link attending • Link with external organisations and community groups for	• All patient groups to have a link governor who attends regularly. • Database of groups and dates for regular engagement set.

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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 backgroundbackground

Aim	Action	Success Measure
Ensure that all communication is up to date, accessible and inclusive leading to increased member engagement member recruitment.	• 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.	All communication tools reviewed and maintained.
Increase membership from under represented groups.	• Identify forums and local groups who connect with under represented groups, including younger members and those from a Black, Asian and Minority Ethnic backgroundbackground as a focus for outreach activity. • Hold engagement events at City St George's University	• All under represented groups show an increase in membership. • At least two bespoke young member activities planned each year.

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

Aim	Action	Success Measure
Increase in member numbers* *success with objective 1 should maintain current member levels	• All member events/activity to include a 'bring a friend' element with facilities available for immediate new member sign up • Governors to attend events within SGUH and community to promote membership • Corporate Governance Team to work with teams within SGUH to identify opportunities for membership promotion eg: PPEG and Comms	• 5% increase in member numbers • All governors to attend at least two events per year
Increase number of members in SW Lambeth.	• Identify forums and local groups within SW Lambeth • Targeted advertising and governor engagement	5% increase in members from SW Lambeth

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Membership Data by Constituency

Council of Governors Membership Engagement Committee



Anna Missir
Governors and Membership Engagement Officer

May 2026

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The Trust currently has 13,236 active public members across all constituencies.

The largest membership group is located within the Rest of England constituency with 4,984 members, followed by Wandsworth with 4,198 members and Merton with 3,493 members.

The SW Lambeth constituency currently represents 541 active members, while 20 members are registered within the Out of Trust Area category.

This breakdown provides an overview of current membership distribution across constituencies and helps identify areas where future recruitment and engagement activity may be targeted.

Constituency	Total
Merton	3,493
Out of Trust Area	20
Rest of England	4,984
SWLambeth	541
Wandsworth	4198
Grand Total	13,236

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Comparison of Membership Figures (2024–2026)

Although Rest of England appears significantly larger than the local constituencies, comparison with previous membership figures suggests the increase is relatively modest and broadly consistent with overall membership growth trends rather than a substantial shift in constituency composition.

Wandsworth continues to show the strongest membership growth across the constituencies. Rest of England has also increased slightly, whereas Merton and South West Lambeth membership levels have remained relatively unchanged.

Constituency	2024 figure	2026 figure	Change	% Change
Wandsworth	4,073	4,198	+125	+3.1%
Merton	3,492	3,493	+2	0.03%
SWLambeth	541	541	0	0.0%
Rest of England	4,861	4,984	+123	+2.5%

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Wards – SW Lambeth

- Civica postcode mapping identified the following wards within the SW Lambeth membership constituency.
- Membership is heavily concentrated in the Streatham wards
- There is comparatively less representation in Clapham Park and Streatham Hill East
- This helps identify where future recruitment or engagement campaigns could be focused

Ward	Total
Clapham Park	41
Streatham Common & Vale	170
Streatham Hill East	24
Streatham Hill West & Thornton	60
Streatham St. Leonards	155
Streatham Wells	91
Grand Total	541

