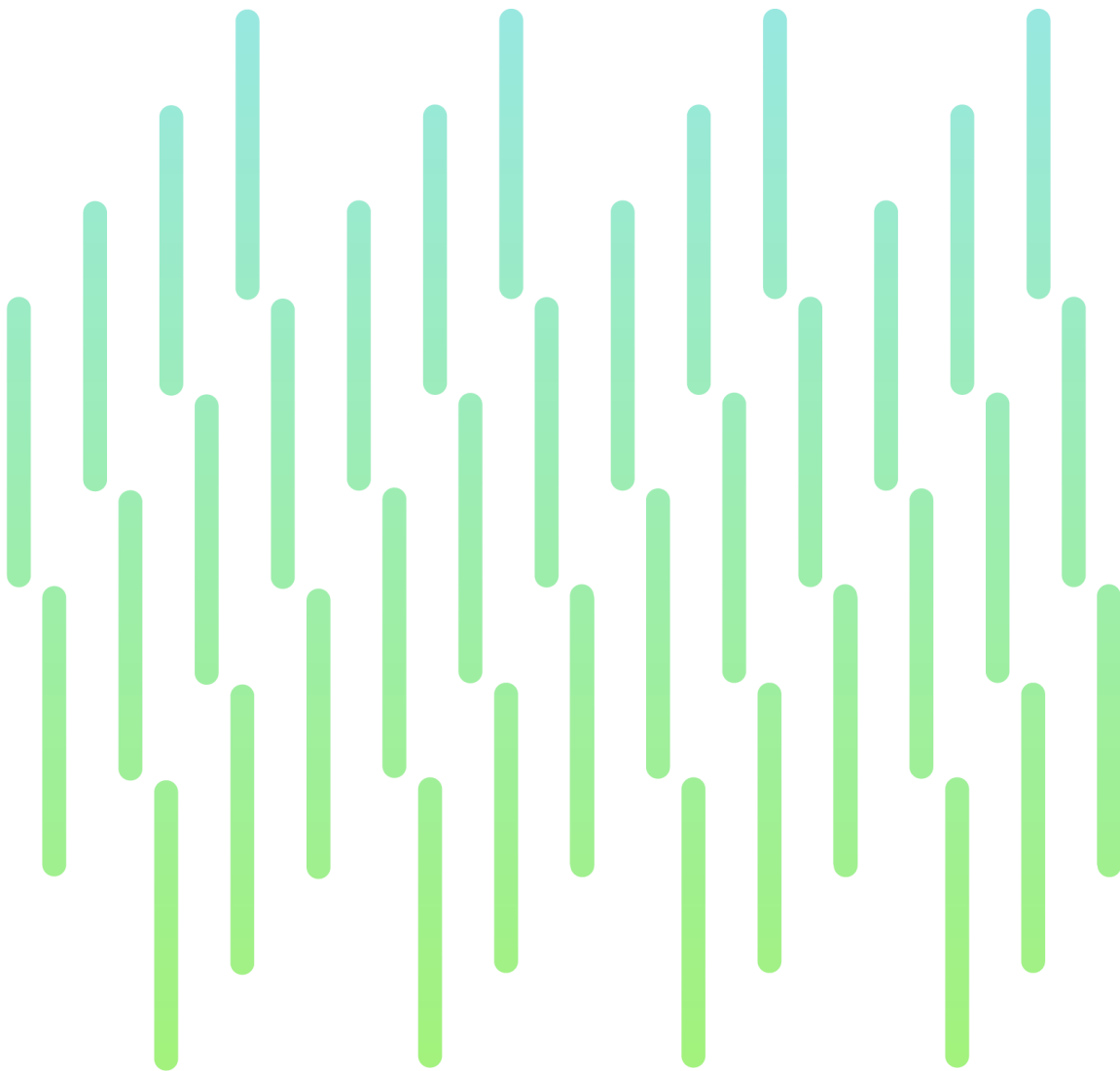




# Trust Board Meeting

## Thursday 28 May 2020

Agenda and papers



## Trust Board Meeting (Part 1) Agenda

**Date and Time:** Thursday, 25 June 2020, 09:00-11:20

**Venue:** WebEx and For Internal Staff Room 52, 1<sup>st</sup> Floor Grosvenor Wing

Time	Item	Subject	Lead	Action	Format
<b>1.0 OPENING ADMINISTRATION</b>					
09:00	1.1	Welcome and apologies	Chairman	Note	Oral
	1.2	Declarations of interest	All	Assure	Oral
	1.3	Minutes of meeting – 28 May 2020	Chairman	Approve	Report
	1.4	Action log and matters arising	All	Review	Report
09:05	1.5	Chief Executive Officer's Report	Chief Executive	Inform	Report
<b>2.0 ANNUAL REPORT, ANNUAL ACCOUNTS AND QUALITY ACCOUNT 2019/20</b>					
09:15	2.1	Audit Committee Report	Committee Chair	Assure	Report
09:25	2.2	Annual Report & Accounts and Quality Account 2019/20	Chief Corporate Affairs Officer/ Chief Financial Officer/Acting Chief Nurse	Approve	Report
	2.3	Auditors Reports 2.3.1 External Auditors Findings Report 2.3.2 External Auditors Opinion on Financial Statements 2.3.3 Head of Internal Auditors Opinion	Chief Financial Officer/ Chief Corporate Affairs Officer	Receive	Report
	2.4	Letter of Representation (Accounts)	Acting Chief Financial Officer	Approve	Report
<b>3.0 COVID-19</b>					
09:45	3.1	Covid-19 Overview	Chief Executive/ Acting Chief Nurse	Assure	Report
<b>4.0 QUALITY &amp; PERFORMANCE</b>					
10:00	4.1	Quality and Safety Committee Report	Committee Chairman	Assure	Report
	4.1.1	Medicines Management (Bi-Annual Report)	Chief Medical Officer	Assure	Report
10:10	4.2	Integrated Quality & Performance Report	Chief Operating Officer	Assure	Report
<b>5.0 WORKFORCE</b>					
10:20	5.1	Workforce & Education Committee Report	Chief Medical Officer	Assure	Report
	5.1.1	Committee Annual Review & Revised Terms of Reference			
10:30	5.2	Freedom Speak to Up Guardian Report	Freedom to Speak up Guardian	Assure	Report
<b>6.0 FINANCE</b>					
10:40	6.1	Finance and Investment Committee Report	Committee Chair	Assure	Report
10:50	6.2	Finance Report (Month 02)	Acting Chief Finance Officer	Update	Report

Time	Item	Subject	Lead	Action	Format
7.0 RISK, GOVERNANCE & COMPLIANCE					
11:00	7.1	Fit and Proper Person Test Process Procedures and Exception Reports	Acting Chief People Officer (HR)	Approve	Report
8.0 CLOSING ADMINISTRATION					
11:10	8.1	Questions from Governors/Public	Chairman	Note	Oral
	8.2	Any new risks or issues identified	All	Note	
	8.3	Any Other Business		Note	
11:20	CLOSE				

Thursday, 23 July 2020, 09:00-11:00  
WebEx and For Internal Staff Room 52, 1<sup>st</sup> Floor Grosvenor Wing



## Trust Board Purpose, Meetings and Membership

<b>Trust Board Purpose:</b>	The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and In Attendance Attendees		
Members	Designation	Abbreviation
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive Officer	CEO
Ann Beasley	Non-Executive Director/Vice Chairman	NED
Elizabeth Bishop	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Prof. Jenny Higham	Non-Executive Director (St George's University Representative)	NED
Dame Parveen Kumar	Non-Executive Director	NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Tim Wright	Non-Executive Director	NED
Andrew Grimshaw	Deputy Chief Executive Officer	DCEO
Avey Bhatia	Chief Operating Officer	COO
Robert Bleasdale	Acting Chief Nurse & Director of Infection, Prevention & Control	ACN
Richard Jennings	Chief Medical Officer	CMO
Tom Shearer	Acting Chief Financial Officer	ACFO
In Attendance		
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
Elizabeth Nyawade	Acting Chief People Officer (Human Resources)	ACPO-HR
Secretariat		
Tamara Croud	Head of Corporate Governance/Board Secretary	HO CG-BS
Apologies		
James Friend	Chief Transformation Officer	CTO
<b>Quorum:</b>	<i>The quorum of this meeting is a third of the voting members of the Board which must include one non-executive director and one executive director.</i>	



**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
In Public (Part One)  
Thursday, 28 May 2020  
Room 52, 1<sup>st</sup> Floor Grosvenor Wing, St George's Hospital, Tooting & WebEx**

Name	Title	Initials
<b>PRESENT (*attendees joining the meeting via videoconferencing)</b>		
Gillian Norton*	Chairman	Chairman
Jacqueline Totterdell*	Chief Executive Officer	CEO
Ann Beasley*	Non-Executive Director	NED
Elizabeth Bishop*	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Prof Jenny Higham*	Non-Executive Director	NED
Prof Parveen Kumar*	Non-Executive Director	NED
Dr Pui-Ling Li*	Associate Non-Executive Director	ANED
Tim Wright*	Non-Executive Director	NED
Avey Bhatia	Chief Operating Officer	COO
Robert Bleasdale	Acting Chief Nurse and Director of Infection Prevention & Control	ACN/DIPC
Dr Richard Jennings	Chief Medical Officer	CMO
Andrew Grimshaw*	Deputy Chief Executive Officer	DCEO
Tom Shearer*	Acting Chief Finance Officer	ACFO
<b>IN ATTENDANCE</b>		
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
Elizabeth Nyawade	Acting Chief People Officer – Human Resources	ACPO-HR
<b>SECRETARIAT</b>		
Tamara Croud*	Head of Corporate Governance/Board Secretary	HCG
<b>APOLOGIES</b>		
James Friend	Chief Transformation Officer	CTO

	Action
<b>1.0 OPENING ADMINISTRATION</b>	
<b>1.1 Welcome, Introductions and apologies</b>  The Chairman welcomed everyone to the meeting and recorded her and the Board's best wishes for James Friend's speedy recovery. She also welcomed Elizabeth Nyawade who, with Humaira Ashraf, would jointly provide cover for the vacant Chief People Officer role following the departure of Harbhajan Brar.	



		Action
1.2	<p><b>Declarations of Interest</b></p> <p>The Trust Chairman reminded the Board of her conflict of interest in relation to her role as '<i>Chairman in Common</i>' across both St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust (ESTH). The Chairman also noted Elizabeth Bishop's conflict of interest as non-executive director at ESTH alongside her role at St George's, as authorised by the Board. The Chairman commented that this conflict, for both herself and Elizabeth Bishop, was particularly pertinent for the discussion about joint tender for renal dialysis services. The Board noted the interests as set out by the Chairman and that these had previously been authorised by the Board.</p>	
1.3	<p><b>Minutes of the meetings held on 30 April 2020</b></p> <p>The minutes of the meeting held on 30 April 2020 were approved as an accurate record subject to removing the word 'robust' from page 4, section 2.1, first bullet, first sentence. This change would reflect the fact that more work was required on the ethical protocols decision making tool for patients being triaged into and out of critical care units.</p>	
1.4	<p><b>Action Log and Matters Arising</b></p> <p>The Board reviewed and noted the action log and agreed that all the action proposed for closure could be closed. Action TB28.11.19/01 (medicines management) would be reflected in the report presented to the Board at its meeting in June 2020. Action TB.19.12.19/01 (Assurance on delivery of Corporate Objectives) was being addressed through the new executive governance structures and a proposal would be brought back to the Board at its meeting in July 2020.</p>	
1.5	<p><b>Chief Executive's Officer (CEO) Report</b></p> <p>The Board received the report from the CEO. The CEO reported that the management team had revisited the management governance framework and agreed to establish an Operations Management Group to focus on operational issues and increase the engagement of clinical leaders. The new framework also included a Risk and Assurance Group which would oversee risk management and assurance against key areas of statutory and regulatory compliance. The management team had disestablished the Trust Executive Committee (TEC) and introduced a new Trust Management Group (TMG) in its place, comprising the Executive Directors, Divisional Chairs and certain other key senior members of staff. It was important the Board was sighted on this as, following a previous governance review in 2017, the TEC had been established as a formal Committee of the Board and the new structure changed this.</p> <p>Tim Wright queried whether or not the new governance framework would achieve more effective engagement from middle managers. The CEO reported that the new framework built on good engagement from clinicians during the peak of the Covid-19 pandemic but the executive team recognised that more work was required in order to increase the level of engagement by middle managers. To support divisional leaders, the executive team had put</p>	



		Action
	<p>in place coaching for the triumvirate leadership teams which should help improve divisional leadership and, through this, better engagement from middle managers. Jenny Higham flagged the importance of ensuring that with the establishment of the new fora thought should be given to how to best to empower care group leads to make decisions within the agreed framework and ensuring that the new structures did not create additional barriers to making change. The COO reported that unblocking the barriers to decision making at care group level would be supported by the establishment of the Operations Management Group and the enhanced engagement through this of clinical leaders. In response to a question from Elizabeth Bishop, it was reported that that grip and control on finance would be maintained and the Operational Management Group would be central to ensuring that sound financial practice was maintained at every level of the organisation. The CEO confirmed that work was currently underway to review the next tier of meetings below these new structures. Currently, there was a large number of groups that had been established piecemeal over many years and the intention was to rationalise this and thereby improve the flow of information and effective decision-making.</p> <p>The Board noted the report and that the Trust Executive Committee had been disestablished.</p>	
<b>2.0</b>	<b>NOVEL CORONAVIRUS (Covid-19)</b>	
<b>2.1</b>	<p><b>Update on Novel Coronavirus (Covid-19)</b></p> <p>The Board was provided with an update on the Trust's management of and response to the Covid-19 pandemic.</p> <p>The following key points were reported:</p> <ul style="list-style-type: none"> <li>The Trust had experienced a peak of Covid-19 cases in early April 2020 since when numbers had continued to reduce, both in terms of the number of utilised Covid-19 ITU and general medical beds. The Trust bed activity currently stood at 65% and over the past two weeks there had been an increase in emergency admissions though this was still below the levels at the same time the previous year. However, this was encouraging and indicated that patients were increasingly willing to attend where there was a clinical need. The Trust now had a clinical safety strategy in place which identified those patients waiting to access the Trust's services, the resources required to resume these services safely, and agreed processes and criteria to inform the order in which these services could be restarted to ensure that patients can be treated safely in the hospital. The Trust had completed a significant amount of work to create dedicated clinical pathways including Covid protected pathways and Covid risk-mitigated pathways which were underpinned by robust infection prevention and control systems. This had enabled the Trust to care for elective patients in dedicated pathways and for patients to have been screened for Covid prior to coming into the Trust. The Trust was actively working on developing its infection prevention and control board framework in response to new guidance from NHS England and NHS Improvement and this would be brought to the Quality and Safety Committee and would also be shared with the Care Quality Commission. While the Trust had undertaken significant work around establishing dedicated clinical pathways it was recognised that more work was needed</li> </ul>	



		Action
	<p>to improve the physical estate and signage, particularly in outpatients and diagnostics areas, to better signpost patients and ensure Covid and non-Covid areas were kept separate.</p> <ul style="list-style-type: none"> <li>The Trust had introduced a pilot staff Covid risk assessment the previous week and had received 127 returns to date. The intention was that this would be rolled out to all staff in the coming weeks, and would be part of the wider work to support staff. The Trust had also held feedback sessions to gauge how staff involved in the pilot felt about the process and what could be improved. Responding to Ann Beasley's query about whether the Trust's assumptions that temporary staffing would not be required to support the urgent planned care, the ACN reported that based on current activity levels the Trust's plan was robust and the unplanned urgent care wards was fully staff and there were no vacancies. The Trust was conscious that staff had been operating in a more pressurised environment during the peak of the Covid pandemic and the Trust was working to ensure that staff had access to the support they needed and had an opportunity to recharge ahead of the Trust increasing non-Covid activity.</li> <li>The Trust continued to offer testing for symptomatic staff and partners across South London. The Trust would be offering antibody testing to all staff and patients and was aiming to meet the Government target of 1000 – 1500 minimum tests per day.</li> </ul> <p>The Board noted the report.</p>	
<b>3.0</b>	<b>QUALITY AND PERFORMANCE</b>	
<b>3.1</b>	<p><b>Quality and Safety Committee Report</b></p> <p>Professor Parveen Kumar, Chair of the Committee, presented the report of the meeting held on 21 May 2020, which set out the key matters raised and discussed. The Committee highlighted the fact that the Trust was not currently compliant with the national requirement to fit test all staff for FFP3 masks due in part to the different models of masks. While the Committee had received reassurances that there was an action plan in place to meet the national standard by the end of June 2020 it had asked management to maintain its focus in order to ensure the Trust was fully compliant as soon as possible. The Committee had also discussed the development of the Trust's ethical decision making tool for triaging patients into and out of critical care, and the CMO advised that the Trust would consult with legal advisors about this and would provide the Committee with a further update the following month.</p> <p>The Board noted the report.</p>	
<b>3.1.1</b>	<p><b>Committee Annual Report, Proposed Workplan and Revised Terms of Reference</b></p> <p>The Board received and considered the annual report from the Committee, agreed the changes to the terms of reference and endorsed the Committee's 2020-21 programme of work.</p>	



		Action
3.2	<p><b>Integrated Quality and Performance Report (IQPR)</b></p> <p>The Board received and noted the IQPR at Month 1 (April 2020), which had been scrutinised at both the Finance and Investment and the Quality and Safety Committees.</p> <p>Outside the matters raised in the reports from the Board Committees and in the earlier update on Covid-19, the Board noted that:</p> <ul style="list-style-type: none"> <li>During the peak of Covid-19 cases the Trust's cancer and diagnostic activity had decreased significantly. With the reduced numbers it was difficult to draw conclusions on the length of stay because of the change in the types of patients, with most Covid-19 patients staying longer, but overall performance had dropped. While certain activities had been stood down, the Trust had maintained performance for life-saving, diagnostics and chemotherapy services.</li> <li>In month 1, the Trust had managed to improve and had sustained significantly improved performance against the four hour standard in the emergency department. This was, of course, against a backdrop of a large fall in attendances. Nevertheless, the Trust was currently the highest performing Trust in London on the ED standard and was in the top five Trusts in the country, having consistently recorded performance above the 95% operating standard. The Chairman noted that the news on ED performance was very welcome and that it was important this improved performance was sustained as attendances recovered.</li> <li>Stephen Collier queried whether the Trust captured the virtual patient consultation data and the COO reported that although this was not the case at the beginning of the pandemic there was now an electronic outcomes form to capture this. In short, the data was not included in the performance reports but it was being tracked daily.</li> <li>The COO reported that the Trust was working robustly to stand services back up and was working closely with other trusts. Across South West London, six key services had been identified as priority areas for recovery including musculoskeletal (MSK), gynaecology, urology, ophthalmology, ears, nose and throat (ENT) and orthopaedics. These had been networked across South London and a lead provider model had been introduced. The Trust had been designated as the lead provider for ENT and urology and clinical leads in these specialties were convening to ensure there was a common understanding of the Royal College of Surgeons' classification of priorities as well as oversight of the rate at which Trusts were working through waiting lists. Focus was also being given to the next tranche of services that should be re-established and this was likely to include cardiology and neurosciences. The Trust's local plan aligned well with system plans and the Trust was bringing back into use more theatres and was continuing to use independent sector providers to treat patients to ensure that delays in care as a result of Covid were minimised. Day surgery services were now ready to restart but the Trust was first ensuring that there were robust infection prevention and control mechanisms in place.</li> <li>The Trust had a significant number of category three patients waiting to gain access to services and, as such, the Trust may in some cases need</li> </ul>	



		Action
	<p>to transfer these patients to other organisations to ensure they are treated in a timely way. This would impact on the Trust's financial performance and the Trust was working through how it could work within the system budget to ensure any lost activity and income could be appropriately offset.</p> <p><b>The Board received and noted the report and it was agreed that the data on quality impact attributed to the waiting list be included in future IQPRs.</b></p>	ACN/COO
3.3	<p><b>Learning from Deaths Quarter Four (2019/20)</b></p> <p>The Board received the quarter four 2019/20 learning from deaths report which had also been discussed at the Quality and Safety Committee on 21 May 2020.</p> <p>The new Medical Examiner function, which had recently been implemented, had played an important role in supporting bereaved families, particularly where they had been unable to visit patients during the course of their treatment. The clinical and ethical palliative care workstream was looking at ways in which the Trust could take a sensitive and balanced approach to families in the event of future Covid surges.</p> <p>In late 2019, the Trust had received a Doctor Foster mortality alert for patients with acute myocardial infarction as a result of the fact that between September 2018 and August 2019 there had been 95 deaths against an expected total of 74.2 deaths. The Cardiology care Group had looked through all of the deaths in this period to identify any specific themes and actions. The key areas of learning included implementing a system for an interventionist cardiologist of the week whose role was to ensure that any patient requiring urgent percutaneous coronary intervention (PCI) was paid appropriate attention in a timely fashion. The work already undertaken provided assurance that there were no common themes which pointed to any significant quality issues in the care of these patients. The Quality and Safety Committee had agreed to conduct a deep dive into mapping mortality alerts received by the Trust to ensure that such alerts were cascaded to relevant teams for action and escalated to the Board and other relevant forums as appropriate.</p> <p>Ann Beasley queried whether the deaths of two patients linked to delays in gaining access to catheter laboratories related to the failures in the laboratories that had been previously identified and the extent to which the mental health conditions of the patients who had died in the quarter related to their mental illness or physical health issues. <b>The CMO agreed to find out the detail behind these cases and provide updates outside the meeting.</b></p> <p>It was also reported that the Trust had received an outlier alert for intracranial injury including trauma. The Trust's newly-appointed learning from deaths lead was working with colleagues across the Trust through all of the cases to identify any key themes or issues. So far, no themes which provided cause for concern had been identified and <b>an update would be provided in the next learning from deaths report.</b></p> <p>In response to a query from Tim Wright about an apparent disparity in the number of deaths, the CMO reported that this related to the drop in clinical</p>	<p>CMO</p> <p>CMO</p>



		Action
	<p>activity during the Covid-19 pandemic.</p> <p>The Board noted the report and the implementation of the Medical Examiner system.</p>	
<b>4.0</b>	<b>WORKFORCE</b>	
<b>4.1</b>	<p><b>Guardian of Safe Working Hour (GOSWH) Quarter Four Report</b></p> <p>The Board received the quarter four 2019/20 GOSWH report. A key theme from the report was the work being undertaken to support junior doctors and ensuring there was effective and regular dialogue. The junior doctors forum had continued virtually during the Covid pandemic and they had set an agenda for areas they wanted to cover with senior leaders. Key safety alerts identified in the report related to junior doctors not feeling supported by senior clinicians during unsociable hours and the Trust had engaged with junior doctors through the GOSWH.</p> <p>Ann Beasley asked whether junior doctors knew that as Senior Independent Director she could be contacted in the event that they had any concerns. <b>It was also agreed that Ann Beasley would be invited to join a virtual meeting of a junior doctors' forum.</b> Dame Parveen Kumar queried the impact on junior doctors' education and training programme during the Covid pandemic and highlighted the importance of ensuring both junior doctors and consultants were paid for any overtime. The CMO advised that the education and training programme for junior doctors had indeed been impacted as a result of the operational pressures of responding to the pandemic and this had been unavoidable, but the post graduate and medical education team were looking at how to restart these programmes in an effective way as the importance of these were recognised. The Trust was also paying all clinicians for overtime within the agreed framework.</p> <p>The Board noted the report.</p>	<b>CMO</b>
<b>5.0</b>	<b>FINANCE</b>	
<b>5.1</b>	<p><b>Finance and Investment Committee Report</b></p> <p>Ann Beasley, Chair of the Committee, provided an update on the meeting held on 21 May 2020. The Committee had undertaken a review of key information technology (ICT) risks. The Trust had made huge strides in responding to the needs of the organisation to deliver services and enable the workforce to operate effectively during the Covid-19 pandemic. However, there remained a significant amount of operational ICT work required to upgrade the Trust's systems. This had been hindered by the fact that the Trust had not received confirmation of its capital allocation from NHS England and NHS Improvement. The Trust was therefore committing to spending at risk on ICT. The Trust was told to forecast to balance but there was a significant income gap in the Trust's budget and the Trust was engaging with NHS England and NHS Improvement on this.</p> <p>The Board acknowledged the effort being made by the estates team. It also acknowledged the strain on the Trust's ICT system with more remote working.</p>	



		Action
	The Board noted the report.	
<b>5.1.1</b>	<b>Committee Annual Report, Proposed Workplan and Revised Terms of Reference</b>  The Board received and considered the annual report from the Committee, agreed the changes to the terms of reference and endorsed the Committee's 2020-21 programme of work. It was also agreed that the COO would be added as a full member of the Committee.	
<b>5.2</b>	<b>Month 01 Finance Report</b>  The Board noted the Month 1 finance report. The Trust had a breakeven position at month one which included receipt of a £3.7m top up income accrual. Without this income accrual, the Trust's position would have been £3.7m deficit. The Trust had a planning gap between what NHS Improvement (NHSI) had interpreted as the Trust's underlying position and what the Trust had forecast its position to be through the planning process. This amounted to a gap of £3.5m per month. The Trust had incurred £3.3m of Covid costs related to staffing, principally in ITU, and testing as well as other Covid-related spend. The Trust had submitted a return to NHSI for these costs. There was also £3m of underspend resulting from reduced activity, non-pay costs and temporary staff expenditure. The Trust had received two months' worth of block contract payment in month one hence the cash position was currently £50.5m and the Trust was ensuring it managed its creditors effectively. While the financial position was currently favourable the Trust would need to manage this carefully given the uncertainty around standing services back up to begin to increase income. The Trust incurred a capital spend of £6m of which £1.6m was related to Covid. The Trust continued to submit all capital Covid-related orders to NHSI prospectively for consideration.  The Board noted the report.	
<b>6.0</b>	<b>RISK, GOVERNANCE &amp; COMPLIANCE</b>	
<b>6.1</b>	<b>Audit Committee Report</b>  Elizabeth Bishop, Chair of the Committee, provided an update on the meeting held on 7 May 2020. The Committee received and noted the progress made to complete the external audit of the Trust's year-end reports. The Committee was pleased with the progress made to date and would consider the near final draft on 11 June 2020 before submission to the Board for approval on 25 June. The Committee welcomed the reports from internal auditors and was reassured by the head of internal audit 's draft opinion which rated the Trust's internal mechanism and control as 'reasonable'. Of particular note was substantial assurance rating received in relation the Trust's key financial controls for the second year in a row.  The Board noted the report.	
<b>6.1.1</b>	<b>Committee Annual Report, Proposed Workplan and Revised Terms of Reference</b>  The Board received and considered the annual report from the Committee,	



		Action
	agreed the changes to the terms of reference and endorsed the Committee's 2020-21 programme of work.	
<b>6.2</b>	<b>St George's Hospital Charity Report</b>  The Committee noted the update on the Charity's activities and expressed its appreciation and thanks for the work being conducted by the Charity during the Covid pandemic. It was also noted that the Trust was working with the Charity to develop bids for money from the NHS Charities Together fund.	
<b>6.3</b>	<b>Provider Licence Annual Self-Certification</b>  The Board reviewed and approved the self-certification against each of the licence conditions, including the proposed response in each area, to enable the Trust to complete the self-certification process.	
<b>6.4</b>	<b>Board Assurance Framework Report, Q4 2019/20</b>  The Board received and endorsed the Board Assurance Framework for quarter 4 2019/20. Strategic risk three ( <i>there is a risk our patients wait too long for treatment</i> ) remained at 20 to reflect the ongoing Covid-19 challenges and the potential impact on the ability of the Trust to provide care in a timely way. Similarly, the risk score for strategic risk nine ( <i>there is a risk that we are unable to deliver an estates strategy that supports the delivery of our clinical services strategy</i> ) had increased to 20.  The Board noted the report.	
<b>6.5</b>	<b>Board Annual Forward Plan</b>  The Board received and endorsed the proposed programme of work for the Board in 2020-21. It was also noted that the Board would return to bi-monthly meetings after the July 2020 meeting.	
<b>7.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>7.1</b>	<b>Questions from the public</b>  There were no questions raised by Governors or members of the public.	
<b>7.2</b>	<b>Any other risks or issues identified</b>  There were no other risks or issues identified.	
<b>7.3</b>	<b>Any Other Business</b>  There were no matters of any other business raised for discussion.	
<b>Date of next meeting: Thursday, 25 June 2020, Room 52 and videoconference</b>		

Trust Board Action Log Part 1 - June 2020						
Action Ref	Section	Action	Due	Lead	Commentary	Status
TB28.11.19/01	Medication Incidents and Controlled Drugs Q1-2 Report	The CMO agreed that the next iteration of the medicine incident and controlled drugs report would include relevant benchmarking data.	<del>28/05/2020</del> 20/06/2020	CMO	See agenda item 4.1.1	PROPOSED FOR CLOSURE
TB27.02.20/01	Learning from Deaths Quarter Three 2019/20 Report	The Board noted the report and it was agreed that an item on the Medical Examiner system would be included in the Board development programme in the first half of 2020/21.	25/06/2020	CMO	The CCAO would capture this session in the Board's development programme for 2020/21.	PROPOSED FOR CLOSURE
TB30.01.20/05	Patient Story: Sickle Cell Patients in the Emergency Department	The Board thanked Ms Vitalis for sharing her story and agreed that a follow-up report would be presented to the Board setting out the actions that had been taken to ensure that her poor experiences would not be repeated either for herself or for others.	<del>25/06/2020</del> 26/11/2020	ACN	The Trust had devised a programme of work which would be informed by a group including sickle cell patients and staff members. The programme was also part of the NHS Improvement/England Always Events initiative. The programme of work was put on hold as a result of the Covid-19 pandemic with patients shielding and staff remobilised to support other parts of the hospital during the peak of the health crisis. The Trust anticipates this would restart in September 2020. <b>Accordingly the Board is asked to agree that the update be deferred until the November 2020 meeting.</b>	OPEN
TB19.12.19/01	Action Log & Matters Arising	<b>Plans for Providing Effective Assurance at Committees (Corporate Objectives):</b> The Board agreed that plans for reporting on and providing effective assurance through Committees to the Board on corporate objectives would be picked up as part of the process for agreeing the objectives for 2020/21.	<del>26/03/2020</del> 28/05/2020	CSO/CCAO	This is being revisited in light of the changes to the operational governance structures (described in the CEO's report at item 1.5) and an update will be brought to the next meeting in June 2020.	OPEN
TB28.05.20/01	Integrated Quality and Performance Report (IQPR)	The Board received and noted the report and it was agreed that the data on quality impact attributed to the waiting list be included in future IQPRs.	25/06/2020	ACN/CMO	Update to be provided at the Board meeting.	OPEN
TB28.05.20/02	Learning from Deaths Quarter Four (2019/20)	Ann Beasley queried whether the deaths of two patients linked to delays in gaining access to catheter laboratories related to the failures in the laboratories that had been previously identified and the extent to which the mental health conditions of the patients who had died in the quarter related to their mental illness or physical health issues. <b>The CMO agreed to find out the detail behind these cases and provide updates outside the meeting.</b>	25/06/2020	CMO	Update to be provided at the Board meeting.	OPEN
TB28.05.20/04	Guardian of Safe Working Hour (GOSWH) Quarter Four Report	It was also agreed that Ann Beasley would be invited to join a virtual meeting of a junior doctors' forum.	25/06/2020	CMO	Update to be provided at the Board meeting.	OPEN
TB28.05.20/03	Learning from Deaths Quarter Four (2019/20)	So far, no themes which provided cause for concern had been identified and an update would be provided in the next learning from deaths report.	30/07/2020	CMO		NOT YET DUE



Meeting Title:	Trust Board		
Date:	25 June 2020	Agenda No	2.1
Report Title:	Audit Committee Report		
Lead Director/ Manager:	Elizabeth Bishop, Chair of the Audit Committee		
Report Author:	Elizabeth Bishop, Chair of the Audit Committee		
Presented for:	Assurance/Approval		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on 11 June 2020.		
Recommendation:	<b>The Board is asked to:</b> <ul style="list-style-type: none"><li>• <b>Note the update in the report; and</b></li><li>• <b>Consider and approve the year-end 2019/20 Annual Report, Financial Statements and Quality Report for submission to NHS Improvement (see agenda item 2.2);</b></li><li>• <b>Consider and adopt the Head of Internal Audit Opinion for 2019/20 (see agenda item 2.3); and</b></li><li>• <b>Receive and approve the letter of representation letter (see agenda item 2.4) authorising the Chief Executive Officer and Trust Chairman to sign the document on behalf of the Board.</b></li></ul>		
<b>Supports</b>			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Finance and use of resources, Leadership and Improvement capability		
<b>Implications</b>			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



## Audit Committee Report – June 2020

### Matters for the Board's attention

The Audit Committee met on 11 June 2020 to consider the year-end reports including the Annual Report, Financial Statements and Quality Report for 2019/20. The Committee also received the external audit findings and the head of internal audit annual opinion. At the date of the meeting the year reports and the external auditors reports were still in draft with some minor work to be completed before the reports could be made final.

#### 1. Annual Report, Financial Statements and Quality Accounts Plan

As reported to the Board in May 2020 the audit process was impacted by the national focus on the Covid-19 pandemic. This resulted in the extension of the timeline to produce and submit the year-end reports, trusts were not required to produce a quality report and there would be no external assurance from auditors on the quality report.

The Trust had received an adverse opinion from external auditors in relation to its value for money position since 2014/15. This year, the external auditor, Grant Thornton, was anticipating issuing a qualified 'except for' value for money conclusion which demonstrates that the Trust had proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The audit opinion was predicated on the good progress the Trust had made to improve its financial position, the Trust moving out of quality special measures and reducing its annual deficit. The Trust, however, remained in financial special measures and there was material uncertainty around its financial sustainability with regards to the requirement for future cash support which is yet to be confirmed, delays in completing the income contract process for 2020/21 and unsecured capital funding. The Trust along with other NHS organisations would also make a disclosure related to the uncertainty in the valuation of land and buildings. As a result of the Covid 19 pandemic, the Trust's external property valuers have identified a material estimation uncertainty relating to market conditions and build costs which affect the year-end valuation of the Trust's land and buildings portfolio.

The Committee received the advanced draft versions of the Annual Report, Financial Statements and Quality Report. Whilst each report required only minor drafting amendments the Committee noted that these would not impact on the final documents or change the materiality of the assumptions. A note about fines imposed by the Guardian of Safe Working would be included in the financial statements and also reflected in the quality report, as required by the 2016 contract for doctors in training. The Trust had also revised the statements in the quality report to reflect the fact that the document was not scrutinised by the external auditors this year.

The Committee recognised the significant level of good work to produce these reports and ensure, in unprecedented times, that the audit was completed effectively and thanked staff for all their hard work.

The Committee recommends that the Board consider and approve the year-end 2019/20 financial statements and reports for submission to NHS Improvement (*see agenda item 2.1*).

The Committee also noted and endorsed the letter of representation and the report the Council of Governors.

The Committee received and endorsed the Head of Internal Audit Opinion which concluded that the Trust had reasonable and effective risk management, control and governance processes in place. As reported at the last meeting the reasonable assurance rating was underpinned by the fact that of the 19 internal audit reviews completed in 2019/20, 10 were



rated *reasonable assurance*, five *limited assurance* and four *substantial assurance*. Unlike in previous years none of the internal audit reviews received a *no assurance* rating.

The Committee recommends that the Board consider and adopt the Head of Internal Audit Opinion for 2019/20 (see *agenda item 2.1*).

## 2. Revised Internal Audit Plan 2020-21

The Committee considered the revised 2020-21 internal audit plan. The management team had reviewed the original audit plan and reassured the Committee the plan remained sound and appropriate. The Committee agreed the changes to the sequencing of internal audits, which were proposed as a result of the operational pressures of responding to Covid-19 on particular parts of the Trust, and noted that the management team reserved the option to add other areas for internal examination should the need arise and these would be raised with the Committee.

The Committee also noted that it was likely that the NHS Improvement would conduct reviews into how Trusts had managed the impact of focusing on Covid-19 later in the year and, as a result, it did not consider that the inclusion of such a review was appropriate at this time, but this would be revisited in the event that a national review did not take place.

The Committee recognised that with the focus on Covid-19 the Trust had not made as much progress on the recommendations of previous audits. The Committee sought assurance on progress against the recommendations and agreed that internal auditors would engage with the management team to recalibrate the audit tracker.

## 3. Internal Compliance and Assurance

### 3.1. Breaches and Waivers

The Committee received assurance that the value and number of breaches and waivers had reduced in 2019/20. The number of waivers reduced to 58 in 2019-20 compared to 158 in 2018-19. Similarly there were only 24 breaches in 2019-20 compared with 142 in the previous year. The values of breaches and waivers reduced to £6.1m comparing favourably with £13.4 in 2018-19. The Committee also heard that the Covid-19 pandemic and the year-end capital position would marginally impact on the breaches and waivers in quarter four 2019-20 and quarter one of 2020-21.

### 3.2. Board Assurance Framework

The Committee is responsible for ensuring there are robust internal control mechanisms and systems in the Trust. The Board had recently adopted a new approach to its Board Assurance Framework and approved new strategic risks. The Committee examined the process for developing, providing assurance and evidencing rigorous risk management processes to the Board that the agreed key strategic risks were effectively managed across the Trust and cascaded to the relevant governance forums. The Committee also previewed the new template for reporting on the BAF, which sought to draw out explicitly the controls, assurances, gaps and actions in relation to each strategic risk defined by the Board. It agreed that this provided a better insight into the management of each strategic risk, though also recognised that the calibration of these would be key. An internal audit review was planned for quarter four 2020-21 which would consider the BAF.

## Recommendation

**The Board is asked to:**



- **Note the update in the report; and**
- **Consider and approve the year-end 2019/20 financial statements and reports for submission to NHS Improvement (*see agenda item 2.2*);**
- **Consider and adopt the Head of Internal Audit Opinion for 2019/20 (*see agenda item 2.3*); and**
- **Receive and approve the letter of representation letter (*see agenda item 2.4*) authorising the Chief Executive Officer and Trust Chairman to sign the document on behalf of the Board.**

**Elizabeth Bishop**  
**Audit Committee Chair, NED**  
**June 2020**

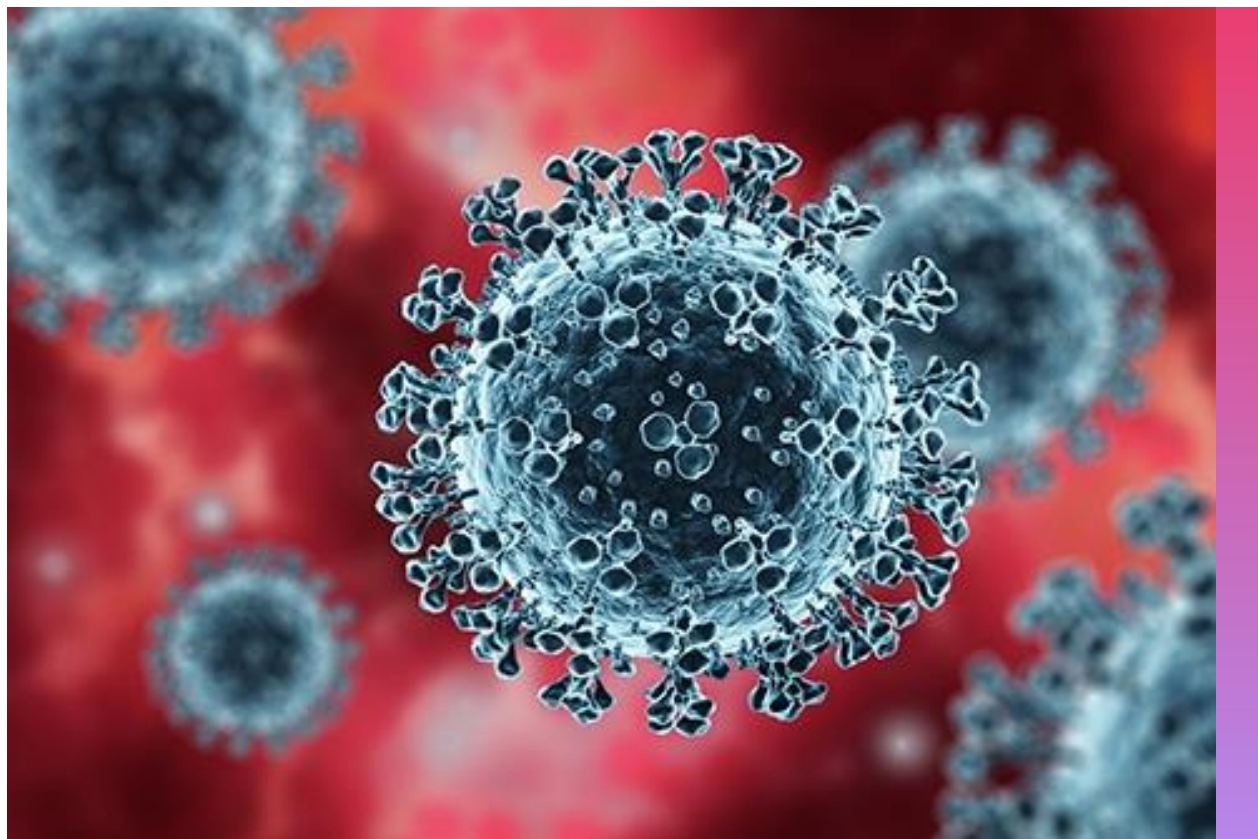


## Covid-19 Summary Report

### Trust Board

**Robert Bleasdale, Chief Nurse and Director of  
Infection Prevention and Control**

**25 June 2020**



## Executive Summary

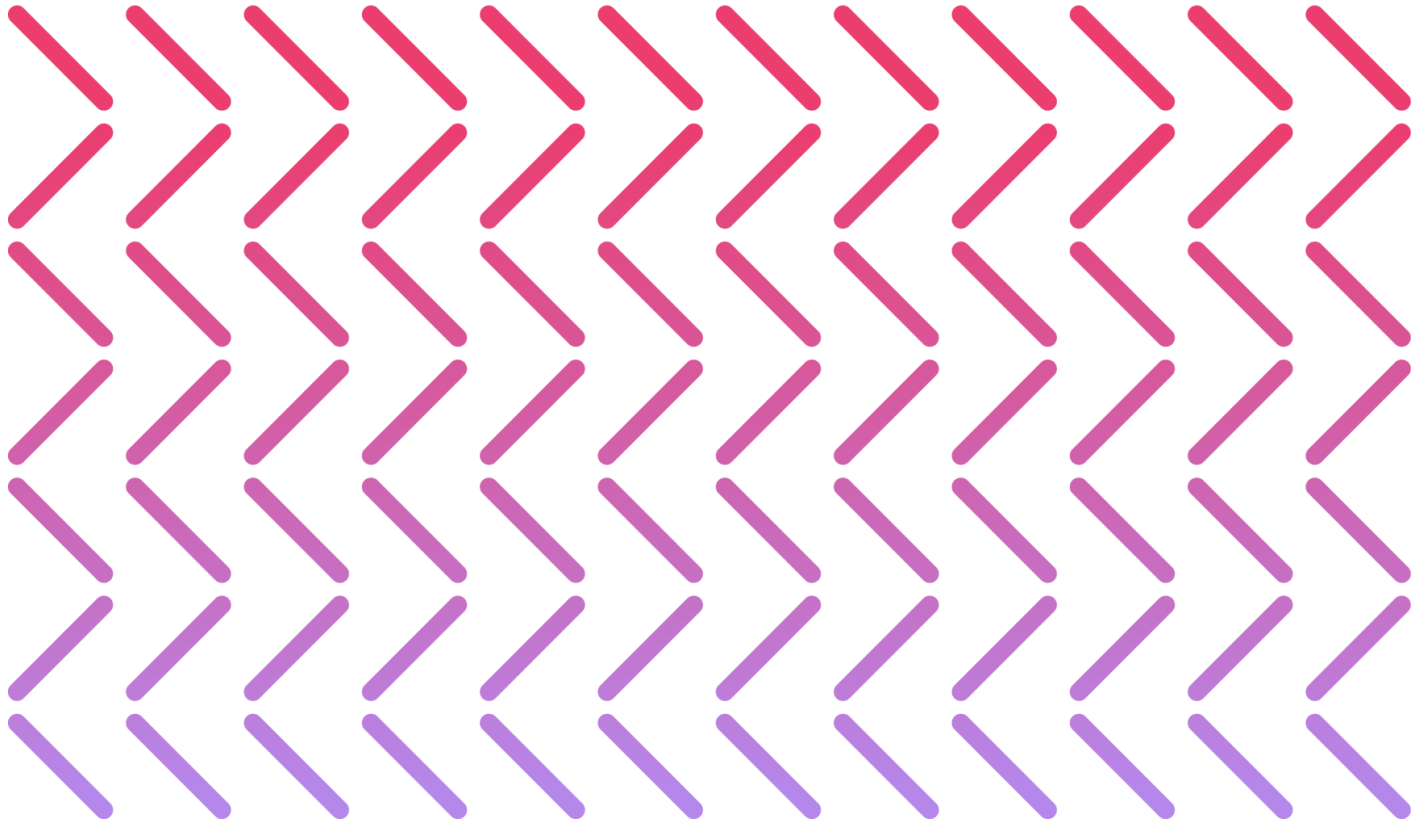
- Since the last update, the Trust has continued to operate with more capacity than demand for COVID-19 patients needing our care and support in ITU and general medical beds. In addition, we have continued to run a range of retained services, such as: trauma, maternity, neonatal, cancer, stroke, heart attack, medical and surgical take, paediatrics, imaging and pathology.
- Demand for COVID 19 inpatient beds peaked on 2<sup>nd</sup> April and for ITU peaked on the 12<sup>th</sup> April. Since then we have plateaued at a lower level of COVID 19 demand and this is forecast to continue.
- The Clinical Safety Strategy Group and Operational Management Group have continued to oversee the prioritisation of clinical services to be resumed. This is in collaboration with SWL partners. The resumption of services has been phased as detailed within the slide pack and Clinical Safety Strategy paper. In month the Trust resumed urgent elective cardiac surgery, following the IPC screening process outlined within the London IPC standards, which was successfully implemented for cancer patients.
- The Trust has implemented new operating guidance for the management of urgent elective surgical patients. This process has seen the establishment of dedicated 'green' covid protected areas with patients being screened prior to admission. These principles include the establishment of dedicated Covid protected areas within the intensive care areas, and the Operational Management Group is working to establish an expanded ITU bed base compliant with these principles segregated by floor.
- Covid19 antibody testing has been implemented for staff and contractors at the Trust on the 29<sup>th</sup> May 2020, and has received 5882 referrals for testing. The Chief Operating officer is in discussion with clinical teams and SWLP on how this service can be expanded to patients attending the hospital.
- Following the publication of the London Infection Prevention guidelines and national operating framework the operational group with the support of infection prevention and control are working to ensure these are fully implemented, including the establishment of a working group to implement social distancing measures within the workplace. The hospital has implemented the national guidance regarding the need for patients and visitors to wear face coverings, and staff to wear face masks as part of its Stay Safe campaign.
- A self assessment against the national standards for infection prevention and control is currently being completed using the national Board Assurance Framework document, which will be presented at the Quality and Safety Committee in July, after going through an internal assurance process with the Chief Nurse and Chief Operating Officer.
- In response to NHSE/I requirement, the Trust has developed and implemented a Covid19 risk assessment to be undertaken by lane managers for all staff across the organisation, with 2271 received on the 15<sup>th</sup> June.
- The Trust has incurred costs, and suffered from lost income, resulting from the response to COVID-19 in April and May. Costs have been both revenue and capital in their nature, which are detailed within the finance slide.
- A group was established mid May to look at the changes needed across St George's to ensure that our sites and ways of working are supporting the need for social distancing, in line with guidance.



# Activity and Resumption of services

3.1

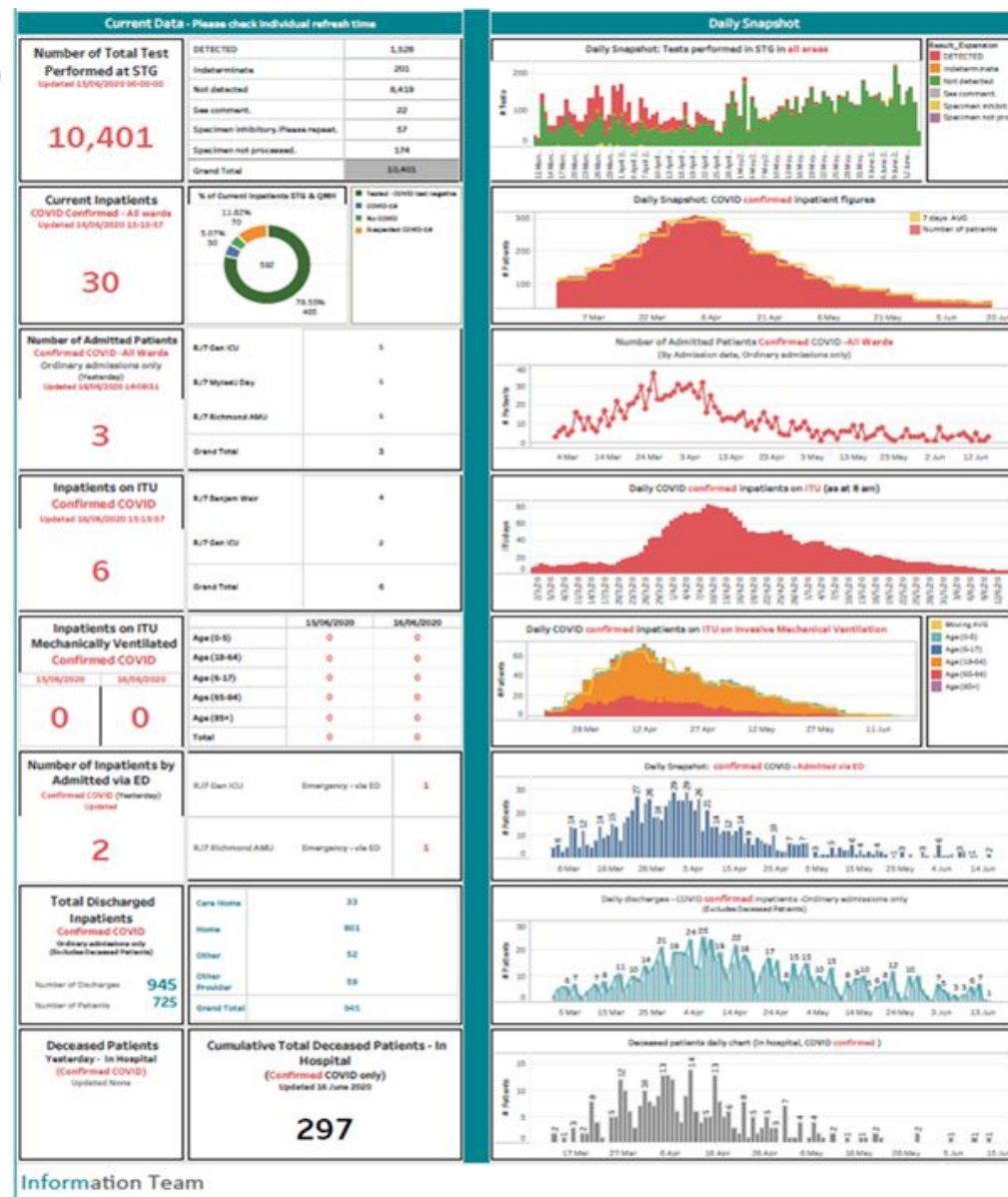
- Covid19 – Trust position
- Resumption of services
- Staff Testing



## COVID 19 Demand and Activity at 16<sup>th</sup> June 2020

- We have passed our first peak and stepped down to a plateau of demand in relation to COVID 19
- COVID 19 inpatients reduced again this week to 30, down from a peak of 304 on 2<sup>nd</sup> April.
- COVID 19 inpatients on ITU reduced again at 6, down from a peak of 83 on 12<sup>th</sup> April.
- A total of 10,401 COVID 19 tests on patients have been completed, with 1,528 identified as positive.
- A total of 945 discharges for patients with confirmed COVID 19, and there has sadly been 297 diagnosed COVID 19 deaths.
- Our forecast for is that we will continue to plateau in respect of Covid19 patients.
- As the current social distancing measures are eased, we will continue to track the impact closely on forecast demand, 7-14 days in advance as part of the Trust site operational meetings.

COVID 19 Update



3.1

## Resuming clinical services

- The Chief Medical Officer is leading a group to prioritise the resumption of clinical services based on clinical need, and in line with national guidance. This has involved the engagement of clinical leads within services to understand and prioritise services. This group reports to the Operational Management Group chaired by the Chief Operating Officer.
- The Clinical Safety Strategy Phase 2 Plan maintains our ability to respond to Covid 19 demand, continues our Phase 1 retained services and re-starts priority 2 services. These plans will be supported by our Infection, Prevention and Control policy and Local Test, Track and Trace policy, aimed at minimising the risk of nosocomial transmission, incorporating the learning from phase 1, to keep our patients and staff safe.
- These priority 2 services have been identified through risk assessments by care groups as needing to re-start in Phase 2 of our Covid 19 response, to ensure that non Covid 19 patients that need to access these services can do. The services have been risk stratified as Type 1 (can re-start immediately) and Type 2 (constraints and interdependencies that need to be resolved to assure a safe re-start).
- Divisions and the Clinical Safety Strategy Group have signed-off these priority 2 services to re-start, to reduce the risks to patient safety for those that were unable to access these services during Phase 1 – when we re-purposed St. George's to meet the Covid 19 demand, as mandated nationally.
- Many of these priority 2 services re-started in May and the early part of June 2020.
- The aim for the remaining risk assessed priority 2 services is for Divisions, with the support of Operational Management Group (OMG), to re-start all remaining Type 1 services with immediate effect. All remaining Type 2 services will re-open in the next 6 weeks, with any constraints and interdependencies resolved with the support of Divisions, the Clinical Safety Strategy Group (CSSG) and OMG
- This Clinical Safety Strategy Phase 2 Plan needs to be supported by the OMG with aligned activity, capacity, Covid 19 surge (ITU and G&A), estate and site management plans; by the Patient Safety and Quality Group (PS&QG) with updated Infection Prevention & Control (IP&C) and local Test, Track and Trace policies; and by the People Management Group (PMG) with aligned workforce and training plans.
- Initial clinical capacity and workforce modelling suggests that we have sufficient capacity to implement the Clinical Safety Strategy Phase 2 Plan at the current low levels of Covid 19 demand. We will need clear plans to manage the next surge in Covid 19 demand, to ensure we can continue to run these priority 2 services at the same time, with the aim of reducing Covid and non Covid patient safety risks throughout Phase 2. OMG have started to develop Phase 2 Covid Surge Plans, learning from phase 1 and aiming to mitigate the patient safety risks associated with having to close some re-started Phase 2 services – which would be necessary to supply the workforce and capacity needed for the next Covid 19 surge in the absence of such plans.
- The Clinical Safety Strategy Phase 2 Plan aligns with the SWL recovery plan timetable and meets NHS London's 8 tests, delivered in a way that supports our guiding principles of patient safety and staff welfare.