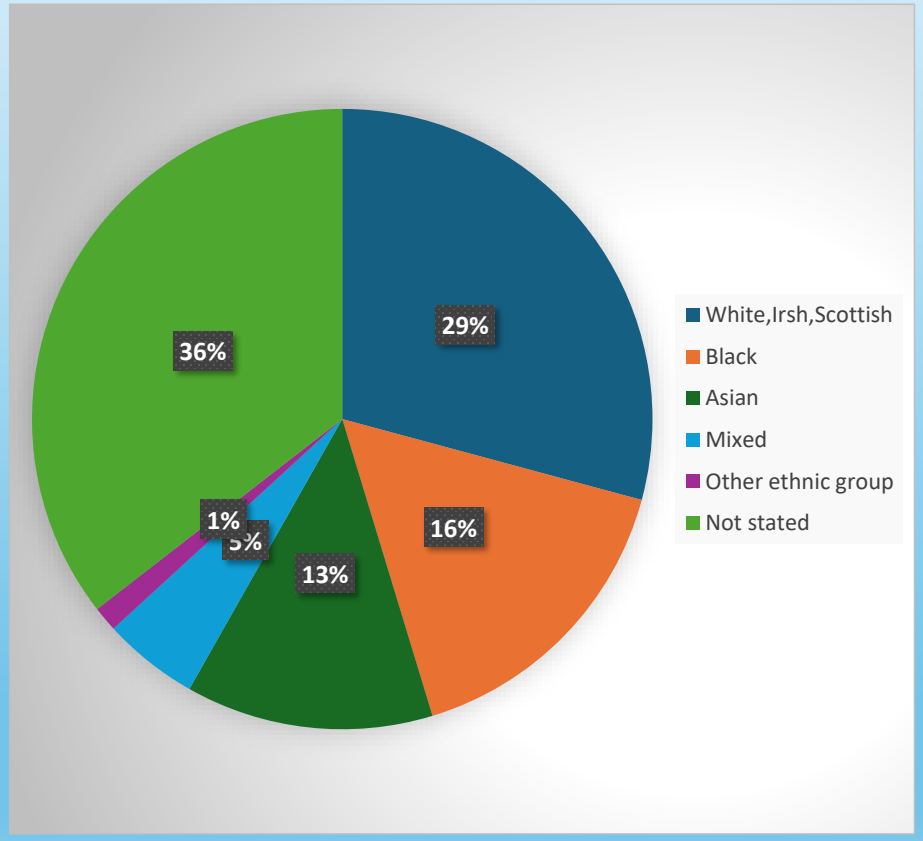
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Lambeth Ethnicity Breakdown

Membership data for Lambeth shows a highly diverse membership base, with White members representing 29.2% of recorded ethnicity data. Black members account for 16.1% and Asian members 12.9%, with Mixed and Other Ethnic Groups making up a smaller proportion of the membership. A significant proportion of members (36%) have not stated their ethnicity, indicating there may be opportunities to improve equality monitoring data collection and engagement activity within this constituency.

Ethnic Group	Members	Percentage
White	158	29.2%
Black	87	16.1%
Asian	70	12.9%
Mixed	27	5.0%
Other Ethnic Group	7	1.3%
Not stated	192	36%



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Rest of England

Due to the wide geographical spread of members within the Rest of England constituency, ward-level analysis is more limited and less representative than within local borough constituencies. The data is therefore presented at constituency level to provide a broader overview of regional membership distribution.

Constituency or Staff Class	Total
Rest of England	4984
Grand Total	4984

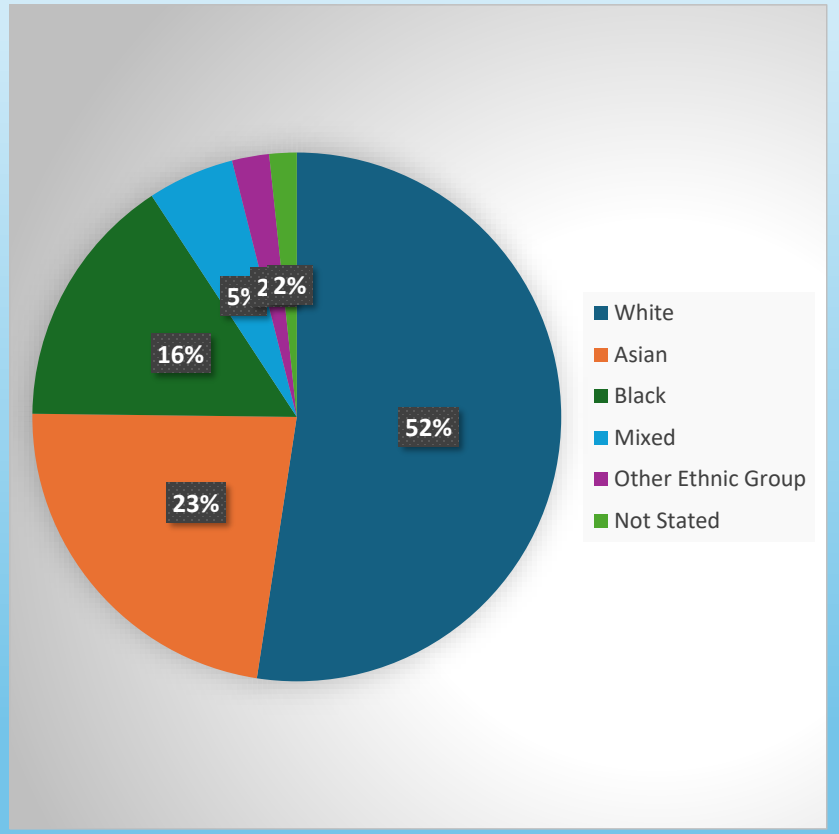
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Rest of England Ethnicity Breakdown