# Resuming Clinical Services– Phase 2 Plan Timescale and Principles

Chart 1: SWL Recovery Plan Phases



Table 1: NHS London 8 Tests for Re-Starting Services Safely

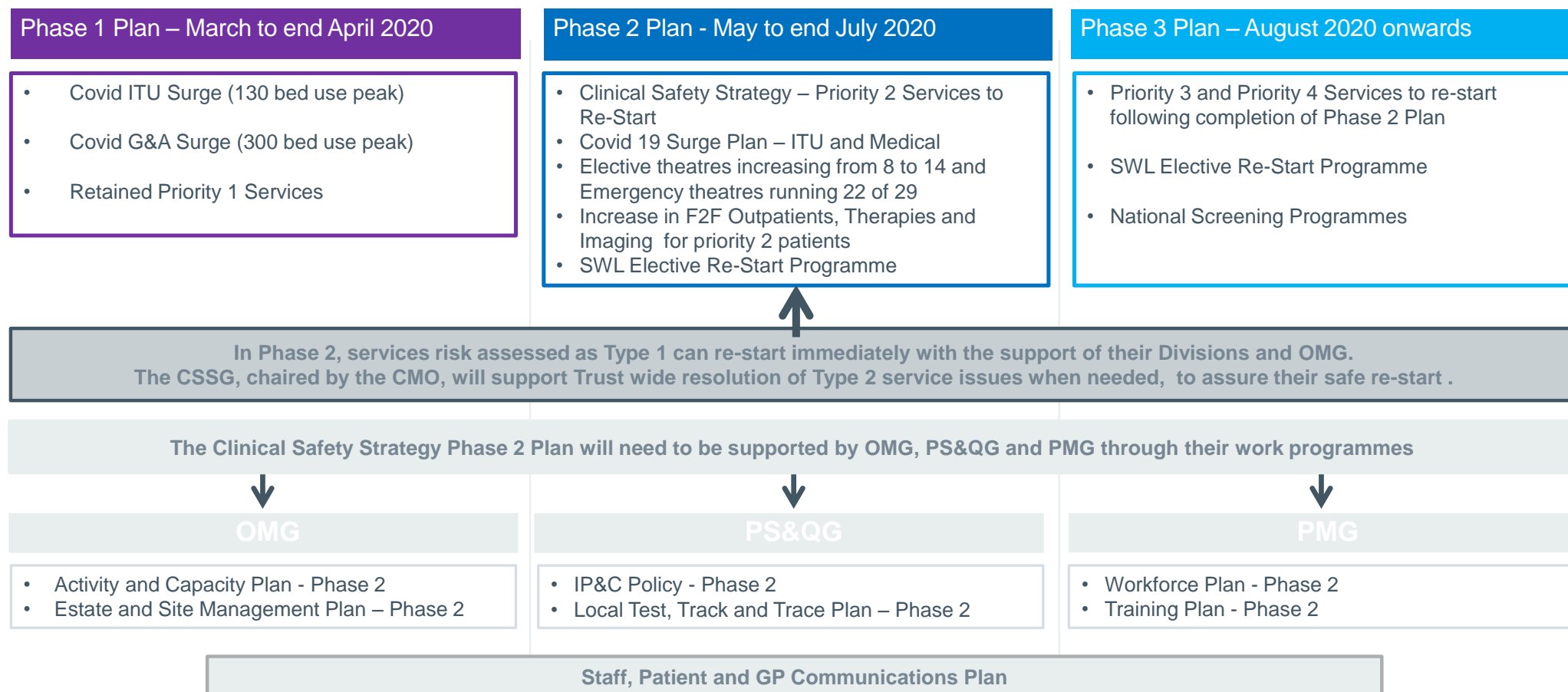
Test	Objective
1	We retained resilience to deal with on-going Covid 19 and pandemic needs.
2	We did everything we could to minimise excess mortality and morbidity from non Covid causes.
3	We returned to the right level of access for elective cases prioritised by clinical need.
4	We worked as an effective partner in relation to the other effects on public health of the pandemic.
5	We helped our people to recover from Phase 1, whilst improving our culture and the way we work with each other.
6	The positive innovations we made were retained, improved and spread.
7	We worked as an effective partner to ensure that the new health and social care system that emerged was fundamentally more equitable and better at addressing inequalities.
8	We worked as a new partner to ensure that both St. George's and the new system that emerged was higher quality, more productive and better governed for the patients and communities we serve.

- We are now in Phase 2 - Covid-19 continues to be treated as a level 4 national incident, with associated control and command arrangements.
- We need to operate as part of SWL local healthcare system, aligned with the SWL Recovery Plan (see chart 1 opposite) .
- Phase 2 aims to fully step up non Covid urgent care and associated diagnostic services (St. George's Clinical Safety Strategy) and re-start non-urgent elective care and associated diagnostic services safely – which means working in new and different ways to keep our patients and staff safe through the implementation of - **green (non Covid-19)**, **amber (suspected Covid-19)** and **blue (confirmed Covid-19)** patient pathways.
- During Phase 2 we will need to maintain services from Phase 1,including the ability to flex up and down our Covid ITU and Covid general and acute bed capacity, based on forecast demand.
- The **Clinical Safety Strategy Phase 2 Plan** is based on care group risk assessments of priority 2 services which Divisions and Clinical Safety Strategy Group have signed-off . Services risk assessed as **Type 1 can re-start** immediately. Those assessed as **Type 2** (face significant constraints or interdependencies) will be supported by Divisions and the Clinical Safety Strategy Group to resolve any remaining issues, chaired by the CMO, to **safely re-start in the next 6 weeks**. In addition, we will update and implement our IP&C and local Test, Track and Trace policies and plans to reduce the risk of nosocomial transmission.
- **Many of these priority 2 services have already re-started or are planned to re-start.**
- We will apply NHS London's 8 Tests (see table 1 opposite), with patient safety and staff welfare as our guiding principles.

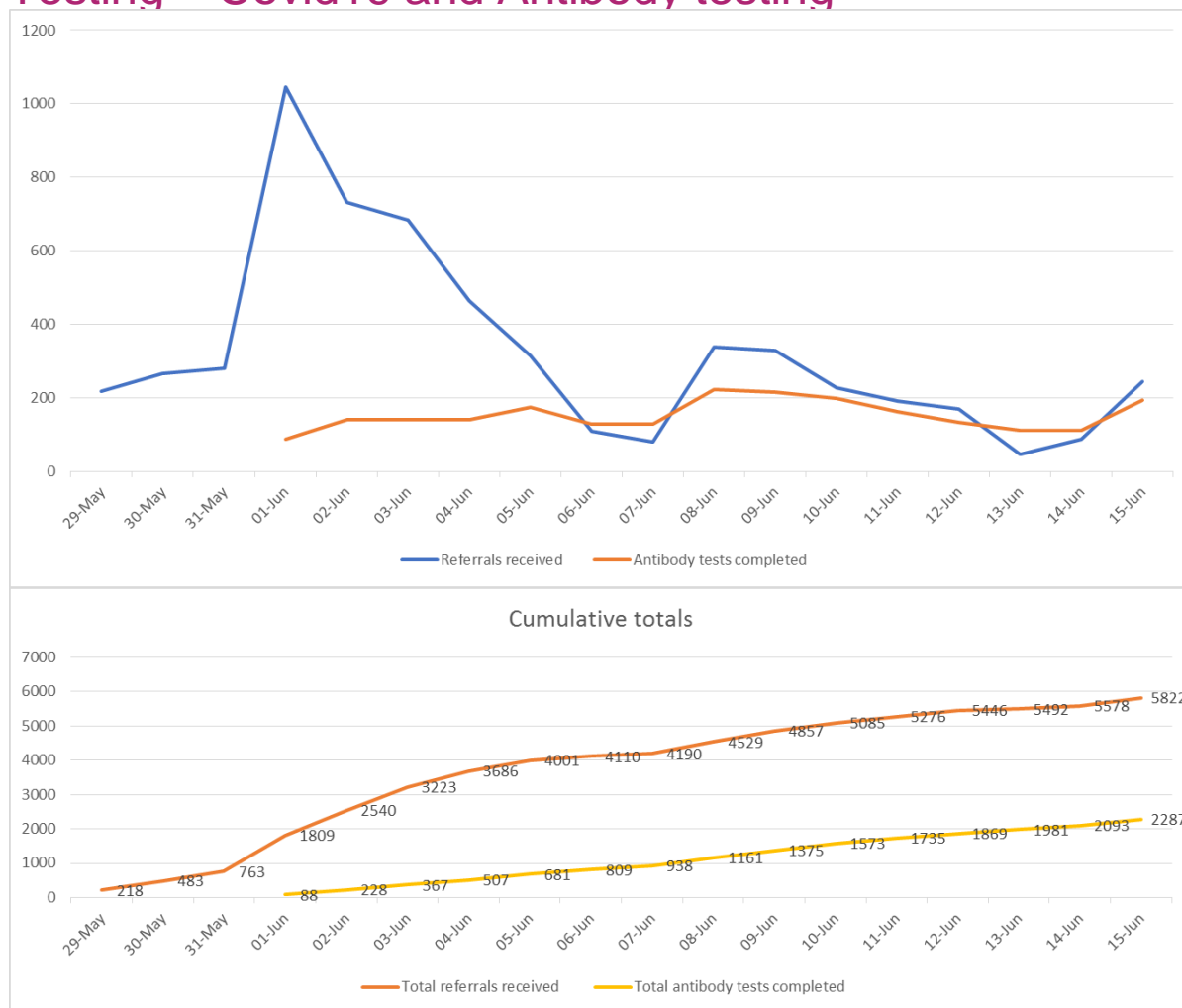


## Clinical Safety Strategy – Phased resumption of services

### Phase 2 Summary



## Testing - Covid19 and Antibody testing



### Antibody testing

- St Georges commenced antibody testing on the 29<sup>th</sup> May 2020.
- This is available for all staff and contractors at St Georges NHS FT
- Following the communication to the Trust the service received 1046 referrals for antibody testing in one day, and year to date have received 5882 referrals
- 2287 tests have been completed currently
- Service exploring the implementation of electronic booking process for staff
- CMO leading on discussion for testing of patients

### Covid19 testing staff

- The service continues to offer staff testing to symptomatic staff and members of their household, however this has significantly reduced

### Covid19 testing patients

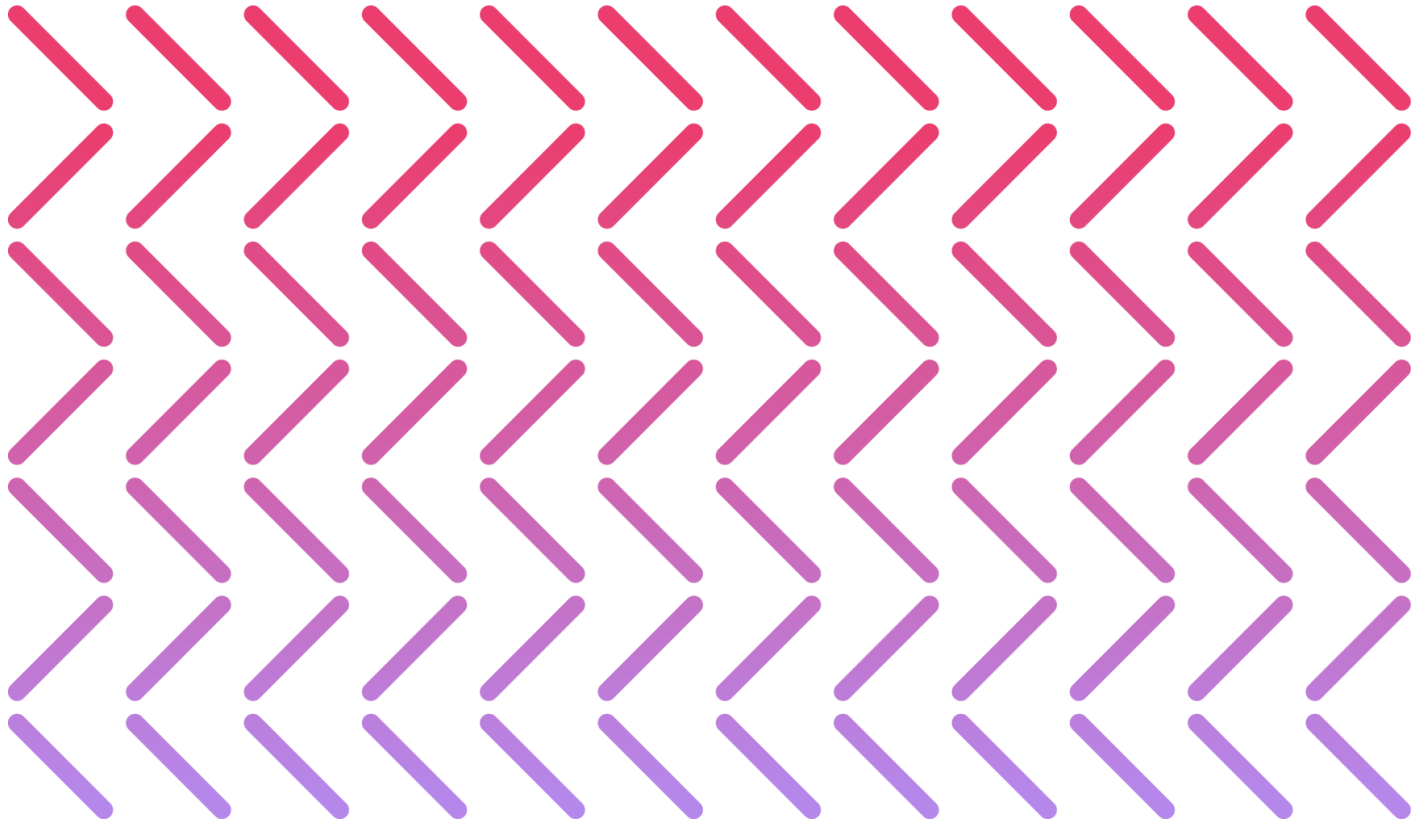
- Patients who require elective procedures are screened for Covid prior to this at a maximum of 72 hours prior to attending. Currently the service are screening 30-50 patients a day.



# Infection Prevention and Control

3.1

- IPC Board Assurance Framework
- Face coverings and surgical masks



## Infection Prevention and Control Board Assurance Framework

NHSE/I published the IPC board assurance framework on the 4<sup>th</sup> May and was revised on the 22<sup>nd</sup> May 2020

This tool allows Trusts to complete a self assessment of its position against the standards for IPC as set out by NHSE/I. The framework is based around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
7. Provide or secure adequate isolation facilities
8. Secure adequate access to laboratory support as appropriate
9. Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

The Infection Control Team and Assistant Chief Nurse is completing the assessment against this framework and producing an evidence file, which will be reviewed by the Chief Nurse and Chief Operating Officer at a challenge meeting on the 15<sup>th</sup> July 2020

Following the review the findings and any remedial actions will be presented to the Quality and Safety Committee on the 23<sup>rd</sup> July 2020.



## Face coverings and surgical masks




As per Government Policy from 15 June 2020 **all staff** based at St George's and Queen Mary's Hospitals, plus our community sites, are now required to wear facial coverings when entering Trust premises and to change in to a surgical face mask when they reach their place of work as soon as they reach their clinical area, or work base (e.g. office).

Staff do not need to wear a face mask when eating and drinking and when working in a Covid-secure area. An area is only Covid-secure if a number of measures, including social distancing, can be strictly observed at all times - and as soon as staff leave this area, staff will need to wear a mask.

## Patients and visitors

All patients and visitors using our hospital or community services are also required to wear a face covering when visiting our hospitals, or services we provide in the community. For safety reasons, the following groups **do not** need to wear a face covering when visiting our hospitals:

- Young children under the age of 2
- Anyone with breathing or developmental difficulties
- An unconscious person
- Anyone who experiences genuine discomfort or distress while wearing a face mask
- Pregnant women who have gone into labour
- Anyone unable to remove their mask without assistance

Type of mask	Who should wear one?	What do they look like?
<b>Face covering</b> These may slow the spread of respiratory viruses, including Covid-19. We are unable to provide face coverings for staff or patients - but making your own is cheap and easy.	✓ Staff travelling to and from work on public transport ✓ Staff arriving at work and walking to their clinical area/ office ✓ Patients and relatives accessing our services (exemptions apply)	
<b>Surgical masks</b> Surgical masks provide barrier protection against respiratory droplets reaching the mucous of the mouth and nose.	✓ All staff, clinical and non-clinical, when at work	
<b>FFP respirators</b> Respirators are used to prevent inhalation of small airborne particles arising from aerosol generating procedures.	✓ Staff carrying out aerosol generating procedures. ✓ Please follow PHE guidance around use of FFP respirators and PPE.	

## Face coverings and surgical masks

### Communication:

Staff will have access to face masks within their area of work, with distribution points for masks identified across our sites and floors within wings.

Staff have been written to in advance of this change and a detailed FAQ sheet, with information posters to support this have been provided.

Additional mask disposal points (offensive waste) have been installed across the Trust, with additional hand sanitization points.

The Trust has linked this with the 'Stay Safe' campaign across the Trust, with additional signage at main entrances and within buildings at all sites. This has also been shared widely on social media and with the local press.

Patients will be reminded of the need to wear face coverings through the out patient text messaging system, switchboard recording and patient letters, with information on how to make a face covering available of the Trust website.

Additional staff will be positioned at the main entrances on the Tooting site to support with the messaging and education of staff and public. The charity has supported the purchase of 3000 face coverings to be given to members of the public who present without one whilst attending for an appointment.



Workforce

3.1

- Staff Sickiness
- Staff Risk Assessment



Staff Risk Assessment

In response to NHSE/I requirement, the Trust has developed and implemented a Covid19 risk assessment to be undertaken by lane managers and staff across the organisation.

The risk assessment process was piloted within 3 areas to ensure that it was fit for purpose and meaningful. It was subsequently launched within the Trust on the 2<sup>nd</sup> June 2020.

The assessment provides a structured assessment of risk to staff based on a range of risk factors, such as age, ethnicity and existing health conditions. Following the assessment, a risk score is provided to staff and with a range of possible outcomes, such as adjustments to working environment and referral to occupational health.

The outcomes and completion information is captured by HR on a database and reported through the People Management Group.

Contents of the database are merged with staff data held on ESR to create a report that identifies the numbers in the following categories:

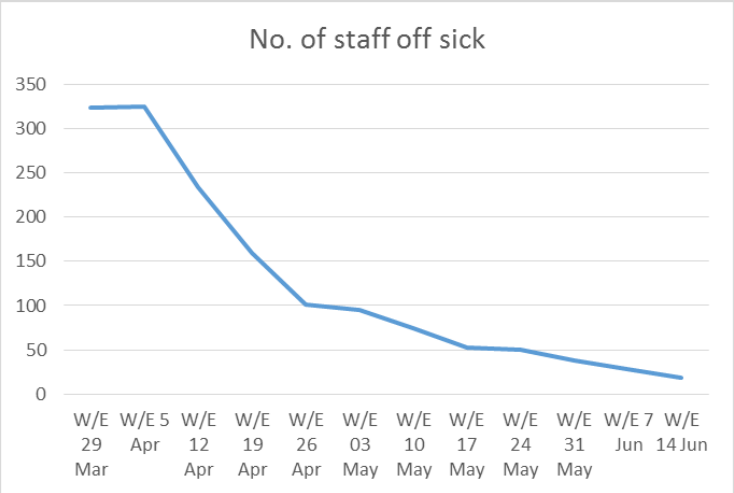
Number of referrals to OH	Ethnicity
Staff group	Disability
Age group	Department/Area work
Gender	Total Risk Score (Low, Medium, High)
Ethnicity	Outcome of Assessment, mitigations/actions

In addition a Covid19 risk assessment panel has been established to provide on going analysis of data and support to staff members and managers.

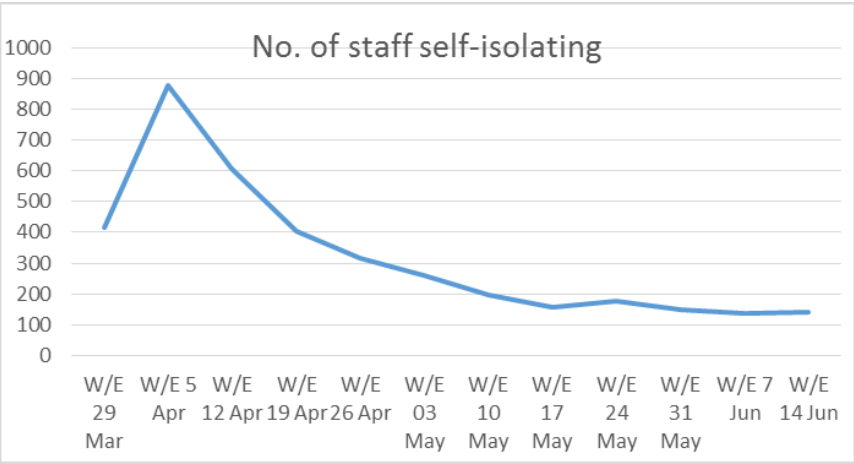
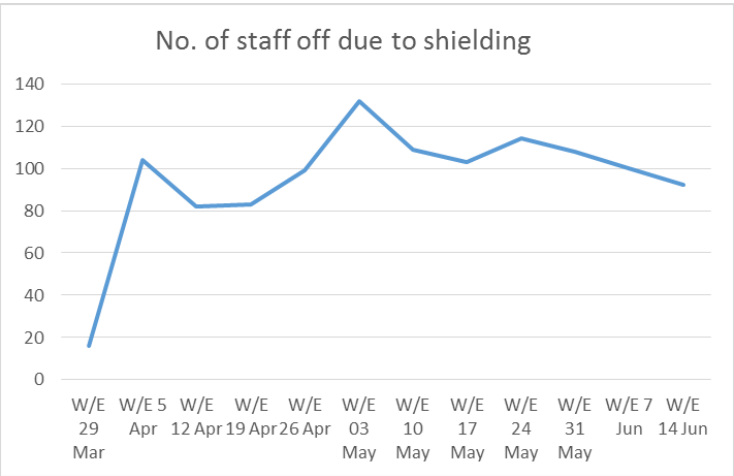
As of 15 of June 2020 the HR department had received 2271 completed risk assessments.



Staff Absence

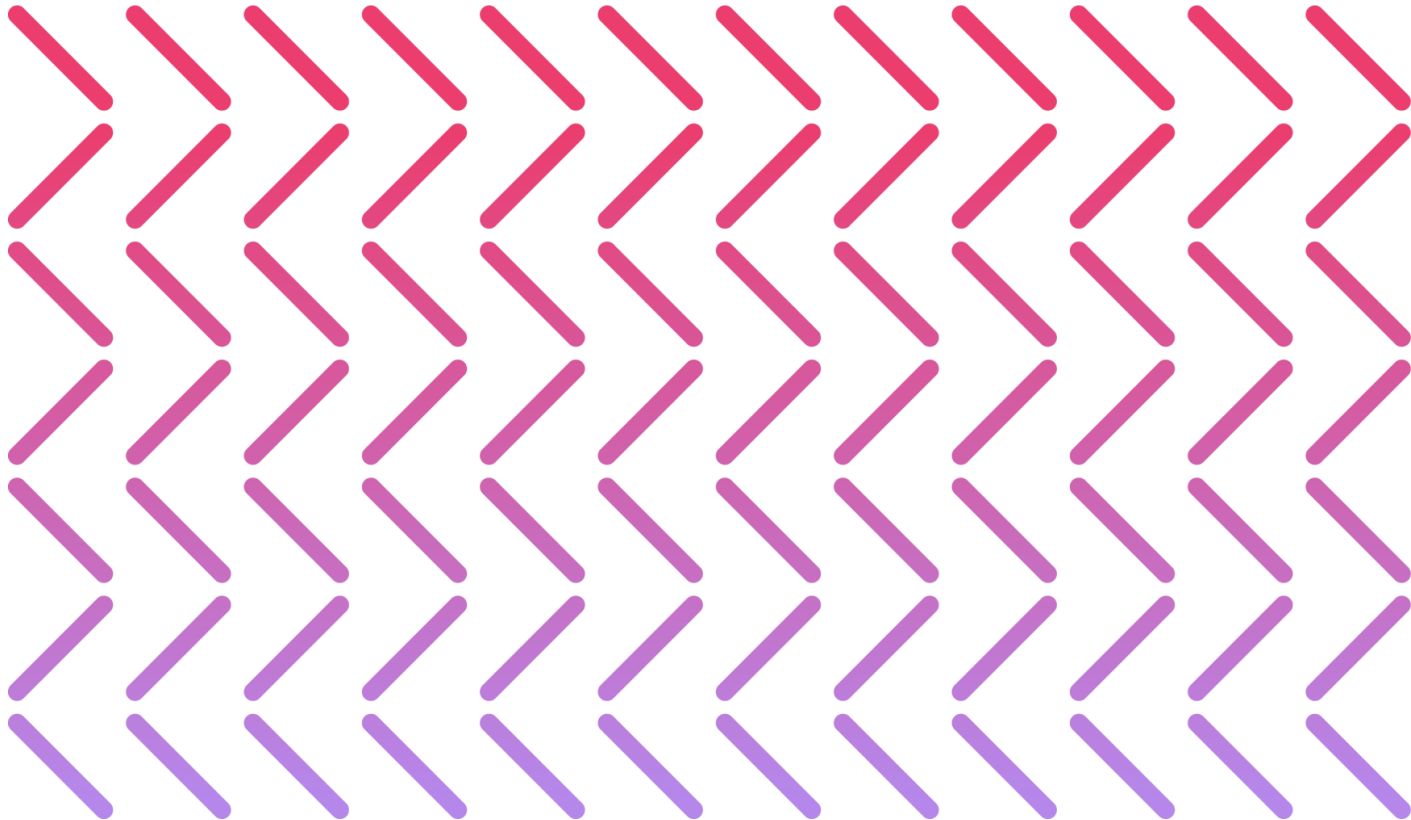


- The Trust has seen a reduction of staff sickness since the peak of week ending 5<sup>th</sup> April where 325 members of staff were off work.
- Sickness absence rate reduced to 4.08% in May.
- The number of staff self isolating due to Covid19 has steadily reduced from the peak in April, with testing being available for staff and members of their household.



Finance

- Capital and Revenue



## Finance

The Trust has incurred costs, and suffered from lost income, resulting from the response to COVID-19 in April and May. Costs have been both revenue and capital in their nature.

### Revenue

- The Trust has incurred £6.6m of revenue costs across April and May relating to the response to COVID 19. This is largely due to additional staffing costs to support increased ITU capacity, cover for staff screening/isolating, as well as increased cleaning costs. In addition, further costs have been incurred on testing.
- The Trust has also lost non-NHS income totalling £1.2m, largely due to lost car parking and catering income, as well as private patient income.

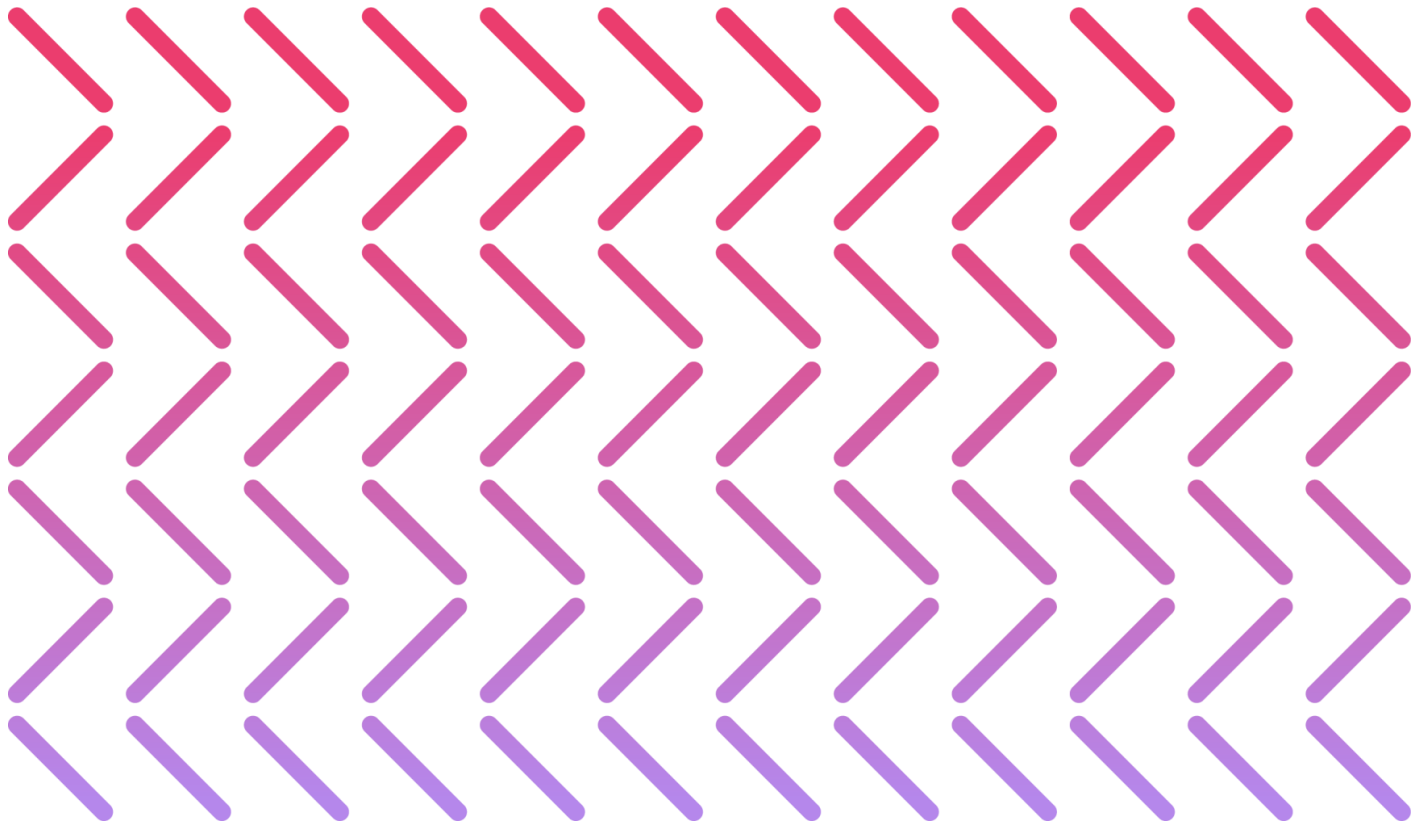
### Capital

- The Trust has committed capital costs totalling £8.6m in response to COVID-19 in 20/21. This is largely on medical equipment to address the increased ITU capacity, as well as infrastructure and IT costs relating to the pandemic.
- Discussions are ongoing regarding capital funding to support both increased ITU capacity on an on-going basis, as well as to allow stepping back up of elective and outpatient activity in accordance with infections prevention and control guidelines.

# Returning to normal

3.1

- Our plan to rebuild



## Plan to Rebuild

### New Ways of Working Group

A group was established mid May to look at the changes needed across St George's to ensure that our sites and ways of working are supporting the need for social distancing, in line with guidance.

The group initially included representatives from estates, Health and Safety, IT, HR, and operations. This has recently been expanded to include nursing and communications.

Clinical areas have not been addressed in the meeting, but there is a link to the work on outpatient settings through the estates team.

The main focus of the group to date has been on:

- Supporting home working
- Reviewing office requirements on site to meet social distancing government requirements
- Reviewing site access and flow to meet social distancing government requirements

## Plan to Rebuild

### Stay Safe Campaign

3.1

We have developed a stay safe campaign to communicate the importance of masks, but – as important – regular hand washing and maintaining social distancing.

To support this more detailed risk assessment tools have been developed for use for both home and on site office working, these have been developed in line with government and HSE guidance.

Guidance is being reviewed to support home working and how to purchase and provide equipment for staff based at home to work virtually.

This is a major change for patients and staff, and we will need to push and re-iterate this message over the coming weeks and months.

Work has been carried out across the site to provide increased signage, hand hygiene stations, as well as protective screens and hearing loops in entrances and other reception areas.

Free parking has been provided for staff on site at SGH and QMH and an additional 40 space secure cycle storage provided.

Stay safe campaign (1/2)

Focus on washing hands, social distancing, and masks

High impact visuals – all sites

Large posters



Pull-up banners



Railing banners



Keep left signage



# Stay safe campaign (2/2)

## Focus on washing hands, social distancing, and masks

### Media and social media



### Guides and tools for staff



June 2020

## Social distancing and staying safe at work: guidance for staff based in offices

This guidance covers the following areas:

- Getting to work
- Face coverings and face masks
- Do's and don'ts for wearing a face mask
- Social distancing in your office
- Social distancing in communal areas
- Information resources
- Checklist poster for display in offices

### Face coverings and face masks

In line with Government guidance, all staff based at St George's, Queen Mary's and our community sites are now required to wear a face mask at work. Further details and a frequently asked questions document can be found [here](#).

#### What masks/covering should I wear and when?

The table below is designed primarily as a guide for non-clinical staff. Clinical staff should refer to current Trust/Public Health England guidance in relation to use of Personal Protective Equipment.

Type of mask	Who should wear one?	What do they look like?
<b>Face covering</b> These may slow the spread of respiratory viruses, including Covid-19. We are unable to provide face coverings for staff or patients - but making your own is cheap and easy.	<ul style="list-style-type: none"> <li>✓ Staff travelling to and from work on public transport</li> <li>✓ Staff arriving at work and walking to their clinical area/ office</li> <li>✓ Patients and relatives accessing our services (exceptions apply)</li> </ul>	
<b>Surgical masks</b> Surgical masks provide better protection against respiratory droplets reaching the mucous of the mouth and nose.	<ul style="list-style-type: none"> <li>✓ All staff, clinical and non-clinical, when at work</li> </ul>	
<b>FFP respirators</b> Respirators are used to prevent inhalation of small airborne particles arising from aerosol generating procedures.	<ul style="list-style-type: none"> <li>✓ Staff carrying out aerosol generating procedures.</li> <li>✓ Please follow PHE guidance around use of FFP respirators and PPE.</li> </ul>	





Meeting Title:	Trust Board		
Date:	Thursday, 25 June 2020	Agenda No	4.1
Report Title:	Quality and Safety Committee Report		
Lead Director/ Manager:	Prof. Dame Parveen Kumar, Chairman of the Quality and Safety Committee		
Report Author:	Prof. Dame Parveen Kumar, Chairman of the Quality and Safety Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting in June 2020.		
Recommendation:	The Board is asked to note the update in the report.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All CQC domains		
Single Oversight Framework Theme:	Quality of care, Operational Performance, Leadership and Improvement Capability		
Implications			
Risk:	Relevant risks considered.		
Legal/Regulatory:	CQC Regulatory Standards		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



## Quality and Safety Committee Report

### **Matters for the Board's attention**

The Quality and Safety Committee met on 18 June 2020 and agreed to bring the following matters to the Board's attention:

#### **1. Novel Coronavirus (Covid-19)**

The Committee received a comprehensive report on Covid-19 which included the following updates:

- The number of Covid-19 cases coming into the Trust and occupying the bed base continued to reduce. With this continued reduction, the Trust had returned to its original intensive treatment unit bed base.
- The Trust introduced antibody testing for staff during the month. The Trust had completed 2000 tests and received 6000 referrals.
- The Trust had continued to deliver trauma, maternity, neonatal, cancer, stroke, heart attack, medical and surgical take, paediatrics, imaging and pathology services during the peak of the Covid-19 pandemic. The Trust, (May 2020) had commenced the process to resume other services including urgent elective cardiac services.
- The Trust had completed a review of the patients currently waiting to use its services and was now in the process of resuming services that had been stopped to manage the peak of the Covid-19 pandemic.
- The phase two plan and provided assurance to the Committee that the programme of work to resume services was aligned with the South West London recovery plan, met the NHS London eight tests for restarting services safely underpinned by the Trust's guiding principles for patient safety and protecting staff welfare. Like other hospitals, the Trust was aware of the challenge of getting patients into the hospital. Whilst, some patients were accepting appointments for elective procedures others were deterred by concerns about getting infected with Covid-19 or the national requirement to self-isolate for 14 days after being tested for Covid-19. The Trust's clinicians were contacting patients who had refused appointments for urgent elective activity to help alleviate any concerns.
- The Committee was also reassured to learn that as the Trust resumed services there was sufficient staff in the Trust to deliver the services. Work would continue internally and with system partners across South West London to develop the appropriate workforce model which would support the NHS to deliver normal services in addition to managing any future peaks in Covid-19 cases.
- The Trust had adhered to the national guidelines on screening patients and had implemented robust operational systems and mechanisms to safeguard non-Covid-19 patients when they come into the hospital.
- The Trust also implemented the staff risk assessment process and 2071 had risk assessments had been completed as at the date of the meeting.
- The Trust continued to implement measures to support staff with social distancing as far as possible within the confines of the clinical areas and across the hospital sites. These measures included rotating staff breaks, the number of people in break rooms, continued communication and education of staff, and conducting periodic spot checks to reinforce the messages around social distancing.



The Committee noted the scale and complexity of the infection prevention and control (IPC) challenge, accordingly the Trust:

- Had implemented the London Infection Prevention guidelines and national operating framework. Patients, visitors and staff to wear face coverings and masks whilst in the hospital as part of the Trust 'Stay Safe' campaign.
- Continued with the development of the IPC Board Assurance Framework and following and internal 'test and challenge' session. The Committee would consider the framework at its July 2020 meeting and consider the evidence that the Trust was meeting the national standards.

## 2. Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality performance at month 02 (2020/21). The Committee heard about the material challenges around delivering life support training whilst social distancing measures were in place. The Trust's performance had dropped to 75% for basic life support training. The Trust had developed e-learning tools to deliver this training and that the focus continued in areas where life support training was lowest.

Diagnostic services were a key area of challenge for the Trust, as is the case for other NHS organisations. The Trust was working with South West London partners to develop a system plan to improve performance and the Trust's Finance and Investment Committee was closely monitoring progress and performance.

The Committee was very assured by the good performance in the Emergency Department. The Trust performance was best in London, as evidenced by the Trust achieving 97.5% against the four hour standard.

The Committee also noted that the Trust's use of agency staff had fallen as a result of the reduction in activity across the Trust, more agency staff moving to the Trust bank, and increase in the recruitment programme.

## 3. Serious Incident Reporting

The Committee noted that four serious incidents had been declared in May 2020 and five investigations closed. The Committee raised concerns and heard about some of the initial steps taken in relation to the incident declared in May related to the wrong dose of medication. The Committee would consider the outcome of the full investigation which would include the importance of building in systems to reduce human variations which lead to such errors.

## 4. Maternity Improvement Plan

The Committee received an update on the improvement plan which was put in place in quarter three of 2019/20 in the maternity services area. The Committee was encouraged by the good progress made and how in responding to the Covid-19 pandemic. The staff had come together and worked collaboratively across all areas (Delivery Suite, Ante-Natal Clinic, Post-Natal Ward), finding new ways of working to maintain the safety of both mothers and staff. The Committee, whilst reassured by the progress, noted that the key was ensuring that these practices and changes were embedded. The Trust would continue to monitor progress.

## 5. Patient Safety & Quality Group (PSQG) Report

The Committee received and noted the report from the May 2020 meeting of the Patient Safety and Quality Group. The Group highlighted that:



- The Trust continued to make good progress on completing the assessment of NICE guidelines.
- The number of complaints the Trust received in 2019/20 had decreased by 13.7% compared with 2018/19.
- The Trust was not making the required level of progress against the action plan to address the 'must do' and 'should do' Care Quality Commission recommendations due to the impact of Covid19. The Trust was recalibrating the delivery dates with service areas and this would be shared with the Committee and CQC.
- The Committee also noted that duty of candour compliance had also improved since the last report. Whilst the report from the Group provided the Committee with some reassurance it would consider the annual complaints report, progress on the CQC action plan and the annual duty of candour reports at future meetings.

## 6. Draft Quality Report 2019/20

The Committee received and endorsed the draft version of the Trust's quality report which was also approved by the Quality and Safety Committee. Subject to any outstanding information being included, the Committee would recommend that the Board adopts the 2019/20 Quality Report which was a discretionary requirement this year.

## 7. Medicine Management (Bi-annual) Report

The Committee considered the bi-annual medicines management report which is presented below under agenda item 4.1.1. The Committee was pleased to learn about the steps taken to ensure that patient medication was dispensed locally so that patients can be discharged with at least two weeks of their medication in a timely way, to minimise delays. The Trust improved use of e-prescribing was supporting this work however the Committee noted that more was needed.

## 8. Research Strategy Update

The Committee received an update on the progress against implementing the Trust's research strategy.

- The Committee was assured to learn that despite Covid-19 pandemic progress had continued to implement the research strategy.
- The Institute Steering Committee had been established with eight clinical and clinical academic researchers in the Trust and the University agreeing to join the Committee.
- The Trust continued with other actions to strengthen its research infrastructure in order to develop bids to gain funding from the NIHR Clinical Research Facility (CRF).

## 9. Board Assurance Framework & Corporate Risk Registers

The Committee received the Board Assurance Framework (BAF) and Corporate Risk Register. As agreed by the Board in May 2020 the Committee was responsible for the following strategic risks (SR):

- **SR1:** Our patients do not receive safe and effective care built around their needs because we fail to build and embed a culture of quality and learning across the organisation.



- **SR2:** We are unable to provide outstanding care as a result of weaknesses in our clinical governance.
- **SR10:** Research is not embedded as a core activity which impacts on our ability to attract high calibre staff, secure research funding and detracts from our reputation for clinical innovation

The Committee welcomed the new format of reporting which outlines the areas assurance and mitigations gains these risk areas. The Committee endorsed the risk ratings and assurance rating.

### **Recommendation**

**The Board is asked to note the update in the report.**

**Dame Parveen Kumar  
Committee Chair  
June 2020**



# Medicines Management (Bi-annual) Report

Board of Directors

**Vin Kumar**  
Chief Pharmacist

18 June 2020

**Richard Jennings**  
Chief Medical Officer  
Executive Lead



4.1

Meeting Title:	Trust Board		
Date:	18 June 2020	Agenda No: 4.1.1	
Report Title:	Medicines Management (Bi-annual) Report /Pharmacy Q3-Q4 2019/20 Quality Assurance Report		
Lead Director/Manager:	Richard Jennings, Chief Medical Officer		
Report Author:	Vin Kumar, Chief Pharmacist		
Presented for:	Assurance		
Purpose:	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"><li>• Provide assurance of the current position – by reference to national benchmarking and model hospital data (where appropriate)<ul style="list-style-type: none"><li>• Reported medicines incidents</li><li>• Controlled Drugs reporting</li><li>• Electronic Prescribing and Medicines Administration (ePMA) – live in all inpatient areas (and ED and outpatients from Q1 20/21)</li><li>• Patient Group Directions – clear governance arrangements in place</li><li>• Drugs and Therapeutics Committee – managed entry of new medicines and collaboration to create of a joint (acute trust) formulary, reducing variation and improving access to medicines for patients in SWL</li><li>• Antimicrobial stewardship</li><li>• Patient discharge</li><li>• Financial governance</li></ul></li><li>• Describe any improvement actions</li><li>• Summarise key strategic aims</li></ul>		
Recommendation:	The Board is asked to note the contents of the report.		
	Supports		
Trust Strategic Objective:	All		
CQC Theme:	Safe, Effective, Well Lead		
Single Oversight Framework Theme:	Quality of Care; Leadership and Improvement Capability		
	Implications		
Risk:	Risk of patient harm due to delays and omissions in prescribing and administration of medicines; Risk of patient harm due to preventable wrong patient/wrong drug incidents as scanning rates are decreasing across the Trust		
Legal/Regulatory:	Compliance with Heath and Social Care Act (2008), Care Quality Commission (Registration Regulations) 2014, the NHS Act 2006, NHSI Single Oversight Framework, Foundation Trust Licence.		
Resources:	Training places and funding to increase and maintain critical staffing levels of non-medical prescribing pharmacists. Continued support for collaborative working through the Acute provider Collaborative		
Previously Considered by:	N/A	Date	
Equality Impact Assessment:	No direct implications		



## Executive Summary

- Reporting medication related incidents is fundamental to error prevention and quality improvement.
- Good is defined as a high level of reporting and a low level of harm.
- When comparing benchmarked data, the Trust has a high level of reporting and the low level harm continues to rise.
- 2 medication related Serious Incidents, including 1 NHS England Never Event (insulin) declared in this reporting period
- Action plans in place to address these are being implemented in Q1/2 20/21.
- Electronic Prescribing has been implemented throughout the trust (ED and OP Q1 20/21) enabling real time review and intervention of prescribing, administration and scanning (patient ID and medication).
- Scanning (has seen a reducing trend) reduces the risk of preventable patient harm.
- Action plan in place to address these are being implemented in Q1 20/21.
- Pharmacy have developed and maintained a comprehensive governance structure for the use of PGDs (Patient Group Directions) in the Trust enabling safe and timely access to medicines for our patients and address a CQC deficiency.
- Collaborative working with the SWL Acute Provider Collaborative to produce one Medicines Formulary to be used across all acute sites, with the trust leading a project to improve shared care across sector to reduce variation and improve access to medicines for our patients.
- Pharmacy has facilitated timely discharge of patients through use of independent prescribing pharmacists and satellite dispensaries for near patient dispensing.
- The Medicines Optimisation CIP has consistently delivered close to £2m of savings on medicine use each year. In 19-20 the program has delivered savings of £2.38m. Model Hospital data shows the trust as to be a leader in the early adoption of Best Value Medicines with 145% of additional NHSE target.

May 2020

4.1

## Pharmacy Service

- Pharmacy provides a 24hour, seven day a week service to inpatients and outpatients including attendance to the Acute Medical/ Surgical ward rounds. Clinical pharmacists participate in multi- disciplinary (MDT) post take ward rounds 7 days a week. In addition, they support clinical governance and financial reporting at divisional level across all sites including Queen Mary's in Roehampton. Resident Pharmacists provide an out-of-hours service and provide cover to all sites 24/7. The Chief Pharmacist is integrated into the governance structure of the organisation and plays an active role in relevant safety committees
- The department benefits from semi-automated robotic dispensing, electronic prescribing and an MHRA licensed manufacturing unit. Adult and paediatric patients have access to cancer chemotherapy, intravenous nutrition, antibiotic CIVAS, over-labelled medicines, radiopharmaceuticals, creams, ointments and liquids from this site. There is a dedicated clinical trials unit which holds an MHRA licence and a Patient Information Hotline provides support for patients recently discharged from hospital who have questions about medicines and for healthcare professionals in primary care regarding patients recently discharged from hospital.
- Transcribing and prescribing pharmacists support discharge and outpatient clinics. A Clinical transcribing technician supports the Departure lounge and Satellite dispensing units

4.1

## Medication Incidents – Trust wide

### 4.1

- Reporting medication related incidents is fundamental to error prevention and quality improvement. A good reporting culture reflects an awareness of healthcare professionals to report safety issues and also represents an open and transparent culture across the organisation.
- Good is defined as a high level of reporting with a low level of harm
- Medicines related incidents accounted for 11.5% of the total reported incidents – this is 3<sup>rd</sup> highest reported item in the trust and when compared with national figures – benchmark data for the trust is 1% higher.
- The proportion of incidents resulting in no harm improved again (increased to 94.9% from 93.1% in the same period 18/19)
- Trend shows a reduction in the total number of reported medication related incidents.
- Action:
  - Analyse reporting trends by drug type and specialty.
  - Work with specialties to create learning documents to address trends
  - Work with divisions to continue to highlight the importance of reporting medication incidents

## Medication Incidents – Trust wide

- Prior to this period the last medicine related SI was in 2018. During this period, two Serious Incidents were declared (one was declared a Never Event). Last medication Never Event was in 2018.
- Never Event in this period involved an overdose of insulin due to incorrect device used. No harm to patient.
- For the Never Event the SI investigation has been completed and recommendations of the SI panel are being implemented in Q1/2 20/21.
- The SI is under investigation by an SI panel.
- For all other incidents the main theme related to Delays and Omissions. This accounted for 20.1% of all medication incidents reported with 7.5% involving harm
- Risk of patient harm due to delays and omissions in prescribing and administration of medicines
- Timely administration of medicines is a key aspect of patient care. Critical medicines (medicines that must be given urgently to prevent patient harm) need to be ordered, supplied and administered within 2 hours. Updated list of critical medicines was recently approved at Medicines Optimisation Group meeting
- Actions:
  - Use of iClip to audit (planned for Q2 20/21) omitted doses of critical medicines in inpatient areas
  - Analyse data to identify trends by specialty
  - Work with specialties to create action plan

4.1

## Medication Incidents – Sharing learning

### 4.1

- A 6 monthly medication incident report is produced to highlight issues across the organisation and raise awareness of medication safety issues. Key areas for focus on improving medication safety are detailed. Report is shared at the Medicines Optimisation Group meeting and key points included in a report presented at Patient Safety and Quality Group meeting, CQRM (Care Quality Risk Meeting), and the Quality and Safety Committee
- Learning from incidents is discussed with nursing leads (DDNG, HON) and lead pharmacists in each division to provide tailored feedback. Key themes are discussed at Divisional Governance Board meetings and action plans co-created
- National medication safety themes, trust wide trends and feedback from medication related Serious Incidents are included in the trust medication safety newsletter: *Medicines Matter*. This is circulated trust wide via eG. Paper copies are also circulated to all wards (tea rooms and doctors mess) at the time of publication

## Controlled Drugs

### 4.1

- Controlled Drugs are substances contained within Schedules 1 and 5 of the Misuse of Drugs Act 1971 although the term CD has been extended within the trust to include other substances open to abuse, high risk medicines or 'controlled' for other reasons in addition to those legally controlled
- A quarterly audit is performed in all areas of the trust storing CDs which measures the compliance with the safe and secure handling of CDs as described in trust's CD policy. Compliance rate for this audit is 100%.
- The importance of audit was highlighted during a recent CQC inspection – an anomaly was identified by the CQC and the team were able to trace back to the audit and identify discussions and actions.
- This period saw an increase in the number of incidents involving safe and secure handling of Controlled Drugs when compared to the same period in 18/19 (from 8% to 11.8%).
- Common theme of incorrect balance in incidents and thus new standard added to audit tool from Q2 2019/20 to check that all open bottles of liquid CDs are fitted with a bottle adaptor (to minimise wastage when measuring liquid CDs).
- The Chief Pharmacist is the Controlled Accountable Officer (CDAO) – there was one metropolitan police reportable incident during this period and this has been resolved.

## ePMA - Medicines Administration

### 4.1

- The electronic Prescribing and Medicines Administration system (ePMA) supports the 7 rights with the use of PPID (Positive Patient Identification) to confirm Right Patient, together with BCMA (Bar Code Medicines Administration) to confirm Right Drug, Right Route, and Right Time selection at the patient bedside. This is collectively known as Closed Loop Medicines Administration (CLMA) and is one of the main benefits of moving to an electronic system.
- Risk of patient harm due to **preventable** wrong patient/wrong drug incidents as scanning rates are decreasing across the Trust
- For Q3-4 2019/20:
  - Average wristband scanning rate (PPID) 65% (79% for same period in 18/19) against target of 100%
  - Average medication scanning rate 32% (BCMA) (38% for same period in 18/19) against target of 80%. (Target is not 100% as not all medication packaging has barcodes available for scanning).
- For the full year 2019:
  - Wristband scanning prevented practitioners from administering to an incorrect patient 19,270 times
  - Medication scanning prevented practitioners from administering an incorrect medication or dose 142,949 times
  - This equates to over 14% of all medications ordered across the trust.

## ePMA - Medicines Administration

- Actions identified to address this have been discussed at Nursing Board and include:
  - Nursing and IT to review current workflow process for scanning to identify and resolve any identified barriers.
    - Hardware – Ensure Workstations On Wheels (WOWs) and handheld scanners are available and in good working order.
    - WiFi infrastructure –work ongoing to combat remaining WiFi issues.
    - Staff training – through Trust wide sessions as well as local ‘at the elbow’ training from Champion Users and ward based super users i.e. steps to take when a box has no barcode.
    - Timings – Scanning process takes marginally longer, but should be offset against safety benefits and reduced need for second nurse checker.
  - Ward Managers/Matrons to increase awareness and engagement with staff of importance of scanning across the Trust.
    - To be of aware of scanning rates through review of Tableau reports, and be responsible for driving scanning within own areas.
  - Collaborative working with Lead Nurse for Quality Improvement and CNIO to add scanning rates to Trust Quality Report and Ward accreditation program for high level ongoing monitoring.

4.1

## Patient Group Directions

- Patient Group Directions (PGD) provide a legal framework that allow the supply and/or administration of a specified medicine(s) by named, authorised registered health care professionals to a pre-defined group of patients needing prophylaxis or treatment for a condition described in the PGD without the need for a prescription or an instruction from a prescriber.
- The CQC identified a deficiency during an inspection in 2016.
- The PGD Approval Group (PAG) corrected the identified deficiency and oversees governance for PGDs, which incorporates the need for, developing, authorising, using, and review of all PGDs used within the Trust.
- The group implemented an annual audit to ensure compliance.
- In Q3-Q4 2019/20 PAG approved 11 new PGDs, and renewed a further 47 PGDs. At that time 121 PGDs were in use in the Trust with new PGD applications under review and 1 new PGD proposal to be reviewed. 31 Immunisation & HMP Wandsworth PGDs were removed due to these services being transferred out of the Trust.
- Due to COVID 19, all PGDs expiring within the year from mid March 2020 were extended with a year long expiry. The total number of PGDs extended were 18.

4.1

## Drugs and Therapeutics Committee (DTC) and Formulary

- This is a clinical pharmacology/pharmacy joint group who's purpose is to maintain the Trust Formulary.
- The DTC considers applications for the use of new medicines by clinicians working for the Trust:
  - To determine whether these new medicines are safe, effective and acceptable to patients
  - To determine whether new medicines improve safety, effectiveness, outcomes or acceptability of treatment compared to existing medicines on the formulary.
- In Q3-4 2019/20 the DTC reviewed 50 drug applications (31 additions to formulary, 1 removed from formulary, 2 new applications rejected, 14 pending, 2 withdrawn by the applicant).
- In 19/20 (and ongoing), the SWL Acute Provider Collaborative Formulary Harmonisation Project was initiated with the primary aim to produce ONE harmonised SWL Acute Medicines Formulary by September 2020. Due to COVID-19 this timeframe will be reviewed.
- Alongside this work, the trust is leading a project to improve shared care across primary and secondary care.
  - To reduce variation
  - To ensure equitable access

4.1

## Antimicrobial stewardship

Antimicrobial resistance is a global threat. Our multidisciplinary antimicrobial stewardship (AMS) team work collaboratively with teams to optimise use of antibiotics in order to both reduce the risk of developing multidrug resistant organisms and the side effects caused by unnecessary therapy.

Our work is aligned with national AMS agenda and support its delivery; this includes: provision of clinical infection liaison to all ICUs and across other specialties; targeted AMS ward rounds interacting with the clinical teams, regular teaching, ongoing update of guidelines and monitoring consumption of the most commonly used antibiotics.

The consumption of the common antibiotics have consistently reduced over the last 3 years until the pandemic. As expected, antibiotic consumption has been increasing as we reached the peak of Covid-19 cases. Trust-wide antibiotic audits are currently being undertaken in this area to inform the work we have been doing in antimicrobial stewardship during the pandemic. Trust-wide AMS audits are undertaken monthly by the Pharmacy team with a 100% completion rate in order to ensure antimicrobial surveillance.

Antibiotic consumption had increased as we reached the peak of Covid-19 cases. These audits are to ensure prudent use of antibiotics across the Trust and have been of importance during the Covid-19 pandemic.

Our main focus for the forthcoming year is to produce a revised community acquired pneumonia guideline which will include antimicrobial management of Covid-19 patients and also maintain our increased infection/microbiology liaison with ICUs including stewardship of antibiotics/antifungals in the context of Covid-19. Furthermore, we aim to improve diagnosis and management of urinary tract infections in all adults and prescribing of surgical prophylaxis, with an on-going programme of education.

## Discharge Prescription Turnaround Times

### ▪ Satellite Dispensing Units (SDUs)

- The purpose of Satellite Dispensing Units (SDUs) is to reduce the time that patients wait for their discharge prescriptions (TTOs)
- The SDUs are located near to wards across the Trust to enable the pharmacy teams to prioritise patient discharge
- Introduction of SDUs is part of our Quality Improvement Plan to ensure Pharmacy is responding to patients' needs and supporting patient flow across the Trust

### ▪ Discharge Prescription Categorisation System

- A categorisation system was introduced to ensure we consistently reach our agreed targets by prioritising workload in the SDUs (80% via SDU) and thus ensuring all patients receive their TTOs at the right time
  - Category 1 – TTOs needed within 1 hour (90%)
  - Category 2 – TTOs needed within 2 hours
  - Category 3 – TTOs needed within 3 hours

### ▪ Discharge Prescription Turnaround Times

- Use of the SDUs and discharge prescription turnaround times are reported on a monthly basis
- Both targets have been met throughout this period

## Financial Governance of Medicines

- The Trust has an excellent and established medicines optimisation programme which is delivered consistently year on year.
- Drug expenditure at the end of Q3 was £60.97m and in line with total predicted spend of £83m for 19/20
- When reviewing Model Hospital data, the trust is recognised regionally and nationally as an early adopter of Best Value Medicines (BVM) which is reflected in the savings delivered year on year.
- In 19-20 the trust delivered 145% of the additional savings target set by NHSE and has achieved 100% adoption of the biosimilars trastuzumab and rituximab and >90% adoption for all other BVM
- The Medicines Optimisation CIP has consistently delivered close to £2m of savings on medicine use each year. In 19-20 the program has delivered savings of £2.38m
- Themes include:
  - Contract changes – identifying new prices and tracking the value of contract price changes
  - New reimbursement routes – e.g. fidaxomicin for C. Difficile – reimbursed by local commissioners
  - Biosimilar or generic switches – e.g. early of adoption of second generation infliximab biosimilar in Gastroenterology
  - Supply route changes – Out-sourced chemotherapy
  - Reduction in use of medicines through change in practice – e.g. reduced use of carbapenem antibiotics
  - Product switches – e.g. switching choice of low-molecular weight heparin product in Obstetrics

4.1

## Strategic Priorities for 20/21

- Continue to strive to achieve collaboration across SWL for pharmacy/medicines – do once for the region
- Reduce variation by creating best practice for shared care
- Improve access to secondary care expertise to reduce admission to acute trust – joint working with clinical pharmacology to implement polypharmacy reviews to support primary care and acute trust discharge
- Develop the workforce to support the Long Term Plan – medical workforce review, primary care networks
- Hospital clinical pharmacist supporting GP practices
- Cross sectional training for Pharmacist and Pharmacy Technician trainees

4.1



<b>Meeting Title:</b>	<b>Trust Board</b>		
<b>Date:</b>	25 June 2020	<b>Agenda No</b>	<b>4.2</b>
<b>Report Title:</b>	<b>Integrated Quality and Performance Report</b>		
<b>Lead Director/ Manager:</b>	Avey Bhatia, Chief Operating Officer Rob Bleasdale, Chief Nursing Officer and Director of Infection Prevention & Control		
<b>Report Author:</b>	Kaye Glover, Emma Hedges, Mable Wu		
<b>Presented for:</b>	Assurance		
<b>Executive Summary:</b>	<p>This report consolidates the latest management information and improvement actions across our productivity, quality, patient access and performance.</p> <p><b>Our Finance &amp; Productivity</b></p> <p>COVID-19 has impacted the activity levels at the Trust however the Trust is starting to see an increase in activity as compared to April. Theatre capacity has increased as the Trust is starting to treat elective patients whilst implementing new processes to ensure patient and staff safety. Outpatient activity is increasing with 71% of all outpatient appointments occurring in virtual settings.</p> <p>Activity across all PODS is still significantly lower when compared to the same period last year. However, the reductions are not as large as in April 2020. For example, outpatient activity showed a 40% reduction in May 2020 compared to May 2019 whereas this April's activity reduction was 52% compared to the same period last year.</p> <p><b>Our Patient Perspective</b></p> <p>The Trust is focussing on increasing the quality and completion rate of Treatment Escalation Plans and has an action plan to engage, train and give feedback to staff.</p> <p>There continues to be a sustained increase in Category 2 and 3 Pressure ulcers in May. Category 3 and above pressure ulcers have undergone Root Cause Analysis and the learning is being disseminated at ward level.</p> <p>The number of complaints and PALS remains significantly lower than usual as a reflection of the decreased activity in the Trust. The complaints team have recovered their performance in May with all complaints being responded to within the required time.</p> <p>Most services achieved their Friends &amp; Family (FFT) positive response rate target with only Outpatient services missing its 90% target with a performance of 89.9%. The Emergency Department sustained its high performance with 93.6% of responders stating that they would recommend the service to family and friends. FFT surveys completed on tablet computers remains suspended during the current COVID-19 incident which has impacted response rates in other areas.</p> <p><b>Our Process Perspective</b></p> <p>The Trust's four hour operating standard performance in May was 97.5% with emergency flow improving on a daily basis in May. In May, London's performance was 93.1% with only five trusts achieving the standard. St. George's NHS Trust was the second highest in London only being outperformed by Moorfields Eye Hospital.</p> <p>The Trust met four of the seven cancer standards for April 2020 recovering its</p>		



	<p>performance for the 14 day standard. Two cancer lists (five sessions each day) are running at St George's, Monday to Friday and further cancer lists will be run at St. Anthony's ensuring that all Priority 1A/1B and 2 patients will be treated within the National timescale.</p> <p>The Trust's six week diagnostic performance improved to 47.8% in May from 63.6% in April though the National Target is 1%. This level of performance is consistent to what is being seen across the London as routine activity has been suspended. In April, London's performance was 57.8%.</p> <p>April 2020's RTT performance was 71.5% against a National target of 92% with 129 patients waiting longer than 52 weeks. It is anticipated the number of 52 week breaches will increase daily due to restrictions in outpatients and elective interventions.</p> <p><b>Our Workforce Perspective</b></p> <p>Agency costs have also been below the internal threshold of £1.25m with May's agency spend at £0.66m.</p> <p>A plan will be put in place to recommence workforce activity metrics completion and reporting which have been paused due to COVID-19.</p>		
<b>Recommendation</b>	The Board is asked to note the report		
<b>Supports</b>			
<b>Trust Strategic Objective:</b>	Treat the Patient Treat the Person Right Care Right Place Right Time		
<b>CQC Theme:</b>	Safe, Caring, Responsive, Effective, Well Led		
<b>Single Oversight Framework Theme:</b>	Quality of Care Operational Performance		
<b>Implications</b>			
<b>Risk:</b>	NHS Constitutional Access Standards are not being consistently delivered and risk remains that planned improvement actions fail to have sustained impact		
<b>Legal/Regulatory:</b>			
<b>Resources:</b>	Clinical and operational resources are actively prioritised to maximise quality and performance		
<b>Equality and Diversity:</b>			
<b>Previously Considered by:</b>	Trust Executive Finance & Investment Committee Quality & Safety Committee	<b>Date</b>	15 Jun 2020 18 Jun 2020 18 Jun 2020
<b>Appendices:</b>			



## Integrated Quality and Performance Report

For Trust Board  
Meeting Date – 25 June 2020



**Avey Bhatia**, Chief Operating Officer

**Rob Bleasdale**, Chief Nursing Officer and Director of Infection Prevention & Control

12<sup>th</sup> June 2020

## Our Outcomes

### How Are We Doing?

May 2020

#### Daycase and Elective Surgery operations

**Actual:** 1,172

**Target:** 4,932



#### AMU bed occupancy at 12 Noon

**Actual:** 57% **Target:** 85%



#### Four Hour Emergency Standard

**Actual:** 97.5%

**Plan:** 95%



April 2020

#### Referral to Treatment Standard - Incomplete pathways

**Actual:** 71.5%

**Target:** 92%

#### Whole Trust Inpatient Friends and Family Test

**Actual** 97.2%

**Target** 95%



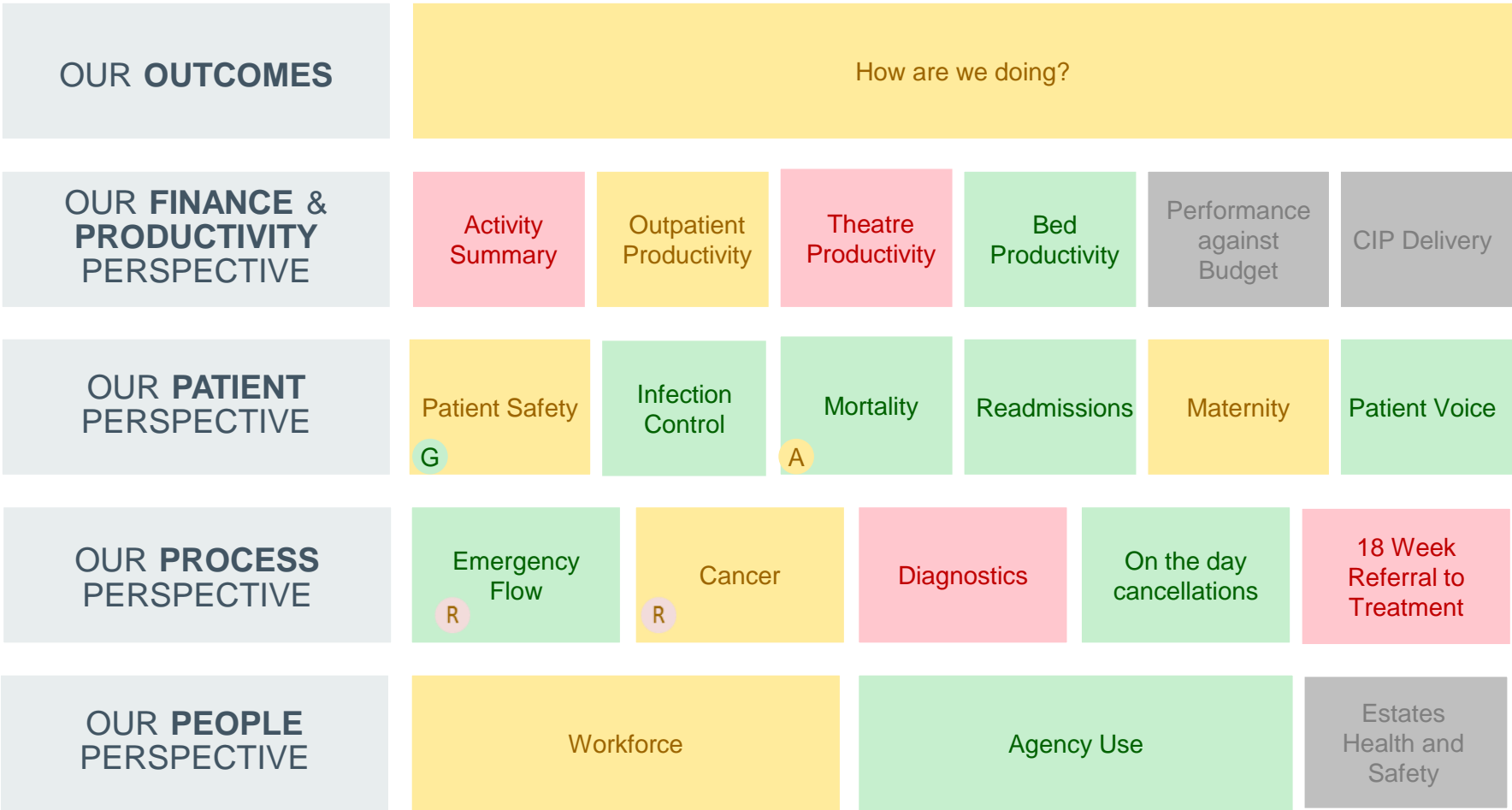
#### Outpatient First Attendance

**Actual** 8,944

**Plan** 16,281

Target for Daycase and Elective Surgery Operations and Outpatient First Attendance is based on pre COVID-19 SLA plan

# Balanced Scorecard Approach



Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID plan

4.2



## Executive Summary – May 2020

### Our Finance and Productivity Perspective

- COVID-19 continues to impact activity in May across all services though to a lesser extent than in April. Elective and Outpatient activity were 76% and 40% lower than the same period last year,
- Similarly, Emergency Department attendances and Non-elective admissions were also 54% and 38% lower than the same month last year.
- The Trust continues to see outpatients in safe environments with 71.5% of all outpatient appointments being held in a virtual setting.
- Elective activity is increasing with 17 of 29 theatres in operations in May and the implementation of new processes to ensure patient and staff safety.
- Elective and Non-elective length of stay have reduced significantly compared to April with Elective Length of Stay returning to within its long term upper and lower control limits.

### Our Patient Perspective

- The number of Grade 2 and Grade 3 pressure ulcers continues to show special cause variation with both numbers being consistently above their long term average for the past six months.
- The home birth service, which was suspended due to the COVID-19 outbreak, was reinstated on 11<sup>th</sup> May 2020.
- The number of Complaints and PALS continues to be significantly lower than in previous months likely as a result of lower activity levels and COVID-19.
- The response rates for all types of complaints has recovered with achievement against all targets.
- Almost all services maintained their achievement of having 90% of patients recommending our services in the Friends and Family Test with Outpatients narrowly missing the target with a performance of 89.9%. Inpatient services maintained their target of exceeding 95% though the response rate has fallen because of suspension of the use of tablets due to COVID-19

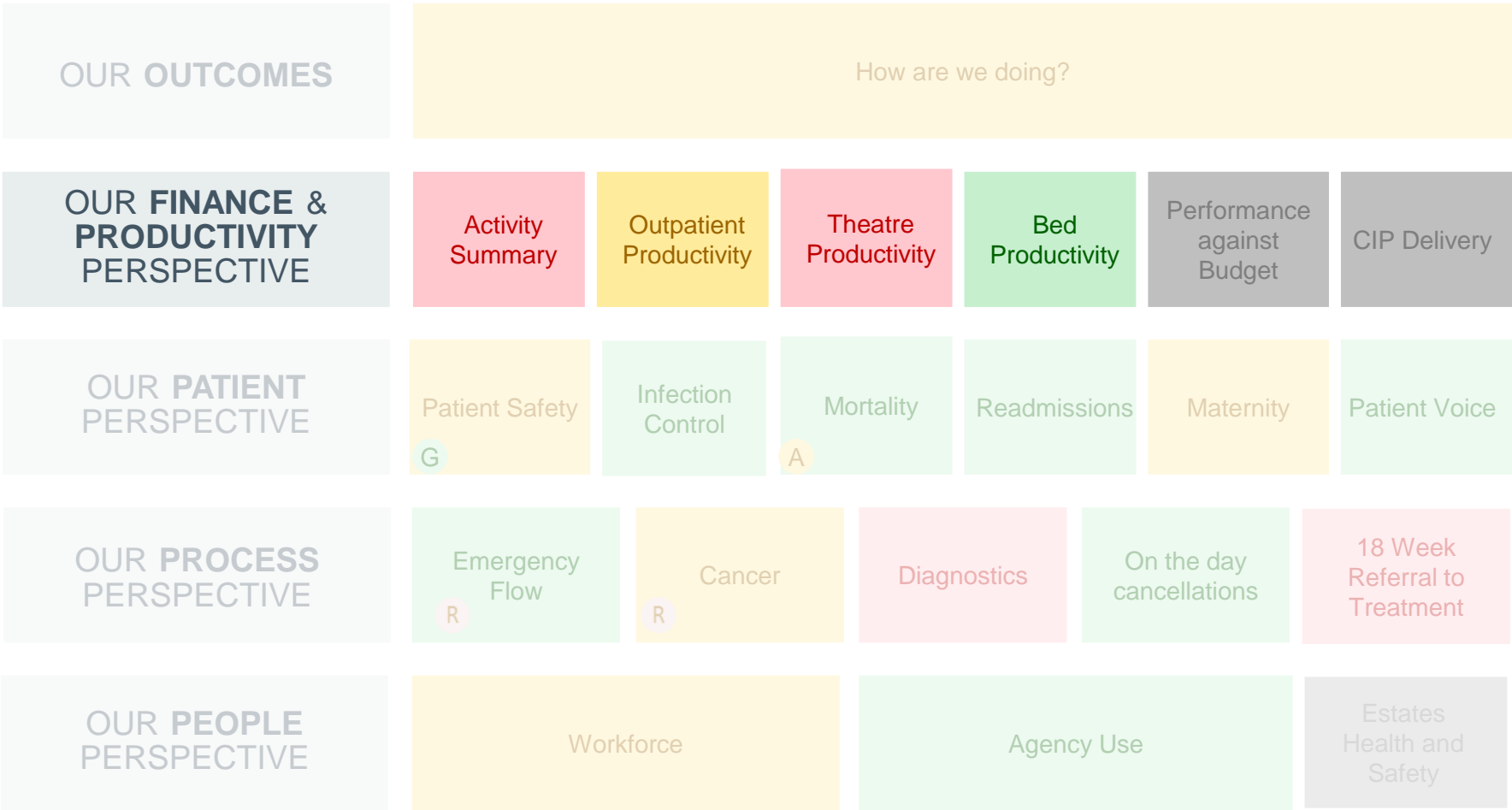
### Our Process Perspective

- The Trust achieved the Four Hour Standard with a performance of 97.5% against a target of 95%. In May, St. George's was second highest performer in London only to be exceeded by Moorfields Eye Hospital.
- In May, the Trust did not achieve the six week diagnostic standard with an adverse performance of 47.8%.
- In April, the Trust met four of the seven cancer standards and recovered its performance on the 14 day standard however the 62 day standard remained below target.
- The Trust's April incomplete Referral to Treatment (RTT) performance was 71.5% with 129 patients waiting longer than 52 weeks for treatment.

### Our People Perspective

- Trust level sickness rates have fallen sharply to 4.1% but is still above the upper process limit 4.0%.
- For May, the monthly agency spend target was £1.25m with actual agency spend of £0.66m resulting in a favourable £0.59m.
- Due to COVID-19, a number of Workforce activities usually reported on a monthly basis have been paused which is having an impact on the figures reported. A plan to commence completion and reporting will be put in place over the next few months.

# Balanced Scorecard Approach



Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID plan

4.2

## Activity against our Plan

		May-19	May-20	Variance	Plan May-20	Variance	YTD 19/20	YTD 20/21	Variance	Plan YTD	Variance
<b>ED</b>	<b>ED Attendances</b>	14,759	7,717	-47.71%	14,775	-47.77%	28,604	13,307	-53.48%	29,074	-54.23%
<b>Inpatient</b>	<b>Non Elective</b>	4,187	2,658	-36.52%	4,040	-34.21%	8,210	4,945	-39.77%	7,920	-37.56%
	<b>Elective &amp; Daycase</b>	5,323	1,172	-77.98%	4,932	-76.24%	10,001	2,237	-77.63%	10,081	-77.81%
<b>Outpatient</b>	<b>OP Attendances</b>	56,882	32,203	-43.39%	53,237	-39.51%	111,182	64,092	-42.35%	108,391	-40.87%

≥ 2.5% and 5% (+ or -)

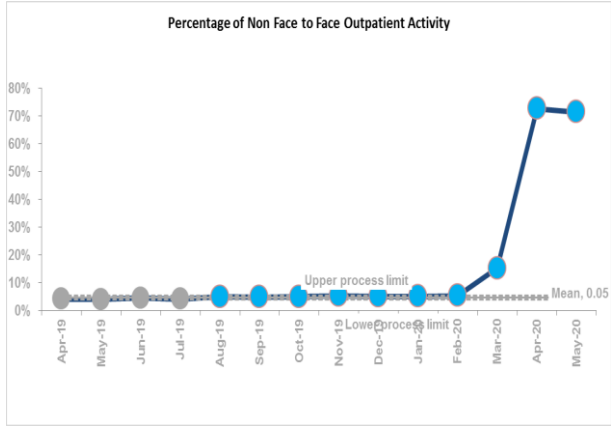
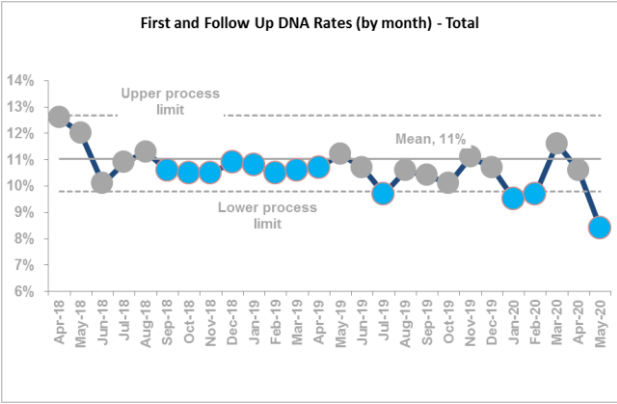
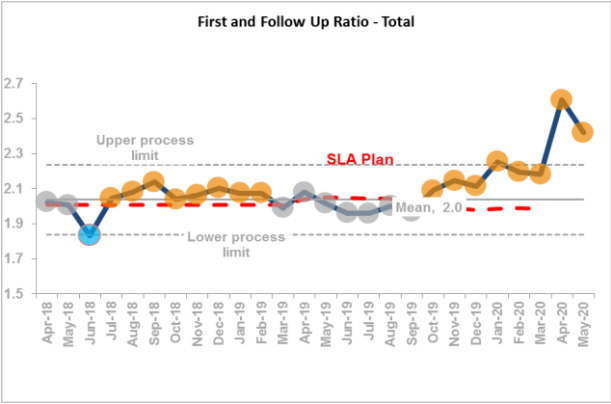
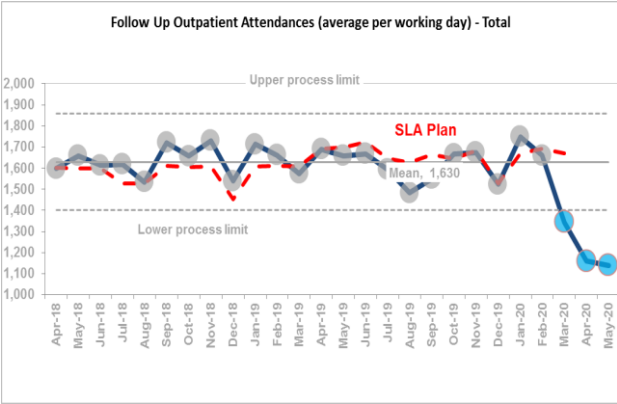
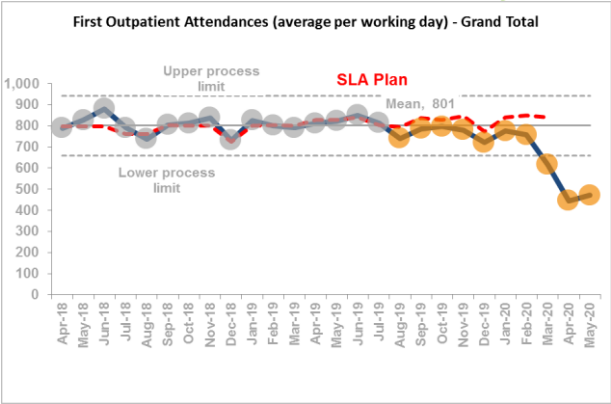
≥ 5% (+ or -)

Note: Figures quoted are as at 08/06/2020, and do not include an estimate for activity not yet recorded (eg. un-cashed clinics).  
Plan for 2020/21 is based on pre COVID-19 SLA plan

4.2

Our Finance &amp; Productivity Perspective

# Outpatient Productivity



## Actions and Quality Improvement Projects

A Safely Standing Down workstream was set up on 24 March 2020. The workstream centres on review and reprioritisation of activity in light of the current COVID-19 pandemic. The aim of the workstream is to minimise the number of patients on site within a risk assessed approach to prioritisation, as per National Guidance.

The workstream has successfully migrated outpatient activity to virtual settings across the Trust to reduce footfall on the Tooting site. There remains an element of catch up in terms of recording patient outcomes for April for virtual clinics.

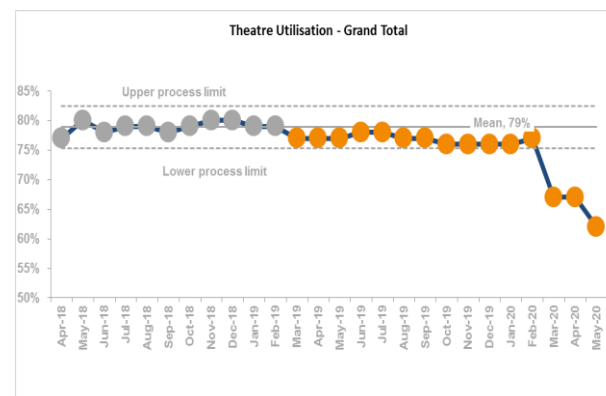
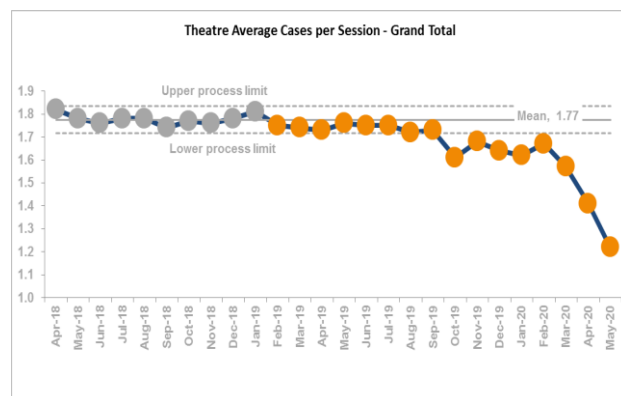
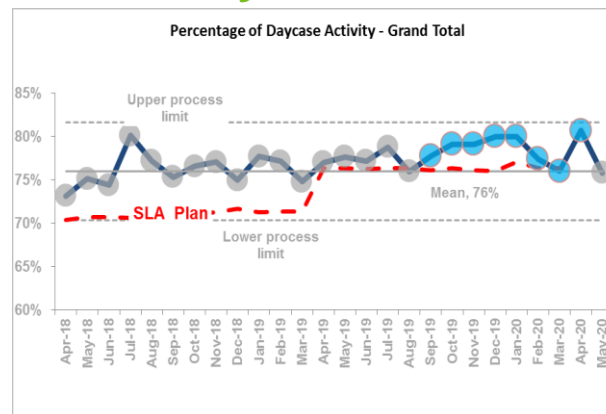
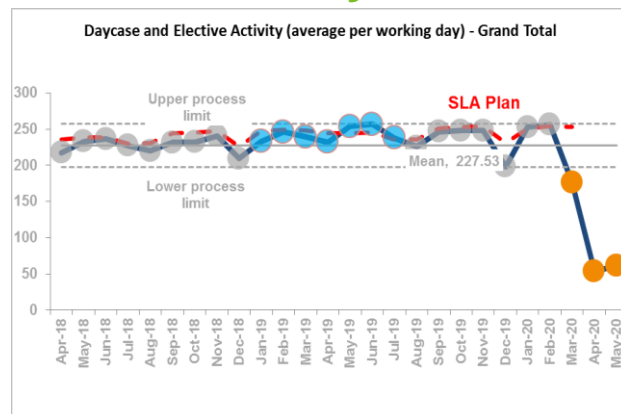
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

## What the information tells us

- Outpatient first activity remains below the lower control limit in the month of May. The number of attendances per day was 43% lower than the same period last year. All specialties are reporting activity in May below the lower control limit with the exception of Children's Services who remain below the mean however keeping within the upper and lower control. The reduction in General Surgery has had the biggest impact on the total Trust figure for First Outpatient activity per working day.
- At Trust level, follow-up activity continues to perform below the lower control limits. Compared to the same month last year, activity per day is 31% lower. All specialties have fallen below the lower control limits with the exception of Cardiothoracic and Vascular Services, Children's and Trauma & Orthopaedics where although below the mean, remain within the control limits.
- Although overall activity has dropped there has been an improvement in the DNA rate in May reporting 8.4%.
- With the Trust responding to recent challenges with the aim of reducing footfall to our outpatient clinics, there has been a significant increase in virtual activity. In May 71.5% of the activity was held in a virtual setting.



## Elective Activity & Theatre Productivity



### Actions and Quality Improvement Projects

A minimal theatre schedule was implemented to offer only urgent and emergency treatments across all specialties. This was due to availability of kit and staff as well as safety for patients. This schedule has been under constant review and has been amended as the demands have changed.

During May, we had 17 of 29 operating theatres open, seven of which were for elective surgery. This has increased to eight elective theatres, with four DSU theatres opening on 15 June. This will bring us up to a total of 22 of our 29 theatres open. The 7 empty theatres remain closed to facilitate COVID and non- COVID pathways.

All lists have been booked through a clinically led prioritisation process - twice a day for emergency lists, and once a week for urgent cancer lists.

The current capacity gap is being supported through capacity in the Independent Sector. In May, we used approximately three theatres per day, however this has now increased to five theatres.

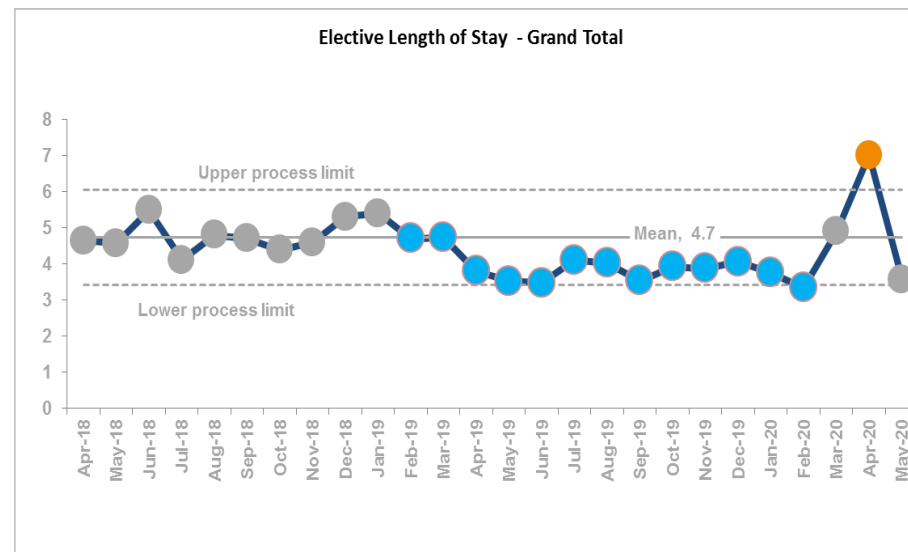
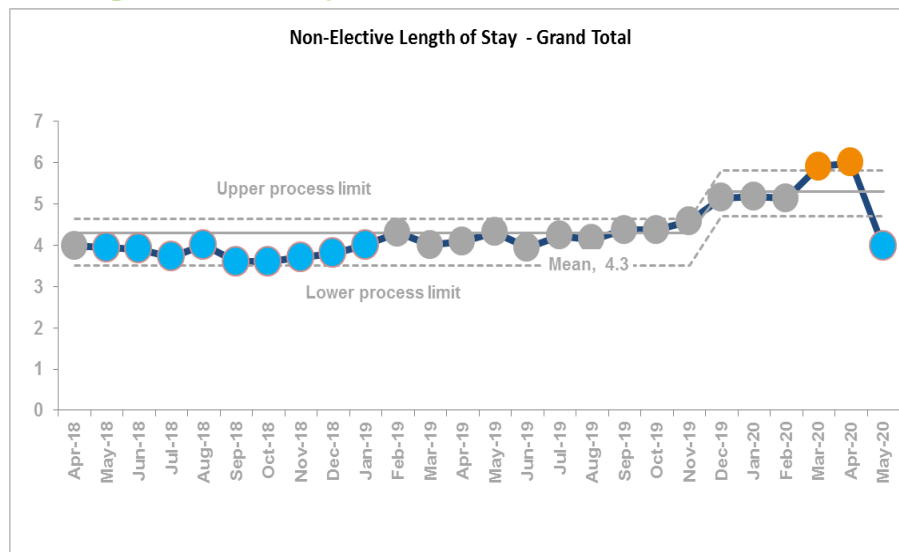
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

### What the information tells us

- Activity data for elective treatments remain below the lower control limits for a consecutive month with a significant number of elective activity cancelled. Compared to May last year there has been a 76% drop in elective activity per working day.
- During April, the Trust only undertook Priority 1 patients and Priority 1 and 2 cancer patients. In May, more theatre activity came online (with four elective theatres available for surgical Priority 2 patients) however due to 14 day shielding requirements this was not well utilised until the latter part of May.
- All service have seen a fall in activity below the lower control limits with Endoscopy, Neurology and Plastic Surgery showing the largest impact in terms of reduced activity compared to the same period last year. Neurology and Plastic Surgery remain low due to the majority of their patients being low priority. These services maintained and continue to maintain an emergency service until Priority 3 activity can commence. Endoscopy activity has declined due to the Endoscopy suite being repurposed as Critical Care overflow. This service has now recommenced with Priority 2 patients.
- Trust level theatre cases per session has fallen due to theatre process changes that have been implemented as a result of COVID-19. These processes are designed to keep staff and patients safe, however they do impact upon productivity.
- The activity does not include cases in the Independent Sector (IS), however we have undertaken approximately 60 patients in the IS during the month of May.

4.2

## Length of Stay



### What the information tells us

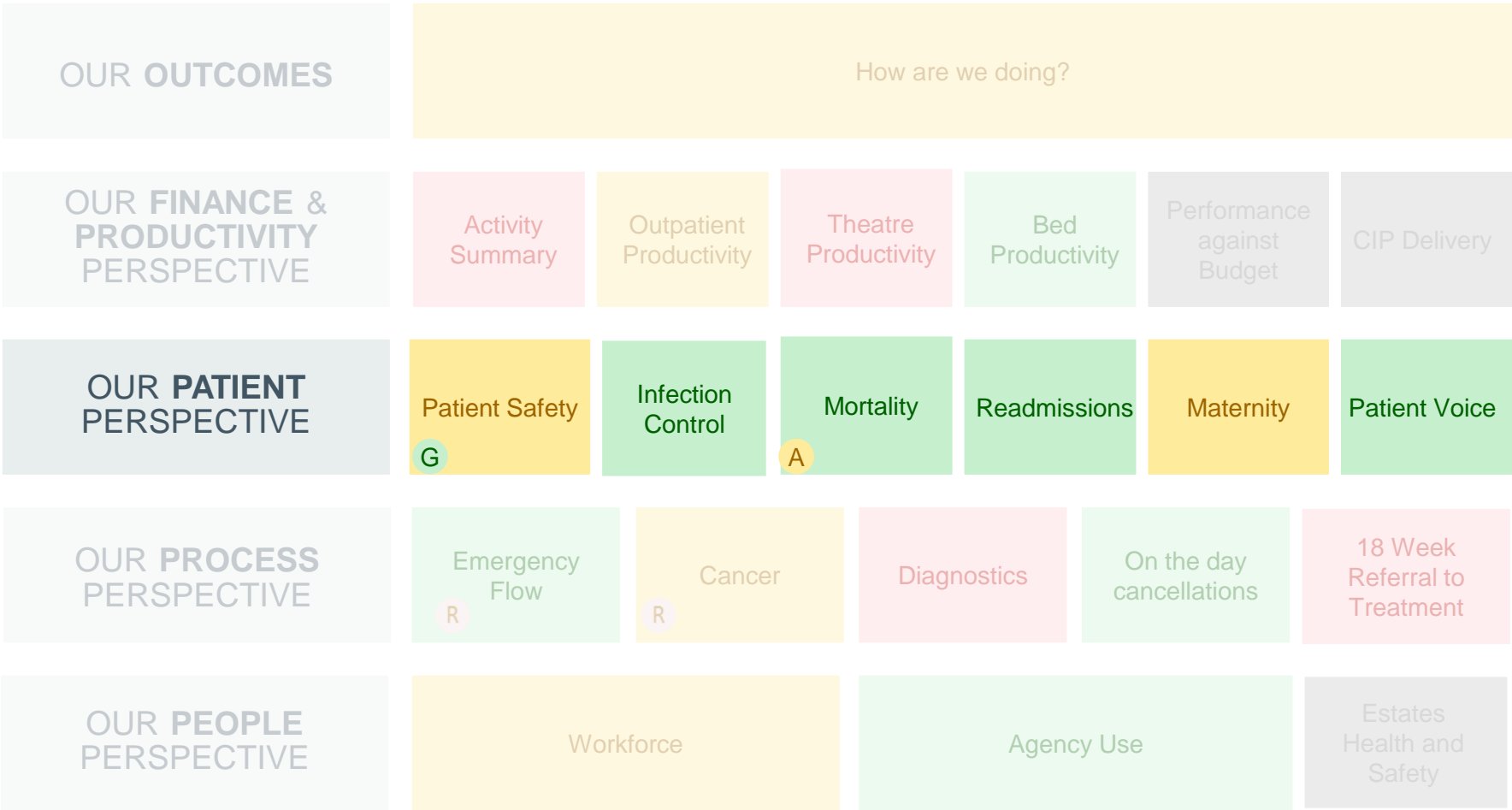
- The number of non-elective admissions have reduced in May by 35% compared to the same period last year following a decrease in demand. Length of stay has seen a significant decrease in the reporting month with the average number of days a patient stays in a hospital bed falling beneath the lower control limit, particularly Acute Medicine where we have seen the number of zero length of stay patients increase by 81% compared to April. Senior Health length of stay, although remaining above the mean has seen a reduction compared to the previous month with the same patterns seen within Cardiothoracic and Neurosciences.
- Elective length of stay has returned to within the upper and lower control control limits, with the number of elective procedures and ordinary elective admissions reducing by 73% compared to the same period last year.

### Actions and Quality Improvement Projects

An acute post-COVID clinic will be set up to enable earlier patient discharge for COVID patients

The Trust continues to meet with system partners daily to ensure patient discharges are not blocked. As lockdown eases, the discharge teams are focussing on maintaining the pressure and focus on ensuring patients are discharged in a timely manner

# Balanced Scorecard Approach



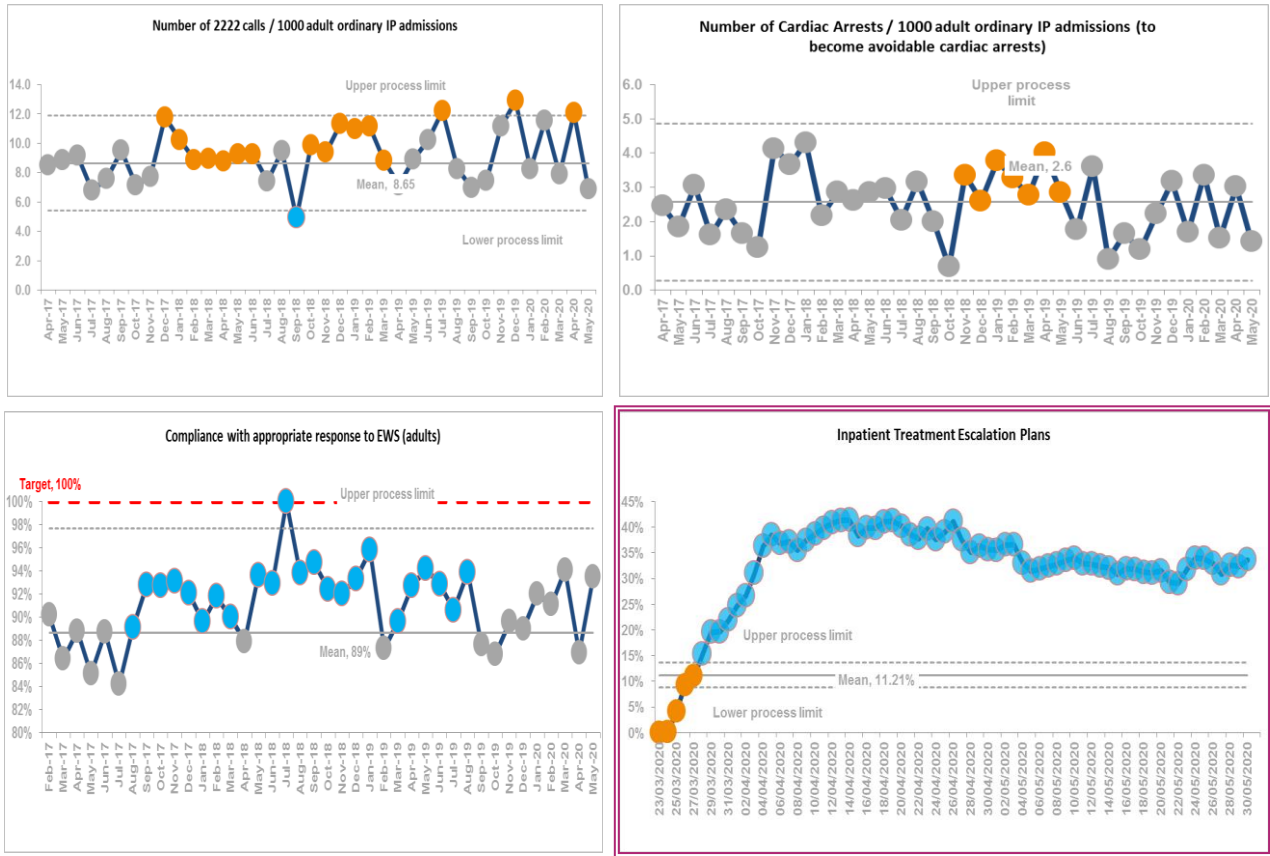
Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID plan

# Quality Priorities – Treatment Escalation Plan



## What the information tells us

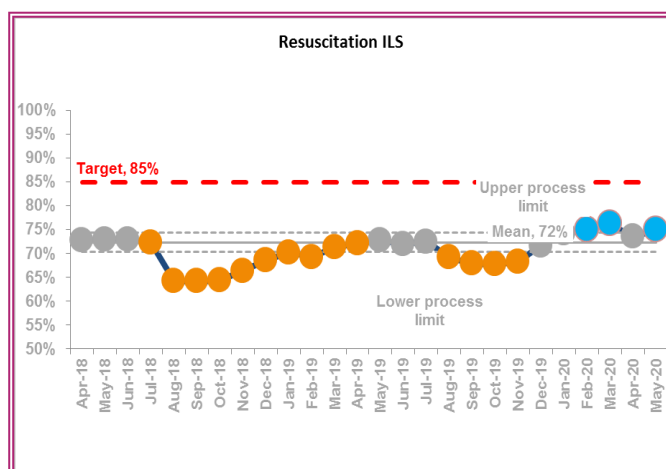
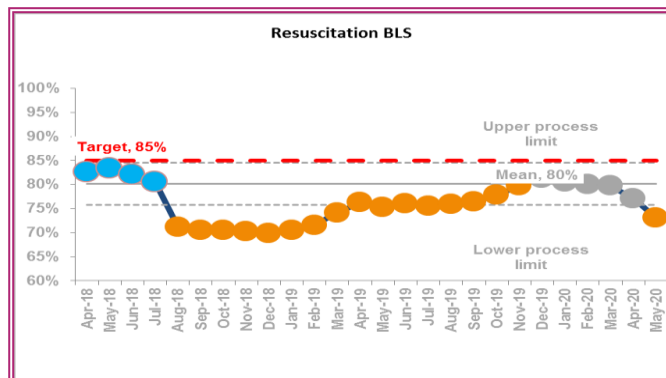
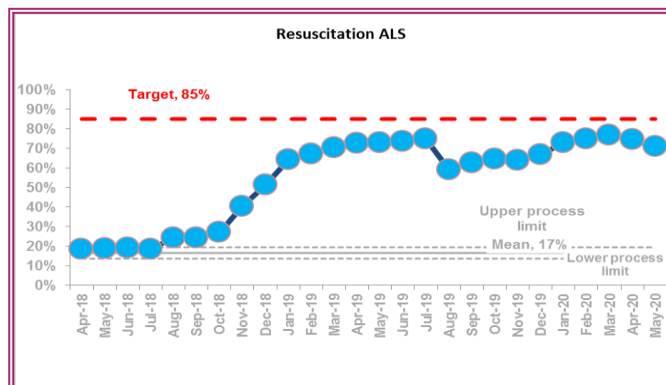
- The number of 2222 calls performance improved this month showing common cause variation.
- Compliance with appropriate response to Early Warning Score (EWS) increased from 86.9% in April to 93.5% this month and continues to show common cause variation. The cohort of EWS patients can be seen in the Appendix
- As at 23 March 2020, the trust began collecting Treatment Escalation Plans data on all adult inpatients, this allows patients and staff to be aware of the limits of treatment in the event of the patient deterioration. Uptake has steadily increased and on average for May 30% of all adult inpatients had a TEP.

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

## Actions and Quality Improvement Projects

- Treatment Escalation Plans (TEP) are now live in iClip.
- Trust wide communication to request TEPs are put in place for all adult inpatients within 24 hours of admission.
- Audit of TEP content planned.
- Engagement with ward staff with low rates of completion.
- Create process for feedback to lead clinicians where no TEP completed.

## Quality Priorities – Deteriorating Patients



- ALS (Advanced Life Support) training performance shows continued improved performance but has not met the 85% performance target
- BLS (Basic Life Support) training performance fell below the process control limits
- ILS (Intermediate Life Support) has increased and is now above the mean and showing special cause variation, both continue to underperform against the 85% target

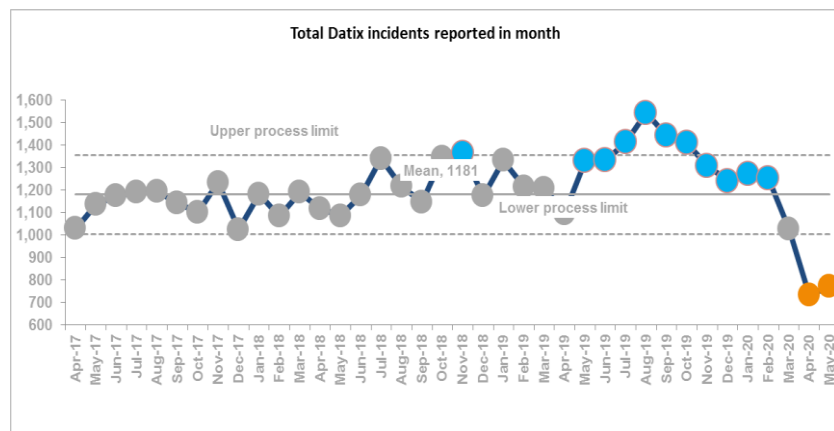
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

### Actions and Quality Improvement Projects

- From mid-March 2020 the focussed provision of ALS and ILS training has been scaled back due to resuscitation training team members deployed to critical care
- BLS continues to be targeted at staff where training is not up to date
- Courses have restarted for ALS, ILS and BLS but training numbers are significantly impacted due to the need for social distancing
- A revised training offer is currently under development to provide alternative capacity to deliver the level of training required.

## Quality Priorities – Learning from Incidents

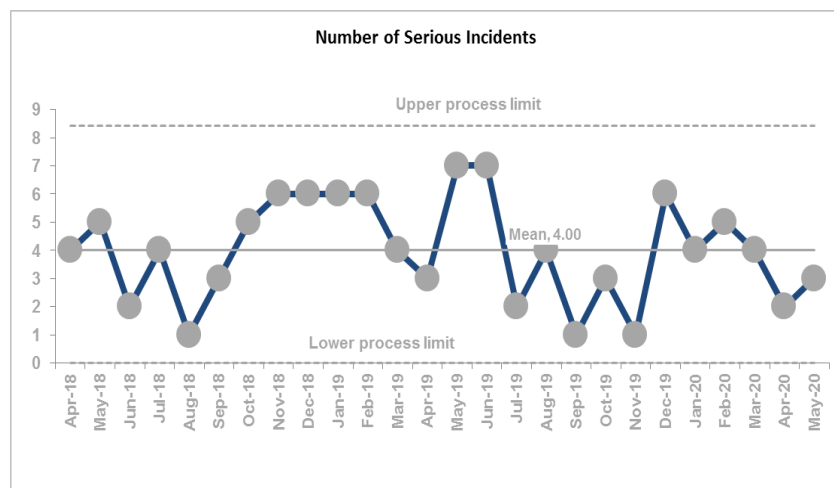
Indicator Description	Threshold/Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Total Datix incidents reported in month		1,329	1,332	1,413	1,544	1,442	1,410	1,309	1,241	1,271	1,252	1,026	734	771
Monthly percentage of Incidents of Low and No Harm		97.0%	99.0%	97.0%	98.0%	97.0%	97.0%	96.0%	96.0%	96.0%	96.0%	93.0%	93.0%	data one months in arrears
Open SI investigations >60 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Duty of Candour completed within 20 working days, for all incidents at moderate harm and above	100%	92.0%	100.0%	97.0%	93.0%	97.0%	97.0%	98.0%	86.0%	94.0%	67.0%	67.0%	data two months in arrears	



### What the information tells us

- Serious Incident (SI) investigations are being completed in line with external deadlines, 60 working days
- The number of adverse incidents reported in May 2020 remained lower than normal, but consistent with April 2020.
- There were no reported Never Events in May 2020.

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

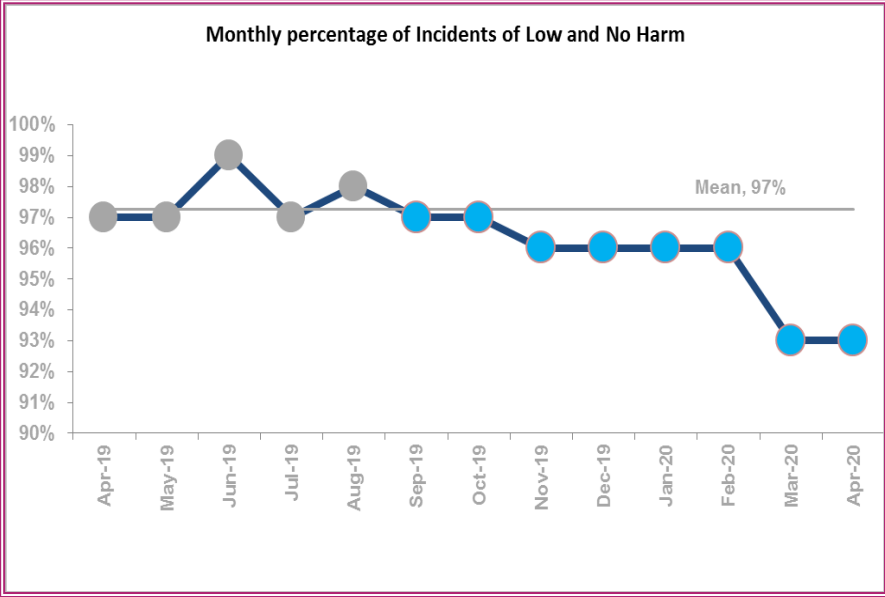
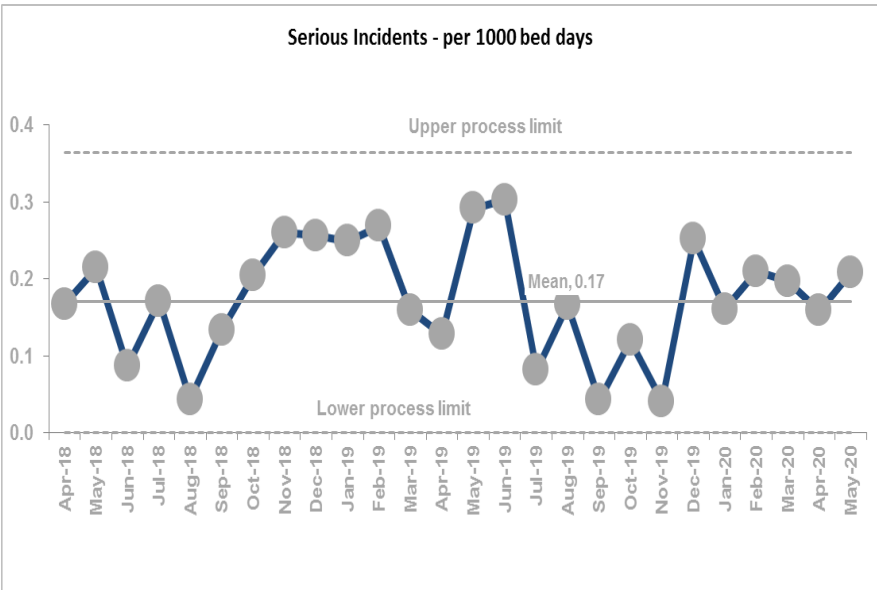
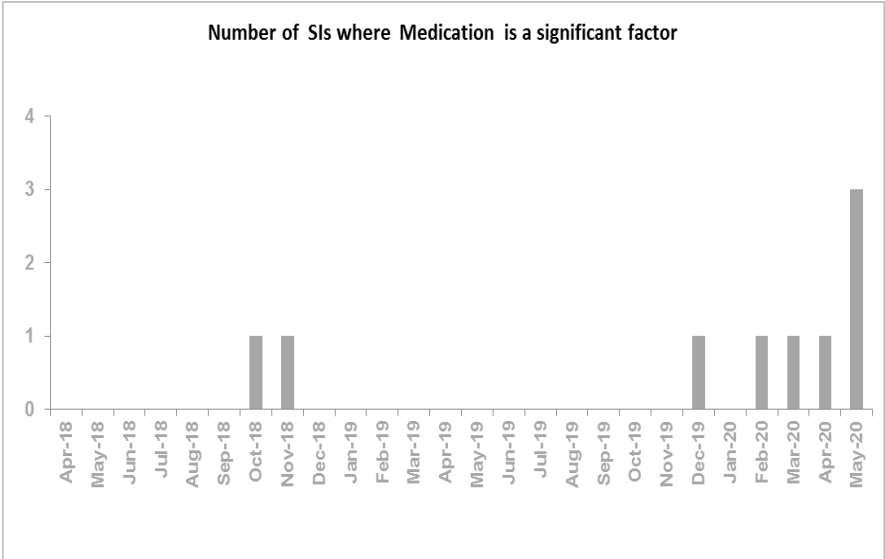
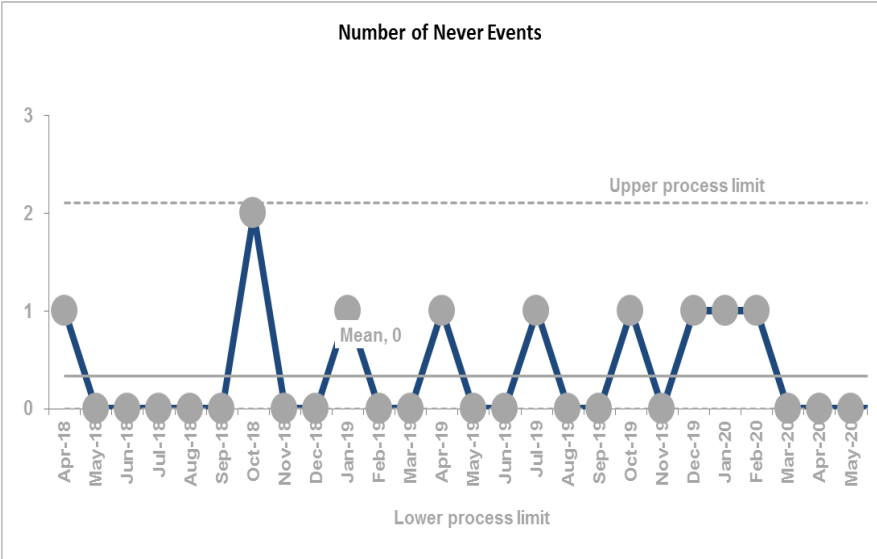


### Actions and Quality Improvement Projects

- Incidents – A review of the adverse incidents reported in April 2020 is being undertaken. There are a number of factors that may have contributed to the reduction in the number that were reported including COVID-19 and change in the normal activity / services being provided during this period. This will continue to be reported to the Patient Safety and Quality Group (PSQG)

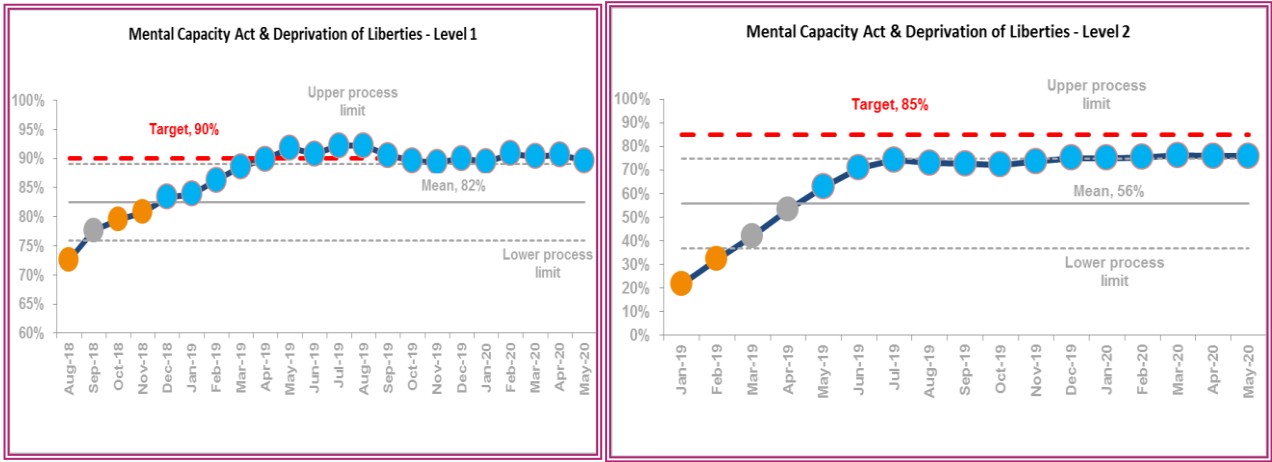
# Quality Priorities – Learning from Incidents

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



Data is 1 month in retrospect

# Quality Priorities – Mental Capacity Act & Deprivation of Liberties



**What the information tells us**

- Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 remains within target
- Level 2 training performance has plateaued. Overall level 2 compliance currently stands at 76%
- The ward accreditation system remains suspended due to COVID-19 so the Trust is unable to report on the number of staff interviewed and their level of knowledge

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

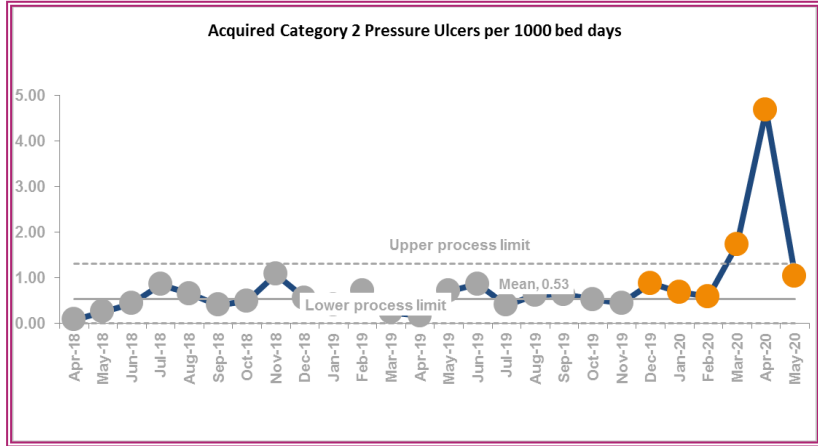
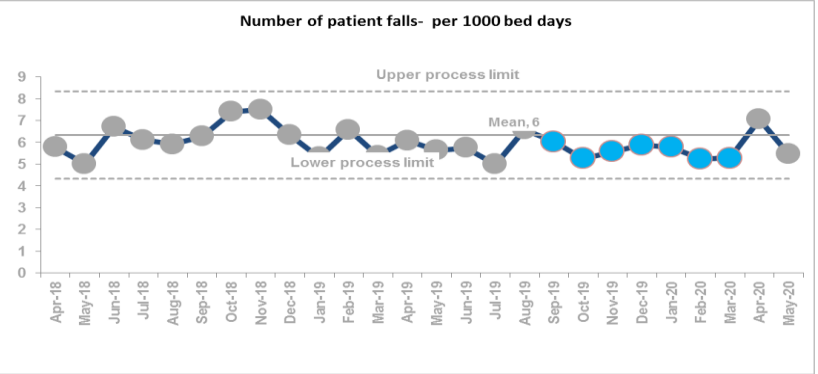
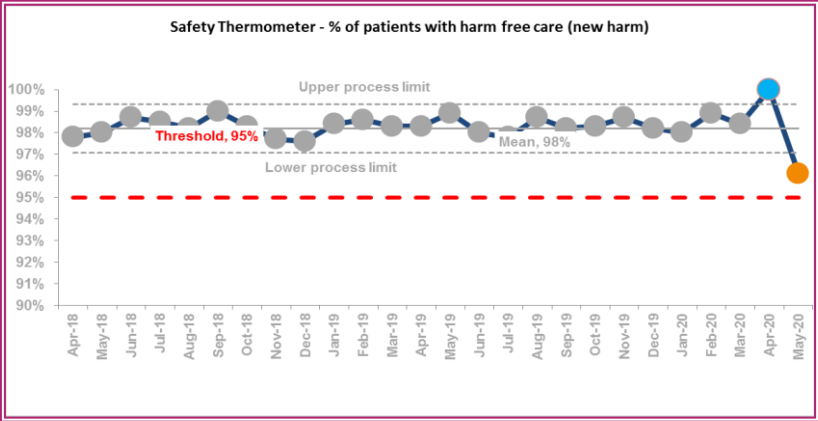
Our Patient Perspective

4.2

**Actions and Quality Improvement Projects**

- Band 7 MCA Practitioner started in post on 18 May 2020
- Final Revisions to ICLIP MCA templates submitted and now being built by IT. Expected to be ready for Test Domain 31 July 2020
- Quarterly staff knowledge audit remains delayed / currently suspended due to current COVID 19 outbreak. The aim of this audit, developed in partnership with South West London partners, is to enable the Trust to benchmark and review level of staff knowledge against an expert agreed pass mark and in relation to other local healthcare organisations
- Audit of consent including capacity, with deep dive component, provisionally planned for Quarter 2 in conjunction with Medical Lead for consent, Medical Records Lead and Audit Lead.