The Rest of England constituency demonstrates the broadest geographical spread of members and reflects a diverse ethnic profile. White members make up just over half of recorded ethnicity data (51.7%), with significant Asian (23.5%) and Black (15.3%) representation across the constituency. The data suggests that the Trust continues to attract and retain engagement from a wide and diverse membership population beyond the immediate local boroughs.

Ethnic Group	Members	%
White	2,612	52.42%
Asian	1,135	22.78%
Black	776	15.57%
Mixed	264	5.30%
Other Ethnic Group	113	2.27%
Not stated	83	1.67%



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Wards – Merton

Civica postcode-to-ward mapping identified a broad distribution of members across the Merton constituency.

The highest concentrations of members were recorded within Cricket Green (295 members), Colliers Wood (274 members), Figge's Marsh (259 members), and Lavender Fields (254 members).

Significant membership representation was also identified within Graveney (237 members), Merton Park (190 members), Wimbledon Town & Dundonald (178 members), and Wimbledon Park (177 members).

Moderate levels of membership were identified across wards including Village, Longthornton, Pollards Hill, St. Helier, Abbey, Lower Morden, Ravensbury, Raynes Park, Hillside, and Cannon Hill, demonstrating a wide geographical spread across the constituency.

Lower membership concentrations were identified within West Barnes and Wandle, which may present opportunities for targeted recruitment and engagement activity.

Merton Wards	
Abbey	149
Cannon Hill	115
Colliers Wood	274
Cricket Green	295
Figge's Marsh	259
Graveney	237
Hillside	116
Lavender Fields	254
Longthornton	169
Lower Morden	137
Merton Park	190
Pollards Hill	167
Ravensbury	129
Raynes Park	117
St. Helier	161
Village	171
Wandle	100
West Barnes	97
Wimbledon Park	177
Wimbledon Town & Dundonald	178
Grand Total	3492

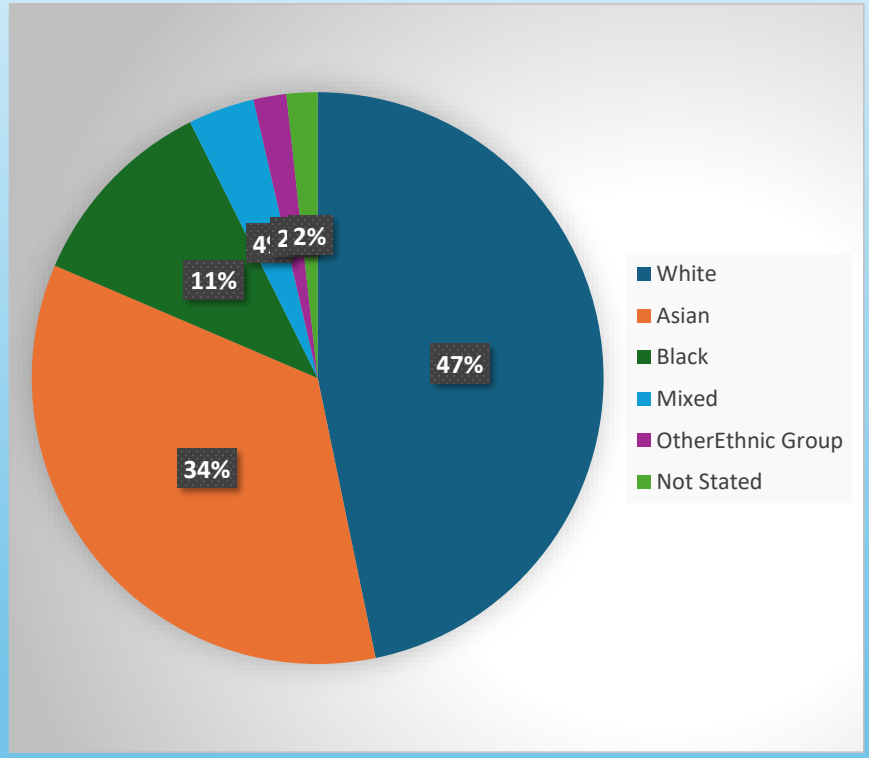
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Merton Ethnicity Breakdown