Patient Safety



- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

What the information tells us

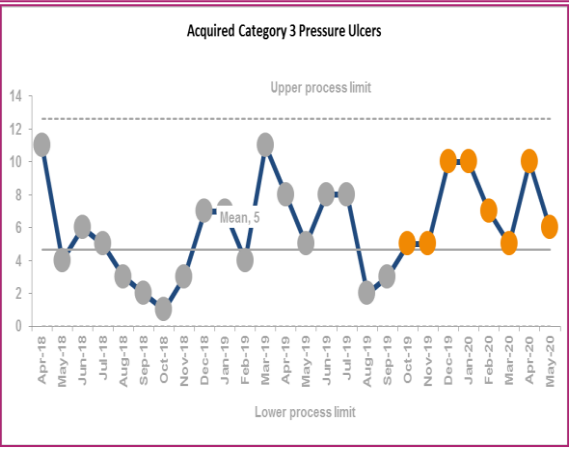
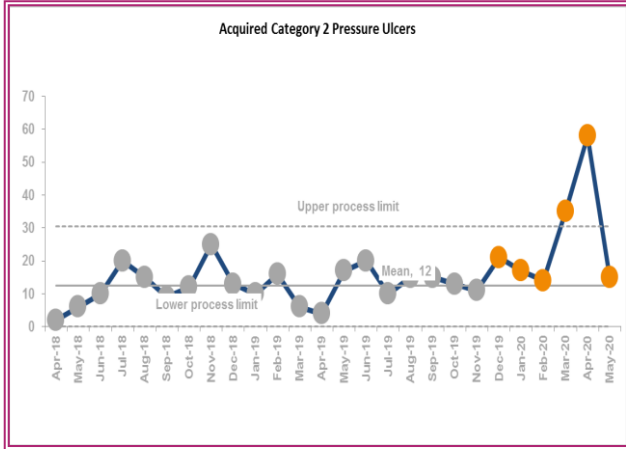
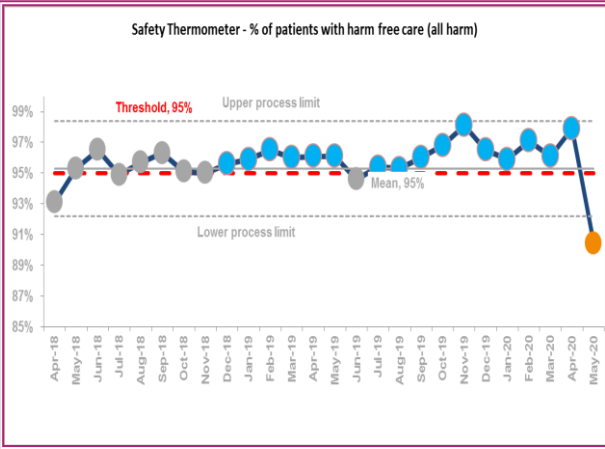
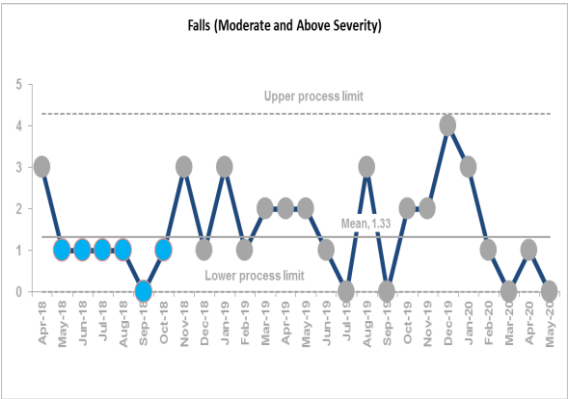
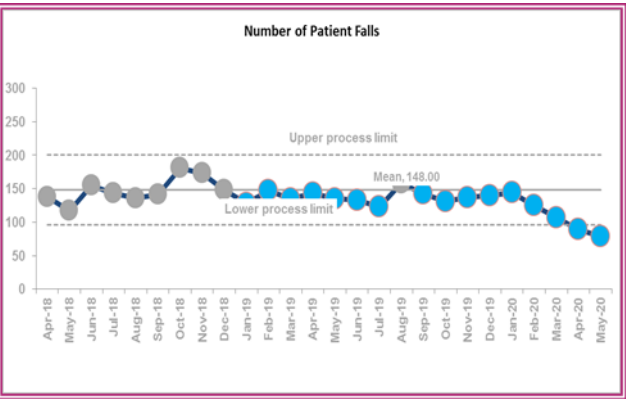
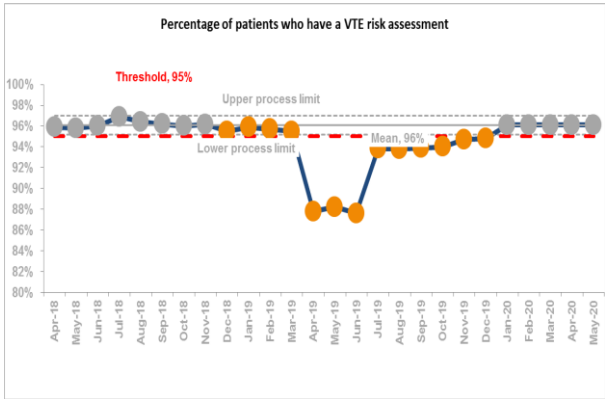
- The Trust is meeting its VTE standards and is above the upper process control limit
- Safety thermometer– percentage of patients with harm free care fell to 96.1% and remains within target
- The number of Category 2 and 3 Pressures ulcers shows special cause variation, however performance this month returned to normal levels
- The number of falls per 1000 bed days shows an improving performance- with the number of falls reducing across medicine and cardiac division

Actions and Quality Improvement Projects

- All patients who have a length of stay less than 14 hours and all non-inpatient areas are now excluded from the VTE risk assessment compliance figures as per NICE guidelines. This has streamlined and rationalised the inclusion and exclusion criteria for the report. Results from Q4 for VTE risk assessment compliance were 95.5%.
- Category 3 and above pressure ulcers have undergone Root Cause Analysis (RCA) to identify any key learning. RCA results previously discussed in a cross divisional meeting had been changed to local discussions at ward level due to COVID19 pandemic (the tissue viability specialist nurses were redeployed to critical care) which saw an increase in reported category 2 pressure ulcers and a decrease in reported moisture lesions
- The Trust falls prevention co-ordinator remains redeployed to critical care. Review of iclip multifactorial falls risk assessment and automatic generation of falls care plan to support patient care

Patient Safety

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

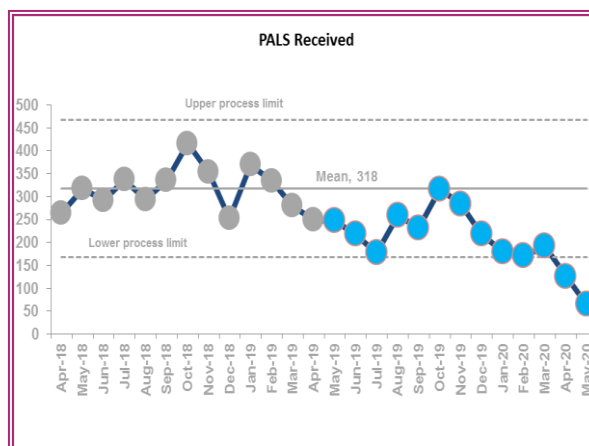
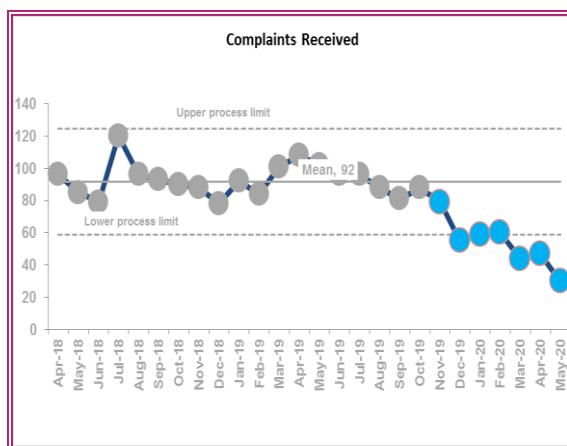


4.2

Our Patient Perspective

## Complaints

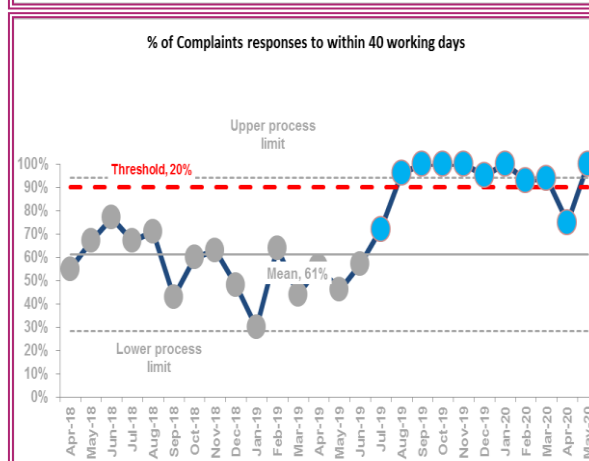
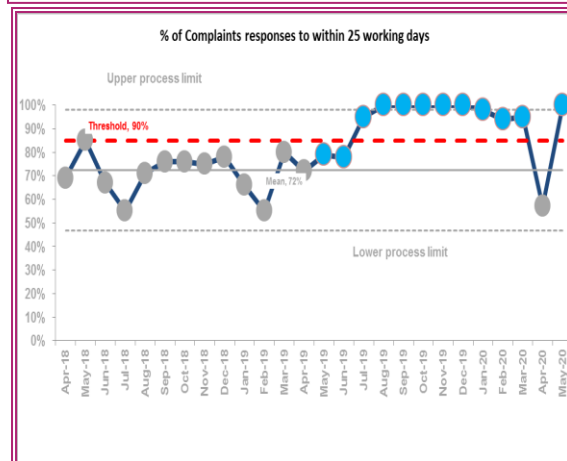
Indicator Description	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Complaints Received		102	96	96	88	81	88	79	55	59	60	44	47	30
% of Complaints responses to within 25 working days	85%	79%	78%	95%	100%	100%	100%	100%	100%	98%	94%	95%	57%	100%
% of Complaints responses to within 40 working days	90%	46%	57%	72%	96%	100%	100%	100%	95%	100%	93%	94%	75.0%	100%
% of Complaints responses to within 60 working days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number of Complaints breaching 6 months Response Time	0	0	0	0	0	0	0	0	0	0	0	0	0	0



- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

### What the information tells us

- Improved performance was seen across all response categories for this reporting
- The number of PALs enquiries has fallen again this month.



### Actions and Quality Improvement Projects

The daily complaints CommCell continues to focus attention on timely complaint investigation to ensure performance is maintained across all response categories..

## Infection Control

Indicator Description	Threshold 2020-2021	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	YTD Actual
MRSA Incidences (in month)	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0
Cdiff Hospital acquired infections	TBC	4	5	4	4	6	3	2	2	5	3	1	1	3	4
Cdiff Community Associated infections		0	1	1	1	0	1	2	0	0	0	2	0	0	
MSSA	25	6	1	0	3	2	2	3	5	6	3	2	3	0	3
E-Coli	60	7	5	7	7	8	6	4	9	5	7	4	4	8	12

### What the information tells us

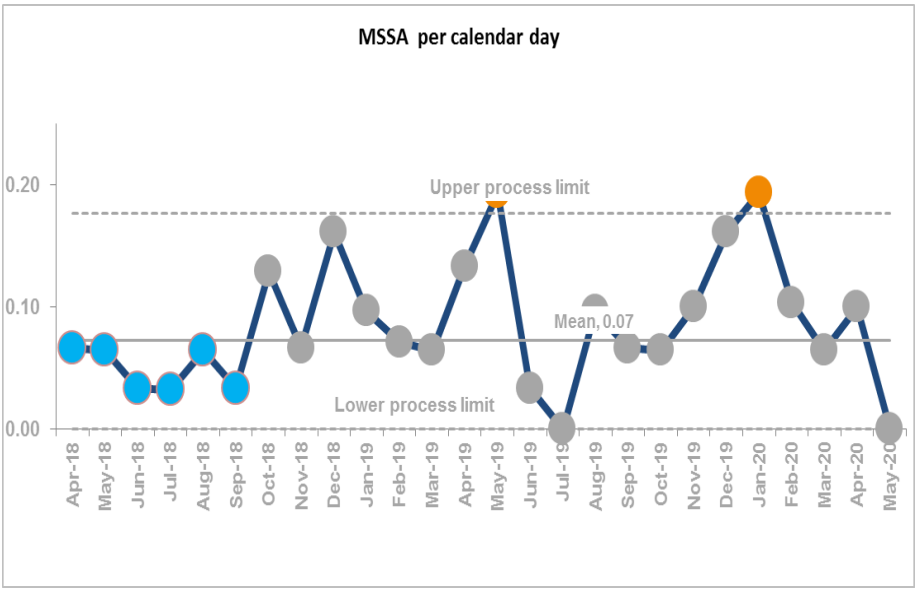
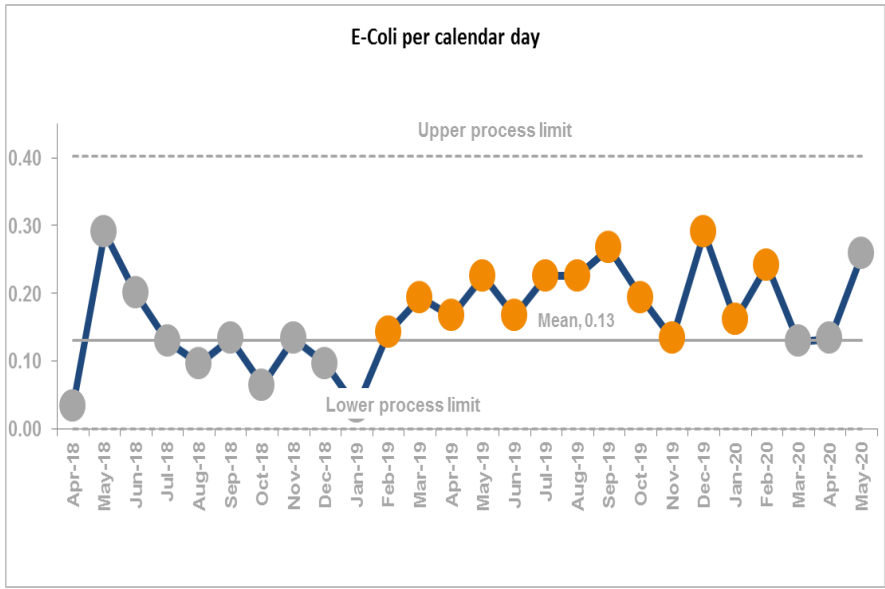
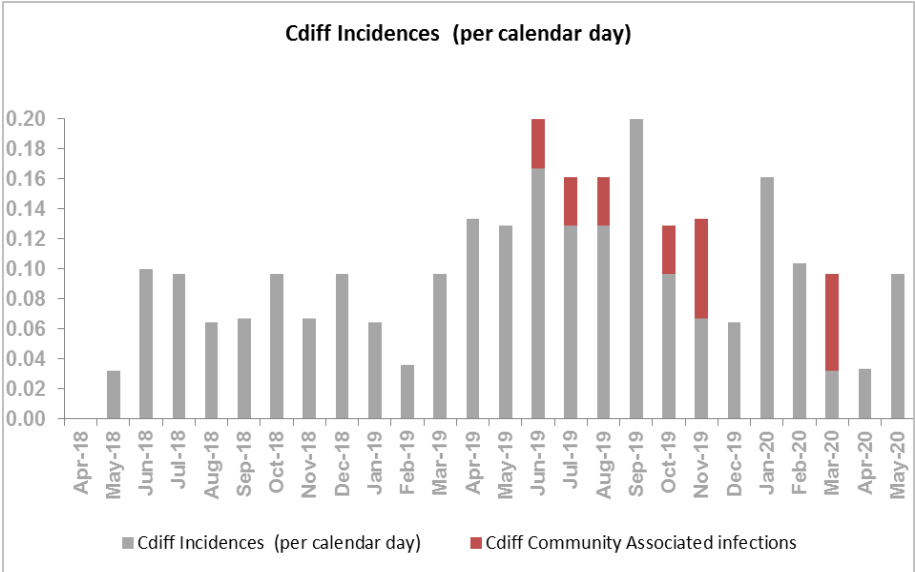
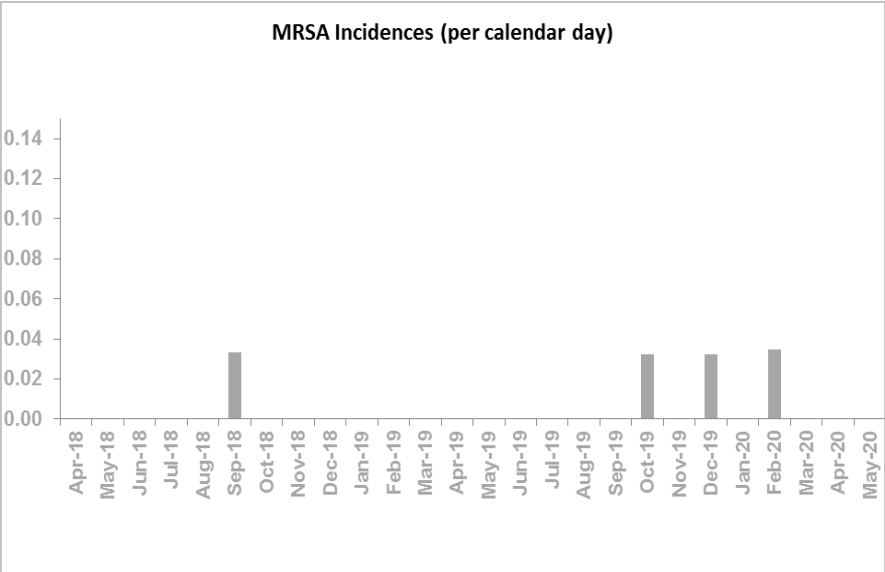
- The Trust reported no MRSA incidents in May 2020. There is a zero target for 2020/21.
- In May there were 3 Cdiff incidents all of which were Hospital Acquired.
- The number of Ecoli and MSSA cases reported remains within control limits.

### Actions and Quality Improvement Projects

- The Trust continues with infection control measures with more emphasis on care of invasive lines and Aseptic Non Touch Technique.
- Back to the floor by the Matrons and lead nurses focusing on line management and documentation on visual inspection of phlebitis (VIP) score.
- Infection control and cleaning standards measured through the ward and departmental accreditation programme, which has been paused since March 2020 due to Covid-19. Plans are in development to re-start.
- Areas where Hospital Acquired Infections have occurred continue to be placed under a higher frequency surveillance and audit programme.
- A data quality exercise has resulted in an increase in the number of Ecoli and Cdiff incidents. A review is being conducted.
- The Trust is liaising with the CCG to confirm the Cdiff threshold for 2020-21.

Infection Control

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



## Mortality and Readmissions

Indicator Description	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar 2019 to Feb 2020
Hospital Standardised Mortality Ratio (HSMR)	89.5	105.5	87.9	92.1	88.5	95	101.6	91.4	90.2	64.1	93.6
Hospital Standardised Mortality Ratio Weekend Emergency	73.5	113	77.2	93.8	107.3	80.6	100.1	87.6	112.3	68.4	93.3
Hospital Standardised Mortality Ratio Weekday Emergency	92.5	100.4	90.8	96.2	80.4	102.9	102.9	90.8	90.1	57.4	93.8

Indicator Description	Jun18-May19	Jul18-June19	Aug18 to Jul19	Sep18-Aug19	Oct18-Sep19	Nov18-Oct19	Dec18-Nov 19	Jan-19-Dec 19
Summary Hospital Mortality Indicator (SHMI)	0.81	0.83	0.83	0.83	0.85	0.85	0.85	0.86

Indicator Description	Jan-20	Feb-20	Mar-20	Apr-20
Emergency Readmissions within 30 days following non elective spell (reporting one month in arrears)	10.6%	8.7%	7.3%	7.3%



Note: HSMR data reflective of period Mar 2019 – Feb 2020 based on a monthly published position.

SHMI data is based on a rolling 12 month period and reflective of period January 2019 to December 2020 published (May 2020). Readmission data excludes CDU, AAA and all ambulatory areas where there are design pathways.

### What the information tells us

Both of the Trust-level mortality indicators (SHMI and HSMR) remain lower than expected. However, caution should be taken in over-interpreting these signals as they mask a number of areas of lower than expected and also higher than expected mortality.

### Actions and Quality Improvement Projects

We continue to monitor and investigate mortality signals in discrete diagnostic and procedure codes from Dr Foster through the Mortality Monitoring Committee (MMC). Investigations are currently underway looking at intracranial injury for the period December 2018 to November 2019 and for hip fracture during 2019.

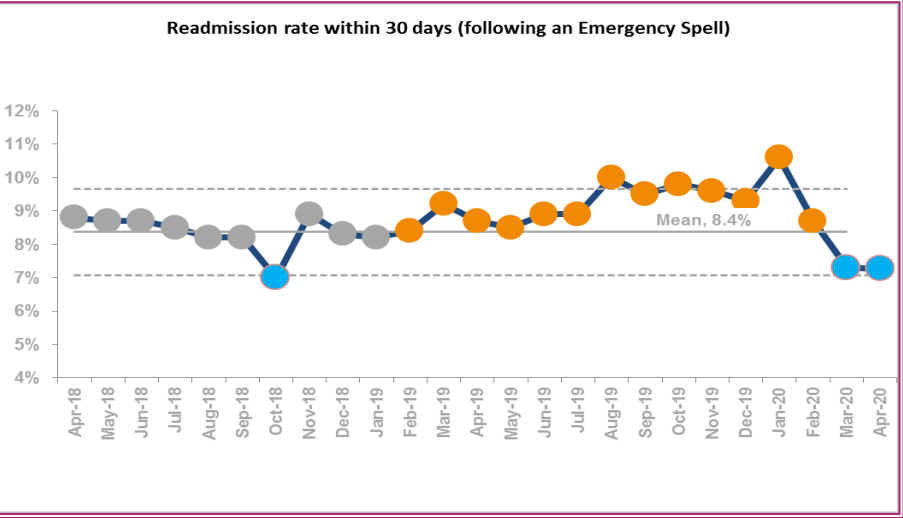
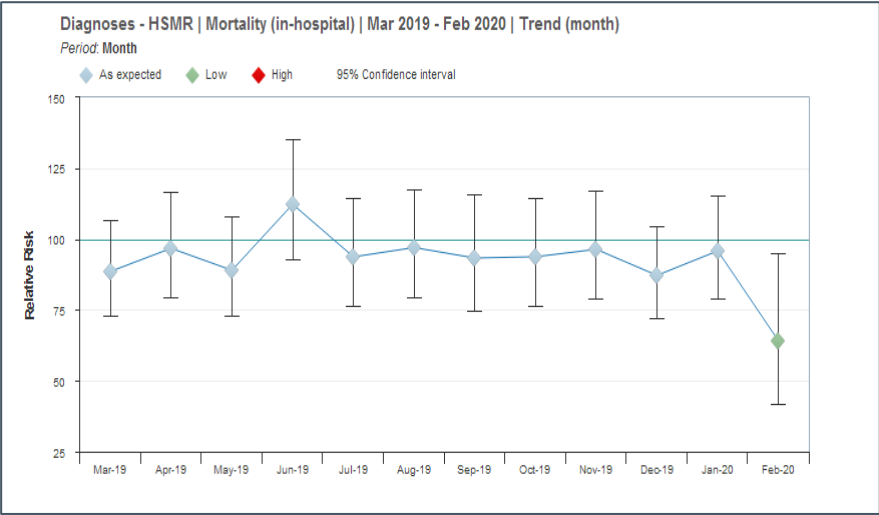
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Our Patient Perspective

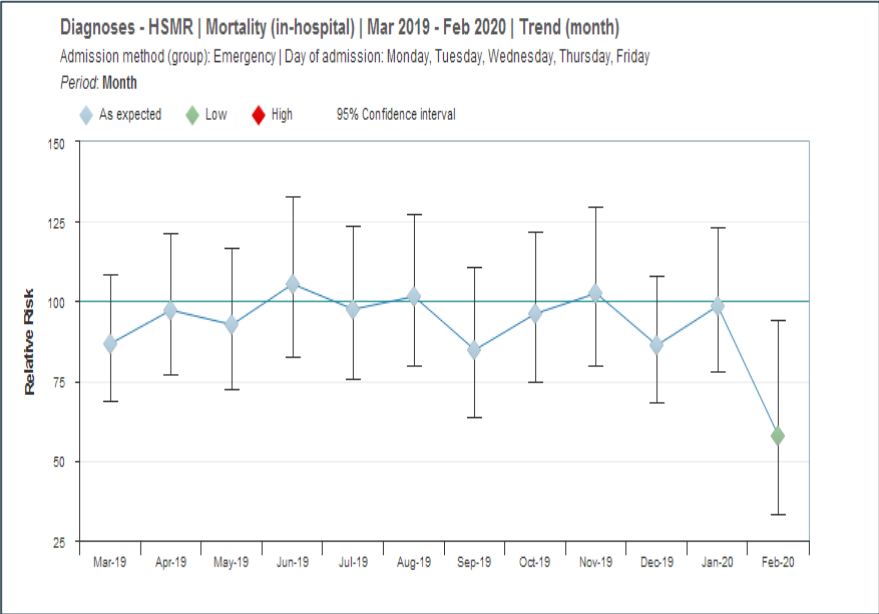
# Mortality and Readmissions (Hospital Standardised Mortality Rate)

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

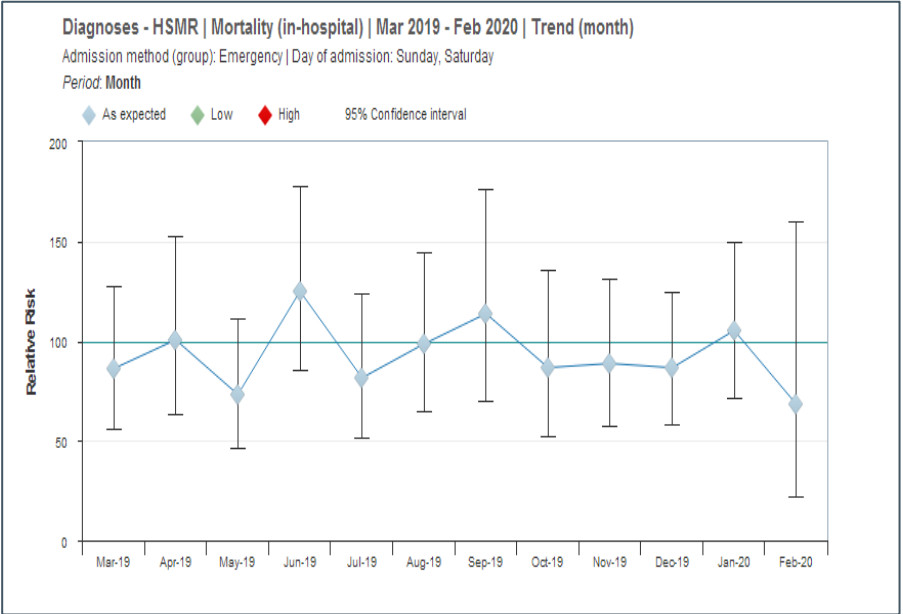
## HSMR



## HSMR Weekday

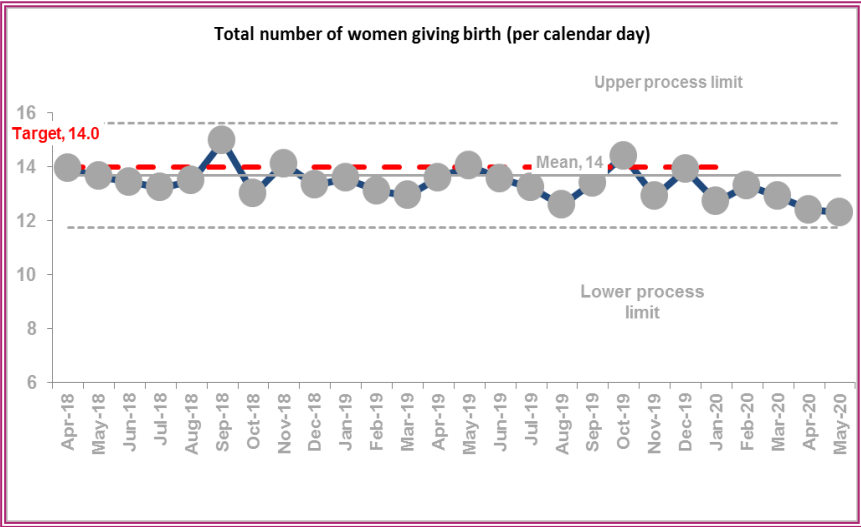
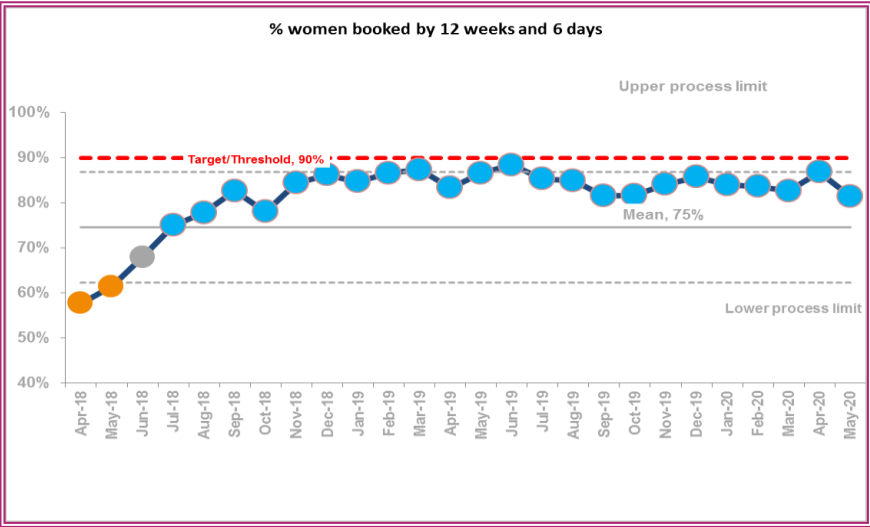


## HSMR Weekend



Maternity

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



What the information tells us

- The number of births in May remained below the target as they have since the beginning of the year. This drop in birth numbers is consistent with those reported across the sector and is not a loss of market share.
- The number of women booked within 12 weeks and 6 days improved to 81.4% and the number of women booked within 9 weeks and 6 days also increased to 64.9%. Most of these booking appointments were completed by phone.

Actions and Quality Improvement Projects

Virtual clinics have been rolled out across the antenatal and postnatal pathways and the team are working with IT to address issues around documentation. Telephone bookings have been possible due to improved estates with rooms allocated at The Nelson. Staff and women's feedback on this new way of working will be evaluated and retention of the rooms would help build this service. One issue already emerging nationally is that women are less likely to disclose abuse during virtual appointments and a working group is developing guidelines on this.

The home birth service was suspended at the COVID-19 outbreak due to both staff sickness and London Ambulance Service (LAS) availability. During this time women booked for a home birth were cared for in the Birth Centre and we received positive feedback from these women. Due to improved LAS response times and a refreshed homebirth team we reinstated our home birth service on 11th May.

The supervisor on Labour Ward was supernumerary on every shift for the first time in April and this helped to support staff working under difficult conditions.

# Maternity

## Maternity Dashboard

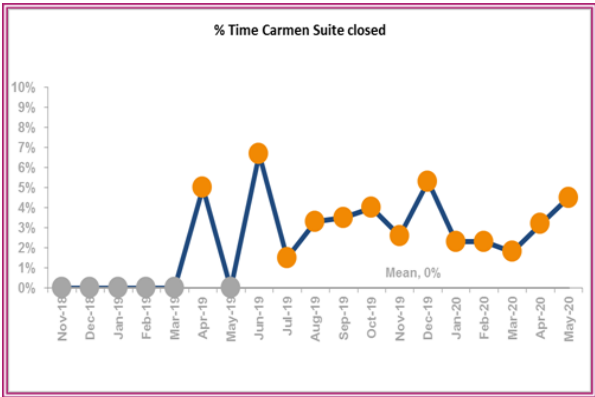
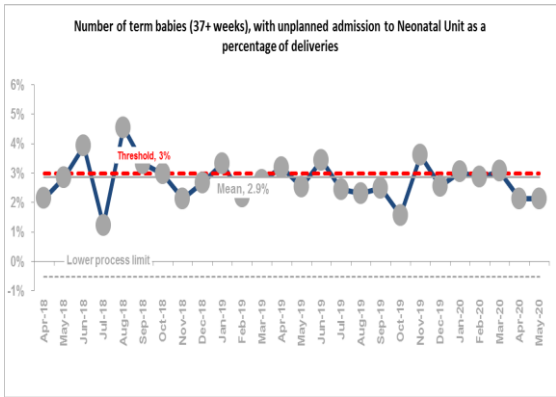
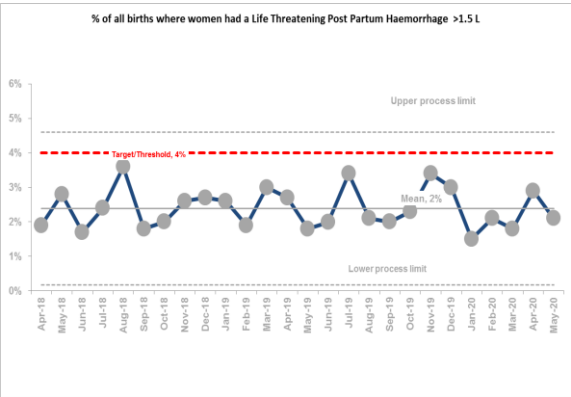
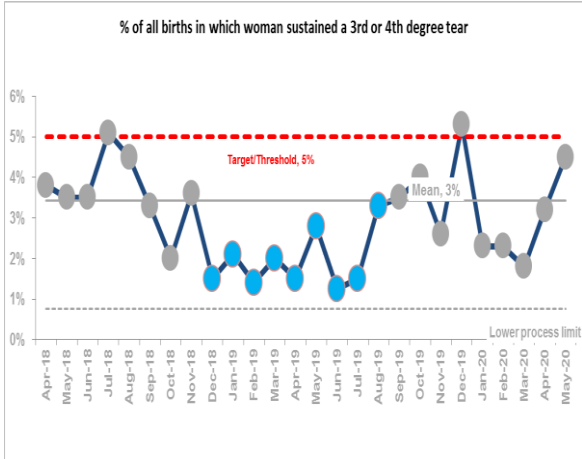
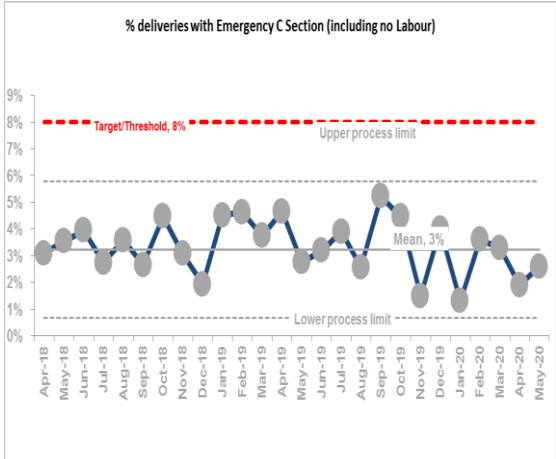
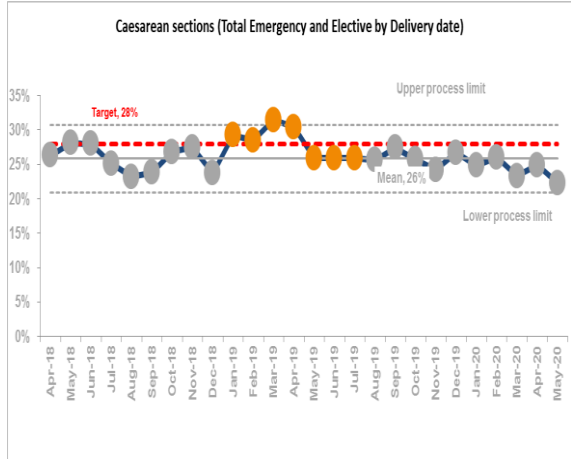
Definitions	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Total number of women giving birth (per calendar day)	14 per day	14.0	13.6	13.2	12.6	13.4	14.4	12.9	14	13	13	13	12	12
Caesarean sections (Total Emergency and Elective by Delivery date)	<28%	25.9%	25.9%	25.9%	25.6%	27.4%	25.7%	24.2%	26.7%	24.8%	26.0%	23.3%	24.9%	22.3%
% deliveries with Emergency C Section (including no Labour)	<8%	2.8%	3.2%	3.9%	2.6%	5.2%	4.5%	1.5%	4.0%	1.3%	3.6%	3.3%	1.9%	2.6%
% Time Carmen Suite closed	0%	0.0%	6.7%	0.0%	4.8%	1.7%	19.4%	11.7%	8.1%	1.6%	22.5%	27.4%	10.0%	8.1%
% of all births in which woman sustained a 3rd or 4th degree tear	<5%	2.8%	1.2%	1.5%	3.3%	3.5%	4.0%	2.6%	5.3%	2.3%	2.3%	1.8%	3.2%	4.5%
% of all births where women had a Life Threatening Post Partum Haemorrhage >1.5 L	<4%	1.8%	2.0%	3.4%	2.1%	2.0%	2.3%	3.4%	3.0%	1.5%	2.1%	1.8%	2.9%	2.1%
Number of term babies (37+ weeks), with unplanned admission to Neonatal Unit		11	14	10	9	10	7	14	11	12	11	13	9	
Supernumerary Midwife in Labour Ward	>95%	98.4%	98.3%	100.0%	96.8%	96.7%	96.8%	96.7%	96.8%	96.8%	94.8%	93.5%	100.0%	96.8%
Number of babies born with Hypoxic Ischaemic Encephalopathy (/1000 babies)	<2	0	2	0	0	0	0	0	3	0	0	0	0	0
% women booked by 12 weeks and 6 days	90%	86.6%	88.4%	85.3%	84.9%	81.5%	81.7%	84.1%	85.7%	84.0%	83.6%	82.6%	86.8%	81.4%

4.2

Our Patient Perspective

Maternity

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



4.2



## Friends & Family Survey

Indicator Description	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Emergency Department FFT - % positive responses	90%	82.5%	83.3%	82.6%	82.7%	80.5%	81.5%	79.0%	80.3%	84.2%	86.2%	87.8%	93.9%	93.6%
Inpatient FFT - % positive responses	95%	96.7%	94.7%	96.9%	96.5%	96.6%	96.0%	96.5%	96.9%	96.8%	96.6%	97.2%	100.0%	97.2%
Maternity FFT - Antenatal - % positive responses	90%	90.0%	85.7%	100.0%		100.0%			100.0%	100.0%		100.0%	100.0%	100.0%
Maternity FFT - Delivery - % positive responses	90%	100.0%	100.0%	100.0%	97.9%	100.0%	95.2%	100.0%	100.0%	94.1%	100.0%	100.0%		100.0%
Maternity FFT - Postnatal Ward - % positive responses	90%	94.6%	98.0%	100.0%	98.3%	95.2%	100.0%	97.3%	88.0%	90.7%	96.9%	100.0%		100.0%
Maternity FFT - Postnatal Community Care - % positive responses	90%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	90.0%	100.0%		100.0%
Community FFT - % positive responses	90%	98.8%	99.5%	96.4%	98.1%	98.8%	99.3%	98.1%	97.7%	100.0%	98.6%	100.0%		100.0%
Outpatient FFT - % positive responses	90%	90.2%	90.6%	90.9%	90.8%	90.1%	89.6%	90.7%	90.3%	89.9%	89.9%	91.7%	98.2%	89.9%

### What the information tells us

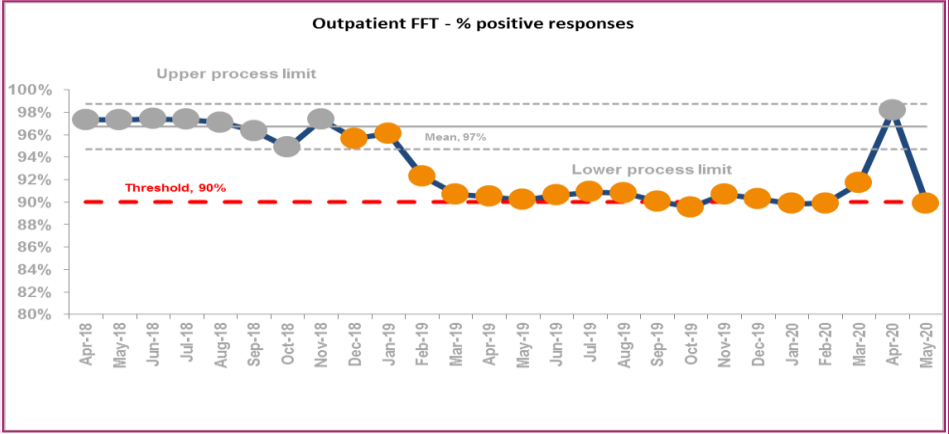
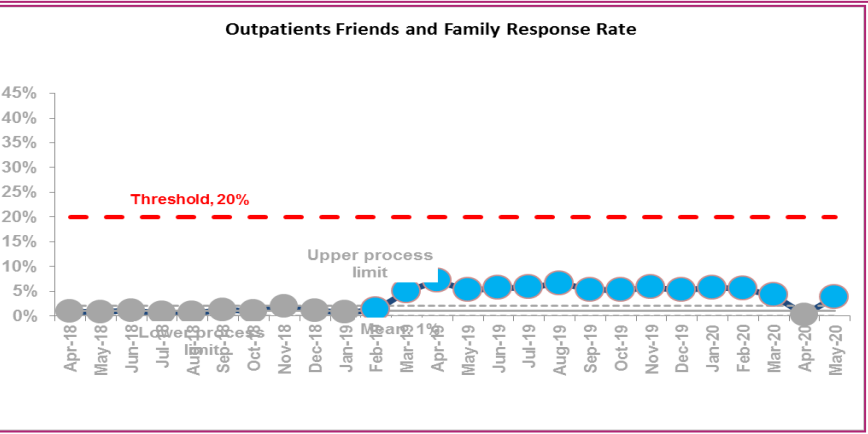
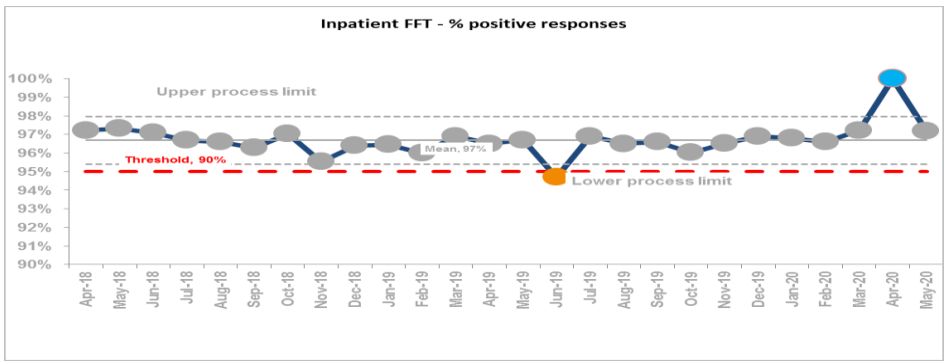
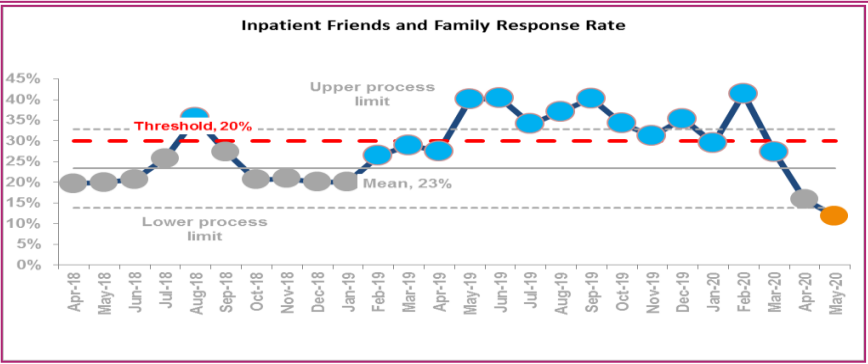
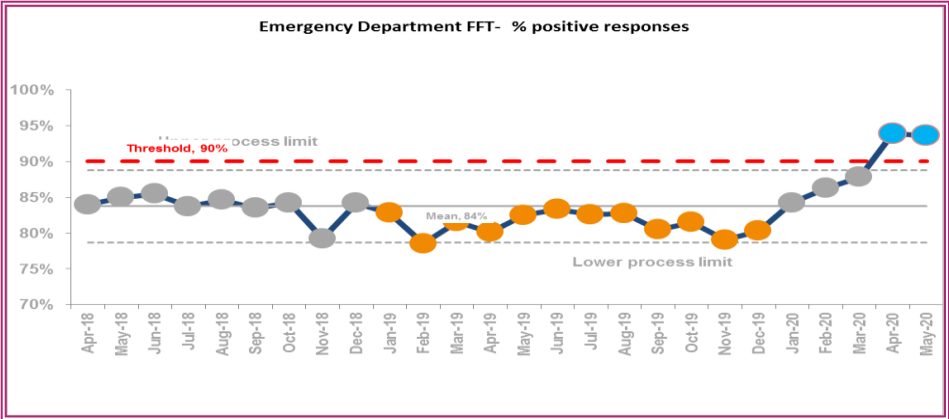
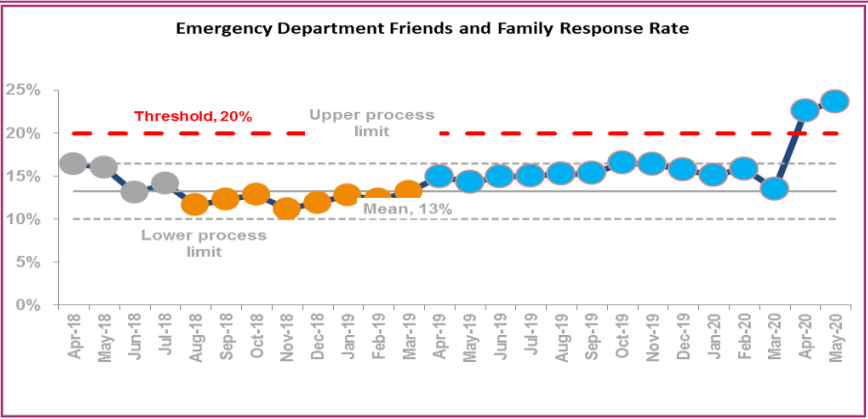
- The cohort of patients surveyed is much lower than that of previous months as a consequence of COVID-19.
- The responses for Birth and Community Services in May was low as was the number of eligible responders.
- Future plans to involve a move to text message for all areas (outpatients have restarted text messaging, as they use this method).
- The percentage of positive responses across all services has improved this month against the lower cohort of patients surveyed.
- Our Emergency Department rate was 93.6% of patients attending the emergency department would recommend the service to family and friends. This continues to be the best performance for over two years.
- Our Outpatient recommended rate was 89.9% against a target of 90%.

### Actions and Quality Improvement Projects

- Changes in Friends and Family (FFT) guidance was due to be implemented in April 2020. The guidance encourages patients to provide feedback throughout their care episode. In preparation for this and in line with guidance, the wording of the questions and changes to the Trust systems are being developed for launch at a future date to be confirmed.
- The FFT surveys completed on tablet computers continue to be suspended.
- As services resume in line with the Clinical Safety Strategy plans are under development to safely capture patient feedback across all service areas.