The Merton membership profile demonstrates a broad ethnic mix reflective of the local community, with representation across White, Asian, Black, Mixed and Other Ethnic Groups. This supports the Council of Governors' objective of maintaining a representative membership base and highlights opportunities to continue targeted engagement activity with younger members and global majority communities.

Ethnic Group	Members	Percentage
White	1,632	46.75%
Asian	1,211	34.69%
Black	391	11.20%
Mixed	131	3.75%
Other Ethnic Group	65	1.86%
Not stated	61	1.75%



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Wards – Wandsworth

Civica postcode-to-ward mapping identified a broad distribution of members across the Wandsworth constituency, with the highest concentrations located in Tooting Broadway (508 members), Furzedown (349 members), and Tooting Bec (346 members).

Other significant membership areas include Roehampton (281 members), West Hill (261 members), Wandsworth Common (248 members), and West Putney (235 members).

Moderate representation was identified across Balham, South Balham, Wandsworth Town, East Putney, Wandle, Southfields, Trinity, Falconbrook, Battersea Park, and Shaftesbury & Queenstown, demonstrating membership spread across multiple communities within the constituency.

Lower membership numbers were identified within wards such as Lavender, Northcote, St. Mary's, and Thamesfield, while Nine Elms currently shows very limited representation. These lower represented areas may provide opportunities for targeted membership recruitment and engagement activity.

Wards – Wandsworth continued

Wandsworth - Wards	Total
Balham	218
Battersea Park	140
East Putney	169
Falconbrook	147
Furzedown	349
Lavender	83
Nine Elms	1
Northcote	75
Roehampton	281
Shaftesbury & Queenstown	141
South Balham	180
Southfields	148
St. Mary's	75
Thamesfield	125
Tooting Bec	346
Tooting Broadway	508
Trinity	144
Wandle	154
Wandsworth Common	248
Wandsworth Town	170
West Hill	261
West Putney	235
Grand Total	4198

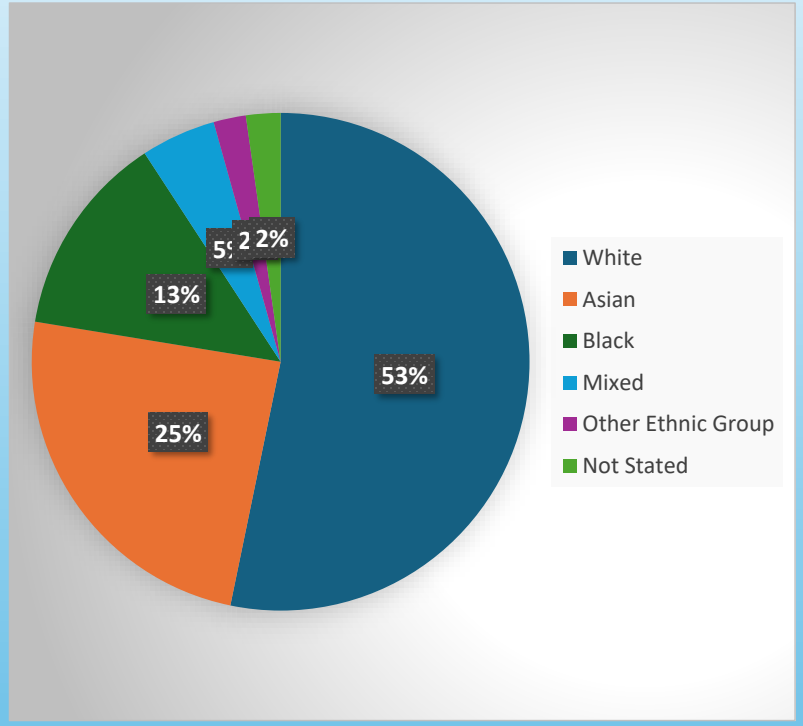
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Wandsworth Ethnicity Breakdown

Wandsworth continues to represent one of the Trust's largest and most established membership constituencies. The data demonstrates strong representation across multiple ethnic groups, particularly within White, Asian and Black communities. Continued engagement activity within Wandsworth provides opportunities to further strengthen representation and increase participation in governor and membership initiatives.

Ethnic Group	Members	Percentage
White	2,235	53.24%
Asian	1,022	24.34%
Black	555	13.22%
Mixed	204	4.86%
Other Ethnic Group	88	2.10%
Not stated	94	2.24%



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Membership Representation Compared to Local Population - continued

Constituency	White	Asian	Black	Mixed / Other
Lambeth Membership	29.2%	12.9%	16.1%	6.3%
Lambeth Population (Census 2021)	~55%	~11%	~20%	~14%
Merton Membership	46.7%	34.7%	11.2%	7.4%
Merton Population (Census 2021)	~55%	~21%	~9%	~15%
Wandsworth Membership	53.2%	24.3%	13.2%	7.0%
Wandsworth Population (Census 2021)	~62%	~12%	~10%	~16%

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Socio-economic Profile by Constituency

Civica Acorn socio-economic data provides an indicative view of the membership profile across constituencies. The analysis shows representation across affluent achievers, comfortable communities, rising prosperity, financially stretched households and urban adversity groups.

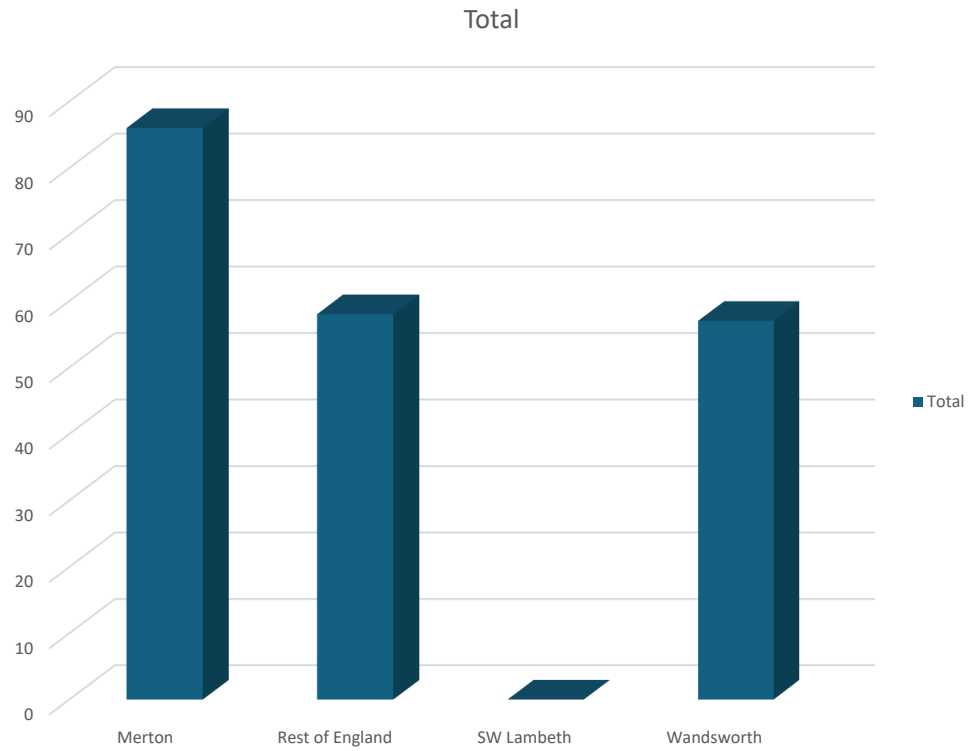
There is also a notable number of records where Acorn data is recorded as ‘Not available’ so this should be treated as a limitation when interpreting the socio-economic profile.