# Friends and Family Test

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



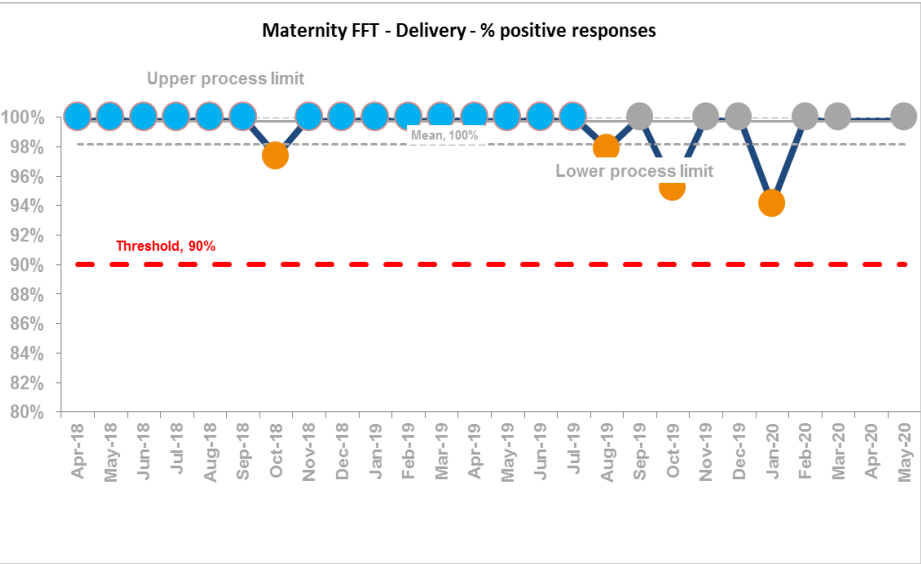
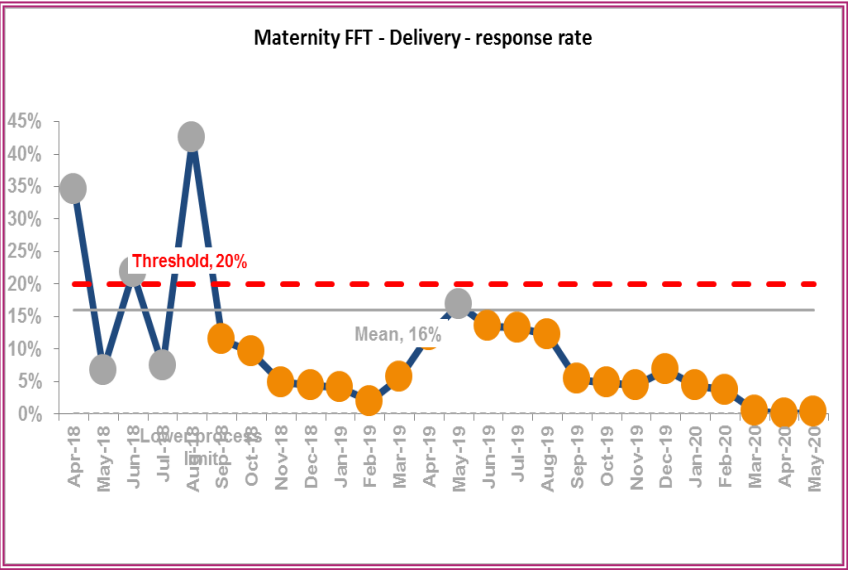
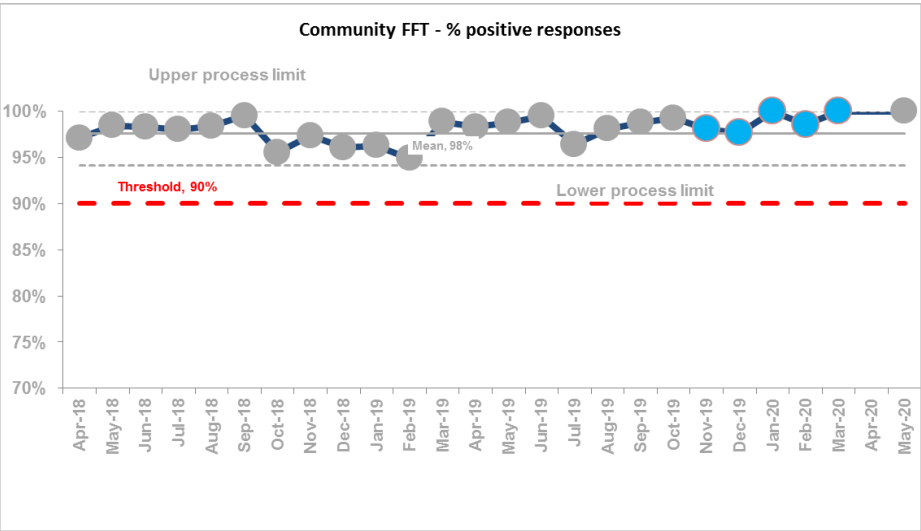
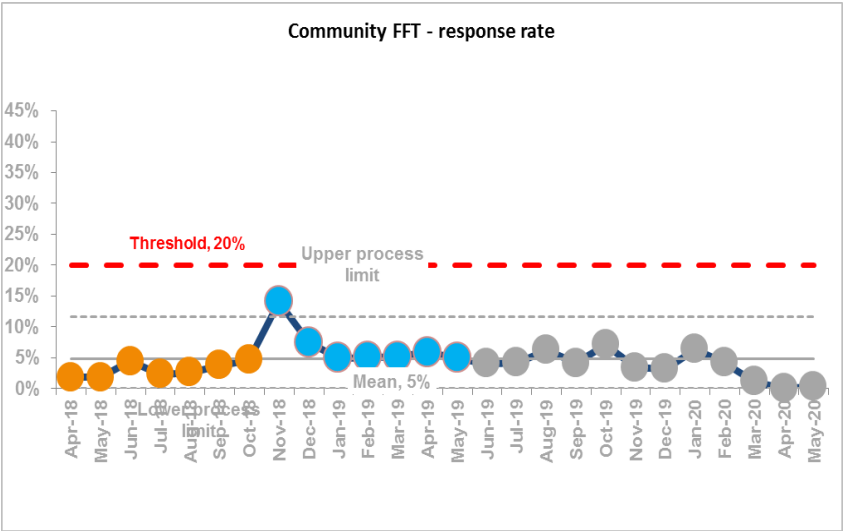
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Our Patient Perspective

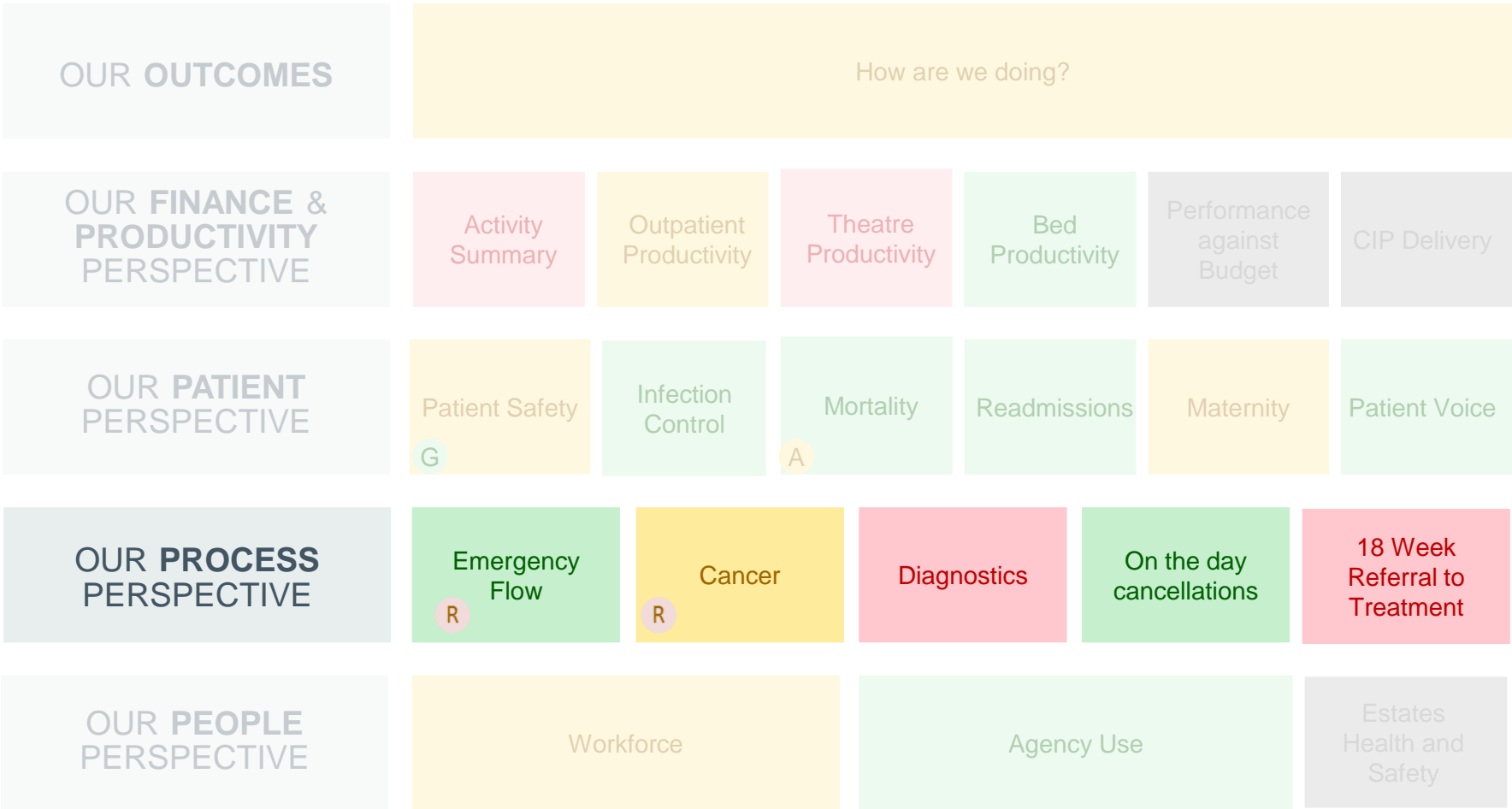


# Friends and Family Test

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



# Balanced Scorecard Approach



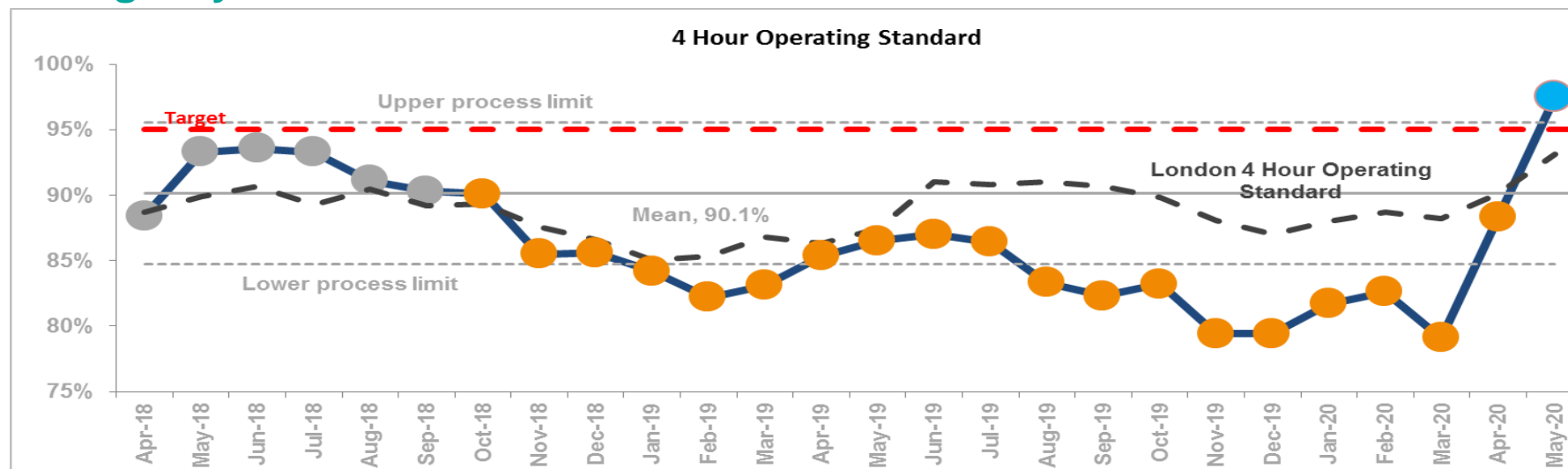
Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID plan

## Emergency Flow



### What the information tells us:

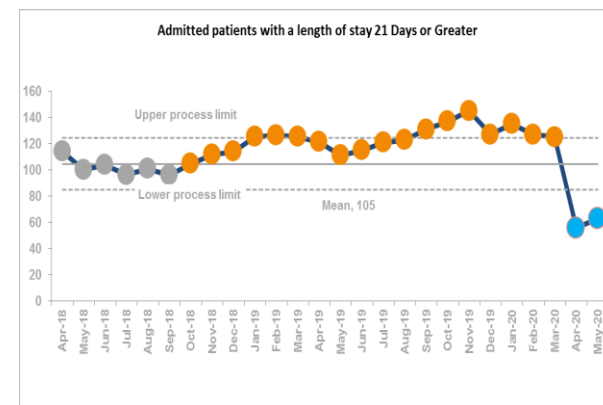
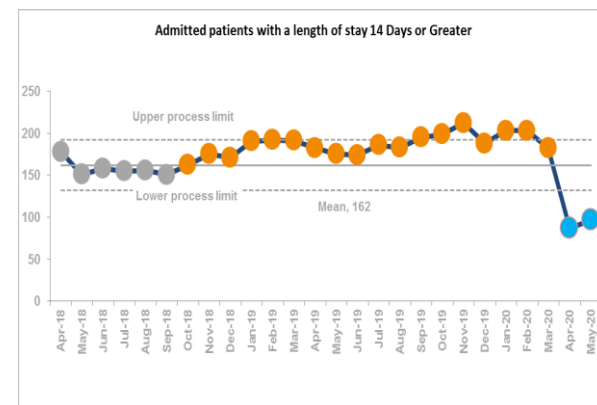
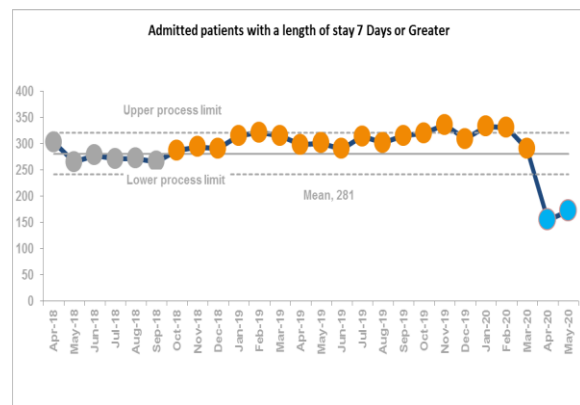
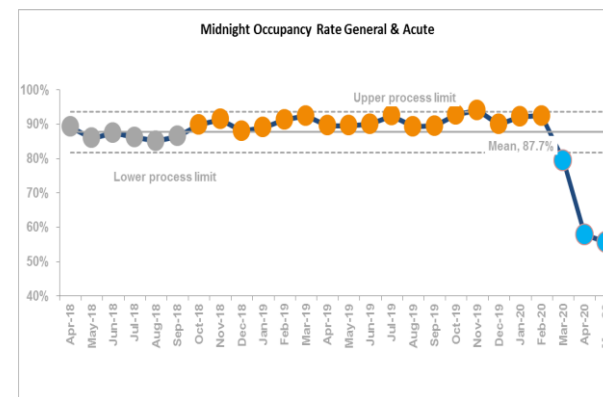
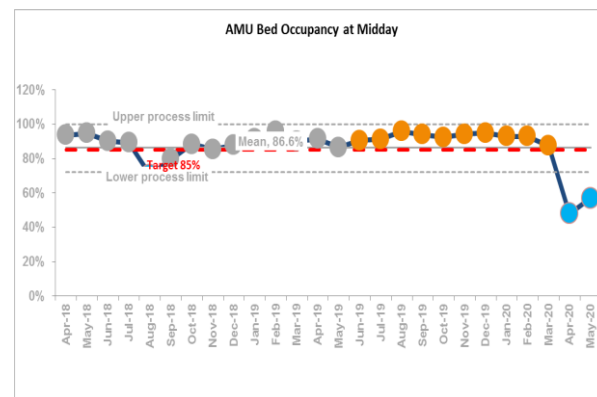
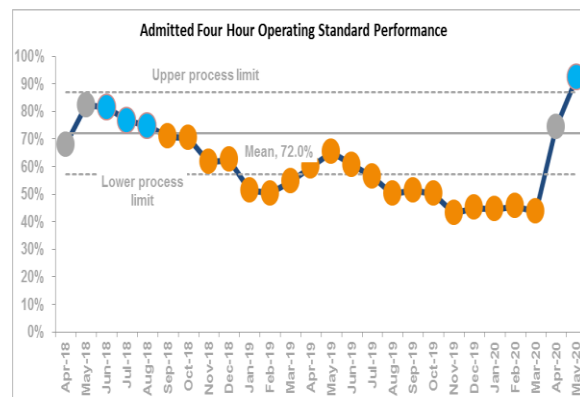
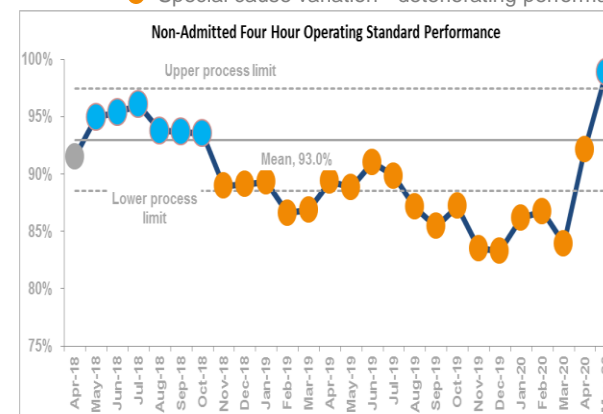
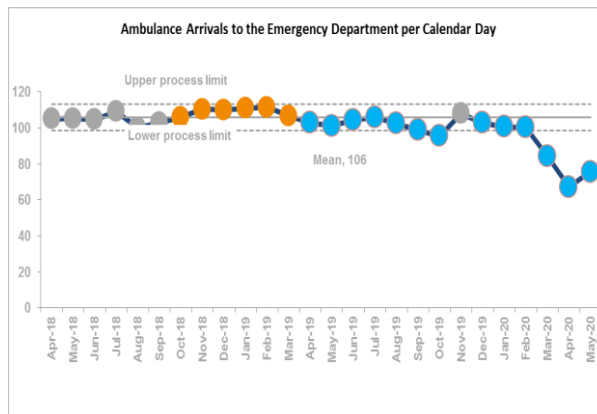
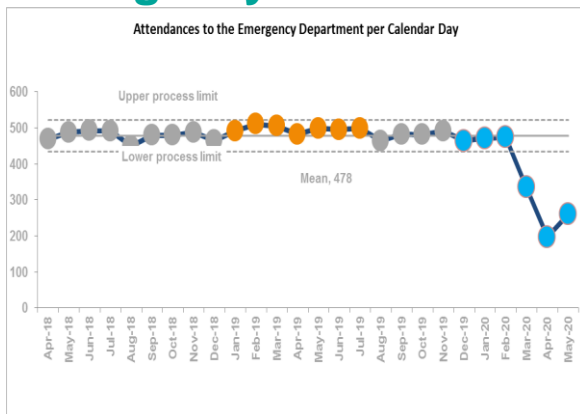
- Performance against the Four Hour Standard in May increased significantly reporting 97.5% with 486 fewer patients waiting more than 4 hours from arrival to either being discharged, admitted or transferred compared to April. Both admitted and non-admitted pathway performance is above the upper control limits.
- Attendances in the calendar month of May has seen a steady increase throughout the month compared to April where there was a significant fall in the number of patients attending the Emergency Department. Compared to the same month last year we have seen a 48% drop in attendances, reporting below the lower confidence limit for a consecutive month. The Trust have seen on average less than 240 patients attending the department on the Tooting Site per day over the month.
- Bed occupancy for both Trust (general and acute beds) and AMU has reduced, this is in line with Trust actions plans in relation to creating bed capacity in response to an expected COVID-19 surge.
- The number of patients who have been in a hospital bed longer than 7, 14 and 21 days has seen a slight increase in line with an steady increase in non-elective admission however remains significantly below the lower control limits seeing a continued lower trend overall. Internal and external teams supporting our inpatients to return home and daily escalation calls to review patients that are medically optimised remains a focus.

### Actions and Quality Improvement Projects

- **Collaborative Working:** Unscheduled care, safety & performance meetings between ED & AMU senior teams three times a week to review breaches and identify solutions. Joint flow & safety huddles between ED & AMU four times daily over 24hr period to provide understanding of capacity & flow issues providing ability to support ED with patient flow.
- **Emergency Care Processes:** Emergency Care attendances have reduced significantly as a result of patients supporting social distancing and using health care services differently. Whilst the attendances have reduced the acuity is higher than normal due to COVID-19. ED has reconfigured to meet changing demands. These changes include splitting into Red/Green areas to protect patients and flexing capacity. AMU & NBU have changed working practices providing support for red & green seated CDU's to support flow from ED. Speciality pathways have been redesigned and implemented at pace to support the National Pandemic and challenge in acuity.
- **Urgent Care Centre Waits and Direct Access:** UCC direct pathways have been implemented at pace to ensure timely turnaround of non-COVID patients, this has been cross Divisional joint working. All pathways risk assessed and standard operating procedures agreed.
- **Mental Health:** Alternative mental health pathways put in place to support this patient cohort and again attendances are reduced and redirected where appropriate, following action taken by South West London & St. George's Mental Health Trust and London Ambulance Service.

# Emergency Flow

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

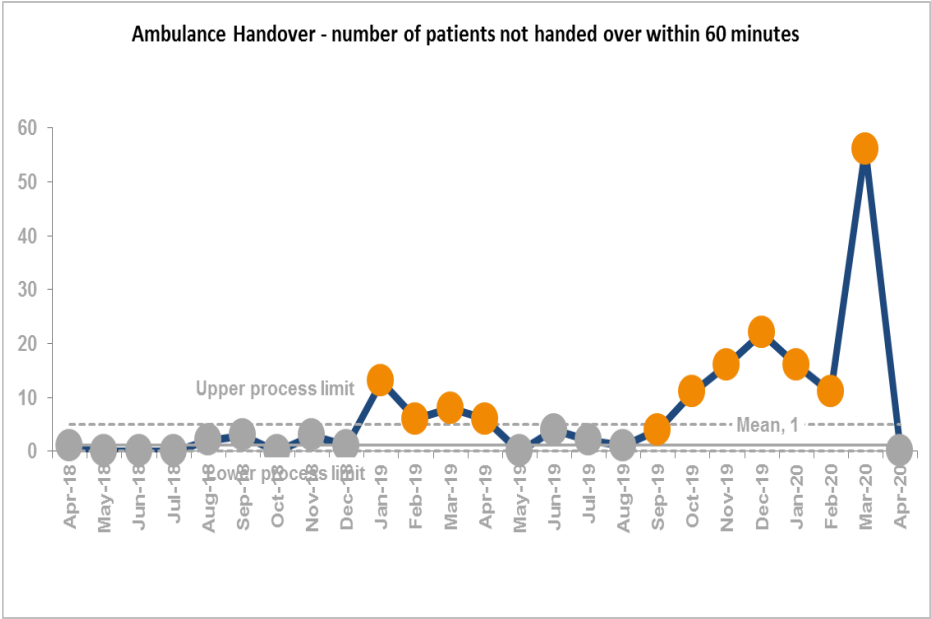
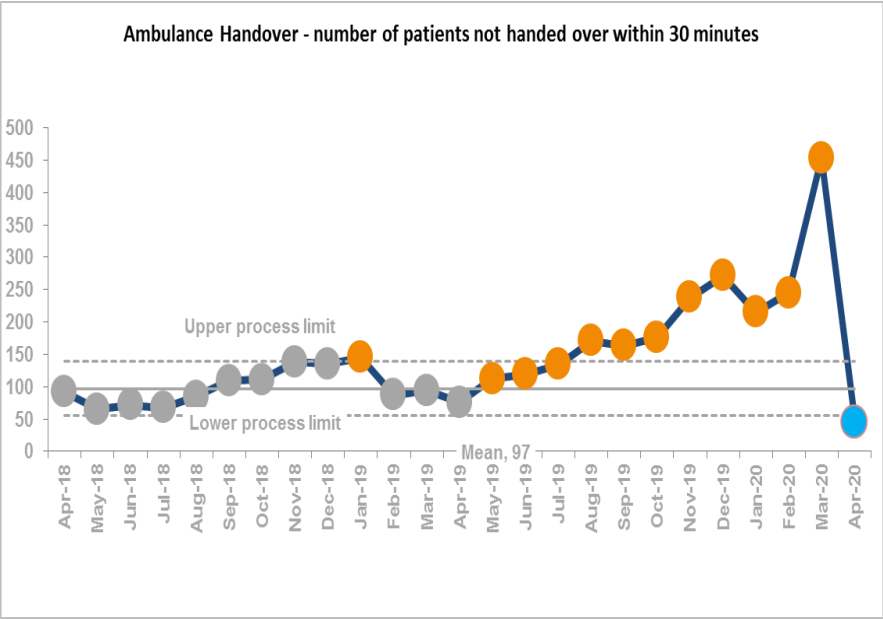
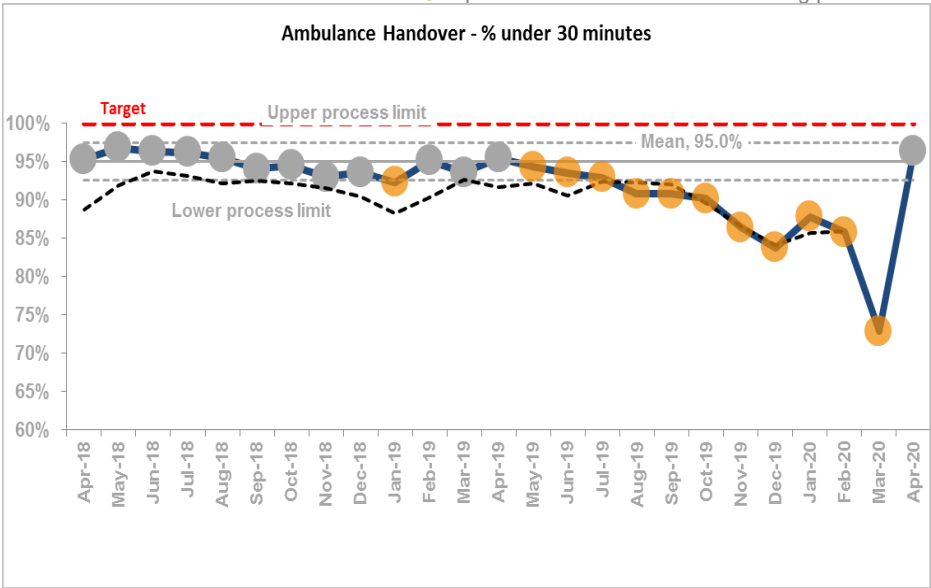
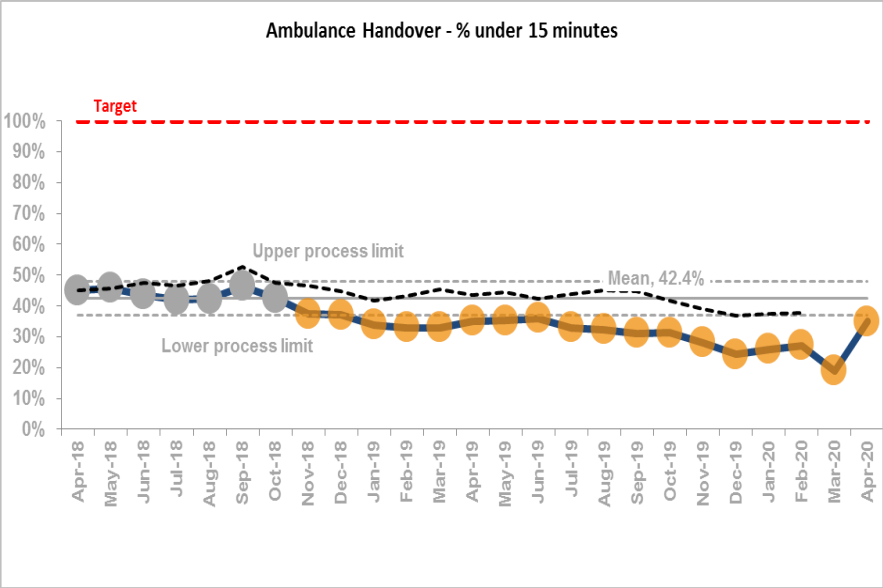


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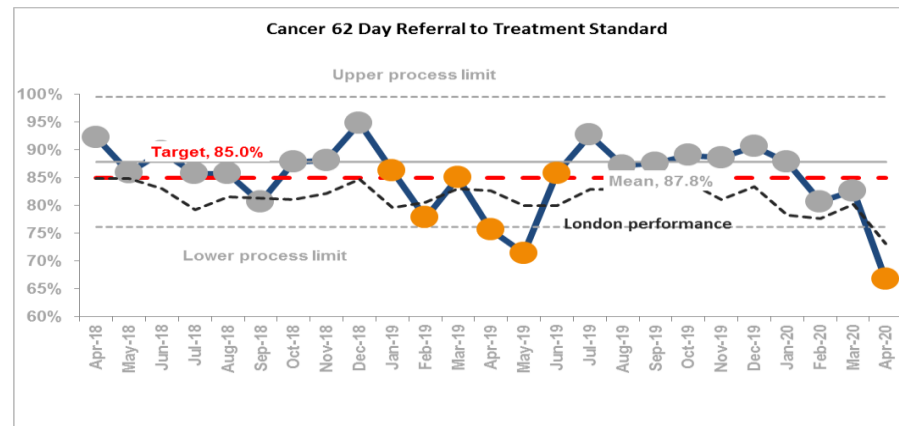
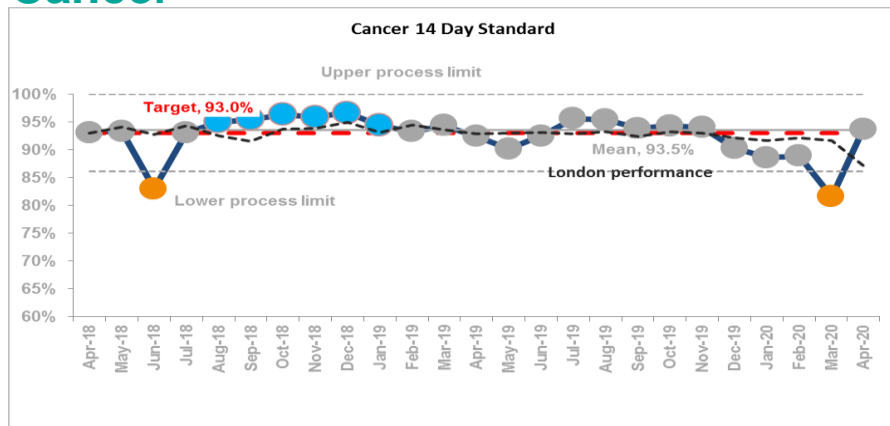
Our Process Perspective

# Emergency Flow

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



## Cancer



### What the information tells us

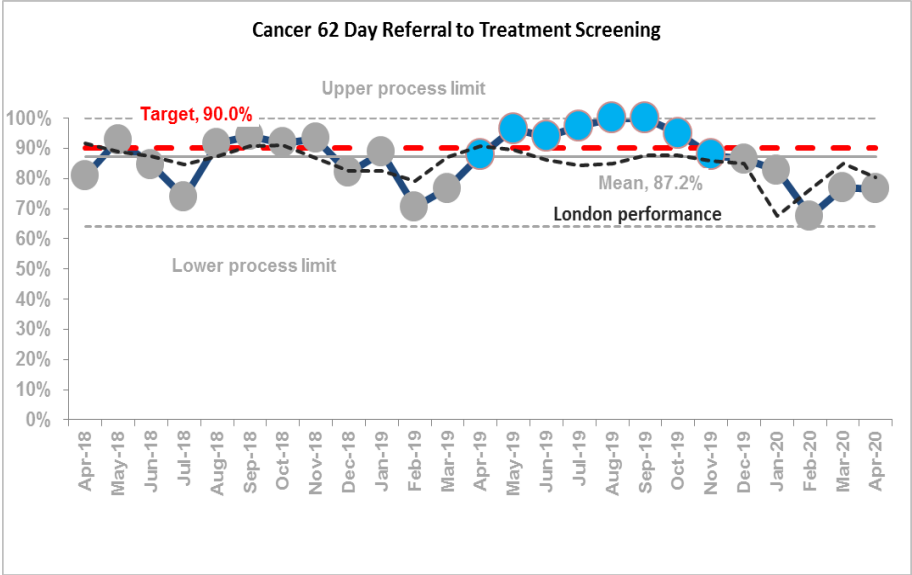
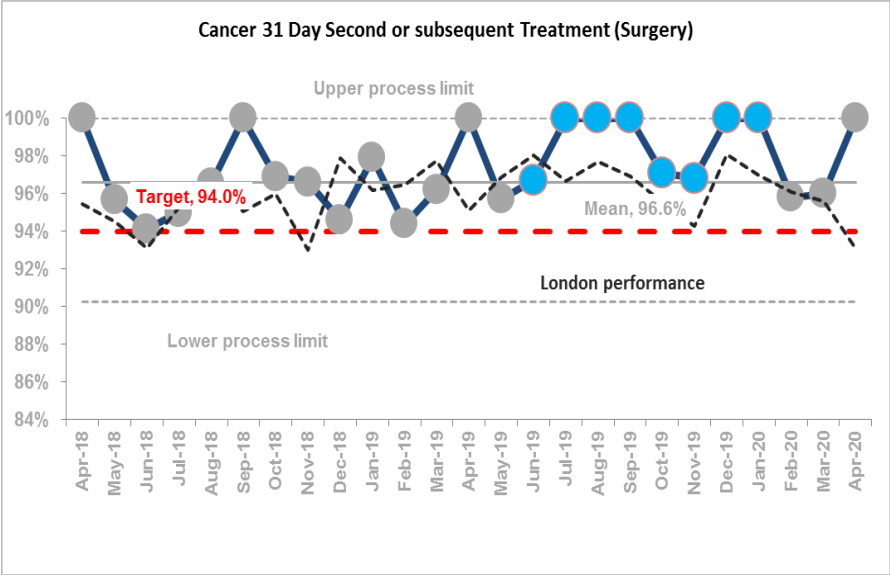
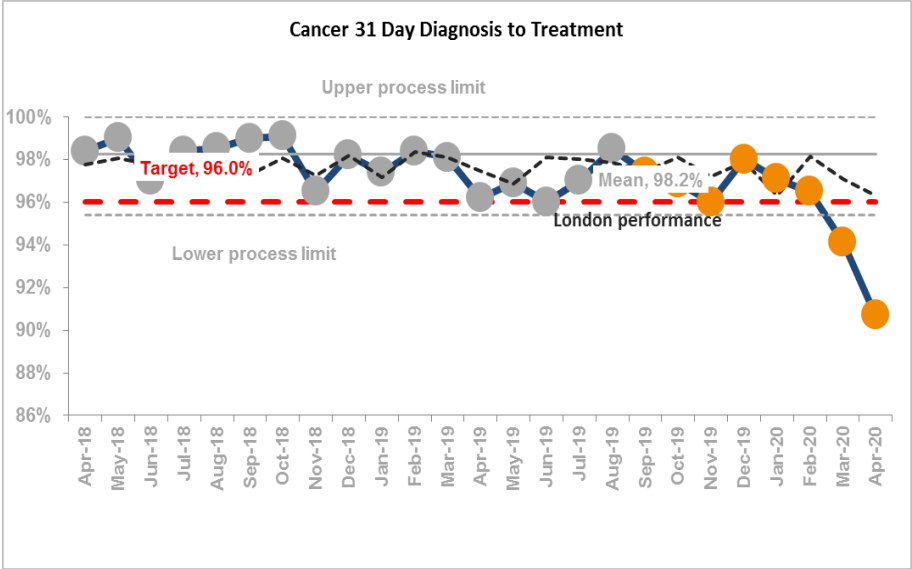
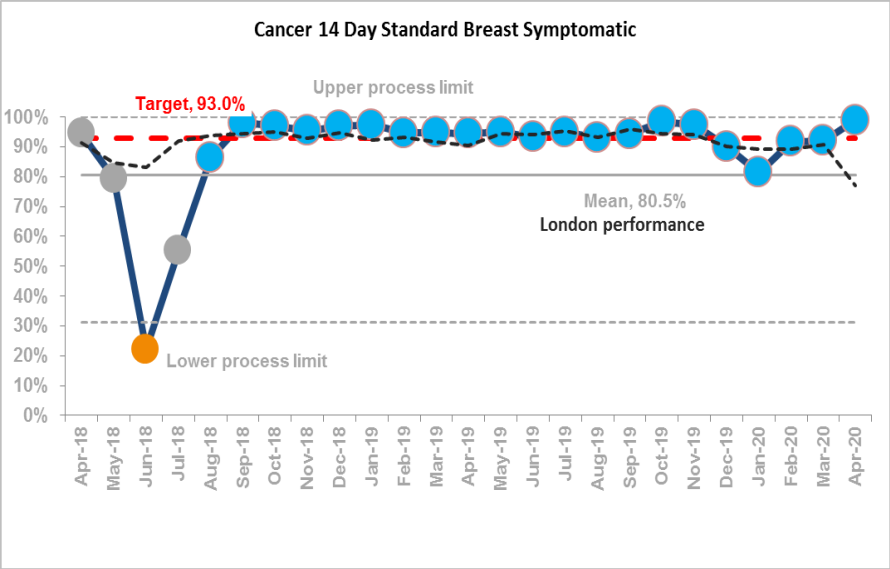
- The Trust met four of the seven cancer standards for the month of April, compliant within the 14 day standard however 62 day standard performance remained under target.
- Compared to March, performance for the month was at 93.7% returning to within the upper and lower control limits. There was a total of 533 Two Week Rule (TWR) patients seen which represents about a third of the usual volumes. In month, there was a reduction in face to face appointments and straight to test diagnostic services were replaced with virtual appointments, due to COVID-19.
- Performance against 62 days fell below the lower control limits, performance for the month was 66.7%. Treatment numbers fell from an average of about 70 per month to 45. There were 15 breaches, six of which were clinically complicated and seven breaches attributed to COVID-19 related delays of which four were patient initiated.
- Cancer 31 Day Diagnosis to Treatment performance was below target and fell below the lower control limit, four tumour groups were non-compliant, all these breaches are attributed to treatment plans being agreed and then delayed by COVID-19 related constraints including theatre capacity at St George's and through the RMP hub process
- Cancer 62 Day Referral to Treatment Screening remains below target however within its upper and lower control limit with a monthly performance of 76.5% against a target of 90%. There were two breaches (one related to patient initiated COVID-19 delay and the other due to patient complexity). The screening service is currently paused and there were a total of eight patients treated which is about 30% of the usual volumes

### Actions and Quality Improvement Projects

- Patients on TWR, subsequent and screening pathways continue to be prioritised as per NHSE guidance.
- All patients who require surgery within four weeks (Cat 1A/1B and 2) are being tracked on a separate Patient Tracking List (PTL) and having surgery at the Trust or from June 8<sup>th</sup> at St Anthony's. Two cancer lists (five sessions each day) are running at St George's, Monday to Friday with the Green surgical pathway. This process has enabled all Priority 1A/1B and 2 patients to be treated within the national timescales and there are no Priority 2 patients waiting more than two weeks for treatment
- Two cancer lists have been allocated to St Georges from the RMP Hub at St Anthony's which will enable the Priority 3 patients (those that can be treated within 10/12 weeks and nationally agreed to be on hold until recently) to be treated. There are about 100 patients in this category. It is anticipated that 62 day performance will fall further over the next months due to inbuilt delays due to shielding requirements and as the Priority 3 patients in the backlog are treated.
- There are currently no cancer diagnostic delays with the exception of prostate biopsy and endoscopy services which were suspended during April and have large backlogs.
- The Rapid Diagnostic Clinic will support the earlier diagnosis of cancer in patients who have a range of vague symptoms that are highly suspicious of cancer.

Cancer

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



4.2

Our Process Perspective



# Cancer

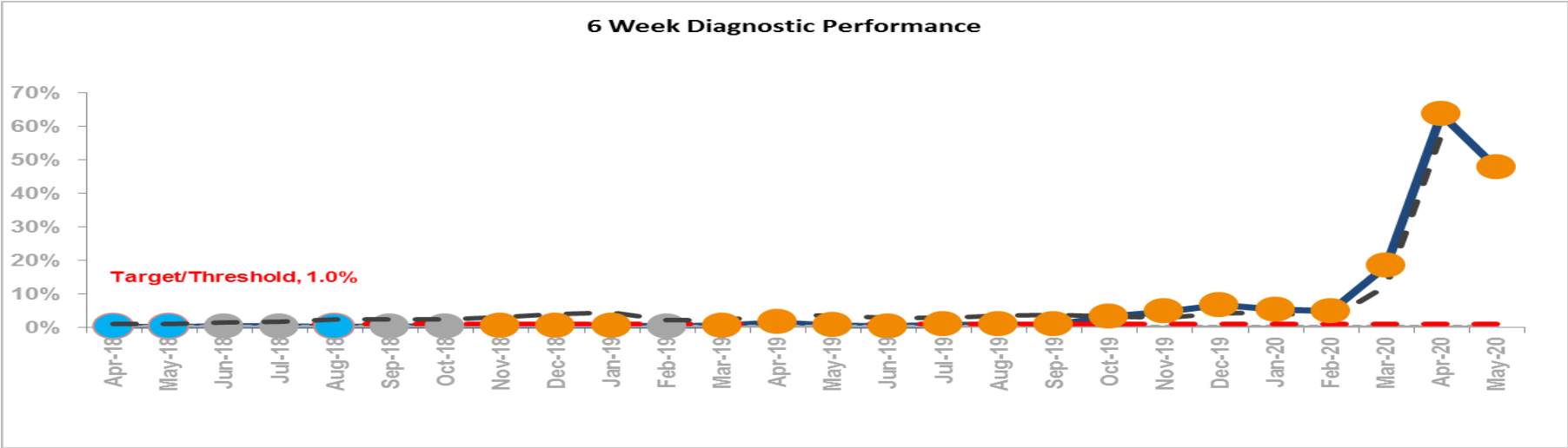
## 14 Day Standard Performance by Tumour Site - Target 93%

Tumour Site	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	No of Patients
Brain	93%	100.0%	-	100.0%	-	100.0%	100.0%	-	-	-	100.0%	-	-	-	0
Breast	93%	99.5%	96.3%	96.9%	95.4%	94.9%	95.9%	100.0%	97.0%	95.6%	84.7%	95.6%	93.3%	97.5%	119
Children's	93%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	85.7%	100.0%	100.0%	-	0
Gynaecology	93%	75.0%	59.3%	78.0%	95.5%	97.2%	95.4%	97.6%	99.2%	99.0%	94.4%	95.9%	86.9%	93.0%	57
Haematology	93%	100.0%	100.0%	96.0%	100.0%	100.0%	86.7%	95.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	6
Head & Neck	93%	98.0%	97.8%	100.0%	98.9%	96.4%	96.6%	99.0%	96.6%	89.4%	95.2%	95.5%	90.8%	97.1%	69
Lower Gastrointestinal	93%	85.6%	91.1%	87.9%	93.7%	93.1%	92.8%	89.7%	91.5%	80.3%	81.8%	69.9%	63.8%	86.8%	76
Lung	93%	100.0%	95.6%	96.8%	95.7%	100.0%	97.1%	97.7%	100.0%	84.1%	80.6%	90.9%	85.7%	83.3%	12
Skin	93%	96.9%	95.5%	94.8%	96.0%	98.0%	91.8%	95.9%	91.0%	94.8%	94.7%	93.3%	84.1%	93.2%	118
Upper Gastrointestinal	93%	87.9%	70.2%	90.9%	95.1%	88.9%	87.2%	82.5%	88.1%	82.7%	75.3%	84.4%	75.5%	93.5%	46
Urology	93%	90.1%	95.4%	92.1%	93.8%	93.0%	97.0%	88.4%	95.6%	92.9%	93.6%	93.6%	93.9%	94.0%	50

## 62 Day Standard Performance by Tumour Site - Target 85%

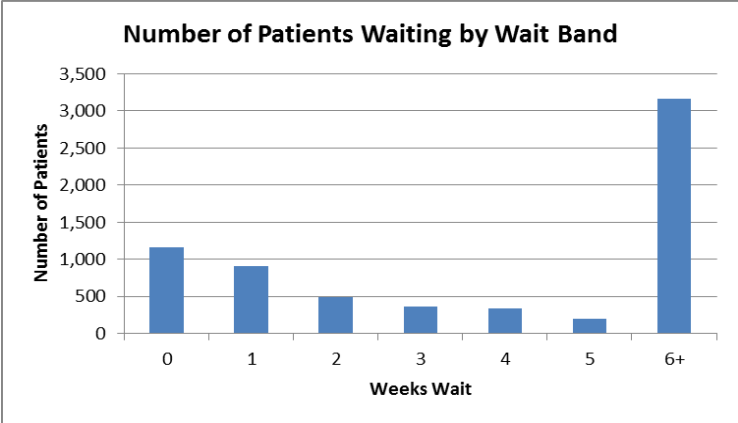
Tumour Site	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	No of Treatments
Brain	85%	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Breast	85%	83.3%	80.0%	87.5%	73.3%	88.6%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	58.8%	100.0%	6
Children's	85%	-	-	-	-	100.0%	-	-	-	-	100.0%	100.0%	-	-	0
Gynaecology	85%	66.7%	66.7%	100.0%	100.0%	100.0%	100.0%	60.0%	100.0%	80.0%	66.7%	100.0%	100.0%	0.0%	1
Haematology	85%	30.0%	33.3%	77.8%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	85.7%	66.7%	33.3%	100.0%	1
Head & Neck	85%	77.8%	40.0%	28.6%	80.0%	80.0%	75.0%	76.5%	76.9%	68.2%	89.5%	73.7%	81.0%	50.0%	5
Lower Gastrointestinal	85%	41.7%	100.0%	69.2%	83.3%	63.6%	90.0%	100.0%	87.5%	83.3%	60.0%	71.4%	75.0%	42.9%	7
Lung	85%	71.4%	100.0%	100.0%	91.7%	89.5%	60.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	62.5%	4
Skin	85%	100.0%	75.8%	95.7%	100.0%	100.0%	78.9%	100.0%	89.5%	100.0%	91.7%	100.0%	100.0%	52.9%	8.5
Upper Gastrointestinal	85%	100.0%	20.0%	75.0%	100.0%	53.8%	66.7%	80.0%	50.0%	100.0%	0.0%	40.0%	-	0.0%	2
Urology	85%	83.0%	75.8%	93.9%	100.0%	94.4%	100.0%	83.8%	87.8%	100.0%	85.0%	84.0%	81.5%	100.0%	10.5
Other	85%	-	-	100.0%	-	-	-	100.0%	-	100.0%	100.0%	0.0%	100.0%	0.0%	0

# Diagnostics



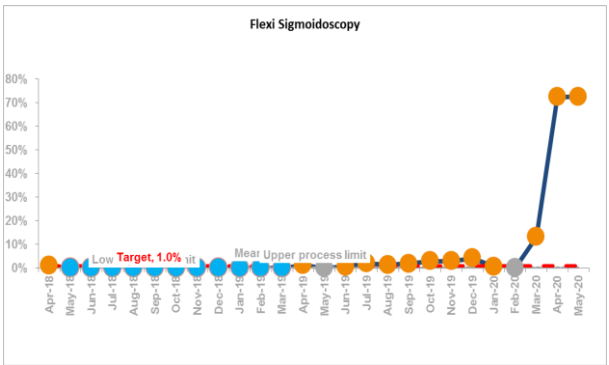
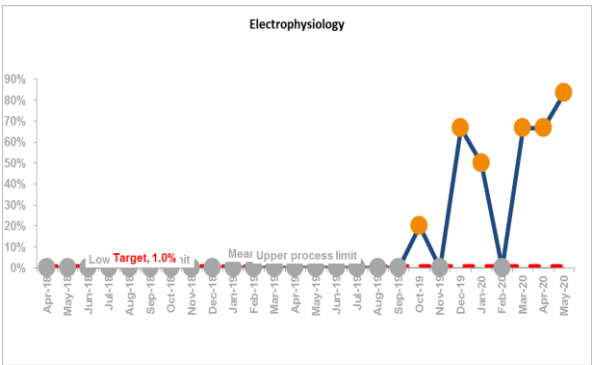
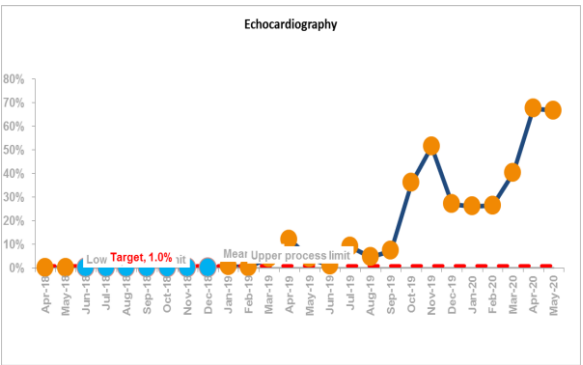
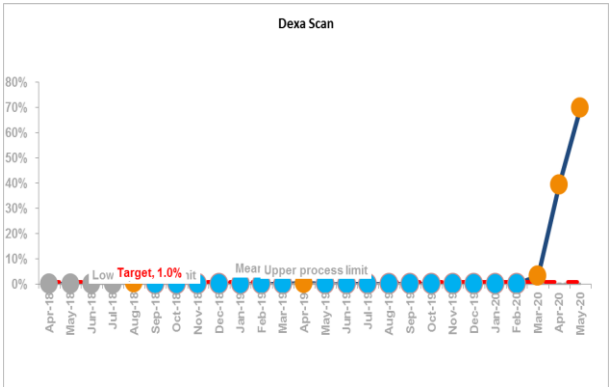
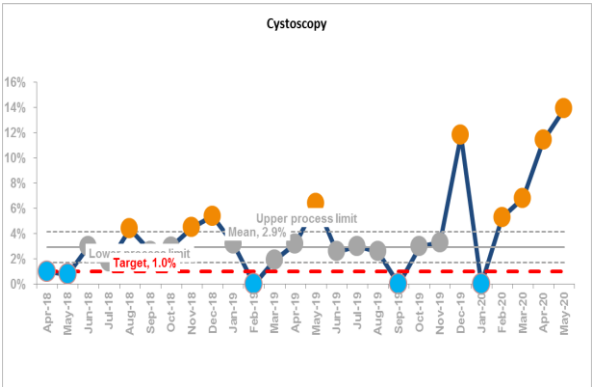
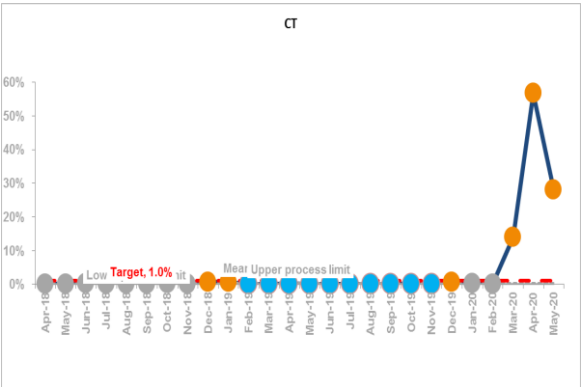
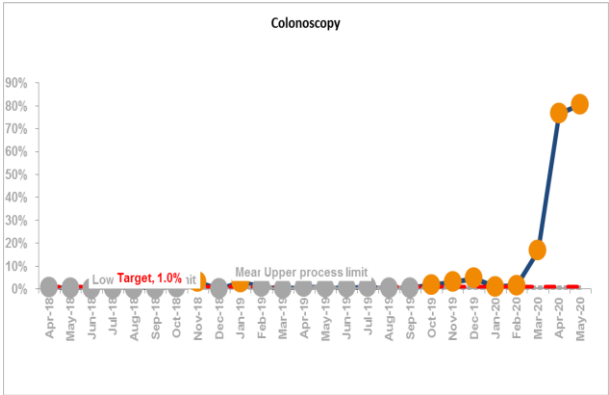
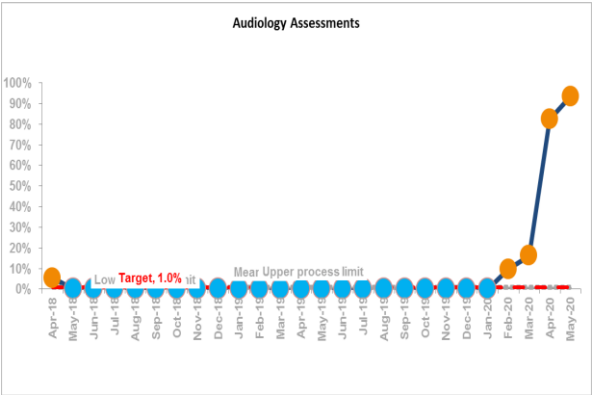
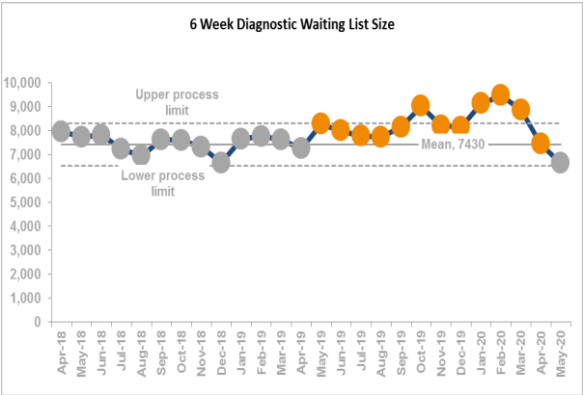
## What the information tells us

- In May, the Trust did not achieve the six week diagnostic standard with an adverse performance of 47.8%. The total number of patients waiting greater than six weeks was 3,166 of a total wait list of 6582. Overall this was an improvement of 15.8% compared to April, where performance sat at 63.6%.
- In line with The Royal College of Radiologists national guidance, in relation to the recommended COVID-19 response, a significant number of routine diagnostics were postponed, increasing the waits across the majority of modalities.
- A weekly assurance review is being undertaken of any urgent referrals waiting > 6 weeks. All services are reporting that these are due to either patient choice, due to COVID-19, or triage and downgrading to routine by the Consultant. The total urgent referrals waiting >6 weeks for May was 77, which is an improvement of 75% against April.



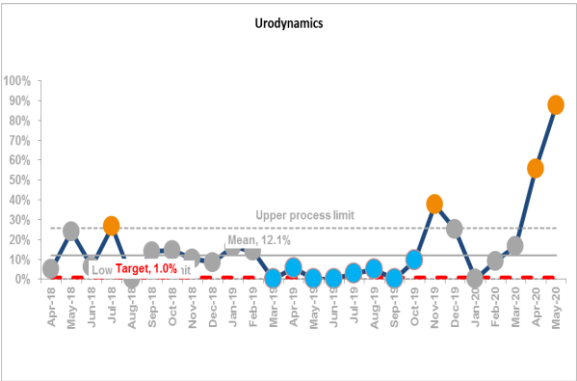
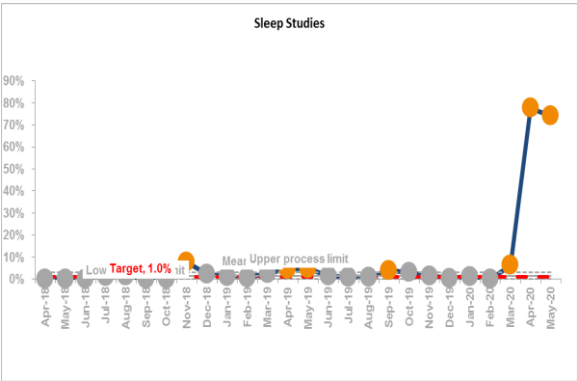
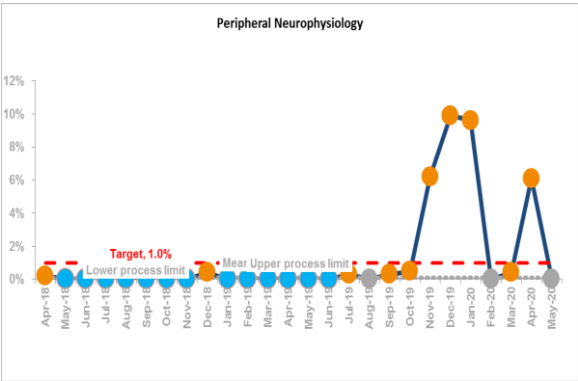
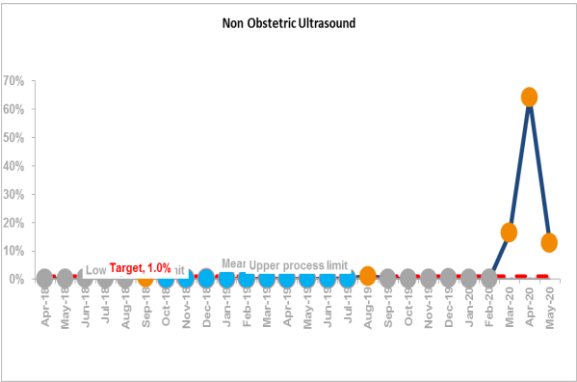
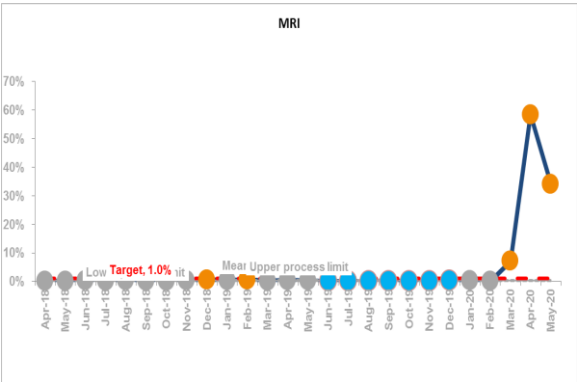
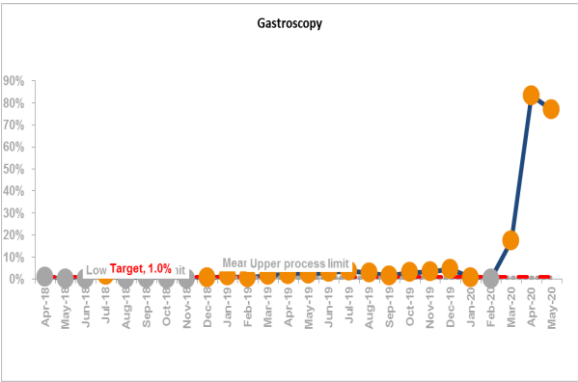
Diagnostics

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



Diagnostics

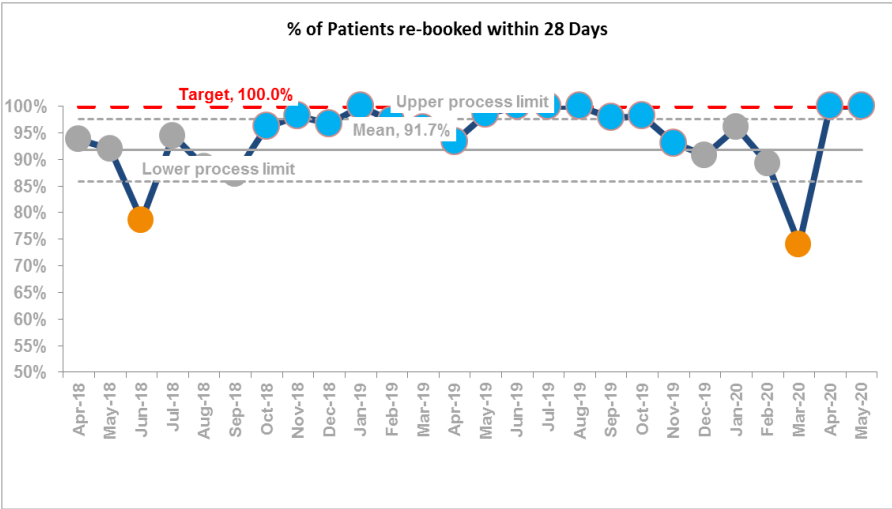
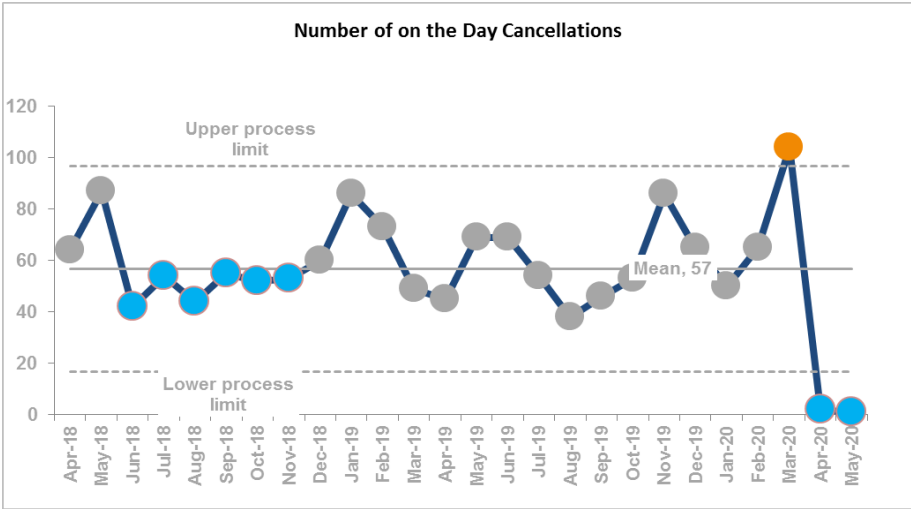
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



4.2

Our Process Perspective

# On the Day Cancellations for Non Clinical Reasons



## What the information tells us

- In May, one patient was cancelled on the day as there was an issue with the equipment in the hybrid theatre which prevented the surgery from taking place. This was subsequently resolved and the patient was re-booked within 28 days.

**Actions and Quality Improvement Projects**

- Theatre capacity is reviewed constantly to ensure that it meets the required demands and is using staff, kit and theatres as fully as possible.
- Clinical prioritisation is happening twice daily for urgent emergency patients and weekly for urgent cancer cases.

## Referral to Treatment

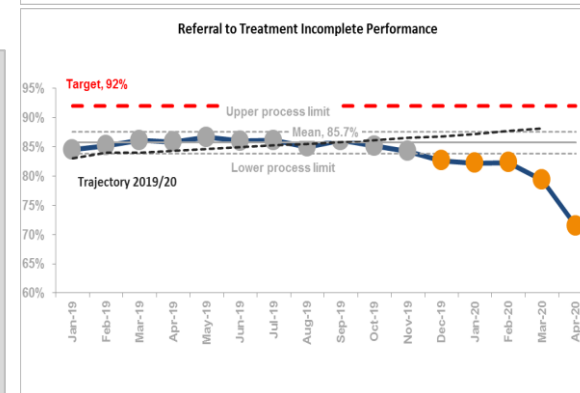
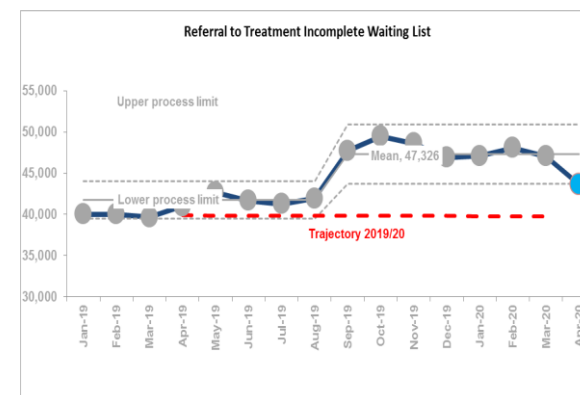
Indicator Description	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
RTT Trust Incomplete Performance	92%	85.8%	86.6%	86.0%	86.1%	85.0%	86.1%	85.1%	84.2%	82.6%	82.2%	82.3%	79.3%	71.5%
RTT Trust Incomplete Performance Trajectory for 19/20		84.3%	84.6%	84.9%	85.3%	85.5%	85.8%	86.1%	86.5%	86.8%	87.2%	87.7%	88.1%	
RTT Total Incomplete Waiting List Size		41,013	42,671	41,658	41,259	41,945	47,714	49,495	48,640	46,918	47,089	48,061	47,048	43,643
RTT Total Incomplete Waiting List Size Trajectory		39,890	39,880	39,870	39,860	39,850	39,840	39,830	39,820	39,810	39,800	39,790	39,780	
Total waits greater than 18 weeks (inc 52Wk waiters)		5,812	5,717	5,820	5,739	6,305	6,651	7,353	7,701	8,183	8,382	8,498	9,755	12,440
Total waits greater than 18 weeks Trajectory		6,263	6,142	6,020	5,859	5,779	5,657	5,536	5,376	5,255	5,095	4,894	4,734	
Total waits greater than 52 weeks	0	22	16	7	5	6	6	1	7	9	10	11	32	129
Total waits greater than 52 weeks Trajectory		23	16	9	5	5	5	0	0	0	0	0	0	
RTT Incomplete Performance - Admitted		65.3%	68.8%	68.7%	66.3%	63.7%	65.9%	65.3%	63.7%	61.4%	60.5%	61.9%	57.2%	49.0%
Total waits greater than 18 weeks - Admitted		1,511	1,459	1,494	1,523	1,655	1,643	1,686	1,719	1,876	1,950	1,891	2,186	2,720
Total waits greater than 52 weeks - Admitted	0	7	8	4	1	2	4	0	2	5	2	3	20	88
RTT Incomplete Performance - Non Admitted		88.3%	88.8%	88.3%	88.5%	87.6%	88.3%	87.3%	86.4%	85.0%	84.7%	84.7%	82.0%	74.6%
Total waits greater than 18 weeks - Non Admitted		4,301	4,258	4,326	4,216	4,650	5,008	5,667	5,982	6,107	6,432	6,607	7,569	9,720
Total waits greater than 52 weeks - Non Admitted	0	15	8	3	4	4	2	1	5	4	8	8	12	41

### What the information tells us

- The Trust reported a monthly performance of 71.5% in April against the incomplete Referral To Treatment (RTT) Standard, with an increase in the number of patients waiting above 18 weeks compared to the previous month.
- The Total Patient Tracking List (PTL) size reported in April 2020 was 43,643 (inclusive of Queen Mary Hospital pathways) reducing by 7% compared to March. The Total PTL size has seen a significant reduction moving below the lower control limit, this has been largely influenced due to the reduction in the number of referrals received.
- The Trust 52 week breach position deteriorated further in April with 129 patients waiting greater than 52 weeks for treatment. This is a direct result of stopping routine elective surgery on Monday 16<sup>th</sup> March due to COVID-19.

### Actions and Quality Improvement Projects

- The Trust is continuing to monitor all patients on the waiting list (admitted and non admitted pathways) including daily tracking of patients over and approaching 52 weeks.
- It is anticipated the number of 52 week breaches will increase daily due to restrictions in outpatients and elective interventions.
- The overall waiting list size will decrease in size by between 4-5% per month whilst referral numbers remain lower than normal.
- Daily reporting on uncashed clinic appointments to ensure accuracy of Data Quality for incomplete RTT performance.



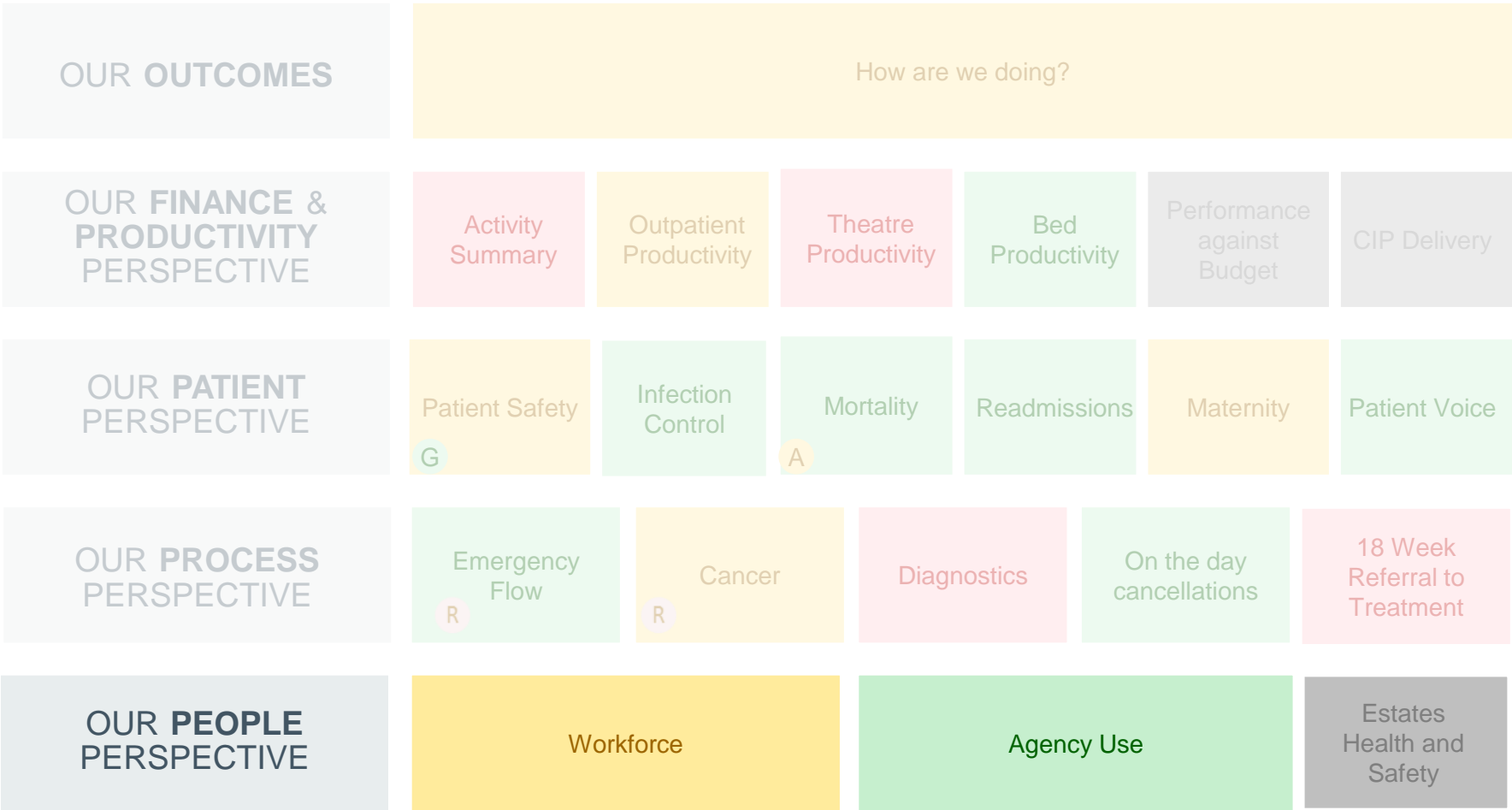
## Referral to Treatment

Specialty	Admitted		Non Admitted	
	Total	% within 18 weeks	Total	% within 18 weeks
General Surgery	318	33.0%	710	73.7%
Urology	346	49.4%	1,533	85.4%
Trauma & Orthopaedics	302	52.0%	1,875	79.8%
Ear, Nose & Throat (ENT)	681	27.2%	2,168	81.2%
Ophthalmology			518	78.8%
Oral Surgery	6	66.7%	238	50.4%
Neurosurgery	271	52.0%	2,451	65.7%
Plastic Surgery	600	38.0%	635	78.4%
General Medicine			24	1
Gastroenterology	496	1	1,624	74.1%
Cardiology	923	52.9%	2,748	72.1%
Dermatology	3	33.3%	3,043	68.2%
Respiratory Medicine	16	93.8%	1,454	80.9%
Neurology	7	85.7%	2,313	81.3%
Rheumatology	3	100.0%	1,129	69.4%
Geriatric Medicine	1	0	61	85.2%
Gynaecology	167	23.4%	2,309	77.4%
Other	1,190	56.5%	13,480	73.5%
<b>Total</b>	<b>5,330</b>	<b>49.0%</b>	<b>38,313</b>	<b>74.6%</b>

Incomplete Pathway					
Within 18 weeks	Over 18 weeks	Total	% within 18 weeks	Over 42 weeks	Over 52 weeks
628	400	1,028	61.1%	52	12
1,480	399	1,879	78.8%	31	7
1,654	523	2,177	76.0%	28	4
1,945	904	2,849	68.3%	136	25
408	110	518	78.8%	0	0
124	120	244	50.8%	6	1
1,751	971	2,722	64.3%	46	6
726	509	1,235	58.8%	88	27
18	6	24	75.0%	0	0
1,599	521	2,120	75.4%	38	3
2,470	1,201	3,671	67.3%	79	5
2,076	970	3,046	68.2%	42	4
1,192	278	1,470	81.1%	9	0
1,887	433	2,320	81.3%	14	0
787	345	1,132	69.5%	16	0
52	10	62	83.9%	0	0
1,827	649	2,476	73.8%	33	3
10,579	4,091	14,670	72.1%	172	32
<b>31,203</b>	<b>12,440</b>	<b>43,643</b>	<b>71.5%</b>	<b>790</b>	<b>129</b>

- There are a number of specialties reported under speciality 'Other'. This follows guidance set out in the documentation, "Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care" – produced by NHS England.

# Balanced Scorecard Approach



Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID plan

## Workforce

Indicator Description	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Trust Level Sickness Rate	3.2%	3.5%	3.8%	3.8%	3.5%	3.4%	3.7%	3.8%	4.0%	3.9%	4.0%	5.1%	5.6%	4.1%
Trust Vacancy Rate	10%	10.3%	10.5%	11.9%	12.8%	12.8%	9.3%	9.9%	11.2%	10.8%	10.7%	10.6%	10.5%	6.8%
Trust Turnover Rate* Excludes Junior Doctors	13%	17.4%	17.4%	17.5%	17.7%	17.7%	17.8%	17.6%	17.6%	17.4%	17.3%	16.9%	16.7%	16.1%
Total Funded Establishment		9,241	9,251	9,365	9,432	9,534	9,280	9,294	9,403	9,383	9,369	9,369	9,373	9,098
IPR Appraisal Rate - Medical Staff	90%	85.4%	84.5%	84.4%	85.7%	81.5%	83.9%	81.5%	83.6%	84.9%	81.7%	80.0%		
IPR Appraisal Rate - Non Medical Staff	90%	72.5%	73.6%	73.3%	71.3%	70.4%	70.9%	72.3%	72.3%	72.0%	72.4%	69.6%	67.9%	67.6%
Overall MAST Compliance %	85%	90.6%	91.1%	91.2%	91.3%	90.6%	89.7%	89.7%	90.0%	89.7%	90.6%	90.7%	90.2%	89.7%
Ward Staffing Unfilled Duty Hours	10%	5.9%	6.1%	6.3%	5.4%	6.5%	6.1%	3.8%	5.3%	5.4%	6.2%	15.2%	17.4%	

### What the information tells us

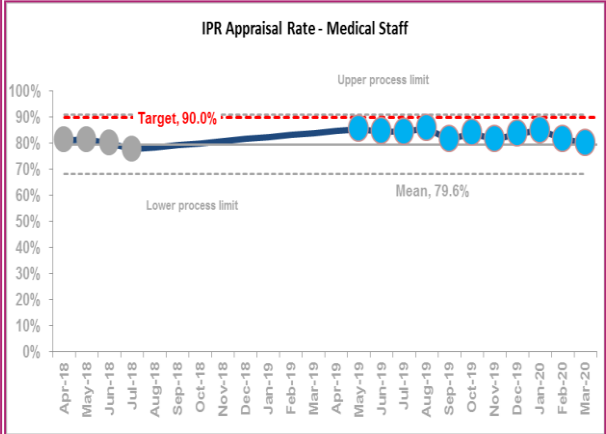
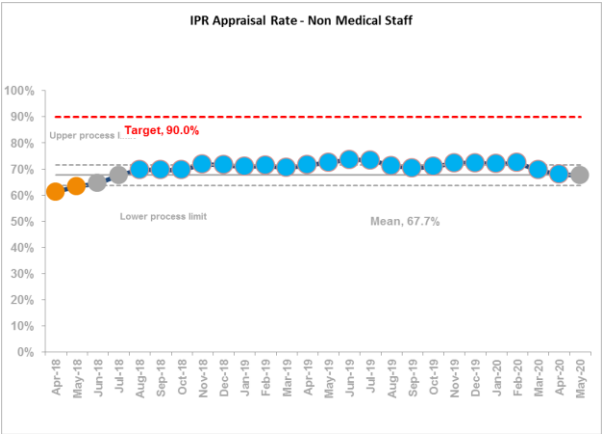
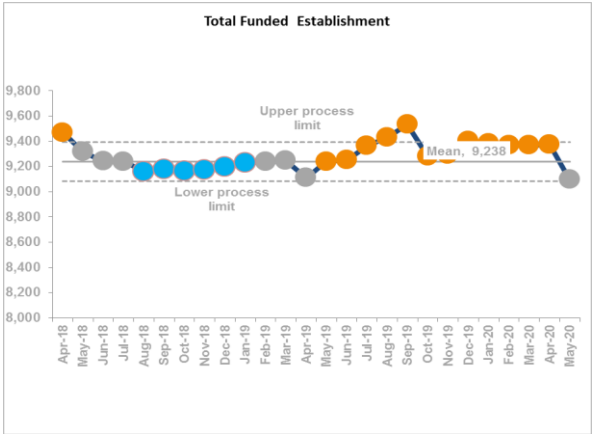
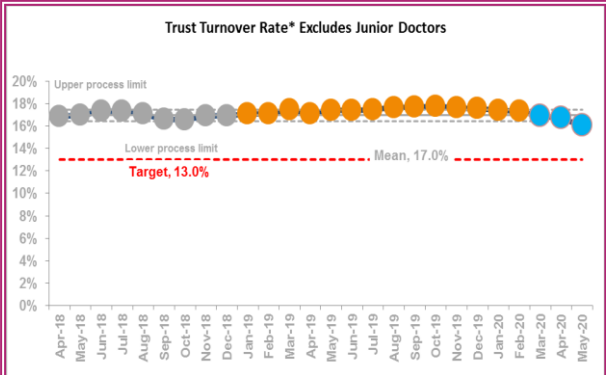
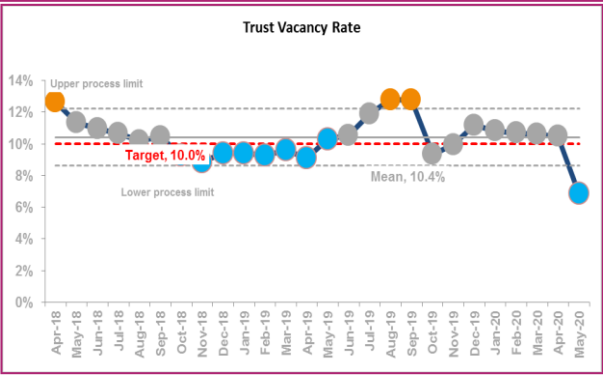
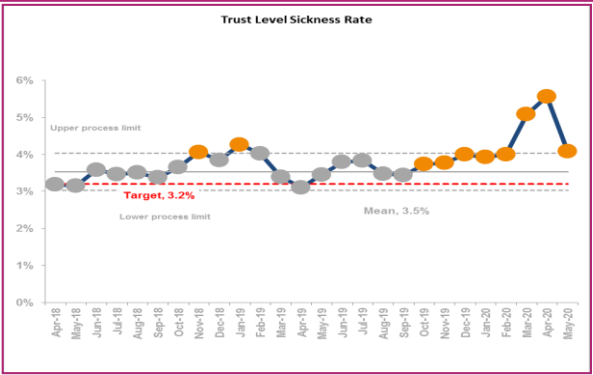
- Trust level sickness absence rate at 4.08% has reduced significantly from a high of 5.6% at the height of Covid-19 pandemic though it is still above the upper process limit of 4.0%.
- Appraisal rates for Non Medical staff fell to 67.6% in May against a target of 90%.
- Appraisal rates for Medical staff was not reported. This is because the GMC has paused appraisal and revalidation activities until March 2021.
- Vacancy Rate at 6.8% in May, is not a true reflection of the vacancy rate for the Trust. Reconciliation of the funded establishment figures on the ESR system and the General Ledger needs to be carried out. The funded establishment figure reported is down by circa 300 FTE in the month of May compared to April.

### Actions and Quality Improvement Project

Due to COVID-19, a number of Workforce activities usually reported on a monthly basis have been paused; these are having an impact on the figures reported. A plan to commence completion and reporting will be put in place over the next few months.

Workforce

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

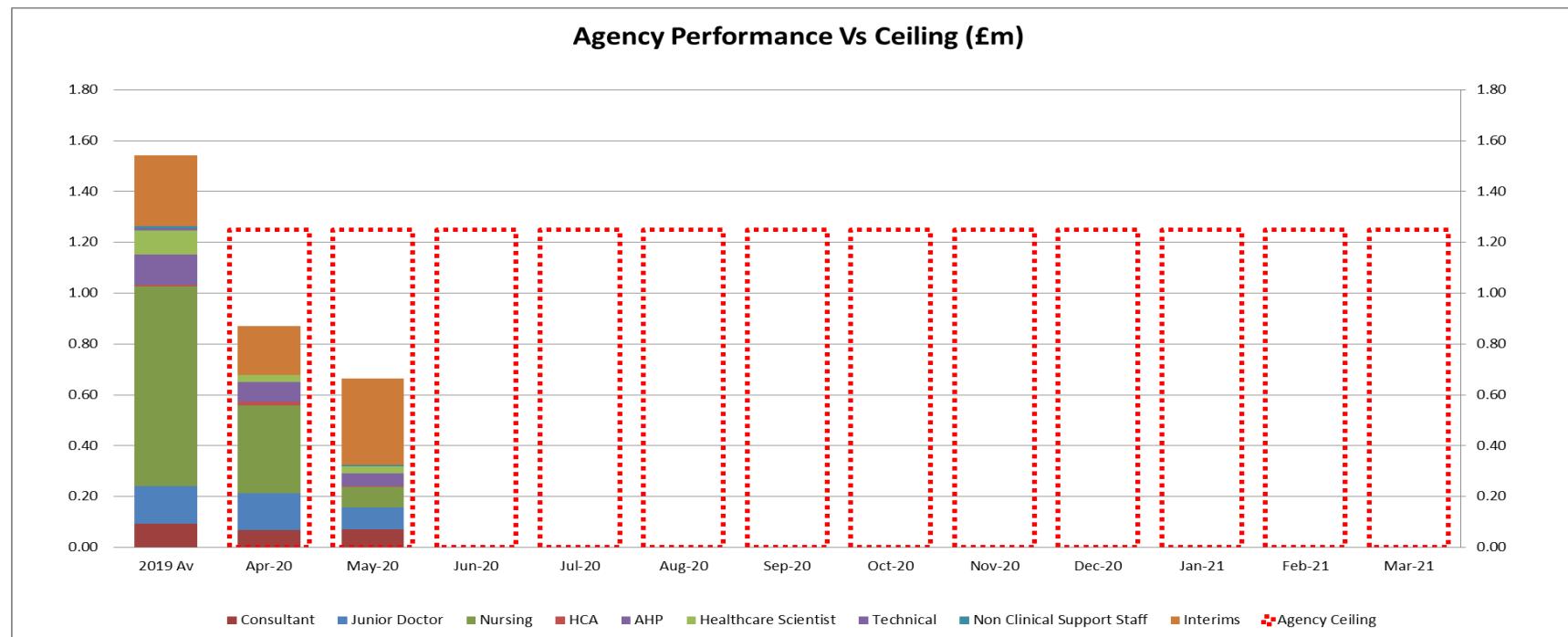


4.2

Our People Perspective



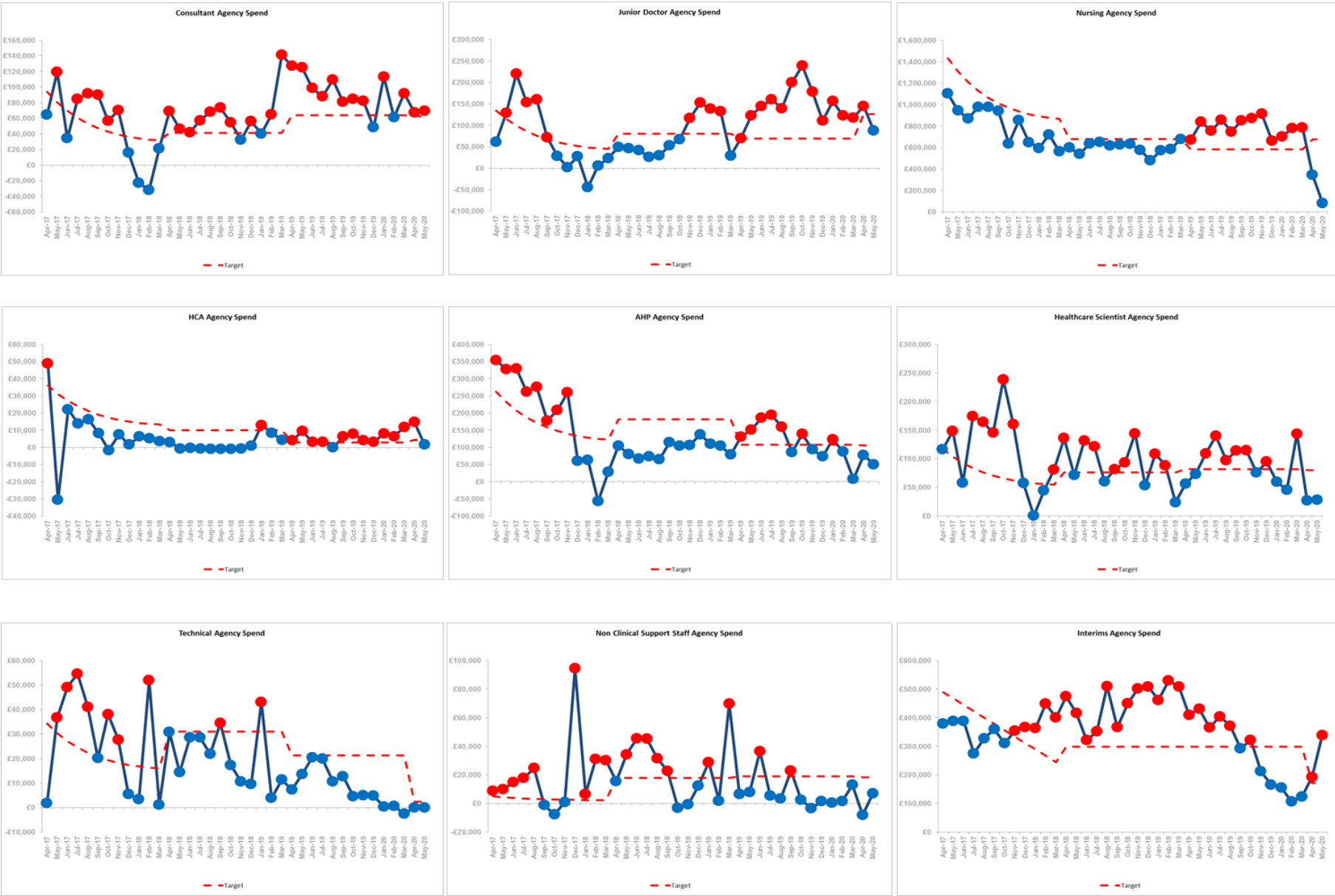
## Agency use



- The Trust's total pay for May was £48.02m. This is £0.44m favourable to a plan of £48.45m.
- The Trust's 2020/21 annual agency spend target set by NHSI is £20.55m. There is an internal annual agency target of £15.00m.
- Agency cost was £0.66m or 1.4% of the total pay costs. For 2019/20, the average agency cost was 3.3% of total pay costs. For May, the monthly target set is £1.25m. The total agency cost is better than the target by £0.59m.
- The biggest areas of overspend were Interims (£0.17m) and Consultant (£0.01m). The biggest areas of underspend were Nursing (£0.60m).
- Agency spend is low across the Trust due to staff redeployment as a result of COVID -19.

Agency use

Below cap  
Above cap



4.2

Our People Perspective



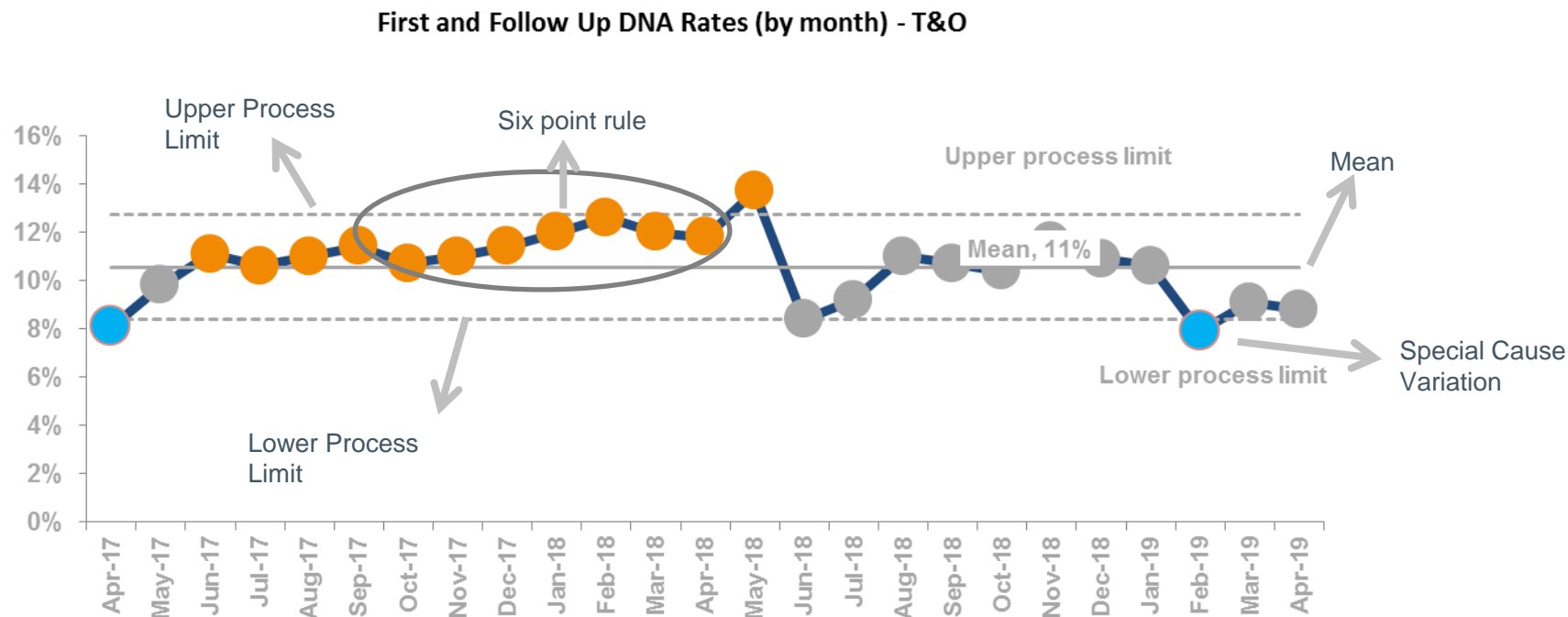
# Appendix

## Additional Information



4.2

## Interpreting SPC (Statistical Process Control) Charts



4.2

**SPC Chart** – A time series graph to effectively monitor performance over time with three reference lines; Mean, Upper Process Limit and Lower Process Limit. The variance in the data determines the process limits. The charts can be used to identify unusual patterns in the data and special cause variation is the term used when a rule is triggered and advises the user how to react to different types of variation.

**Special Cause Variation** – A special cause variation in the chart will happen if;

- The performance falls above the upper control limit or below the lower control limit
- 6 or more consecutive points above or below the mean
- Any unusual trends within the control limits

## Early Warning Score

Indicator Description	Threshold/ Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Compliance with appropriate response to EWS (adults)	100%	94.2%	92.9%	90.6%	93.9%	87.6%	86.8%	89.6%	89.0%	92.0%	91.1%	94.1%	86.9%	93.5%
Number of EWS Patients Adults)		518	393	448	360	380	356	534	420	400	460	289	290	403

4.2



Meeting Title:	Trust Board Meeting		
Date:	25 June 2020	Agenda No.	5.1
Report Title:	Workforce and Education Committee Report		
Lead Director/ Manager:	Stephen Collier, Chair of Workforce and Education Committee		
Report Author:	Stephen Collier, Chair of Workforce and Education Committee		
Presented for:	Information		
Executive Summary:	<p>This paper sets out the key risks and issues reviewed by the Committee at its meeting on 11 June 2020 including commenting on assurance to the Board on key risks allocated to the Committee.</p> <p>The landscape in which the Trust is operating is very different from that prevailing at the start of the calendar year. Those changed circumstances had prompted an internal review of whether the Trust's Workforce and Education Strategy (set in 2019) remained valid and appropriate in our new circumstances. The response is that it does, although additional attention needs to be given to our retention and educational activities.</p> <p>There is clear evidence that our management of our Freedom to Speak Up processes is sub-standard, and renewed effort and commitment to this is required. We were briefed on how this is being addressed.</p> <p>The Committee reviewed the Trust's new Covid-19 Risk Assessment process, being undertaken for all staff. This individual staff-member risk assessment contains reference to a number of risk factors, including ethnic group, and creates a risk score. The Committee was assured that the risk factor weighting, and the risk stratification derived from it, was based on national guidance rather than being locally set.</p> <p>As part of a refresh of the BAF, the Board has agreed that the five risks previously allocated to the Committee be consolidated into two separate risk domains and reported at Trust-level as two separate risks. The Committee agreed that this was sensible and appropriate when considered at Trust level. However, the Committee also agreed to continue to monitor the individual components of those risks under the four thematic domains with which it had previously been working, and which underpin the Committee's work.</p> <p>In relation to the risk-rating allocated to the two new risk areas, the Committee agreed with the proposal from the Chief Corporate Affairs Officer that the rating allocated to the new Strategic Risk 8 was underweight (at 12) and has recommended that the Trust executive re-assess this and report back to the July Board meeting with its assessment.</p>		
Recommendation:	<p><b>The Board is asked to:</b></p> <ul style="list-style-type: none"><li>• <b>Note the update in the report; and</b></li><li>• <b>Receive the Annual Committee Report;</b></li><li>• <b>Approve the proposed changes to Committee's Terms of Reference; and</b></li><li>• <b>Endorse the Committee's 2020/21 Work plan</b></li></ul>		
Supports			
Trust Strategic Objective:	Valuing our staff		
CQC Theme:	Are services at this Trust well-led		
Single Oversight Framework Theme:	Board Assurance, Risk management		



## 1. Committee Chair's Overview

This was the first meeting of the Committee since its activities were suspended as part of the Trust's response to the Covid-19 pandemic. That the Committee is now able to meet is an indication that whilst the pandemic is not over, a greater sense of predictability and longer-term planning has started to emerge across the Trust. We had a good overall attendance (though some gaps from divisions), with some present in person, and others joining via a video-conferencing link. This technology worked well, and the discussion and reporting moved easily between the two.

The landscape in which the Trust is operating is very different from that prevailing at the start of the calendar year. That change is exacerbated by a number of additional factors, including changes within the Trust and the Committee, notably: the departure of the Trust's Chief People Officer to a role at Imperial College; the acting-up to the CPO role being undertaken jointly by Humaira Ashraf and Elizabeth Nyawade, both acting as Chief People Officer but with separate responsibilities<sup>1</sup>; the emergence of data suggesting that BAME NHS staff might be disproportionately impacted by Covid-19; the changes in role, duties and work location for a number of Trust staff; and the recent communication to all staff from the Trust's Chief Executive on some of the feedback she had received from BAME staff about their treatment by colleagues during the Covid-19 pandemic.

Those changed circumstances had prompted a review by Elizabeth and Humaira of whether the Trust's Workforce and Education Strategy (set in 2019) remained valid and appropriate in our new circumstances. Their response was that it does, although they also recommend that additional attention needs to be given to our retention and educational activities. The Committee has accepted their conclusion, and this recommendation.

This was a good meeting, given the discontinuity of the enforced break from the planned meeting cycle. The timing was helpful in that it allowed the Committee to review and gain an early assurance around a number of workforce-oriented initiatives recently introduced by the Trust as part of its response to Covid-19, and the welfare of staff. The longer-term implications on the Trust's workforce will be with us for some time to come.

There is clear evidence that our management of our Freedom to Speak Up ('FSU') processes is sub-standard, and renewed effort and commitment to this is required. The Committee heard that the Trust had made changes to both strengthen the role of the FTSU Guardian and executive responsibility for FTSU had been taken on by the Chief Corporate Affairs Office, Stephen Jones, from 8 June 2020. Although having just taken on the reporting line for this and, with support from other colleagues, Stephen is sighted on the need for improvement in this area and is committed to material improvement here. The Committee will monitor the situation and look for progress, once the revised Trust Strategy for FTSU is brought forward, approved and implemented.

The Committee agreed a provisional set of areas for Deep Dive review.

## 2. Key points:-

### Board Assurance

The Committee previously had five Trust-level risks<sup>2</sup> allocated to it as part of the Board Assurance Framework ('BAF').

<sup>1</sup> Elizabeth, workforce; and Humaira, culture, diversity, well-being, leadership and education.

<sup>2</sup> SR 11 – cultural shift (staff feel engaged, able to raise concerns) ;SR12 - diversity and inclusion; SR13 - failure to address culture of bullying and harassment; SR14 - recruit and retain the right workforce; and SR15 - new roles and ways of working.



As part of a refresh of the BAF, the Board had agreed that the five risks be consolidated into two separate risk domains and reported at Trust-level as two separate risks. The Committee discussed this and agreed that this was sensible and appropriate when considered at Trust level. However, the Committee also agreed to continue to monitor the individual components of those risks under the four thematic domains with which it had previously been working, and which underpin the Committee's work. Helpfully, the division of responsibilities between Humaira and Elizabeth broadly reflects the two risk domains now being adopted. Certainly the segmentation of the Committee meeting agenda along these lines was helpful.

In relation to the risk-rating allocated to the two new risk areas, the Committee agreed with the proposal from the Chief Corporate Affairs Officer that the rating allocated to the new Strategic Risk 8 was underweight (at 12) and has recommended that the Trust executive re-assess this and report back to the July Board meeting with its assessment.

The Board will recall that one basis on which the Committee moved to its more assurance-focused approach was the establishment of a People Management Group to provide direction and executive oversight of the operational aspects of workforce management. We received a report from the PMG, and noted its current focus areas and revised membership. We look forward to receiving further updates on progress as these provide a rounded picture of developments across the Trust in the workforce and education area.

### Theme 1 - Engagement

We were briefed on the work of the Education OD and health and Wellbeing Departments and the support provided to staff as part of the Trust's Covid-19 response. This included the delivery of redeployment and refresher training, psychological support, in-team resilience development, counselling and HR and well-being support – all under the direction of a Staff Support and Wellbeing Working Group which was stood up at short notice and appears to have really gripped this area. Trust induction and accreditation processes were shortened to enable rapid deployment of new and existing staff.

A series of listening events was held for BAME staff at which a number of concerns were raised to the Chief Executive. As an immediate corrective action Jacqueline wrote a bulletin to all staff highlighting that discriminatory behaviour goes against our Trust values and is unacceptable. Further actions were being taken to address the concerns raised and the Committee will closely monitor progress in this area.

Work on the culture change programme had been partially paused, but progress continues to be made. The paused activities are being re-scheduled to re-start from June.

The Committee was briefed on the comments received from members of staff as part of the NHS Staff Survey, and the focus areas that these identify. It was agreed that, despite Covid-19, these should remain the areas of focus for the Trust.

### Theme 3 - Workforce Planning and Strategy

The Committee received a detailed update on a number of operational and workforce changes which had been introduced to help manage the Trust's response to Covid-19. This had involved wholesale changes to the work location, duties and team membership of a number of staff. Others had been directed to work from home. For some, routine seven-day working has become the norm – even in traditionally support functions such as HR and Occupational Health. In addition, certain employment terms and conditions had been varied, in line with national guidance. Some of these changes are in the process of being unwound, others will remain in place for the foreseeable future. Support to staff through a wide range of preparation, re-training and advanced patients simulation (GAPS) was provided as part of the Trust's response to the situation. The Committee noted that it will clearly take some time for any longer-term new



ways of working to become embedded, and the wider long-term implications of those changes to become clear.

The Committee was briefed on and discussed in detail the Trust's new Covid-19 Risk Assessment process, being undertaken for all staff. This individual staff-member risk assessment contains reference to a number of risk factors, including ethnic group, and creates a risk score. The Committee was assured that the risk factor weighting, and the risk stratification derived from it, was based on national guidance.

We reviewed a number of workforce KPIs, noting the impact of Covid-19 in areas such as staff sickness (materially increased) and the appraisal completion rate and MAST compliance (both declined). The Committee will carefully monitor performance here as the pandemic passes.

The Committee also noted the reported increase in unfilled rota hours, and accepted the assurance of Rob Bleasdale, Acting Chief Nurse, that this was a data artefact rather than a cause for concern. The rotas against which the measure was taken was the pre-Covid position, rather than the changed reality – against which unfilled duty hours were materially lower. The Committee accepted this assurance.

The Committee reviewed and endorsed the proposed implementation plan for the Trust's Workforce Strategy.

#### Theme 4 – Compliance.

*Freedom to Speak Up* – we were joined by Karyn Richards-Wright, the Trust's Freedom to Speak Up Guardian, and received her progress report. This followed a change of the reporting line for FTSU into Stephen Jones, as the Trust's Chief Corporate Affairs Officer. Karyn's report included a rating of the Trust's performance in this area, by comparison to other NHS hospital Trusts. Karyn was direct that whilst there is still progress being made by the Trust, it is nowhere near good enough and we are now ranked 209<sup>th</sup> out of 230 NHS Trusts in the national FTSU Index. Karyn advised in addition that the National Guardian's office has been in direct contact with Karyn as a result of their concerns about our inability to manage this activity effectively.

*Safe Working* – we were joined by Dr Serena Haywood, our Guardian of Safe Working and received a very comprehensive report covering the 19-20 Trust year. The number of exception reports was down on the prior year, and doctors are generally more willing to report (although some encouragement is still needed in some cases). Rota gaps are still the key driver of exception reporting. Richard Jennings, Medical Director, continues to address these. The Committee noted that the Safe Working reporting regime had been suspended during the Covid-19 pandemic.

*Other* – we sought and received assurance from Humaira and Elizabeth that neither was aware of any areas where there had been or was any non-compliances by the Trust.

**Stephen J Collier**

June 2020

5.1



**ANNUAL BOARD COMMITTEE REPORT  
WORKFORCE & EDUCATION COMMITTEE  
1 April 2019 – 31 March 2020**

**WORKFORCE & EDUCATION COMMITTEE  
REPORT, 1 April 2019 – 31 March 2020**

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**5.1**

## **Workforce and Education Committee: 2019/2020 Annual Report**

### **1 Introduction**

The Workforce and Education Committee is the principal Committee of the Board responsible for overseeing and providing assurance to the Board on workforce, organisational development, leadership, culture, and education.

This report sets out the work of the Committee during the reporting period 1 April 2019 to 31 March 2020. The Committee submits a report to the Board after each meeting setting out the key discussions of the Committee, areas of assurance and matters for escalation to the Board. The purpose of this annual report is to provide a wider perspective on the work of the Committee over the past year and in so doing provide assurance to the Board that the Committee has discharged its role in line with its approved terms of reference.

**5.1**

### **2 Committee purpose and duties**

The Committee's purpose and duties are set out in its terms of reference as approved by the Board on 22 September 2019. These set out that the Committee should provide:

- Robust oversight of the delivery of the Trust's strategic aims in relation to its workforce
- Detailed consideration is given to the development and implementation of the Trust's workforce and education strategies
- Effective oversight and monitoring of workforce planning
- Effective oversight of the delivery of the Trust's diversity and inclusion strategy, and monitoring of performance in relation to the Workforce Race Equality Standard and the gender pay gap
- Adequate information is available on key issues to enable clear decisions to be made, to ensure compliance with the guidance of regulatory bodies
- The impact of workforce performance on the Trust's overall performance is closely monitored
- Staff well-being and development is monitored effectively
- Appropriate governance arrangements are in place in relation to workforce and education issues and that the Committee is able to provide the Trust Board with assurance on these matters as appropriate.

The Committee conducted a wholesale review of its terms of reference in August 2019 and the Board approved the revised terms of reference in September 2019. These changes were designed to strengthen the functioning of the Workforce and Education Committee as an assurance committee of the Board. Given the recent changes to its Terms of Reference and the need for these to be in appropriately, the Committee does not propose making any material changes to these terms of reference with the exception of updating the memberships and the revise the name of the Trust Executive Committee to Trust Management Group.

### **3 Membership and Committee Meeting Attendance**

#### **3.1 Members and Attendees**

**WORKFORCE & EDUCATION COMMITTEE  
REPORT, 1 April 2019 – 31 March 2020**

During the reporting period (April 2019 – March 2020) the following individuals were members of, or regular attendees at, the Committee:

Members/ Attendees	Role	Designation	Period
Stephen Collier	Chair	Non-Executive Director	April 2019 – March 2020
Tim Wright	Member	Non-Executive Director	April 2019 – March 2020
<i>Sarah Wilton*</i>	<i>Member</i>	<i>Non-Executive Director</i>	<i>April 2019 – January 2020</i>
Prof Dame Parveen Kumar	Member	Non-Executive Director	January 2020 – March 2020
Pui-Ling Li	Member	Associate Non-Executive Director	January – March 2020
Gillian Norton	Ex Officio Member	Trust Chairman	April 2019 – March 2020
Harbhajan Brar	Member	Chief People Officer	April 2019 – March 2020
Avey Bhatia	Member	Chief Nurse/Director of Infection Prevention & Control	April 2019 – January 2020
Dr Richard Jennings	Member	Chief Medical Officer	April 2019 – March 2020
Robert Bleasdale	Member	Acting Chief Nurse/Director of Infection Prevention & Control	February – March 2020
Stephen Jones	Attendee	Chief Corporate Affairs Officer	April 2019 – March 2020
Emily Perry	Attendee	Divisional Director of Operations – CWDT	April 2019 – March 2020
<i>Fiona Ashworth*/</i> Mandy Woodley	Attendee	Divisional Director of Operations - MedCard	April 2019 – March 2020
Anna Clough	Attendee	Divisional Director of Operations – SNCT	April 2019 – March 2020
Karen Daly	Attendee	Associate Medical Director – Workforce	April 2019 – March 2020
Sarah James	Attendee	Associate Director of Workforce – Education & Development	April 2019 – March 2020
Jacqueline McCullough	Attendee	Deputy Director of Human Resources	April 2019 – March 2020
Sion Pennant-Williams	Attendee	Workforce Intelligence Manager	April 2019 – March 2020
Liz Wells		Staff Engagement Lead/ Listening into Action Lead	April 2019 – March 2020

*\*No longer members of / attendees at the Committee*

Prior to the Committee approving revision of its terms of reference in September 2019 there was a wider membership which included the following:

- Quality Improvement Director
- Staff Side Secretary
- Consultant Physiotherapy
- Interim Chief Therapist
- Guardian of Safe Working Hours
- Director of Quality Governance

Members of the Trust's Council of Governors also regularly attended to observe the Committee meetings during the period.

**WORKFORCE & EDUCATION COMMITTEE  
REPORT, 1 April 2019 – 31 March 2020**

### 3.2 Committee Meeting Attendance

In 2019/20, the quorum for each meeting of the Committee was three members, including at least one Executive Director and two Non-Executive Director (one of whom shall be the Committee Chair or, in his/ her absence another Non-Executive Director Committee member nominated to Chair the meeting).

The Committee held a total of six meetings in the reporting period and the attendance of members (membership based on the revised 2019 terms of reference) are recorded below. All meetings were quorate.

Members/ Attendees	Role	Attendance
Stephen Collier	Chair	6/6
Tim Wright	Member	6/6
Pui-Ling Li	Member	0/1
Parveen Kumar	Member	0/1
Gillian Norton	Ex Officio Member	4/6
<i>Sarah Wilton</i>	<i>Member</i>	<i>4/4</i>
Harbhajan Brar	Member	6/6
Avey Bhatia	Member	3/5
Dr Richard Jennings	Member	3/6
Robert Bleasdale	Member	1/1
Stephen Jones	Attendee	3/6
Emily Perry	Attendee	None
<i>Fiona Ashworth/</i> Mandy Woodley	Attendee	<i>1/4</i> None
Anna Clough	Attendee	4/6
Karen Daly	Attendee	1/3
<i>Sarah James</i>	<i>Attendee</i>	<i>6/5</i>
Jacqueline McCullough	Attendee	5/6
Sion Pennant-Williams	Attendee	6/6
Liz Woods	Attendee	5/6

*\*No longer members of the Committee*

The attendance of regular attendees at the Committee across the five meetings held in the reporting period are also recorded above. These individuals were not members of the Committee and did not form part of the quorum.

The following is a record of the members of the Council of Governors that also attended the meeting during the period.

Members/ Attendees	Role	Attendance
Richard Mycroft	Governor	1
Sarah McDermott	Governor	2
Mia Bayles	Governor	1
Hilary Harland	Governor	1
Jenni Doman	Governor	1

## 4 Committee activity and focus

The Committee developed and approved a forward workplan following the review of the Committee's terms of reference in September 2019. The forward programme (Appendix 1) is intended to ensure the Committee fulfils its purpose and duties as set out in the Committee's agreed terms of reference. The matters discussed and considered at the Committee during the period (October 2019 – March 2020) are set out in Appendix 2 mapped across the key duties as recorded in the approved terms of reference.

Each meeting of the Committee had a full agenda and the Committee submitted monthly reports to the Board following each meeting. The key areas of focus for the Committee in 2019/20 are outlined below. This draws on the matters set out within the monthly report to the Board during 2019/20.

### 4.1 Board Assurance

As noted above, the work of the Committee was revised in-year to provide greater focus on its role as an assurance Committee of the Board. Across its areas of work, the Committee now actively seeks to draw out and test the assurances it receives and, in turn, seeks to provide the Board with an accurate assessment of where the Board can take assurance and where there continue to be gaps.

One of the means by which the Committee seeks to provide assurance to the Board is through its assessment of the strategic risks in the Board Assurance Framework allocated to the Committee by the Board. During the year the Committee had five Strategic Risks<sup>1</sup> assigned to it, which the Committee has allocated across four domains and these represented the focus areas for the Committee during the year. These are; (1) engagement; (2) leadership and progression; (3) workforce planning; and (4) compliance.

The Committee monitors the risk ratings assigned to each Strategic Risk in the light of the level of assurance it is able to provide. During the year the Committee recommended change to the risk ratings of two of the risks: SR12 – Diversity and Inclusion, the risk rating to be raised from 9 to 12, reflecting the lack of progress over the last year; and SR14 – Recruitment and Retention, the risk rating to be reduced from 16 to 12, reflecting progress being seen. These recommendations were accepted by the Trust Board.

In addition, the Committee monitors a number of key performance indicators relating to the Trust's workforce, as well as the annual Staff Survey which is undertaken as part of an NHS-wide survey process by Picker. In addition, the Trust also runs its own quarterly staff survey, which provides some helpful trend data.

### 4.2 Theme 1 - Engagement

We received a report that the Trust had commenced a programme of work on changing the culture of the organisation and had invited a cross-section of staff to become culture champions, to work as part of a team being led by the CEO to deliver sustainable culture change across the Trust. The Committee continued to monitor progress here and recognises that this will be a key priority for the Board in the year ahead.

<sup>1</sup> SR 11 – cultural shift (staff feel engaged, able to raise concerns) ;SR12 diversity and inclusion; SR13 failure to address culture of bullying and harassment; SR14 recruit and retain the right workforce; and SR15 unable to deliver new and innovative roles and ways of working.

**WORKFORCE & EDUCATION COMMITTEE**  
**REPORT, 1 April 2019 – 31 March 2020**

5.1

The movement in the Staff Survey data that the Committee reviewed suggested the Trust's culture is moving in the right direction but there was some concern about the apparently slower progress in moving staff perceptions of the working environment. In relation to the three key 'place' questions, there was solid progress over the previous year, with staff endorsement of the Trust as: a place to be treated; as a place to work; and as a place where patient focus was a top priority - all improving by around four percentage points. However, whilst acknowledging the progress being made, the Committee had a detailed discussion of the areas that the survey tells us we need to maintain focus on. Workforce Race Equality stood out as a key priority. The Committee looked closely at three 'discrimination' questions. Responses on two<sup>2</sup> of these had improved, but the improvement was only modest. In relation to a third discrimination question, relating to experiencing discrimination from patients, service users and visitors, the percentage reporting having experienced this rose from 11.2% of staff to 11.8%. It was clear from the discussion in Committee that this remains a real issue for many of our staff and a very debilitating feature of their working experience. We agreed that the Trust needed to sharpen its approach to dealing with and resolving these issues.

We recommended to the Board that the Trust should publish an Ethnicity Pay Gap Report, even though this is not a legal requirement. The Board accepted this, and the Report was published. That ethnicity pay-gap report showed that BAME employees are under-represented at the higher bands and over-represented at the lower bands, and that overall there is a pay gap in favour of white staff. The data suggests that the pay gap disproportionately affects Black/Black British employees, who make up 16% of our total workforce. The implication is that the cause of the pay gap may run deeper than simply under-representation of overall BAME employees in the higher pay bands. The Diversity and Action Plan for 2020-21 which the Committee reviewed is critical in helping to start to correct this.

The Committee reviewed an informative analysis of Trust disciplinary cases by ethnic group. This analysed 120 disciplinary cases initiated in the Trust in the twelve months to March 2019 and had been prepared following a request from the Committee. The report identified that, on average, the relative likelihood of employees from the Black/Black British ethnic group entering the disciplinary process in 2018/19 was 2.98 times greater than white staff. The analysis also looked at individual staff bands to assess whether the 2.98 figure was a function of a bias to engage at any one or more specific staff bands, but concluded that this was not the case. The Committee was encouraged to hear that actions are being progressed by management to address this and to improve the position and the Committee will closely monitor this in the coming months.