Socio-economic Profile by Constituency - continued

Acorn Socio-economic category	Lambeth	Merton	Out of Trust Area	Rest of England	Wandsworth	Grand Total
Affluent Achievers [1]	47	446		1197	187	1877
Comfortable Communities [3]	77	844	1	987	176	2085
Financially Stretched [4]	37	196		583	540	1356
Not available [NA]		4	13	7	9	33
Not Private Households [6]	5	6		20	10	41
Rising Prosperity [2]	304	1007		1231	2772	5314
Urban Adversity [5]	71	990	6	959	504	2530
Grand Total	541	3493	20	4984	4198	13236

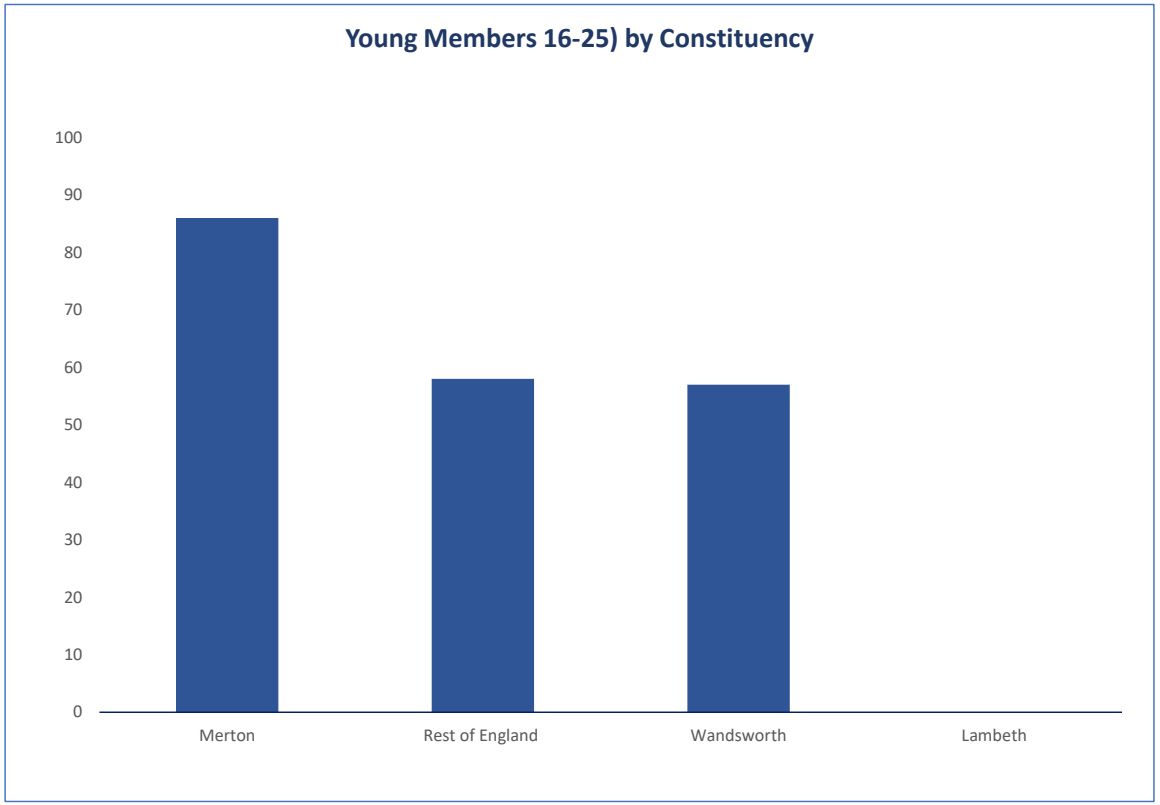
Young Members (16–25)

- Total: 204 young members aged 16–25, representing 1.5% of public membership. Highest representation is in Merton, with 88 young members. South West Lambeth currently has no recorded members in this age group.
- Young membership remains low overall, with clear gaps in certain constituencies.

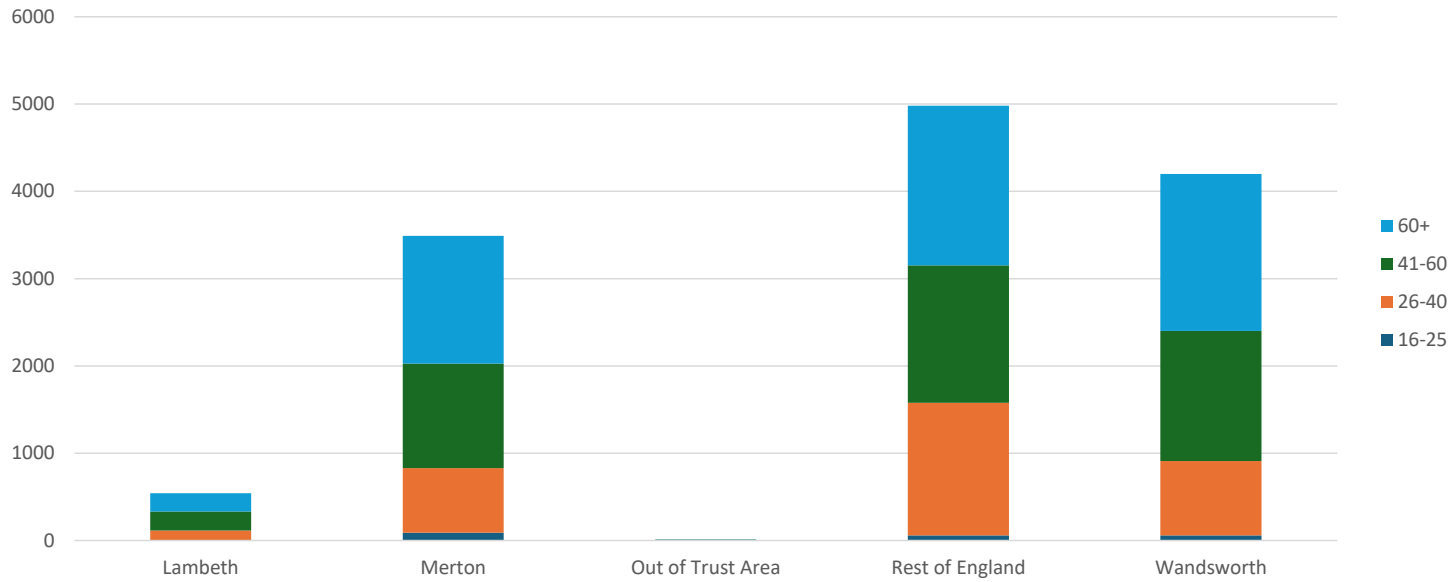


Geographic Distribution of Young Members

- Analysis of available data indicates uneven distribution of younger members across constituencies
- Higher concentrations observed in Merton, with limited or no representation in South West Lambeth
- More granular geographic analysis (e.g. postcode/ward level) is currently limited by available data.



Membership Age Profile by Constituency



Membership is heavily concentrated in older age groups (60+), with very limited representation from younger cohorts across all constituencies.

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Membership Age Profile by Constituency

The largest age group is 60+ with 5,515 members, followed by 40-59 with 4,558 members. Young members aged 16-25 make up 204 members overall.

	16-25	26-39	40-59	60+	Unknown	Grand Total
Lambeth		98	224	219		541
Merton	88	676	1212	1516	1	3493
Out of Trust Area	1	3	6	5	5	20
Rest of England	56	1400	1627	1900	1	4984
Wandsworth	59	775	1489	1875		4198
Grand Total	**204**	**2952**	**4558**	**5515**	**7**	**13236**

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Opportunities for Future Membership Engagement

- Targeted recruitment activity within underrepresented wards
- Increased engagement with younger members and global majority communities
- Improved ethnicity data capture and equality monitoring