The Committee also reviewed an analysis examining whether there was evidence of discriminatory application of disciplinary process. That review, of 30 cases, concluded that there was consistency across both areas. Importantly, however, the review noted that there was not always clear and demonstrable use of the Trust's internal pre-disciplinary checklist, or of a consistent approach between different HR advisers. The pre-disciplinary checklist had been created specifically to help ensure consistency of treatment, and consistency of decision-making as to which situations warranted use of disciplinary proceedings. The Review therefore recommended that the protocol be used in all cases, and the Committee accepted and endorsed that recommendation. This is to be actioned by management and we will continue to check progress here.

The Committee reviewed a number of other Trust policies, action plans and reports during the year, including:

<sup>2</sup> Q14, acting fairly in relation to career progression / promotion, up from 72.3% to 73.4%, and Q15b, experiencing discrimination from a manager, team leader or colleague, down from 12.9% to 12.6%.

- Staff Engagement Plan 2019-21
- Workforce Disability Equality Standard and Action Plan.
- Raising Concerns Policy, and regular updates from the Trust's Freedom to Speak Up Guardian
- Medical Engagement Survey

#### **4.3 Theme 2 – Leadership and Progression**

The Committee sees the development of the capability of the Trust's middle management as a key factor in making progress on culture. The Committee received regular updates on the training and development being provided to this group, and the introduction of coaching support, notably around the management of workplace conflicts without recourse to disciplinary processes, where possible. This remains work in progress, and the Committee will carry this forward to its work in 2020-21.

#### **4.4 Theme 3 - Workforce Planning & Strategy**

The Committee was involved in the preparation of a Workforce Strategy for the Trust, which was subsequently approved by the Trust Board. The focus of this is on delivering cultural change, with an emphasis on three core areas (recruitment; retention; and new roles). The Committee agreed to monitor progress on implementation against the Delivery Plan which sits alongside the Strategy.

The Committee continued to monitor the Trust's progress with the training and (in partnership with St George's, University of London) qualification of Nurse Associates and Advanced Clinical Practitioners.

The Committee reviewed the Trust's Workforce planning in relation to Brexit, noting that almost 16% of the Trust's nursing and midwifery staff are of EU origin. Management was able to provide good assurance on its planning process

The Committee received a detailed report from the Trust's Temporary Staffing Manager on the Trust's use of flexible staff (via bank or agency) and its cost. There were some clear market challenges faced by the Trust. At the time of that review, flexible staff represented some 10% of the Trust's deployed WTEs and are therefore a critical part of our workforce on a continuing basis. The Committee noted that c60% of the Trust's bank workforce comprises staff with a substantive contract at the Trust choosing to work additional hours. There is a move for the bank to work collaboratively across the whole of south-west London, and the Committee will continue to monitor progress here.

#### **4.5 Theme 4 – Compliance**

The Committee has continued to monitor a number of KPIs in relation to compliance, including safe staffing. In addition a number of policies and action plans have been reviewed, including:

- Fit and Proper Persons Test - Policy – the Committee reviewed and endorsed an updated FPPT Policy.
- MHPS – the Committee was updated on the work being done to update the Trust's policy on Managing High Performance Standards for Consultants and Hospital Doctors.
- Junior Doctors, Safe Working – the Committee received regular updates from the Trust's Guardian of Safe Working, noting that junior doctors are generally more willing to flag and report concerns, and that consultants are becoming more receptive to this and taking actions to address it. But despite good intentions all round, the core driver for exception reporting remained rota gaps (currently running at c 10%, and largely a function of a tightening junior doctor employment market) and the intensity of out-of-hours service demand at busy times.

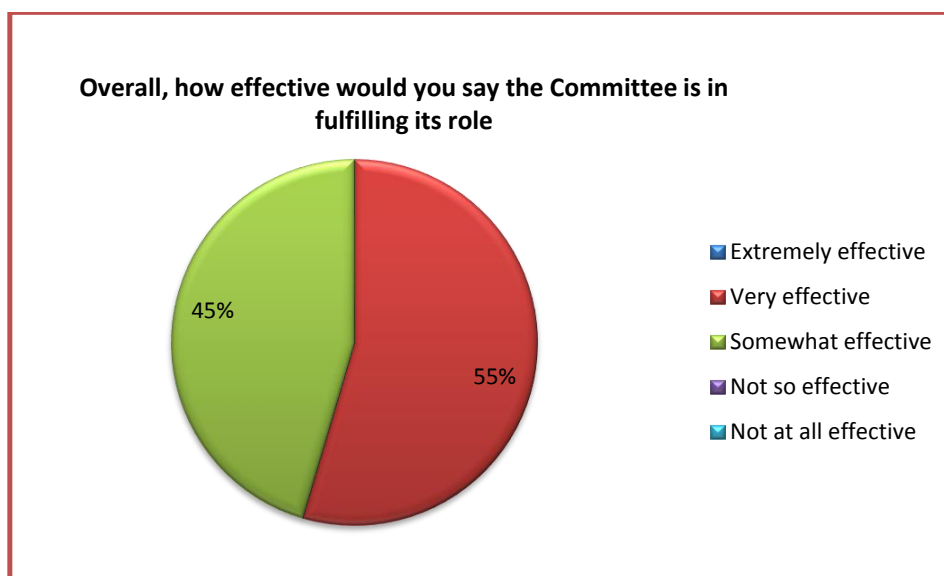
**WORKFORCE & EDUCATION COMMITTEE  
REPORT, 1 April 2019 – 31 March 2020**

At each of its meetings the Committee formally seeks assurance from the Trust's Chief People Officer that he is not aware of any areas where there had been or was any non-compliances by the Trust.

## 5 Committee Effectiveness

The Committee conducted a review of its effectiveness and the report is attached in Appendix 5. Overall, the results of the review suggest that the Committee is working broadly effectively, albeit with areas in which it can improve. A majority of respondents stated that the Committee was either 'very effective' or 'somewhat effective'. The Committee recognised however there was further room to develop, improve and mature. Reflecting on the extent to which steps could be taken to improve the effectiveness of the Committee felt that 'a moderate amount' of steps could be taken to improve the Committee's effectiveness. See figure 1 and 2.

The overarching theme from the review was that the Committee recognised that given the Committee had conducted a comprehensive review of its operation in August 2019 more time was required to ensure that the new ways of working were embedded.



*Figure 1*

**WORKFORCE & EDUCATION COMMITTEE  
REPORT, 1 April 2019 – 31 March 2020**

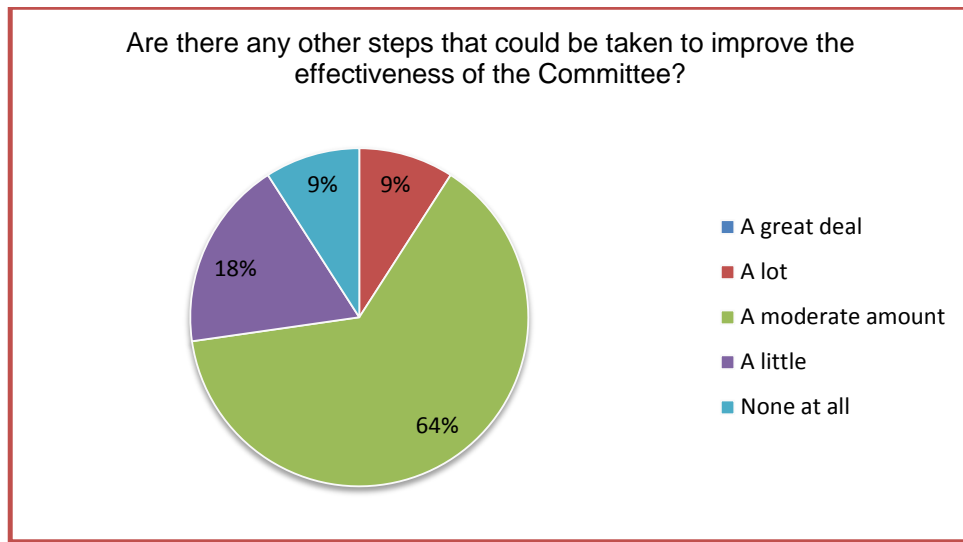


Figure 2

The Committee agreed the following actions to improve the work of the Committee:

Action	Progress
Improve representation from Divisional Directors of Operations.	Invites for each meeting have been sent to the three DDOs. The COO has also agreed to reinforce the importance of regular attendance by DDOs at the Committee meetings.
Introduce a programme of deep dives.	A programme of deep dive has been developed and is presented to the Committee for consideration and approval in June 2020.
Improve the range and reporting of workforce metrics.	Ongoing
Enhance the quality of reports to the Committee and ensure there is a consistent approach to assurance reporting.	In progress as part of wider Board reporting systems.
Enhance the level of challenge from the Committee and ensure there is sufficient evidence to support assurance reports.	Ongoing the Committee would keep under its review with the Chairman its approach to assurance reporting.

## 6 Committee Forward Plan and Terms of Reference

The Committee's proposed forward work plan for 2020/21 is attached in Appendix 4, alongside the work plan that had previously been agreed for 2019/20 and on which this reporting year is based.

The nature of the Committee's work means that it does cover a broad scope of matters on behalf of the Board. The proposed work plan for 2020/21 sets out the matters for consideration by the Committee. This seeks to build in the feedback on the previous forward work plan and seeks, where possible, to streamline this and focus the Committee on the key issues. However, during and immediately following the Covid-19 pandemic the Committee has accepted the need to adopt a flexible approach to its forward plan in light of the operational pressures that flow from the management of the impact of the pandemic on the

**WORKFORCE & EDUCATION COMMITTEE**  
**REPORT, 1 April 2019 – 31 March 2020**

Trust. Over the coming months, while it will work to the agreed plan, it may be necessary to adjust this (subject to these operational pressures) to focus on areas of immediate priority.

At the start of the Trust year the Committee undertook an Effectiveness Review and formalised its increasing focus on assurance by adopting new Terms of Reference. As a result, certain previous areas of activity (notably around co-production of policy, and operational oversight) were passed to a newly formed People Management Group, to be chaired by the Chief People Officer, and which was to operate on an executive-only basis.

This has been a logical step forward for the Committee and reflects the growing capability at executive level, which is also reflected in the Trust's exit from NHSI's Quality Special Measures regime, following a CQC inspection during the year. That growing capability at leadership level is evidenced by the improving trends seen in a number of areas which the Staff Survey examines. Consequently, the Committee's terms of reference have been reviewed and updated to reflect: the change of emphasis to assurance; changes to the membership; and revised name of management groups with which the Committee interfaces. Time is now required to ensure that the new ways of working are fully embedded.

**5.1**

## **7 Conclusion and Assurance Statement**

During 2019/20, the Committee worked hard to deliver its duties and in doing so had started to strengthen its own operation and effectiveness, recognising that there was more that needs to be done on the assurance front, and that in parallel the developing capability of the Trust's executive allowed the Committee to step back from operational oversight and into a wholly-assurance focus.

The Committee can assure the Board that there is now a greater understanding within the executive of both the scale of the workforce challenges facing the Trust and greater clarity about the steps needed to be taken in order to address these. That journey has already begun well, and the culture change programme will be a key part of making sure that we have in place an engaged, empowered and effective workforce. In some areas, the Committee can assure the Board that there is strong performance; agency spend has been reduced and continues to be below the level set by our regulator, and sickness absence rates are, overall, low. There has been progress (albeit slower than we would like) in shifting the dial on the NHS Staff Survey, and some progress in taking action to address bullying and harassment, empowering staff to feel safe in speaking up. But overall tackling the issues set out in the WRES clearly remains a challenge for the Trust, although we recognise the increased willingness from the top to tackle this square-on.

One area where the Committee is less able to provide assurance is in relation to the progress in implementing the diversity and inclusion strategy, and across a number of metrics performance has fallen some way short of the goals the Trust set itself. This will be a key area of focus for the Trust, the Board and this Committee in the year ahead and it links fundamentally to the work the Trust is taking forward on improving the culture of the organisation. It is critical we get this right. The Committee will continue to play an active role in assessing the Trust's performance here, and where it can in providing assurance on this to the Board.

## Appendix 1: Committee Workplan October 2019- March 2020

Scheduled, Standing Agenda Item	Frequency	Lead	Author(s)	Committee	10/10/2019	05/12/2019	18/02/2020
<b>OPENING ADMINISTRATION</b>							
Welcome, Introductions and Apologies for Absence	Standing	All	Secretariat	N/A	√	√	√
Declarations of Interest	Standing	All	Secretariat	N/A	√	√	√
Minutes of Previous Meeting	Standing	Chair	Secretariat	N/A	√	√	√
Matters Arising (Tracker) and Action Log	Standing	Chair	Secretariat	N/A	√	√	√
<b>PERFORMANCE AND SERVICE DELIVERY</b>							
HR Directorate Report	Standing	CPO	CPO/DDHR	TEC	√	√	√
Workforce statistics and KPI	Standing	CPO	WIM	TEC/PMG	√	√	√
Transformation and Quality Improvement Report	TBC	CPO	tbc	TEC			
Workforce Aspects of Annual budget	Annual	CPO	tbc	TEC/FIC			√
Annual Workforce Plan	Annual	CPO	CPO	TEC/PMG			√
Guardian of Safe Working	Standing	CMO	GSW	TEC/FIC	√	√	√
<b>CULTURE, DIVERSITY AND WELL-BEING</b>							
Staff Engagement Plan	Bi-meeting	CPO	LiAM	TEC/PMG	√		√
NHS Staff Survey	Annual	CPO	HRBP	TEC/PMG			√
WRES Annual Report	Annual	CPO	D&IM	TEC/PMG			√
WDES Annual Report	Annual	CPO	D&IM	TEC/PMG			√
Gender Pay Gap Annual Report	Annual	CPO	WIM D&IM	TEC/PMG			√
Freedom to Speak Up Guardian Report	Standing	CPO	SEL	TEC/AC/PMG	√	√	√
Ethnicity Pay Gap Annual Report	Annual	CPO	WIM D&IM	TEC/PMG			√
Medical Engagement Score (MES) Report	Annual	CMO	MHRM	TEC/PMG			√ (Update)
<b>EDUCATION &amp; DEVELOPMENT</b>							
Medical Revalidation	Annual	CMO	AMD(HR)	TEC			
Nursing Revalidation	Annual	CN	tbc	TEC			
Workforce Strategy (Development) (Full)	Annual	CPO	CPO	TEC/PMG		√	
Workforce Strategy Delivery	Twice Yearly	CPO	CPO	TEC/PMG			√
Education Strategy	Annual	CPO	ADW-ED	TEC/PMG			√
Board Assurance Framework and Corporate Risk Register	Standing	CPO	DQ	TEC/PMG	√	√	√
<b>GOVERNANCE:</b>							
<b>TRUST GOVERNANCE &amp; COMPLIANCE</b>							
Internal Audit reports (as required)	As required	CPO	DDHR	PMG		√	
Review of Workforce Policies (as required)	As required	DDHR	DDHR	PMG	√	√	√
Fit and Proper Persons Test Report	Bi Annual	CPO	CPO	TEC	√		
<b>COMMITTEE GOVERNANCE</b>							
Review of Committee effectiveness	Annual	Chair	Secretariat	N/A			√
Review of Committee Terms of Reference	Annual	Chair	Secretariat	N/A			
Review of Committee Forward work plan	Annual	Chair	Secretariat	N/A			
Committee annual report to the Board	Annual	Chair	Secretariat	N/A			√
<b>CLOSING ADMINISTRATION</b>							
Report to the Board	Standing	Chair	CPO	N/A	√	√	√
Any new risks or issues identified	Standing	Chair	CPO	N/A	√	√	√
Items for the next meeting	Standing	All	Secretariat	N/A	√	√	√
Any other business	Standing	All	Secretariat	N/A	√	√	√
Reflection on the meeting	Standing	All	Secretariat	N/A	√	√	√
<b>ACTIONS ARISING FROM OTHER FORUMS</b>							
Staffing Numbers and Financial Workforce Position	Action from FIC 12/12/2019	Tom Shearer	Tom Shearer	FIC			√

5.1

### Appendix 2: Items Considered by the Workforce & Education Committee- April 2019 – March 2020

Workforce Planning	Staff Engagement & Staff Well-Being	Diversity And Inclusion	General Governance	Workforce And Education Strategy	Risk
Workforce Statistics/Intelligence (KPIs) and Report	Freedom to Speak-up Guardian Report	Diversity & Inclusion Action Plan 2019/20	Fit and Proper Persons Tests Policy	Developing the Workforce Strategy	Board Assurance Framework
Temporary Staffing Report	Medical Engagement Scale Update and Report	Workforce Race Equality Standards Action Plan 2019/20	Committee Effectiveness Review 2018/19	Workforce Strategy	
HRD/CPOS Report	Staff Engagement Plan 2020-21	Workforce Disability Standards Action Plan 2019/20	Committee Effectiveness Review 2019/20	Education Strategy	
NHS Pensions Update	Staff Engagement Plan 2019-21	Ethnicity Pay Gap Annual Report 2019/20	Committee Terms of Reference Review 2019/20		
Guardian of Safe Working Hours Report	Staff Engagement Plan Update 2020	Gender Pay Gap: Pan London Analysis	Raising Concerns Policy		
Learning Lessons to Improve our People Practices	NHS Staff Survey (2018/19)	Gender Pay Gap Annual Report 201920	NHSE Annual Organisational Audit of Appraisal and Board Statement of Compliance		
Workforce Plan 2019/20	NHS Staff Survey (2019/20)	Review of 25% of 2018-19 Disciplinary Cases	People Management Group Proposal		
Interim NHS People Plan	Culture at St George's - Understanding Culture to Strengthen it	Analysis of Trust Disciplinary Cases by Ethnic Groups			
Delivering our Corporate Objectives					
Non-Medical Appraisal – Appraisal Status Report by Percentage and Count					

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**Other Appendices not embedded**

**Appendix 3: Updated Terms of Reference**

**Appendix 4: 2020/21 Draft Committee Workplan**

**Appendix 5: Committee Effectiveness Review**

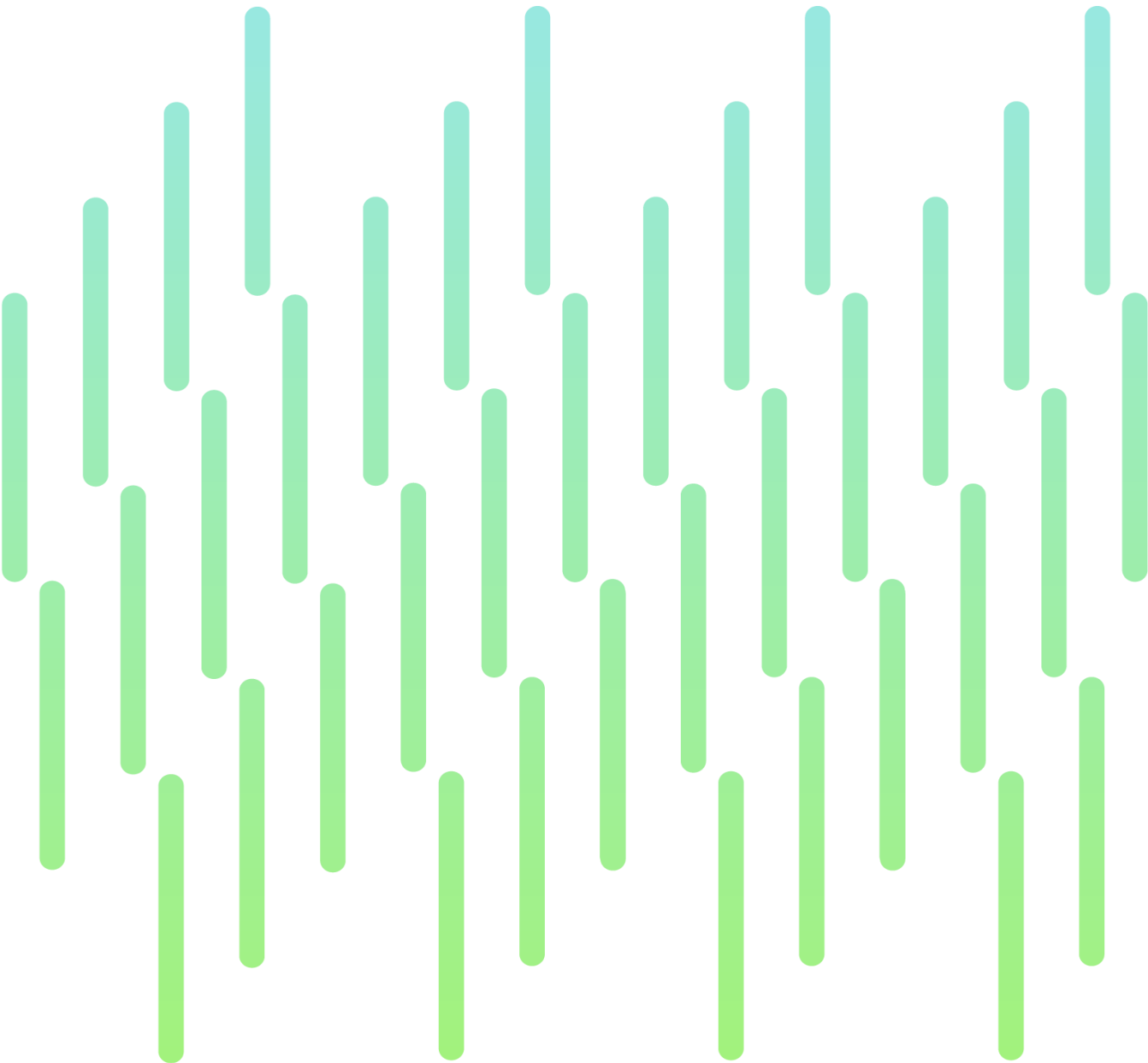
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# Workforce and Education Committee Terms of Reference

5.1

Approved by the Trust Board (Date)





## Approval and review dates

Profile	
Document name	Workforce and Education Committee Terms of Reference
Version	1.2
Executive Sponsor	Chief People Officer
Author	Chief Corporate Affairs Officer
Approval	
Approval group	Trust Board of Directors
Date of approval	TBC
Date for next review	March 2021

5.1



# Workforce and Education Committee Terms of Reference

5.1

## 1. Name of Group

The Committee shall be known as the Workforce and Education Committee.

## 2. Authority

**Establishment:** The Workforce and Education Committee has been established as a sub-Committee of the Trust Board.

**Powers:** The Workforce and Education Committee is authorised by the Board of Directors to:

- i. Investigate any activity within its terms of reference
- ii. Seek any information it requires and all staff are required to cooperate with any request made by the Workforce and Education Committee
- iii. Request attendance of individuals and authorities from inside and outside the Trust with relevant experience and expertise if it considers this is necessary

**Cessation:** The Workforce and Education Committee is a standing group within the governance structure and can only be disbanded on the authority of the Trust Board.

## 3. Purpose of the Group

The Workforce and Education Committee's purpose, as aligned to the Trust's strategic objectives, is to oversee the development of an empowered workforce that is both modern and flexible, with a culture that supports people to deliver to their best. The Trust's ambition is to be an employer of choice in south west London, working in partnership across the local health economy ensuring that the Trust has the right workforce to deliver its strategy. The Committee provides the Board with assurance that there are robust mechanisms in place to ensure:

- i. Robust oversight of the delivery of the Trust's strategic aims in relation to its workforce
- ii. Detailed consideration is given to the development and implementation of the Trust's workforce and education strategies
- iii. Effective oversight and monitoring of workforce planning
- iv. Effective oversight of the delivery of the Trust's diversity and inclusion strategy, and monitoring of performance in relation to the Workforce Race Equality Standard and the gender pay gap
- v. Adequate information is available on key issues to enable clear decisions to be made, to ensure compliance with the guidance of regulatory bodies
- vi. The impact of workforce performance on the Trust's overall performance is closely monitored
- vii. Staff well-being and development is monitored effectively
- viii. Appropriate governance arrangements are in place in relation to workforce and education issues and that the Committee is able to provide the Trust Board with assurance on these matters as appropriate.



#### 4. Duties of the Group

The Workforce and Education Committee will discharge the following duties that have been delegated by the Board of Directors:

##### (a) Workforce and education strategy

- i. To monitor and provide assurance to the Trust Board on the delivery of the workforce and education components of the Trust clinical strategy 2019-24
- ii. To oversee and provide assurance to the Trust Board on the development of new strategies in relation to workforce and education, aligned to and in support of the Trust clinical strategy 2019-24
- iii. To consider the strategic implications of cross-system working and integration on the development of the Trust's workforce strategy

##### (b) Workforce planning

- i. Review and provide challenge in relation to the development of the draft annual workforce plan
- ii. Oversee the delivery of the workforce plan in year
- iii. Improve the efficiency and productivity of the Trust workforce
- iv. Review the workforce aspects of the Trust's Cost Improvement Programme
- v. Oversee Trust-wide use of agency staff and provide assurance in relation to meeting the agency cap set annually by NHS Improvement

##### (c) Staff engagement

- i. Provide oversight of plans to improve engagement by the Trust with its staff, with the aim of securing increasing levels of staff engagement
- ii. Review the results of the annual NHS staff survey and oversee the development and implementation of actions plans to address issues identified

##### (d) Diversity and inclusion

- i. To oversee the implementation of the Trust's diversity and inclusion strategy
- ii. To review the Trust's performance in relation to the Workforce Race Equality Standard
- iii. To review the Trust's performance in relation to the gender pay gap and the ethnicity pay gap

##### (e) Staff well-being

- i. Oversee performance on staff appraisal rates (clinical and non-clinical)
- ii. Oversee performance in relation to mandatory and other training
- iii. Receive regular reports from the Partnership Forum
- iv. Receive regular confidential reports on disciplinary matters, including in relation to Maintaining High Professional Standards cases, ensuring that due process is followed

##### (f) Risk

- i. On behalf of the Trust Board, the Committee shall regularly scrutinise the Trust's significant risks in relation to workforce and education issues, satisfying itself of the adequacy of the controls in place to mitigate the risks. This includes scrutinising the Board Assurance Framework risks allocated to the Committee.

5.1



(g) General governance

- i. To consider matters referred to the Workforce and Education Committee by the Trust Board or by the groups which report into it
- ii. Every year, to set an annual work plan and conduct a review of the Committee's effectiveness (including achievement of the work plan and a review of the Committee's terms of reference) and report this to the Board
- iii. To ensure that all relevant policies and procedures that fall under the Committee's areas of interest are in place and up to date.
- iv. As required, to review any relevant Trust strategies relevant to the Committee's terms of reference prior to approval by the Board (if required) and monitor their implementation and progress.

**5.1**

## 5. Chairperson

A Non-Executive Director will chair the Workforce and Education Committee. In his/her absence, an individual to be nominated by remaining members of the Committee will take the chair.

The Chief People Officer (CPO) will be the Executive Lead for the Workforce and Education Committee

## 6. Composition of the Group

Membership: The following individuals will be members of the group with full rights. Members are expected to make every effort to attend all meetings and attendance register shall be taken at each meeting.

Name	Title	Role in the group
Stephen Collier	Non-Executive Director	Committee Chair
Parveen Kumar	Non-Executive Director	Member
Pui-Ling Li	Associate Non-Executive Director	Member
Tim Wright	Non-Executive Director	Member
(Vacant)	Chief People Officer	Member
Robert Bleasdale	Acting Chief Nurse and Director of Infection Prevention and Control	Member
Richard Jennings	Chief Medical Officer	Member

Deputies can attend the group with the permission of the chairperson, though they must be suitably briefed and supported by the individual for whom they are deputising in advance.

The Trust Chairman shall be an *ex-officio* member of the Committee with the same voting rights as other members of the Committee.

Attendees: The following individuals are not members of the group with full rights and are instead expected to be in attendance for the purpose outlined below:



Title	Role in the group / committee	Attendance guide
Chief Corporate Affairs Officer	Regular Attendee	Every meeting
Divisional Director of Operations – CWDT	Regular Attendee	Every meeting
Divisional Director of Operations - MedCard	Regular Attendee	Every meeting
Divisional Director of Operations – SNCT	Regular Attendee	Every meeting
Associate Medical Director – Workforce	Regular Attendee	Every meeting
Deputy Director of Human Resources	Regular Attendee	Every meeting
Associate Director of Workforce – Education & Development	Regular Attendee	Every meeting
Workforce Intelligence Manager	Regular Attendee	Every meeting
Staff Engagement Lead	Regular Attendee	Every meeting
Deputy Chief People Officer – Culture/Education	Regular Attendee	Every meeting
Deputy Chief People Officer – Workforce/Leadership	Regular Attendee	Every meeting

Deputies can attend the group with the permission of the Committee Chair, though they must be suitably briefed and supported by the individual for whom they are deputising in advance.

In addition to anyone listed above as a member or attendee, at the discretion of the chairperson the group may also request individuals to attend on an ad-hoc basis to provide advice in support of specific items.

Governors shall be invited to attend the meeting as observers.

## 7. Quoracy

**Number:** The minimum number of members for a meeting to be quorate is three members, including at least one Executive Director and two Non-Executive Director (one of whom shall be the Committee Chair or, in his/ her absence another Non-Executive Director Committee member nominated to Chair the meeting).

As an *ex-officio* member of the Committee, the Trust Chairman shall count towards the quorum for the Committee.

Attendance by a nominated deputy will not count towards the quorum.

**Non-quorate meetings:** Non-quorate meetings may go ahead unless the chair decides not to proceed. Any decisions made by the non-quorate meeting must, however, be formally reviewed and ratified at the subsequent quorate meeting.



## 8. Declaration of Interests

All members and those in attendance must declare any actual or potential conflicts of interest; these shall be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration must be excluded from the discussion.

## 9. Meeting Frequency

Meetings of the Workforce and Education Committee shall be held six times per year, typically every other month. The frequency of meetings may be changed only with the agreement of the Trust Board.

**5.1**

## 10. Meeting arrangements and Secretarial support

- i. An annual schedule of meetings of the Workforce and Education Committee shall be established prior to the start of each financial year;
- ii. The Chief Corporate Affairs Officer will oversee the provision of secretariat support for the Workforce and Education Committee, and the Secretary to the Committee will be a member of the Corporate Governance team, which will work closely with the Executive Lead and Non-Executive Committee Chair. This will include taking accurate minutes, producing an action log and issuing follow up actions, ensuring that the planning for and outcomes of Committee meetings are shared appropriately. Alternative arrangements for secretariat support may be agreed by the Committee.
- iii. The agenda for the meeting will be agreed and compiled through discussion between the Committee Chair, Executive Lead and Director of Corporate Affairs.
- iv. All papers and reports to be presented at the Workforce and Education Committee must be submitted to the identified secretarial support for the group at least 5 working days prior to the meeting, unless otherwise agreed with the Committee Chair.
- v. The agenda and supporting papers for the meeting will be forwarded to each member and planned attendees a minimum of 4 working days in advance of the meeting taking place.

## 11. Relationship with other groups and committees

The Committee will report to the Trust Board.

The People Management Group (PMG), which is chaired by the Chief People Officer, is a sub-group of the Trust Management Group. The PMG will provide assurance to the Workforce and Education Committee on the issues within the Committee's remit. A diagram of the groups reporting to the Board on workforce and education issues is attached at Appendix 1.

## 12. Report to the Board

The Committee Chair will prepare a report for the Trust Board after each meeting of the Committee. This will set out the key issues considered at each meeting and the degree to which the Committee was assured on these.

The Committee will, in addition, prepare an annual report to the Board setting out the key areas of focus in the previous financial year.

## 13. Agenda



Agendas for Committee meetings will be drawn from the Committee's annual cycle of business (forward plan) and will be agreed with the Committee Chair and Executive Lead(s).

---

#### **14. Forward cycle of business**

An Annual cycle of items and reports to be received by the Committee will be agreed by the Committee. The annual cycle shall be reviewed on an annual basis prior to the start of the financial year and should be reported to the Board alongside the Committee's annual report.

**5.1**

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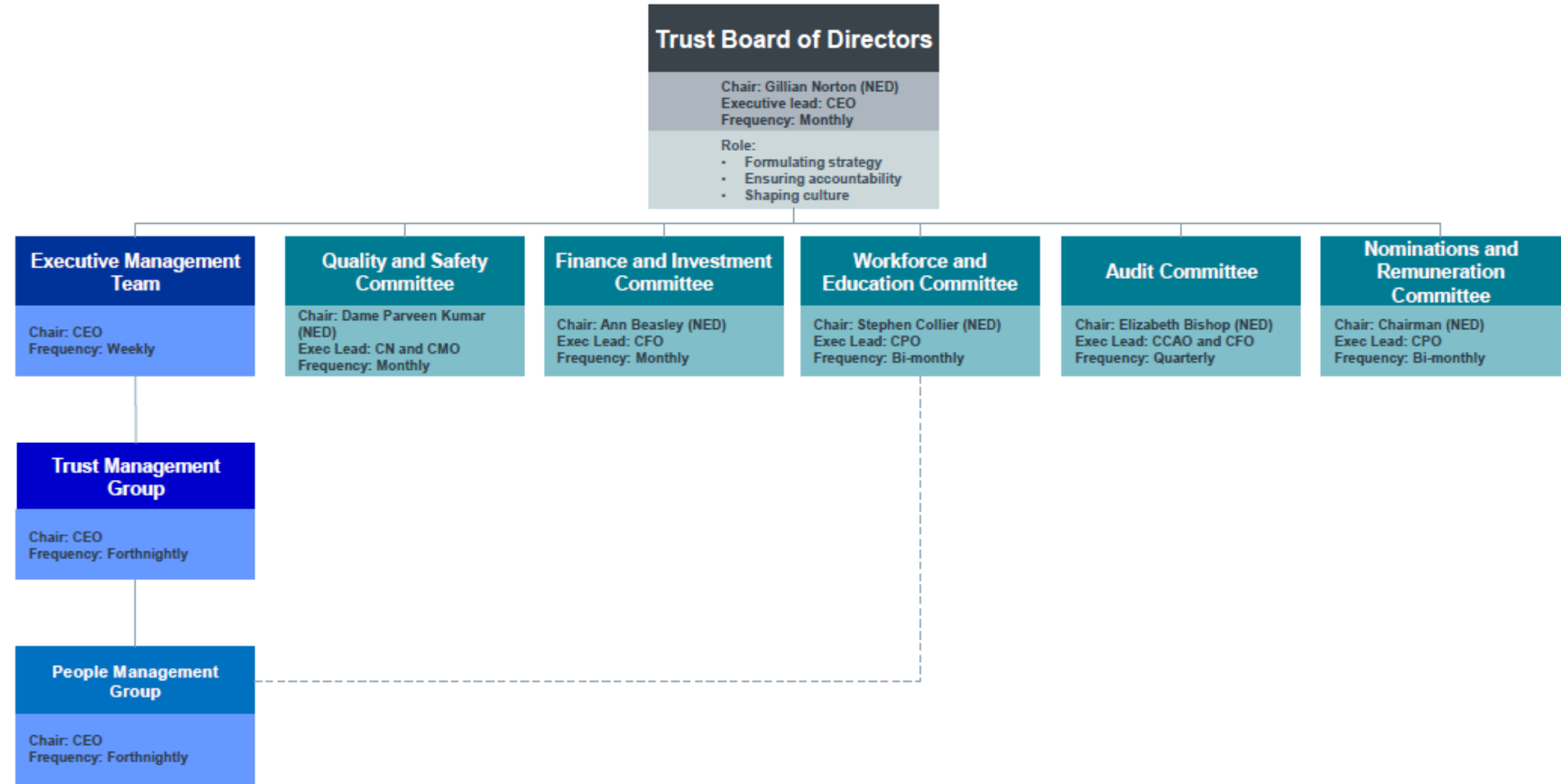
#### **15. Review of Terms of Reference**

The Committee will conduct a review of its effectiveness each year, the results of which will be reported to the Board.

The Committee's Terms of Reference shall be subject to an annual review. This review should consider the performance of the Quality and Safety Committee including the delivery of its purpose, compliance with the terms of reference and progress against its planned forward cycle of business. Any changes to the Terms of Reference require the approval of the Board.



APPENDIX 1: GROUPS REPORTING TO THE BOARD ON WORKFORCE AND EDUCATION ISSUES



5.1

**Workforce Education Committee  
Workplan 2020/21**

Scheduled, Standing Agenda Item	Frequency	Lead	Author(s)	Committee	11/06/2020	13/08/2020	15/10/2020	10/12/2020	11/02/2021
<b>OPENING ADMINISTRATION</b>									
Welcome, Introductions and Apologies for Absence	Standing	All	Secretariat	N/A	√	√	√	√	√
Declarations of Interest	Standing	All	Secretariat	N/A	√	√	√	√	√
Minutes of Previous Meeting	Standing	Chair	Secretariat	N/A	√	√	√	√	√
Matters Arising (Tracker) and Action Log	Standing	Chair	Secretariat	N/A	√	√	√	√	√
<b>DEEP DIVES</b>									
Deep Dive Programmes	Standing	CPO	Various	N/A	√	Workforce Race Equality Standard	Employee Relations	Non-Medical Staff Appraisals	Trust turnover rates
<b>WORKFORCE &amp; LEADERSHIP</b>									
Chief People Officer Workforce Report	Standing	CPO	CPO/DDHR	TMG	√	√	√	√	√
Workforce statistics and KPI	Standing	CPO	WIM	TMG/PMG	√	√	√	√	√
Annual Workforce Plan & Budget	Annual	CPO	DCPO(W)	TMG/PMG		√			
Guardian of Safe Working	Standing	CMO	GSW	TMG/PMG	√(Annual)	√(Q1)	√(Q2)		√(Q3)
Safe Staffing: Nurse Establishments	Standing	CN/DIPC	CN/DIPC	TMG/QSC		√			
Update on Implementing Dido Harding Recommendations	Annual	CPO	DCPO(W)	TMG/PMG			√		
Maintaining High Professional Standards in the NHS Policy Update	Annual	CPO	DCPO(W)	TMG/PMG		√			
Employee Relations Update	Bi-Annual	CPO	DCPO(W)	TMG/PMG			√	√	
<b>CULTURE, DIVERSITY, WELL-BEING &amp; EDUCATION</b>									
Culture & Leadership Update	Bi-meeting	CPO	LIAM	TMG/PMG	√		√	√	
Staff Engagement Plan	Bi-meeting	CPO	LIAM	TMG/PMG		√	√	√	
NHS Staff Survey	Annual	CPO	HRBP	TMG/PMG					√
Freedom to Speak Up Guardian Report	Standing	CPO	SEL	TMG/AC/PMG	√	√	√	√	√
Medical Engagement Score (MES) Report (Update)	Bi-Annual	CMO	MHRM	TMG/PMG			√		√
GMC National Training Survey	Annual	CMO	ADW-ED	TMG/PMG		√			
Learning & Development Allocations	Annual	CMO	ADW-ED	TMG/PMG		√			
Undergraduate Medical Education <i>(date TBC either August/October)</i>	TBC	CMO	ADW-ED	TMG/PMG		√	√		
Staff Health and Well-Being Report	Bi-Annual	CPO	DCPO(C)	TMG/PMG			√		√
<b>COMPLIANCE:</b>									
WRES Annual Report	Annual	CPO	D&IM	TMG/PMG					√
WDES Annual Report	Annual	CPO	D&IM	TMG/PMG					√
Gender Pay Gap Annual Report	Annual	CPO	WIM/ D&IM	TMG/PMG					√

5.1

**Workforce Education Committee  
Workplan 2020/21**

Scheduled, Standing Agenda Item	Frequency	Lead	Author(s)	Committee	11/06/2020	13/08/2020	15/10/2020	10/12/2020	11/02/2021
Ethnicity Pay Gap Annual Report	Annual	CPO	Wim/ D&IM	TMG/PMG					√
Medical Revalidation	Annual	CMO	AMD(HR)	TMG/PMG		√			
Nursing Revalidation	Annual	CN	tbc	TMG/PMG		√			
Modern Slavery Annual Statement	Annual	CPO	DCPO(W)	TMG/PMG				√	
Equality Delivery System	Annual	CPO	DCPO(W)	TMG/PMG				√	
<b>STRATEGY AND RISK</b>									
Workforce Strategy Delivery	Twice Yearly	CPO	CPO	TMG/PMG	√		√	√	
Education Strategy	Annual	CPO	ADW-ED	TMG/PMG	√		√	√	
Board Assurance Framework and Corporate Risk Register	Standing	CPO	DQ	TMG/PMG	√	√	√	√	√
<b>GOVERNANCE:</b>									
<b>TRUST GOVERNANCE &amp; COMPLIANCE</b>									
Internal Audit reports (as required)	As required	CPO	DDHR	PMG		√	√	√	√
Review of Workforce Policies (as required and including Grievance, B&H, Disciplinary )	As required	DDHR	DDHR	PMG	√	√	√	√	√
Trust-Wide Policies Update - Workforce, OD, Education Focus	Bi-Annual	CCAO	HCG	TMG		√		√	
<b>COMMITTEE GOVERNANCE</b>									
Review of Committee effectiveness	Annual	Chair	Secretariat	N/A					√
Review of Committee Terms of Reference	Annual	Chair	Secretariat	N/A	√				√
Review of Committee Forward work plan	Annual	Chair	Secretariat	N/A	√				√
Committee annual report to the Board	Annual	Chair	Secretariat	N/A	√				√
<b>CLOSING ADMINISTRATION</b>									
Report to the Board	Standing	Chair	CPO	N/A	√	√	√	√	√
Any new risks or issues identified and for escalation to Board or other Trust Forums	Standing	Chair	CPO	N/A	√	√	√	√	√
Any other business	Standing	All	Secretariat	N/A	√	√	√	√	√
Reflection on the meeting	Standing	All	Secretariat	N/A	√	√	√	√	√

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## Workforce Committee Effectiveness Review 2019/20

Survey results and action plan

**Stephen Jones**  
Chief Corporate Affairs Officer

**Tamara Croud**  
Board Secretary

14 February 2020



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# 1. Introduction

## Engagement

### Engagement

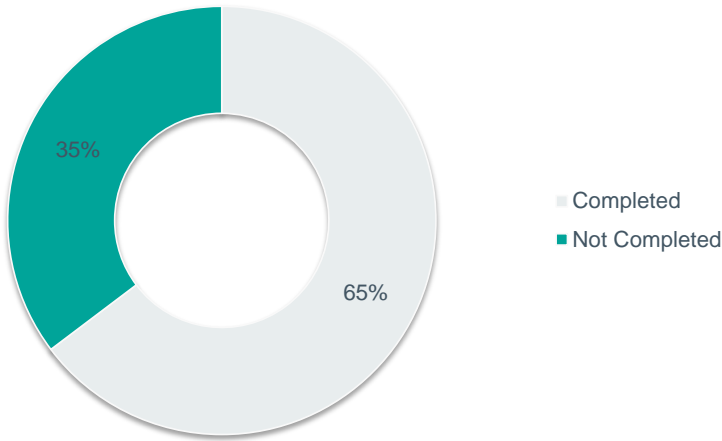
The following groups were invited participated in the survey:

- Committee members
- Trust Chairman
- Executive leads for the Committee (CPO)
- Other Executive Directors
- Regular attendees at the Committee

There was positive engagement with the review; 11 of the 17 individuals asked to respond did so, providing a response rate of 82%. The Committee membership changed during the year and the number of eligible recipients changed during the year. In 2018/19 the survey was sent to 36 individuals and 14 response were received.

Respondent	Numbers
Committee Member	6
Regular attendee of the Committee (as listed in the Committee's terms of reference)	4
Other Non-Executive or Executive Director	1

Committee effectiveness review 2019/20:  
Response rate



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## 2. Key findings from Audit Committee Effectiveness Review 2019/20

### Views on overall effectiveness and scope for improvement

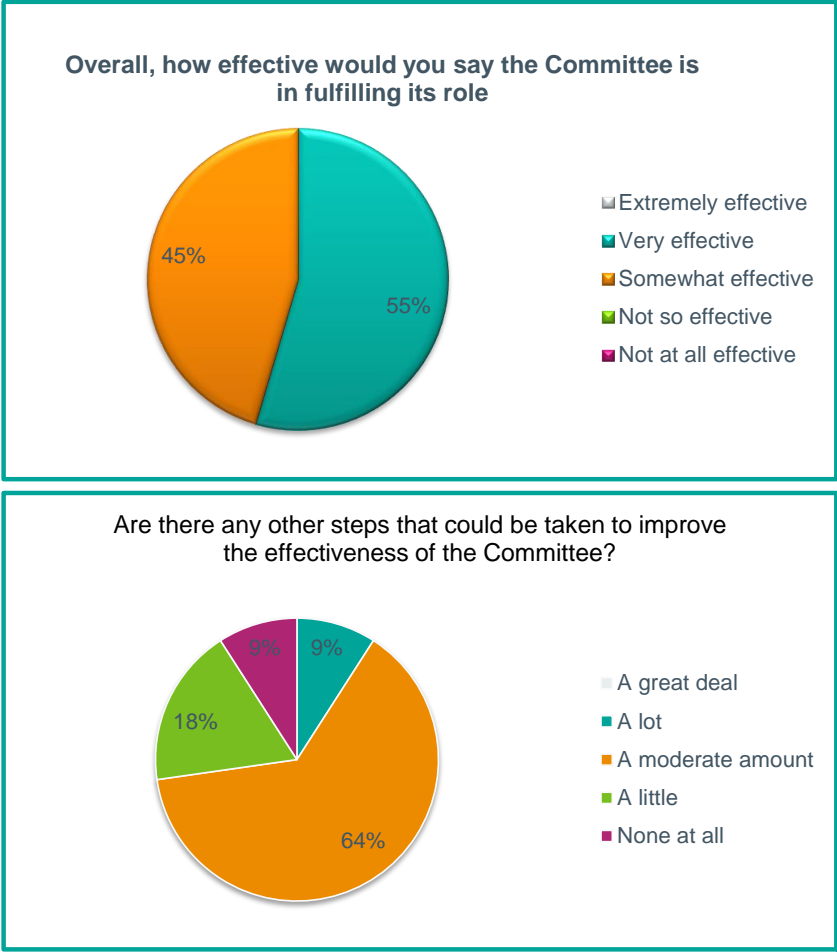
The full survey results of the Committee effectiveness review 2019/20 are set out in Appendix 1. This sets out the results for each question along with all of free text comments received.

Overall, the results of the review suggest that the Committee is working effectively. All respondents stated that the Committee was either “very effective” (6 responses) or somewhat effective (5 responses). No respondents stated that the Committee was ineffective.

At the same time, none of the respondents said that the Committee was extremely effective, indicating that there is scope for the Committee to further develop, improve and mature.

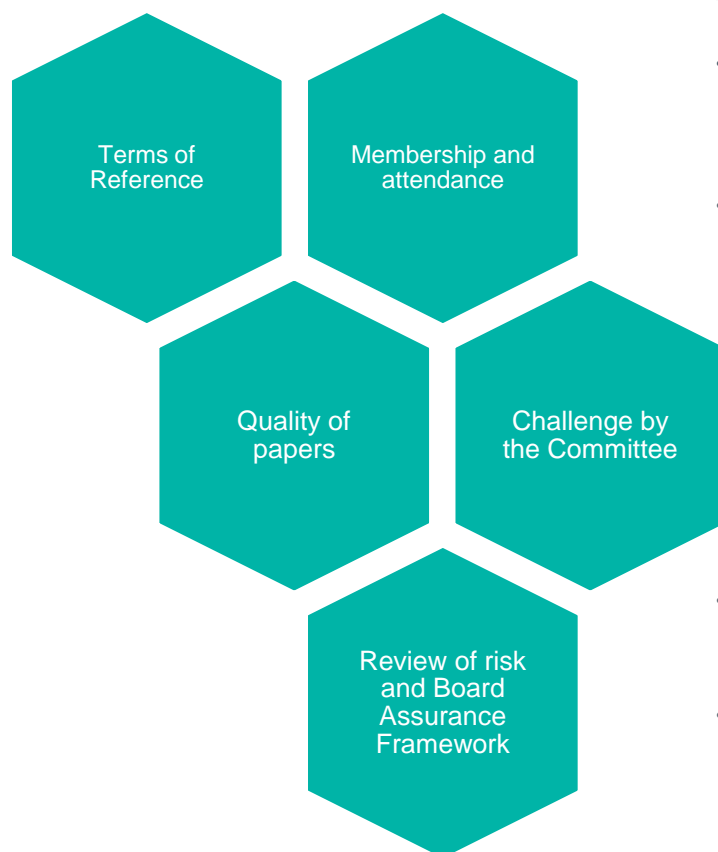
Reflecting on the extent to which steps could be taken to improve the effectiveness of the Committee, none of the respondents stated that “a great deal” was necessary to improve the Committee’s effectiveness. 18% of respondents said “a little” steps were necessary to improve the Committee’s effectiveness. The largest proportion of respondents, 64%, felt that “a moderate amount” could be done whilst 9% felt a great deal of steps could be taken to improve the Committee’s effectiveness. Just 9% felt that no steps could be taken to improve the effectiveness of the Committee.

The results may reflect the fact that the Committee changed its terms of reference recently, introduced professional committee support and developed a work plan in the latter part of the year under review and much more work was required to embed these changes.



## 2. Key findings from Workforce & Education Committee Effectiveness Review 2019/20

### Views on what's going well



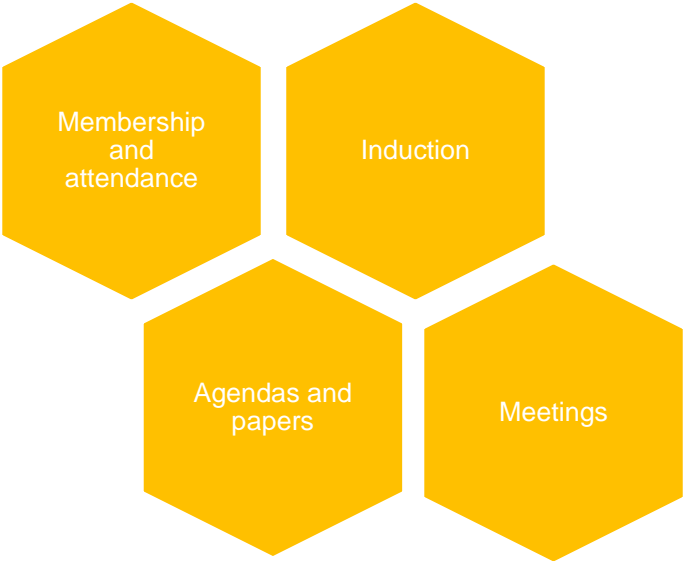
The survey identified a number of areas where respondents, overall, fed back positive messages:

- **Terms of Reference:** Responses indicated that the Committee had in place appropriate terms of reference that had been reviewed by both the Committee and Board, and that there was a clear forward programme of work in place that was fit for purpose. Respondents felt that Committee members and regular attendees understood the role and responsibilities of the Committee. 73% of respondents either agreed or strongly agreed that there was clarity as to the Committee's role.
- **Membership and attendance:** 100% of respondents indicated that the Committee was well chaired (either strongly agreed, or agreed). 100% of respondents agreed or strongly agreed that the Committee had the skills it needed to ensure the Board received effective assurance from the Committee, with 73% finding the Committee and wider attendees had the skills necessary to help the Committee be fully effective.
- **Quality of papers:** 69% of respondents expressed a positive view about the clarity and quality of papers provided to the Committee, 73% said papers were submitted and circulated in a timely way, and 100% stated that agendas and the forward plan covered the assurance needs of the Board. Overall, respondents suggested there was time to explore issues in sufficient depth (73%).
- **Challenge by the Committee:** 73% of respondents expressed the view that the Committee critically assesses the comprehensiveness and reliability of the assurances it receives (27% neither agreed or disagreed) and 82% felt that the Committee provided insight and constructive challenge (2 respondents neither agreed or disagreed).
- **Reporting and escalation:** Overall, this was seen as a strength of the Committee, with 100% agreeing or strongly agreeing that the Committee discussed matters for escalation to the Board, and the same percentage stating that the Committee's report to the Board was clear and set out the level of assurance taken by the Committee.
- **Review of risk and Board Assurance Framework:** 91% of respondents agreed or strongly agreed that the Committee scrutinises and challenges risks allocated to the Board Assurance Framework and 100% of respondents agreed that the Committee was regularly briefed on emerging risks related to workforce and education. Similarly, 100% of respondents agreed or strongly agreed that the Committee had a broader understanding of risks around workforce and education facing the organisation and the actions and mitigations in place.

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### 3. Key findings from Council of Governors Effectiveness Review 2019/20

#### Views on areas for development

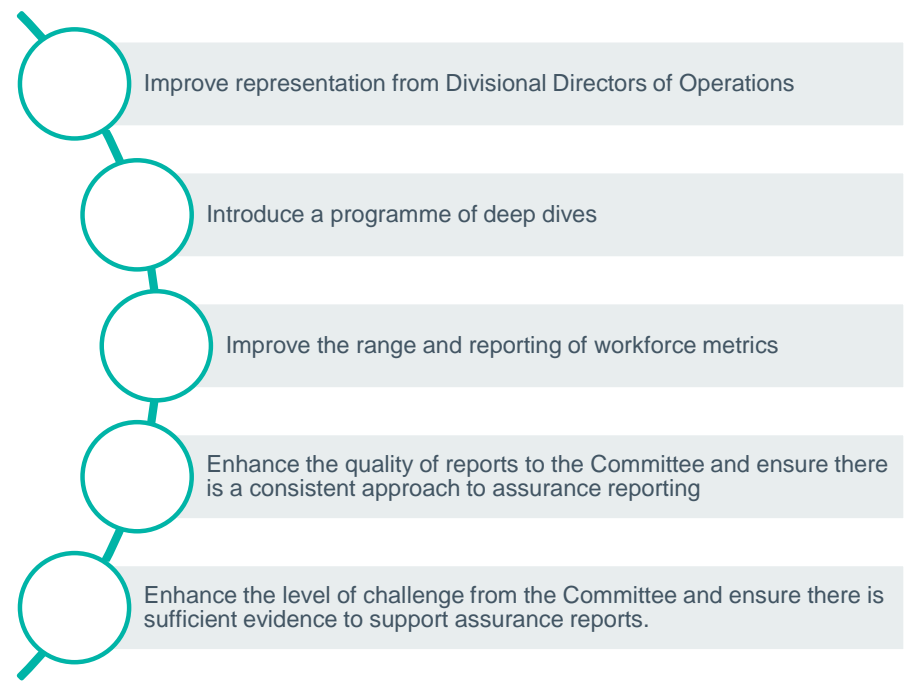


The survey highlighted a number of areas in which there was mixed feedback, with some respondents providing very positive feedback and others suggesting these were areas in which significant improvement was needed:

- **Membership and attendance:** While on the whole positive, free text comments in the survey emphasised the importance of the relevant Executive leads for internal audits attending for the Committee's consideration of these.
- **Induction:** 27% of respondents stated that there were effective induction arrangements in place for new members joining the Committee, with a further 64% expressing a neutral view. Free text comments in the survey suggested that members and attendees did not know about the induction process and or did not receive an induction.
- **Agendas and Papers:** Whilst there was largely positive reviews of the distribution of the papers a number of free text comments suggested that more work was required to improve quality of reports, support authors to develop better assurance reports, further development and improvement of key workforce metrics and a greater degree of constructive challenge. A number of respondents also suggested introducing deep dives on the Committee work plan.
- **Meetings:** Free text responses flag the insufficient degree of constructive challenges and also align the lack of divisional attendance as an hindrance to effectively exploring issues fully. Respondents also highlighted that the Committee needed review the comprehensiveness and reliability of the assurances provided at the meeting.

# 5. Potential actions to address feedback from effectiveness review

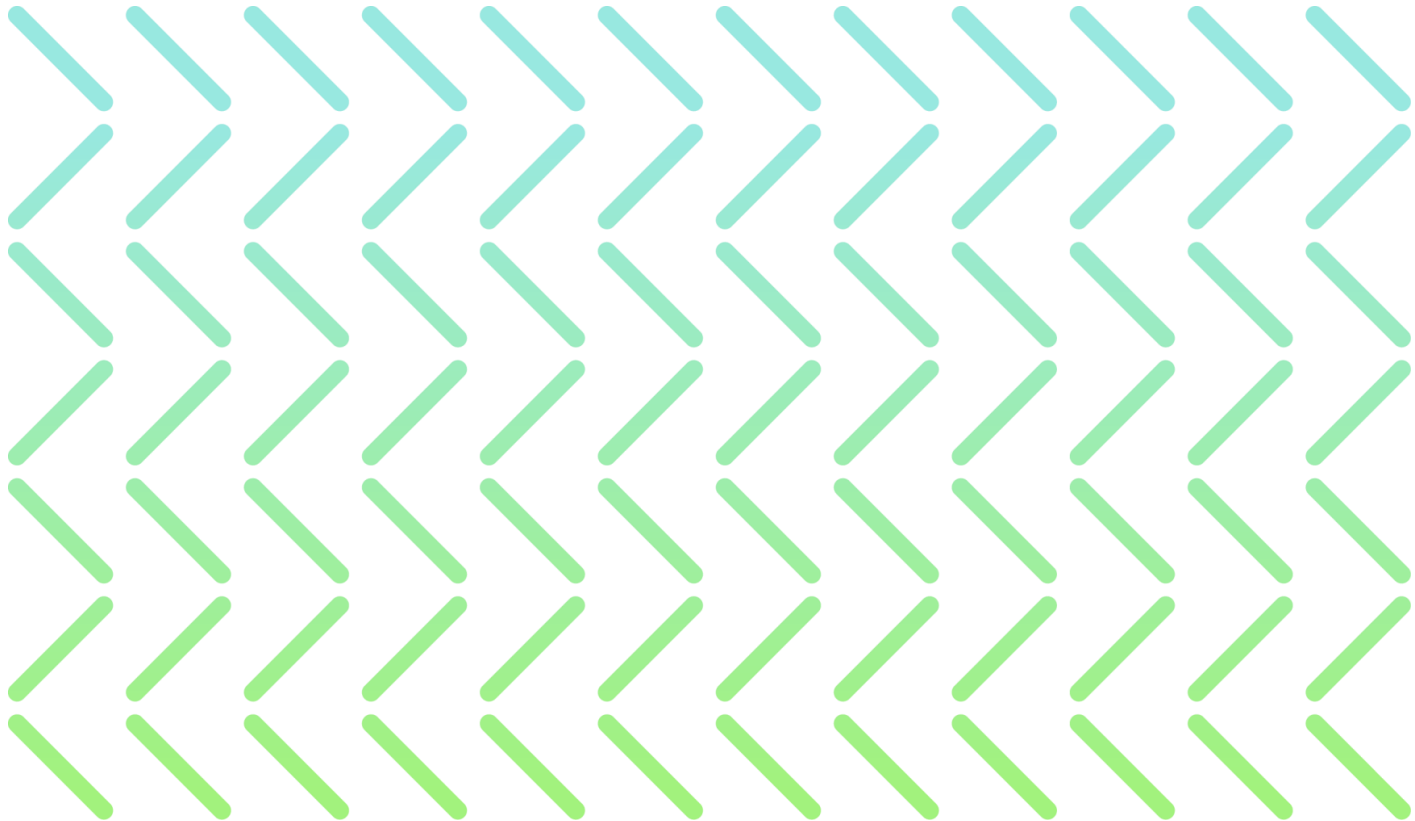
The areas for further development highlight potential areas in which the Committee may want to focus in improving its effectiveness in the year ahead:



**Conclusion/Summary:**

In a number of areas, the survey suggested the Committee was working well but many members reflected that the membership, terms of reference and work plans were recently introduced and this should be given time to embed.

In terms of the proposed measures to improve the quality of papers, a wider piece of work is currently underway across all Board Committees to strengthen reporting and draw out assurance more clearly, as well as to introduce a consistent approach in Committee reports to the Board.





Meeting Title:	Board		
Date:	25 June 2020	Agenda No	5.2
Report Title:	Freedom to Speak Up Report		
Lead Director/ Manager:	Stephen Jones, Chief Corporate Affairs Officer		
Report Authors:	Karyn Richards, Freedom to Speak Up Guardian		
Presented for:	Assurance		
Executive Summary:	<p>This report provides an update about current activity in the Trust around raising concerns and Freedom to Speak Up (FTSU). It also sets out the position of the Trust in the 2019 Freedom to Speak Up Index, which uses four of the questions in the annual NHS Staff Survey as a proxy indicator for measuring the healthiness of an organisation's FTSU culture. In 2019, St George's FTSU index score was 74%, which placed it 209<sup>th</sup> of 230 Trusts (of all types) in England, and in the bottom 10 of acute trusts nationally. The highest scoring Trust achieved 84% and the lowest scoring Trust 70%.</p> <p>The report also highlights recent changes in the Trust's FTSU function, executive sponsorship, and priorities for the next six months, including the development of a Freedom to Speak Up strategy for the Trust by the FTSU Guardian and Executive Lead, which we plan to bring to the Workforce and Education Committee for review in August 2020 and the Trust Board in September 2020. The latest case review conducted by the NGO is also noted in this report.</p>		
Recommendation:	<p>The Board is asked to:</p> <ul style="list-style-type: none"><li>• note the recent changes in the Freedom to Speak Up function;</li><li>• note the current activity levels in relation to raising concerns;</li><li>• note the Trust's rating in the National Guardian's Office's 2019 FTSU Index; and</li><li>• note the priorities for the FTSU function in the coming months, including the development of a new FTSU Strategy for the Trust.</li></ul>		
Supports			
Trust Strategic Objective:	Build a better St George's; Champion Team St George's		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Leadership and Improvement Capability (Well Led)		
Implications			
Risk:	Failure to comply with the requirements around Freedom to Speak Up, a regulatory requirement, risks undermining staff confidence in the leadership of the Trust and would be a reputational risk to the organisation.		
Legal/Regulatory:	NHSI, Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for the NHS, April 2016. Sir Robert Francis QC, Freedom to Speak Up: An independent report into creating an open and honest reporting culture in the		



	NHS, 2015.		
<b>Resources:</b>	As set out in the report.		
<b>Equality and Diversity:</b>	As set out in the report.		
<b>Previously Considered by:</b>	N/A	<b>Date</b>	N/A
<b>Appendices:</b>	Appendix 1: FTSU Index 2019 Appendix 2: Summary of Whittington Hospital NHS Trust case review		



## Freedom to Speak Up Report Trust Board, 25 June 2020

### 1.0 PURPOSE

- 1.1 This report updates the Board on current activity in relation to staff raising concerns at work and in relation to on-going work to manage and enhance the Trust's Freedom to Speak Up (FTSU) function.

### 2.0 BACKGROUND

- 2.1 Following recommendations from the Francis Report into the serious failings in care at Mid-Staffordshire NHS Foundation Trust, all NHS providers are required to have a Freedom to Speak up Guardian. Joint guidance from NHS England and NHS Improvement and the National Guardian's Office published in July 2019 makes clear that effective speaking up arrangement help to protect patients and improve the experience of workers, and highlights that one of the key reasons that staff do not speak up is because they fear they might be victimised or because they do not believe anything will change. The NHS Interim People Plan published in 2019 sets out a vision for people who work in the NHS to enable them to deliver the best possible care. The Plan includes an ambition to create a culture across the NHS in which everyone has a voice, control and influence and promoting an open and healthy speaking up culture is a key part of this.
- 2.2 The Trust's policy on raising concerns at work was reviewed in 2019 and this encourages a culture where staff are able to raise concerns without fear of reprisal.

### 3.0 THE FREEDOM TO SPEAK UP FUNCTION

- 3.1 As Freedom to Speak Up Guardian, I am currently supported by eight FTSU champions as set out below:

Division	Directorate	Champion	Role
<b>Corporate</b>	All	Alison Benincasa	Director of Quality Improvement
		Preethi Satheyendra	Principal Information Analyst
<b>Children's, Women's, Diagnostics, Therapies, Outpatients, Critical Care, Community</b>	<ul style="list-style-type: none"> <li>Children's</li> <li>Women's</li> <li>Diagnostics</li> <li>Therapies</li> <li>Outpatients</li> <li>Critical Care</li> <li>Community</li> </ul>	Rachel Neal Nick Sullivan	Data Manager, PICU Maternity Quality Improvement
		Liz Woods	Staff Engagement Lead
<b>Medicine Cardiovascular</b>	<ul style="list-style-type: none"> <li>Emergency Department and Acute Medicine</li> <li>Specialist Medicine</li> <li>Renal Haematology,</li> </ul>	James Uprichard	Consultant

	Oncology and Palliative Care <ul style="list-style-type: none"> <li>• Cardiology CAG and Cardiovascular</li> </ul>		
<b>Nursing</b>	All	Paul Courtman	Head of Nursing for Quality
<b>Surgery, Neurosciences, Cancer, Theatres</b>	<ul style="list-style-type: none"> <li>• Major Trauma</li> <li>• Surgery, MaxFax, ENT, Urology, Plastics</li> <li>• Theatres and Anaesthetics</li> <li>• Neurosciences</li> <li>• Cancer</li> </ul>	Jeanette Turner	Audiologist

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- 3.2 The FTSU function has recently lost some champions due to some staff leaving the Trust and others not feeling able to continue at this time due to clinical pressures. As FTSU Guardian, I will be continuing to work over the coming months to recruit further champions to ensure that we create a function whereby staff feel safe and able to speak to whomever they feel comfortable to raise issues of concerns and to ensure that the function is inclusive with broad representation of champions. As part of this, we will be reviewing the number of Champions and ensuring that the network of Champions reflects the diversity of the Trust.
- 3.3 The FTSU function at the Trust has recently undergone review, supported externally by NHS England and NHS Improvement. During 2019, the Trust's policy regarding FTSU was reviewed and updated and the Trust sought to implement new national guidance regarding FTSU training and Board involvement. In December 2019, the Trust Board agreed that there should be a review of arrangements for executive sponsorship of Freedom to Speak Up within the Trust in order to ensure that there were robust arrangements in place to secure the independence of the function and to assist in raising the profile of raising concerns. The review, supported by NHS England and NHS Improvement, considered the capacity, resourcing, sponsorship and profile of the function. Interviews were held with the Chairman, Chief Executive, Chief People Officer, Chief Corporate Affairs Officer and other staff to inform the review. Following this, the Trust made a number of changes to the FTSU function, reviewing the role of and resourcing for the FTSU Guardian post, including refreshing the role description to ensure it aligned with guidance from the National Guardian's Office, and moving executive leadership of the function from the Chief People Officer to the Chief Corporate Affairs Officer. These new arrangements took effect from 8 June 2020.

#### 4.0 CURRENT ACTIVITY AND THEMES

- 4.1 The tables below set out key data related to the numbers of concerns raised with the FTSU Guardian in 2019/20 and offers comparisons with numbers of cases in previous years. Below these, a high level analysis is provided which highlights key elements for the Board's attention.

**Table 1: Total Number of concerns covering 2018/19 and 2019/20**

	2017/18	2018/19	2019/20
Q1	0	7	9
Q2	1	3	19
Q3	4	13	15
Q4	5	12	17
Totals	10	36	60

**5.2****Table 2: Who is raising concerns?**

2017/18	Q1 (0)	Q2(1)	Q3(4)	Q4 (5)
Doctor				
Nurse			3	
HCA				
Midwife				
AHP				5
Pharmacy				
Admin/Clerical		1	1	
Porters/Maintenance				
Cleaning staff				
Board				

2018/19	Q1 (7)	Q2 (3)	Q3 (13)	Q4 (12)
Doctor		1		
Nurse		1	7	5
HCA				
Midwife				3
AHP			4	
Pharmacy	3			
Admin/Clerical	4	2	2	4
Porters/Maintenance				
Cleaning staff				
Board				

2019/20	Q1 (9)	Q2 (19)	Q3 (15)	Q4 (17)
Doctor	2		1	2
Nurse	1	2	3	4
HCA	2		1	
Midwife		2	2	2
AHP		5	1	2
Pharmacy		1	1	
Admin/Clerical	3	9	6	6
Porters/Maintenance				
Cleaning staff	1			
Board				1

2020/21	Q1 to 19 June
Doctor	6
Nurse	3
HCA	
Midwife	
AHP	7
Pharmacy	1
Admin/Clerical	11
Porters/Maintenance	
Cleaning staff	
Board	

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**Table 3 : Themes of Concerns**

2019/20	
Patient Safety/Quality	6
Staff Safety	4
Behavioural Relationship	14
B & H	25
System/Process	7
Infrastructure/Environment	2
Cultural	3
Leadership	5

2020/21 (to 19 June 2020)	
Patient Safety/Quality	
Staff Safety	8
Behavioural Relationship	
B & H	10
System/Process	2
Infrastructure/Environment	
Cultural	2
Leadership	8

Cases may have more than one theme dependent upon issues raised.

- 4.2 Total number of concerns from 1<sup>st</sup> April 2020 to 19 June 2020 (part of Q1 2020/21) is 28. This is already nearly half of the total amount raised for the whole of 2019/20.

As the data in the tables above show, there has been a steady increase in the number of staff contacting the Guardian and Champions over the past three years and this is what we would like to see – from just 10 concerns in 2017/18 to 36 concerns in 2018/19 to 60 concerns in



2019/20. The rise in the number of concerns over the past two years included a significant increase in the number of concerns raised between Q2 2018/19 (3 cases) and the same period the following year (19 cases). The rise in the number of concerns is positive and encouraging; the fact that more people are raising concerns is something that we would wish to encourage further going forwards.

- 4.3 In terms of the sources of concerns, the tables above set out the concerns raised by staff group. The data shows a particular increase in the number of concerns raised by administrative staff and Allied Health Professionals. Looking further at this data this rise can be attributed to more collective concerns being raised as both AHP and admin staff raised collective concerns with themes of bullying and harassment, unresolved conflict within the team and concerns about management. As per the National Guardian's Office guidelines, concerns raised by individuals about the same issues are to be recorded as individual issues and this will also account for the rise in cases.
- 4.4 The lack of concerns raised by porters and maintenance staff is also notable and work is being planned to further engage with this staff group and also encourage staff from this group to become Freedom to Speak Up Champions. Further encouragement and engagement will also be targeted at HCAs.
- 4.5 There has also been a rise in 2019/20 among doctors in raising concerns compared with the previous year. This rise is linked to issues being addressed by the Trust in a particular service and the concerns and anxieties from doctors as a result of these process.
- 4.6 The lack of concerns raised by certain staff groups indicates that these staff appear to be reluctant about raising individual concerns and the psychological safety they feel in raising concerns either individually or collectively as a group.
- 4.7 The FTSU Guardian and Executive Lead are currently reviewing the format and structure of reporting on FTSU as part of our work to strengthen profile and oversight of FTSU by the Board. As part of this, we will in future updates be supplying further data relating to themes of concerns by division which will be helpful to not only see which staff groups are raising concerns but also compare themes of concerns by division. This will be facilitated by the procurement of a new IT software platform for confidentially logging concerns, which will provide enhanced data analysis capabilities. The software has been procured and is currently being put in place.

## **5.0 HANDLING AND RESOLUTION OF CONCERNS RAISED WITH THE FTSU GUARDIAN**

- 5.1 Of the 60 concerns raised in 2019/20, 12 concerns were escalated for formal response/investigation and 48 concerns were resolved by informal intervention by the Guardian consisting of facilitated conversations, discussion and resolution with managers or signposting. Part of the role of the Guardian is to support staff to raise concerns themselves if appropriate and if necessary raise the concern for resolution to the manager on behalf of the staff member.
- 5.2 Of the concerns raised to date in 2020/21, 3 concerns have been escalated for formal investigation and response and 25 have been handled through a combination of signposting and informal discussions with managers and staff through facilitating conversations to resolve concerns informally.
- 5.3 Many of the issues addressed informally are linked to concerns around conflict, bullying and harassment and leadership concerns. Some issues raised by staff had already been raised within their areas, but had not been addressed for various reasons.



- 5.4 The Guardian does however have concerns around the skills of managers in conflict resolution and their understanding and interpretation of Trust policies when supporting staff with various needs, and has previously raised these and fed them back to the Trust management.

## 6.0 FTSU DURING COVID-19

- 6.1 There has been an increase in staff contacting the Guardian since the start of COVID-19. Up until 19 June 2020 there were a total of 28 cases raised in Q1 2020/21.
- 6.2 Across these concerns, the themes that have been raised are quite consistent and include concerns relating to Personal Protective Equipment (PPE), increases in staff reporting that they feel unsupported by their line managers and feeling pressurised to continue working on site, and concerns from BAME staff regarding increased risks relating to COVID-19. All staff have been signposted and supported accordingly by the FTSU Guardian and Champions and, where necessary, concerns have been escalated for further formal investigation and response.
- 6.2 The FTSU Guardian has seen an increase in the staff not feeling supported by their managers, especially staff who have underlying conditions and or have suffered a bereavement during COVID. The Guardian has concerns about the ability of some managers/team leaders to have difficult and emotive conversations with their teams thus ensuring that staff feel supported and safe whilst at work. The Guardian will be working with the Trust with a view to ensuring that all managers receive appropriate and consistent training regarding conflict resolution and having difficult conversations.

## 7.0 THE NATIONAL FTSU INDEX

- 7.1 The National Guardian's Office publishes an annual report which sets out data in relation to each NHS provider's position on an "FTSU Index", which is considered to be an indicator of the health, or otherwise, of an organisation's FTSU culture. In addition to a table highlighting where every trust in England stands, the Freedom to Speak Up Index Report also showcases the achievements of the trusts that have the best FTSU cultures in the form of case studies. These illustrate how the top performing trusts are encouraging a Speak Up culture and provide learning for others to follow. For commissioners and regulators, the FTSU Index provides a new indicator which can be viewed together with other information about safety, workforce and culture.
- 7.2 Methodology: At the 2018 National Freedom to Speak Up Conference, the NHS England Chief Executive, Sir Simon Stevens, presented preliminary findings that a small subset of questions in the NHS Staff Survey could be used as a proxy measure for the Freedom to Speak Up culture in Trusts. The FTSU Index was calculated as the mean average of responses to four questions from the 2018 NHS Annual Staff Survey. Where percentage point improvement is recorded, this is based on the overall changes recorded between 2015 and 2018.

The NHS Staff Survey questions used to make up the FTSU Index are:

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)



- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

- 7.3 The National Guardian's report highlights a very close correlation between Trusts with high FTSU Index scores, indicating a healthy FTSU culture, and a high (positive) CQC rating. While this is not without exception, a clear picture emerges in which Trusts with a high index score typically have a "good" or "outstanding" CQC rating and high Well Led ratings.
- 7.4 Nationally, the median FTSU score has improved since 2015, with 180 Trusts (82%) having made progress in making it easier for staff to raise concerns since 2015. Some Trusts have seen a rapid improvement in their FTSU index score. The London Ambulance Service, for example, increased its performance over this period by 18%. For others, there has been a reduction in the score. A total of 40 Trusts recorded an overall decrease in scores (18%). The greatest overall decrease in score was Wrightington, Wigan and Leigh NHS Foundation Trust, whose score reduced by 4%.
- 7.5 The following table published in its 2019 report by the National Guardian's Office sets out the Trusts with the highest FTSU index result for 2018, broken down by Trust type. The higher the percentage the more positive the FTSU culture:

**Table 3: FTSU Index – Highest Scores by Trust Type 2018**

Trust type	Trust	FTSU index value 2018
Community	Cambridgeshire Community Services NHS Trust	87%
Combined mental health / learning disability and community trust	Solent NHS Trust	86%
Acute Specialist	Liverpool Heart and Chest Hospital NHS Foundation Trust	86%
Acute	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	84%
Combined acute and community	Gateshead Health NHS Foundation Trust	83%
Combined mental health / learning disability	Surrey and Borders Partnership NHS Foundation Trust	81%
Combined mental health / learning disability	Northumberland, Tyne and Wear NHS Foundation Trust	81%
Combined mental health / learning disability	Tees, Esk and Wear Valleys NHS Foundation Trust	81%
Combined mental health / learning disability	Tavistock and Portman NHS Foundation Trust	81%
Ambulance	Isle of Wight NHS Trust (ambulance sector)	79%

- 7.6 The 2019 National Guardian's FTSU Index report also sets out the Trusts with the greatest overall increase in scores, which are reproduced in the table below.

**Table 4: Trusts with greatest overall increase in FTSU index 2015-18**



Trust	2015	2018	2015 - 18
London Ambulance Service NHS Trust	57	75	18
Isle of Wight NHS Trust (ambulance sector)	62	79	17
North East Ambulance Service NHS Foundation Trust	64	76	12
East Sussex Healthcare NHS Trust	66	78	12
South East Coast Ambulance Service NHS Foundation Trust	64	74	10
The Royal Orthopaedic Hospital NHS Foundation Trust	73	82	9
Sherwood Forest Hospitals NHS Foundation Trust	70	79	9
Isle of Wight NHS Trust (mental health sector)	69	77	8
Gloucestershire Care Services NHS Trust	74	82	8
Lincolnshire Partnership NHS Foundation Trust	72	80	8

5.2

- 7.7 St George's FTSU Index score currently stands at 74%, the lowest score nationally being 68% and the highest 87%. To set this in context, the Acute Trust at the top of the table who have made the best improvements around their speaking up culture is The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust with an 84% FTSU index score. The Acute Trust scoring lowest is The Shrewsbury and Telford Hospital NHS Trust with 70%.
- 7.8 St George's scores in the bottom 10 of Acute Trusts on the FTSU index, and ranks 209<sup>th</sup> of 230 Trusts (for all types of Trust) in England, which highlights the scale of the work that is required and the need to promote further work related to the psychological safety of staff in relation to raising concerns and also ensuring that all staff are aware of how to raise concerns and ensuring this message is continually repeated. The Guardian in her upcoming work with the Board will expand on this and ways in which leaders inadvertently silence staff from raising concerns by their behaviours. The Guardian will also be working with the Trust in relation to the culture work being done to identify and address the issues being identified as barriers preventing staff from feeling safe to speak up. The barriers that staff feel they face has reflected in our ranking in the FTSU index and the Guardian will be working with the Trust to ensure that more is done in relation to bringing the learning from concerns raised back into the Trust which will hopefully be evidenced by improvements on our future position on the index. This will not happen overnight however with a strategic approach to the feedback being received improvements should be seen in future index scores.

## 8.0 CASE REVIEWS

- 8.1 The National Guardian's Office provides training and guidance and also carries out case reviews in trusts where workers report that best practice has not been followed. The recommendations that arise from these case reviews not only allow the organisation concerned to address issues impacting negatively on their speak up culture, but can be used by all trusts in England to embed learning and continue improvement of their own processes and practices.
- 8.2 The National Guardian's Office has issued over 100 recommendations to Trusts following case reviews and the local FTSU Guardian has taken steps to review these and is taking action to ensure that any recommendations which pertain to St George's are reviewed and

implemented accordingly. The FTSU Guardian has ensured that the current Raising Concerns policy reflects the recommendations from the National Guardian's Office and has also been reviewing Trust policies with a view to addressing amendments required to policies to ensure that they follow the guidance from the National Guardian's Office and has already started to have conversations with HR colleagues in this regard with a view to meeting quarterly with HR managers.

- 8.3 The National Guardian's Office has recently undertaken a case review at the Whittington Health NHS Trust. The National Guardian's Office (NGO) has undertaken a review of the handling of two speaking up cases referred to it by two workers from Whittington Health NHS Trust and released its findings on 11<sup>th</sup> June 2020. A summary of recommendations is attached in Appendix 2. While the full case review report would not typically be appended to my reports to the Board, it is important the Board is sighted on the sorts of reviews undertaken by the National Guardian's Office and to see the detail and rigour that the NGO brings to such reviews. It is also included on this occasion to highlight the opportunities for learning. In future reports, we will distil the key points of learning for the Trust and actions that need to be taken forward.
- 8.4 The two cases reviewed by the National Guardian's Office related to issues raised over a period from 2015 to the time of the review. The Office undertook a review because the workers' referral information indicated the trust's response to their speaking up had not been in accordance with its policies and procedures, or good practice. The office decided a review could provide potentially important learning for both the organisation and other NHS trusts. As part of its review, the office also looked at various aspects of the trust's speaking up function to identify any learning and potential improvement, as well as any good practice or innovation. This includes relevant policies, procedures and support for those with specific, trust-wide responsibilities for supporting workers to speak up. Our progress in implementing the recommendations from the National Guardian's Office will be incorporated into the next report to the Board.
- 8.5 The Guardian has reviewed the recommendations and has identified those key points important to St George's. However we will in the next board report combine all recommendations from case reviews into one document and will be working with the executive lead to ensure these are implemented. We have, however, started to take steps in relation to reviewing the wording of policies to ensure all trust policies are consistent with the good practice guidelines. Actions include:
- Guardian to set up regular stakeholder meetings
  - Continue to raise further awareness of the role with regular communications
  - Develop relationships with Governance teams (including legal team) to support the understanding and role of the Guardian.
  - Promote a wider trust understanding of FTSU – including a Communications Strategy
  - Trust to review Managers Toolkit to ensure it encompasses enough information on the FTSU role
  - Guardian to attend Staff Side Partnership Group on a regular basis
  - Gap analysis in relation to learning from the case reviews
  - Thanking workers who speak up
  - Delay in responses to concerns – The Guardian is working with the Trust to improve response times from managers

## 9.0 THE RESPONSIBILITIES OF THE BOARD

- 9.1 Recommendations from the National Guardian's Office and NHS England and NHS Improvement state that it is the responsibility of the Board to create a culture of learning within



organisations which focuses on improving the quality of patient care and the experience of their workers. They have identified that the behaviour of executives and non-executives, which is often reinforced by managers, has the most impact on organisational behaviours and culture.

- 9.2 In July 2019, NHS England and NHS Improvement together with the National Guardian's Office produced guidance setting out the roles and responsibilities of the Board and the Guardian will be working with the Board as part of the 2020/21 Board Development Plan to ensure that the expectations within the new guidance are considered and used to form the basis of Board- and Trust-wide training and development together with the self-review tool for NHS Trusts and NHS Foundation Trust also published in July 2019.
- 9.3 The expectation within the Board self-review tool is that the Executive Lead for Freedom to Speak Up will use the guidance and the tool to help the Board reflect on its current position and the improvement needed to meet the expectations of NHS England and NHS Improvement and the National Guardian's Office. Ideally, the Board should repeat this self-reflection exercise at regular intervals and in the spirit of transparency the review and any accompanying action plan should be discussed in the public part of the Board meeting. The Executive Lead should take updates to the board at least every six months. NHS England and NHS Improvement consider that it is not appropriate for the FTSU Guardian to lead this work as the focus is on the behaviour of executives and the board as a whole. But getting the FTSU Guardian's views is considered a useful way of testing the Board's perception of itself.

5.2

## 10.0 Moving forward over the next 6 months

- 10.1 The FTSU Guardian and Champions will be focusing on the following key areas of priority over the coming months:
- Continuing to increase the profile of FTSU through communication and visiting our clinical and non-clinical areas
  - Moving forward with implementing recommendations from case reviews
  - Focusing on increasing the network of champions
  - Arranging and delivering a Board development session
  - Identifying staff groups where staff are not speaking up and proactively speaking with these staff groups about their working experience
- 10.2 Alongside this, a key priority over the coming months for the FTSU Guardian and the Executive Lead will be to develop a Freedom to Speak Up Strategy for the Trust. The guidance published in July 2019 makes clear that every Trust should have an FTSU strategy either as a stand-alone strategy or integrated into other strategies.
- 10.3 Our initial view is that given the scale of the challenge the Trust faces in developing the FTSU function and the confidence of staff to raise concerns – and the ongoing concerns expressed by the National Guardian's Office – it would be helpful to develop a stand alone strategy. This work is quite urgent and the FTSU Guardian and Executive Lead plan to develop a draft over the coming two months and to bring this, via the Trust Management Group, to the Workforce and Education Committee for review at its meeting in August 2020 and, subject to this, to present it to the Board for review at its meeting in September 2020.

## 11.0 RECOMMENDATION

- 11.1 The Board is asked to note the current activity, together with its assurance that the Trust is compliant with the requirements around Freedom to Speak Up.



**Author:**        **Karyn Richards**  
                      **Freedom to Speak up Guardian**  
                      **25 June 2020**

5.2



**Appendix 1: FTSU Index including CQC Overall and Well Led Ratings**  
(Data from the National Guardian's Office Freedom To Speak Up Index Report 2019)

**FTSU Index including CQC Overall and Well Led Ratings**

Outstanding		
Good		
Requires improvement		
Insufficient		

FTSU index	Name of trust	CQC Overall	Well Led
87%	Cambridgeshire Community Services NHS Trust		
86%	Solent NHS Trust		
86%	Liverpool Heart and Chest Hospital NHS Foundation Trust		
85%	Hounslow and Richmond Community Healthcare NHS Trust		
85%	Northamptonshire Healthcare NHS Foundation Trust		
84%	Leeds Community Healthcare NHS Trust		
84%	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust		
84%	The Royal Marsden NHS Foundation Trust		
84%	Lincolnshire Community Health Services NHS Trust		
83%	The Christie NHS Foundation Trust		
83%	Hertfordshire Community NHS Trust		
83%	Sussex Community NHS Foundation Trust		
83%	Gateshead Health NHS Foundation Trust		
83%	Royal Brompton and Harefield NHS Foundation Trust		
83%	Moorfields Eye Hospital NHS Foundation Trust		
83%	Derbyshire Community Health Services NHS Foundation Trust		
83%	Norfolk Community Health and Care NHS Trust		
83%	Shropshire Community Health NHS Trust		
82%	The Royal Orthopaedic Hospital NHS Foundation Trust		
82%	Wirral Community NHS Foundation Trust		
82%	Surrey and Sussex Healthcare NHS Trust		
82%	Frimley Health NHS Foundation Trust		
82%	Guy's and St Thomas' NHS Foundation Trust		
82%	Northern Devon Healthcare NHS Trust		
82%	Gloucestershire Care Services NHS Trust		
82%	The Clatterbridge Cancer Centre NHS Foundation Trust		
82%	Cambridgeshire and Peterborough NHS Foundation Trust		
82%	Berkshire Healthcare NHS Foundation Trust		
82%	Northumbria Healthcare NHS Foundation Trust		
82%	Cumbria Partnership NHS Foundation Trust		



82%	Harrogate and District NHS Foundation Trust	
81%	Kent Community Health NHS Foundation Trust	
81%	Cambridge University Hospitals NHS Foundation Trust	
81%	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	
81%	South Warwickshire NHS Foundation Trust	
81%	Airedale NHS Foundation Trust	
81%	City Hospitals Sunderland NHS Foundation Trust	
81%	Worcestershire Health and Care NHS Trust	
81%	Tavistock and Portman NHS Foundation Trust	
81%	East Lancashire Hospitals NHS Trust	
81%	Surrey and Borders Partnership NHS Foundation Trust	
81%	Kingston Hospital NHS Foundation Trust	
81%	St Helens and Knowsley Teaching Hospitals NHS Trust	
81%	University Hospital Southampton NHS Foundation Trust	
81%	North Tees and Hartlepool NHS Foundation Trust	
81%	The Newcastle upon Tyne Hospitals NHS Foundation Trust	
81%	Northumberland, Tyne and Wear NHS Foundation Trust	
81%	Royal Devon and Exeter NHS Foundation Trust	
81%	Pennine Care NHS Foundation Trust	
81%	West Suffolk NHS Foundation Trust	
81%	Somerset Partnership NHS Foundation Trust	
81%	Royal Surrey County Hospital NHS Foundation Trust	
81%	North East London NHS Foundation Trust	
81%	Midlands Partnership NHS Foundation Trust	
81%	Tees, Esk and Wear Valleys NHS Foundation Trust	
80%	Leicestershire Partnership NHS Trust	
80%	Oxford Health NHS Foundation Trust	
80%	Salisbury NHS Foundation Trust	
80%	Dorset HealthCare University NHS Foundation Trust	
80%	University Hospitals Coventry and Warwickshire NHS Trust	
80%	Cheshire and Wirral Partnership NHS Foundation Trust	
80%	Dudley and Walsall Mental Health Partnership NHS Trust	
80%	Hertfordshire Partnership University NHS Foundation Trust	
80%	Lincolnshire Partnership NHS Foundation Trust	
80%	Mersey Care NHS Foundation Trust	
80%	Central London Community Healthcare NHS Trust	
80%	Oxleas NHS Foundation Trust	
80%	North West Anglia NHS Foundation Trust	
80%	University Hospitals Plymouth NHS Trust	
80%	Zgether NHS Foundation Trust	
80%	Sheffield Children's NHS Foundation Trust	
80%	Nottingham University Hospitals NHS Trust	
80%	Tameside and Glossop Integrated Care NHS Foundation Trust	
80%	Southern Health NHS Foundation Trust	
80%	Queen Victoria Hospital NHS Foundation Trust	



80%	East London NHS Foundation Trust	
80%	East Cheshire NHS Trust	
80%	Royal Papworth Hospital NHS Foundation Trust	
79%	University Hospitals Bristol NHS Foundation Trust	
79%	Poole Hospital NHS Foundation Trust	
79%	South West Yorkshire Partnership NHS Foundation Trust	
79%	Luton and Dunstable University Hospital NHS Foundation Trust	
79%	Mid Cheshire Hospitals NHS Foundation Trust	
79%	Sandwell and West Birmingham Hospitals NHS Trust	
79%	Leeds Teaching Hospitals NHS Trust	
79%	Isle of Wight NHS Trust (ambulance sector)	
79%	North West Boroughs Healthcare NHS Foundation Trust	
79%	Royal Berkshire NHS Foundation Trust	
79%	North Staffordshire Combined Healthcare NHS Trust	
79%	Central and North West London NHS Foundation Trust	
79%	Groot Western Hospitals NHS Foundation Trust	
79%	Sherwood Forest Hospitals NHS Foundation Trust	
79%	Chelsea and Westminster Hospital NHS Foundation Trust	
79%	Cornwall Partnership NHS Foundation Trust	
79%	Blackpool Teaching Hospitals NHS Foundation Trust	
79%	Royal National Orthopaedic Hospital NHS Trust	
79%	Leeds and York Partnership NHS Foundation Trust	
79%	Sheffield Teaching Hospitals NHS Foundation Trust	
79%	University Hospitals of Morecambe Bay NHS Foundation Trust	
79%	Bolton NHS Foundation Trust	
79%	Portsmouth Hospitals NHS Trust	
79%	Bradford District Care NHS Foundation Trust	
79%	Calderdale and Huddersfield NHS Foundation Trust	
79%	The Walton Centre NHS Foundation Trust	
79%	Homerton University Hospital NHS Foundation Trust	
79%	West Hertfordshire Hospitals NHS Trust	
79%	Gloucestershire Hospitals NHS Foundation Trust	
79%	Devon Partnership NHS Trust	
79%	Camden and Islington NHS Foundation Trust	
79%	Sussex Partnership NHS Foundation Trust	
79%	Yeovil District Hospital NHS Foundation Trust	
79%	Bridgewater Community Healthcare NHS Foundation Trust	
78%	Manchester University NHS Foundation Trust	
78%	Buckinghamshire Healthcare NHS Trust	
78%	Lancashire Teaching Hospitals NHS Foundation Trust	
78%	Barnsley Hospital NHS Foundation Trust	
78%	Wye Valley NHS Trust	
78%	The Princess Alexandra Hospital NHS Trust	
78%	Birmingham Community Healthcare NHS Foundation Trust	
78%	West London NHS Trust	



78%	Hull and East Yorkshire Hospitals NHS Trust		
78%	Kettering General Hospital NHS Foundation Trust		
78%	Alder Hey Children's NHS Foundation Trust		
78%	Kent and Medway NHS and Social Care Partnership Trust		
78%	Milton Keynes University Hospital NHS Foundation Trust		
78%	Southend University Hospital NHS Foundation Trust		
78%	Torbay and South Devon NHS Foundation Trust		
78%	University College London Hospitals NHS Foundation Trust		
78%	Greater Manchester Mental Health NHS Foundation Trust		
78%	East Sussex Healthcare NHS Trust		
78%	Bradford Teaching Hospitals NHS Foundation Trust		
78%	Great Ormond Street Hospital for Children NHS Foundation Trust		
78%	University Hospitals of Derby and Burton NHS Foundation Trust		
78%	South Tyneside NHS Foundation Trust		
78%	Birmingham Women's and Children's NHS Foundation Trust		
78%	Warrington and Halton Hospitals NHS Foundation Trust		
78%	Essex Partnership University NHS Foundation Trust		
78%	Taunton and Somerset NHS Foundation Trust		
78%	Dartford and Gravesham NHS Trust		
78%	Northampton General Hospital NHS Trust		
78%	Coventry and Warwickshire Partnership NHS Trust		
78%	Barnet, Enfield and Haringey Mental Health NHS Trust		
77%	Western Sussex Hospitals NHS Foundation Trust		
77%	Rotherham Doncaster and South Humber NHS Foundation Trust		
77%	Bedford Hospital NHS Trust		
77%	Ashford and St Peter's Hospitals NHS Foundation Trust		
77%	Stockport NHS Foundation Trust		
77%	Brighton and Sussex University Hospitals NHS Trust		
77%	The Royal Liverpool and Broadgreen University Hospitals NHS Trust		
77%	Barts Health NHS Trust		
77%	Nottinghamshire Healthcare NHS Foundation Trust		
77%	East Suffolk and North Essex NHS Foundation Trust		
77%	Hampshire Hospitals NHS Foundation Trust		
77%	Mid Essex Hospital Services NHS Trust		
77%	George Eliot Hospital NHS Trust		
77%	Lancashire Care NHS Foundation Trust		
77%	Isle of Wight NHS Trust (mental health sector)		
77%	Wrightington, Wigan and Leigh NHS Foundation Trust		
77%	Lewisham and Greenwich NHS Trust		
77%	Basildon and Thurrock University Hospitals NHS Foundation Trust		
77%	Imperial College Healthcare NHS Trust		
77%	Walsall Healthcare NHS Trust		
77%	Chesterfield Royal Hospital NHS Foundation Trust		
77%	Dorset County Hospital NHS Foundation Trust		
77%	Royal Free London NHS Foundation Trust		



77%	Oxford University Hospitals NHS Foundation Trust		
77%	Derbyshire Healthcare NHS Foundation Trust		
77%	Humber Teaching NHS Foundation Trust		
77%	The Royal Wolverhampton NHS Trust		
76%	South Central Ambulance Service NHS Foundation Trust		
76%	Salford Royal NHS Foundation Trust		
76%	South London and Maudsley NHS Foundation Trust		
76%	The Rotherham NHS Foundation Trust		
76%	York Teaching Hospital NHS Foundation Trust		
76%	The Hillingdon Hospitals NHS Foundation Trust		
76%	North East Ambulance Service NHS Foundation Trust		
76%	Sheffield Health and Social Care NHS Foundation Trust		
76%	London North West University Healthcare NHS Trust		
76%	Avon and Wiltshire Mental Health Partnership NHS Trust		
76%	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust		
76%	Isle of Wight NHS Trust (community sector)		
76%	Black Country Partnership NHS Foundation Trust		
76%	University Hospitals of Leicester NHS Trust		
76%	James Paget University Hospitals NHS Foundation Trust		
76%	Whittington Health NHS Trust		
76%	Liverpool Women's NHS Foundation Trust		
76%	Birmingham and Solihull Mental Health NHS Foundation Trust		
76%	South West London And St George's Mental Health NHS Trust		
76%	Barking, Havering And Redbridge University Hospitals NHS Trust		
75%	Countess of Chester Hospital NHS Foundation Trust		
75%	North Bristol NHS Trust		
75%	Croydon Health Services NHS Trust		
75%	Mid Yorkshire Hospitals NHS Trust		
75%	King's College Hospital NHS Foundation Trust		
75%	University Hospitals Birmingham NHS Foundation Trust		
75%	Royal United Hospitals Bath NHS Foundation Trust		
75%	County Durham and Darlington NHS Foundation Trust		
75%	Maldstone and Tunbridge Wells NHS Trust		
75%	Aintree University Hospital NHS Foundation Trust		
75%	The Dudley Group NHS Foundation Trust		
75%	Royal Cornwall Hospitals NHS Trust		
75%	Norfolk and Norwich University Hospitals NHS Foundation Trust		
75%	Weston Area Health NHS Trust		
75%	Norfolk and Suffolk NHS Foundation Trust		
75%	Epsom and St Helier University Hospitals NHS Trust		
75%	London Ambulance Service NHS Trust		
75%	Penine Acute Hospitals NHS Trust		
75%	East Kent Hospitals University NHS Foundation Trust		
74%	North Middlesex University Hospital NHS Trust		
74%	St George's University Hospitals NHS Foundation Trust		



74%	South East Coast Ambulance Service NHS Foundation Trust	
74%	University Hospitals of North Midlands NHS Trust	
74%	Worcestershire Acute Hospitals NHS Trust	
74%	West Midlands Ambulance Service NHS Foundation Trust	
74%	Northern Lincolnshire and Goole NHS Foundation Trust	
74%	North West Ambulance Service NHS Trust	
73%	Wirral University Teaching Hospital NHS Foundation Trust	
73%	Isle of Wight NHS Trust (acute sector)	
73%	South Tees Hospitals NHS Foundation Trust	
73%	East and North Hertfordshire NHS Trust	
73%	Southport and Ormskirk Hospital NHS Trust	
72%	United Lincolnshire Hospitals NHS Trust	
72%	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	
72%	Medway NHS Foundation Trust	
72%	South Western Ambulance Service NHS Foundation Trust	
71%	North Cumbria University Hospitals NHS Trust	
71%	Yorkshire Ambulance Service NHS Trust	
70%	The Shrewsbury and Telford Hospital NHS Trust	
70%	East of England Ambulance Service NHS Trust	
68%	East Midlands Ambulance Service NHS Trust	



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## National Guardian Freedom to Speak Up

5.2

# A summary of speaking up learning and actions in response

June 2020

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## Summary:

1. The National Guardian's Office (NGO) has undertaken a review of the handling of two speaking up cases referred to it by two workers from Whittington Health NHS Trust ('the trust').
2. The cases related to issues raised over a period from 2015 to the time of the review.
3. The office undertook a review because the workers' referral information indicated the trust's response to their speaking up had not been in accordance with its policies and procedures, or good practice. The office decided a review could provide potentially important learning for both the organisation and other NHS trusts.
4. As part of its review, the office also looked at various aspects of the trust's speaking up function to identify any learning and potential improvement, as well as any good practice or innovation. By 'function' we mean the trust's speaking up arrangements, including its relevant policies, procedures and its support for those with specific, trust-wide responsibilities for supporting workers to speak up.
5. The NGO visited the trust in November 2019 to gather information for its review. We returned in January 2020 to discuss our findings with trust leaders and agree on what actions they would take in response.
6. The trust supported the review process by assisting in its planning, providing all requested information and by participating in the engagement process to discuss the review's findings.
7. As part of the review, NGO staff interviewed the workers who had referred their speaking up cases to the office and those in the trust who had knowledge of how the organisation had responded to those cases. In addition, we met with senior leaders responsible for the trust's speaking up function.
8. The review looked at a range of relevant documentation, including the trust's speaking up policies and procedures and an independent cultural review report it had commissioned, published in 2018.<sup>1</sup>
9. At the time of the review, the trust employed a full-time Freedom to Speak Up (FTSU) Guardian, supported by 18 speaking up 'advocates'. In accordance with national guidance for NHS trust boards, the speaking up function of the organisation was also supported by an executive and non-executive lead.<sup>2</sup>
10. The review identified areas of improvement regarding how the trust responded to speaking up cases raised by its workers. These included workers not being thanked for speaking up, delays in responding to matters raised and the need to provide better support and information about processes and procedure to those speaking up and handling their cases.

<sup>1</sup> <https://www.whittington.nhs.uk/document.ashx?id=10729>

<sup>2</sup> <https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards/>

11. The review identified areas of good speaking up practice. Firstly, the trust provided resource for the FTSU Guardian role to be undertaken full-time. Secondly, the FTSU Guardian received regular supervision to support them with their management of complex cases and with their wellbeing. At the time of our review, the FTSU Guardian was also having regular meetings with human resources business partners in the organisation to promote understanding and trust between them regarding their respective roles in supporting speaking up.
12. The trust had decided in 2018 to appoint a full time Freedom to Speak Up Guardian to help ensure its workers received sufficient support to speak up. In doing so, the trust determined the post should be appointed at Band 7, to provide appropriate authority for the post-holder to raise matters with the organisation's leadership, while not being too senior to be regarded as 'remote' to the trust's workforce. In acknowledging the trust's reason for their banding decision, we would observe that the authority of the guardian role in supporting the speaking up culture of an organisation derives from its pivotal role in that culture, rather than any banding given to it.
13. A summary of the review's findings is set out in the table below, incorporating the trust's actions in response to those findings.
14. In accordance with the national board guidance, all NHS trust boards are expected to implement the findings of the office's reviews, where appropriate.

### Whittington Health NHS Trust

15. At the time of the review, the trust provided general hospital and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield and Camden. The trust employed over 4,000 staff across 30 sites.<sup>3</sup>
16. The trust was established in April 2011 following the merger of Whittington Hospital NHS Trust with NHS Islington and NHS Haringey community health services.

### The National Guardian's Office case review engagement process

17. The National Guardian's Office undertook this review using a process of engagement. More information on how the office uses this review method is available on its website.<sup>4</sup>
18. The principal objective of the review engagement process is to work in partnership with the trust concerned and the individual workers who refer their cases to identify learning and areas of improvement and the necessary actions to deliver that improvement.

<sup>3</sup> <https://www.whittington.nhs.uk/default.asp?c=3920>

<sup>4</sup> <https://www.nationalguardian.org.uk/case-reviews/>

19. As part of its review process, the office shared its findings with the two national bodies responsible for regulating the work of the trust, namely the Care Quality Commission and NHS Improvement.

### Acknowledgements and thanks

20. We would like to thank the following individuals and organisations for their help and assistance in the completion of the report:

- Trust workers who have shared their experiences of speaking up
- The trust's Freedom to Speak Up Guardian
- Trust leaders.

### What will happen next

21. The National Guardian's Office will continue to provide ongoing support to the trust through its training and guidance for those delivering Freedom to Speak Up in the organisation.

## Review findings and the trust's actions in response

Review findings and comments	Actions in response to findings
<p><b>1. Support for the Freedom to Speak Up Guardian – Good practice</b></p> <p>The National Guardian Office's (NGO) review identified areas of good speaking up practice regarding the Freedom to Speak Up (FTSU) Guardian role:</p> <ul style="list-style-type: none"> <li>• The trust provided resource for the role to be undertaken full-time, whereas previously it had been allocated 1.5 days per week</li> <li>• The FTSU Guardian received regular supervision to support them with their wellbeing</li> <li>• At the time of the review, the FTSU Guardian had initiated regular meetings with human resources business partners in the trust to promote understanding and trust between them regarding their respective roles in supporting speaking up.</li> </ul> <p>The NGO noted the steps taken to promote freedom to speak up in the trust by making the resources available for a full-time post. The need to provide adequate resources for the FTSU Guardian role has been commented on by the NGO in previous case reviews, in annual Freedom to Speak Up Guardian surveys and the NGO Annual Reports.</p> <p>In particular, the NGO noted the level of practical and wellbeing support provided to the FTSU Guardian. This recognised the pressures FTSU Guardians may face in undertaking their role.</p>	<p>The trust continues to improve the support it offers to the FTSU Guardian and has put the following additional steps in place:</p> <ul style="list-style-type: none"> <li>• There are established meetings between the FTSU Guardian and human resources business partners</li> <li>• Liaison with other NHS trusts in London to support the growth of a network of FTSU Guardians. The trust will host future meetings at Whittington Health</li> <li>• A North Central London Partners (ICS) network for FTSU Guardians is being established in 2020/21.</li> </ul>

## 2. Trust 'whistleblowing' policy

The trust policy relating to speaking up (called the 'Whistleblowing Policy and Procedure') was not in accordance with the national standard integrated policy.<sup>5</sup> The standard integrated policy aims to improve the experience of speaking up in the NHS. All NHS organisations in England are expected to adopt the policy as a minimum standard.

Some of the matters noted by the NGO were:

- An over emphasis on the Public Interest Disclosure Act 1998
- Mis-statement of the Public Interest Disclosure Act 1998
- A definition of what constitutes a grievance which was inappropriate, as it would always channel cases that referred to an individual's own experience down the grievance route
- Lack of clarity about who can speak up
- Lack of clarity about what workers can speak up about
- Lack of information about how the trust would support and protect an individual's confidentiality
- Lack of mention of what support the trust would offer workers who speak up – only contact details that the worker can initiate.

Finding trust policies do not align with the national standard integrated policy has been a theme in every case review to date.

The trust had previously commissioned an audit of its complaints and 'whistleblowing' procedures covering 2018 – 19, which concluded in early 2019. Some matters relating to speaking up were not addressed. The current trust policy had been revised in early 2018 and was due for review in March 2021.

The trust welcomed the feedback on its policy and noted similar feedback was not uncommon across other trusts where the NGO has undertaken a case review.

The trust acknowledges the trust policy needs to be reviewed to ensure it is aligned to the national standard integrated policy and will do this when the latest guidance is made available. The national standard integrated policy is over three years old. The revision to the national standard integrated policy is due to be published in 2020 and, in line with that, the trust will be reviewing the trust policy. The trust policy was not reviewed prior to this as a decision was made to await the revised national standard integrated policy.

Once this is available, the policy will be reviewed by the FTSU Guardian and overseen by the Chief Nurse and Director of Workforce. It will be approved by the Trust Management Group after negotiation with the trust's union representatives. The policy will be published on the trust intranet and signposting for staff will be made clear to ensure staff have clear guidance on what to do around Speak Up.

Since the case review, the trust has reviewed the information available to staff and has added links on the trust intranet Freedom to Speak Up/raise concerns page, signposting staff to the Health Education England (HEE) e-learning platform. This includes a link to the NGO's website and information about the Freedom to Speak Up role and responsibility. This is in addition to internal information already available on the intranet.

<sup>5</sup> [https://improvement.nhs.uk/documents/27/whistleblowing\\_policy\\_final.pdf](https://improvement.nhs.uk/documents/27/whistleblowing_policy_final.pdf)

<p>The current standard integrated policy is from April 2016 and revision of this policy is expected to be available in 2020.<sup>6</sup></p>	
<p><b>3. Understanding of the FTSU Guardian role</b></p> <p>The FTSU Guardian provided information on trust activity. The trust provided banners, leaflets, posters and screensavers with information about how to contact the FTSU Guardian. In addition, the trust intranet had details of how to 'raise concerns', a form to do so online and contact details for the FTSU Guardian. The FTSU Guardian had a work twitter account which they used to promote their activities and to provide an avenue to engage with more workers. The intranet contained e-learning from Health Education England on Freedom to Speak Up.</p> <p>However, there were examples of a lack of understanding of the purpose and remit of the FTSU Guardian role from a range of workers at different levels of seniority in different departments of the trust, including believing the FTSU Guardian either to be responsible for only 'signposting' workers or supporting them strictly in relation to 'patient safety' matters.</p> <p>It should be noted that in our discussions with the FTSU Guardian, they demonstrated a clear and accurate understanding of their role and remit.</p> <p>A lack of understanding of the FTSU Guardian's role in the wider trust has been identified in previous case reviews. The NGO would welcome the development of a communications strategy to improve understanding of the FTSU Guardian role. This is a recommendation made previously in the</p>	<p>The trust acknowledges the work the FTSU Guardian has undertaken to raise awareness of Speak Up and feels there is a good foundation to develop this further. The FTSU Guardian will continue to work closely with the Communications Director to review its trust media activity and promotion and will consider the findings of this review.</p> <p>The trust will use the NHS staff survey data and local pulse surveys to get staff feedback on the effectiveness of communication of the FTSU Guardian role.</p> <p>Over the coming year, there will be a focus for the FTSU Guardian to continue to develop the relationship with governance teams (including the legal team) which will provide guidance to support their understanding of the role of the FTSU Guardian.</p> <p>The trust will review the Trust Managers Toolkit to ensure it encompasses enough information on the FTSU Guardian role, including the responsibility of managers to provide feedback to the FTSU Guardian on any concerns raised with them.</p> <p>The FTSU Guardian will attend the Staff Side Partnership Group on a regular basis.</p> <p>The trust will consider further work in relation to the Workforce Directorate and raising the profile of the FTSU Guardian within the department. The FTSU Guardian has commenced training to this group and will continue to do so. There are now regular meetings between the FTSU Guardian and human resources business partners.</p>

<sup>6</sup> [https://improvement.nhs.uk/documents/27/whistleblowing\\_policy\\_final.pdf](https://improvement.nhs.uk/documents/27/whistleblowing_policy_final.pdf)

<p>case review of Nottinghamshire Healthcare NHS Foundation Trust in 2018.<sup>7</sup></p> <p>There is guidance from the NGO and NHS Improvement (NHSI) in relation to the FTSU function at all levels of a trust.<sup>8</sup> The NHSI board guidance sets out the role of the board and supplemental guidance sets out specific responsibilities of directors.<sup>9</sup></p>	<p>The trust has undertaken experiential, challenging bullying and harassment workshops for 600 managers and leaders, which include information on the role of the FTSU Guardian, especially on how this can support staff.</p>
<p><b>4. Support for an individual with a specific Speaking Up responsibility</b></p> <p>A board member with responsibility for speaking up did not feel trained or supported in the role. Therefore, based on advice received, a worker was told support could not be offered to them unless the matter they were speaking up about related to 'patient safety'.</p> <p>The NGO has published guidance on the content of training and is working with Health Education England to develop training for leaders.</p> <p>The NGO notes the FTSU board report should be drafted and presented by the FTSU Guardian. NHSI sets out board responsibilities in relation to the FTSU Guardian report.<sup>10</sup></p>	<p>The trust is committed to working with board members to design a bespoke learning package to support them. This support will reflect the NGO guidance for workers and senior leaders in the NGO training guidance and NHS England/Improvement guidance on responsibilities for directors.</p> <p>The trust will ensure there is appropriate support to undertake the role.</p> <p>The trust will consider the contribution the board member has in relation to the six-monthly trust board report on FTSU.</p>
<p><b>5. Gap analysis of NGO case reviews</b></p> <p>The trust, as required by NHSI board guidance, had not done a gap analysis against case reviews produced by the National Guardian at the time of the case review.</p>	<p>As part of the trust's commitment to Freedom to Speak Up, there is a six-monthly board report. There is also an annual report on the trust's self-assessment against the NHS England/Improvement board guidance for Freedom to Speak Up. The executive lead completed the self-assessment with input from the FTSU Guardian.</p>

<sup>7</sup> <https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/201801107-nottinghamshire-healthcare-nhs-foundation-trust-a-review-of-the-handling-of-speaking-up-cases.pdf>

<sup>8</sup> [https://improvement.nhs.uk/documents/2468/FTSU\\_guidance.pdf](https://improvement.nhs.uk/documents/2468/FTSU_guidance.pdf)

<sup>9</sup> [https://improvement.nhs.uk/documents/5597/FTSU\\_Supplementary\\_information.pdf](https://improvement.nhs.uk/documents/5597/FTSU_Supplementary_information.pdf)

<sup>10</sup> <https://resolution.nhs.uk/ppa-training/>

<p>This was a recommendation from the Brighton and Sussex University Hospital NHS case review in 2019.<sup>11</sup></p>	<p>The trust had recognised one of the gaps identified in the self-assessment was around learning from the NGO's published case reviews. The six monthly speak up report (period September 2019 – February 2020) went to the Trust Management Group on the 24 March 2020. This included learning from the NGO's case reviews. As the trust were in COVID-19 major incident at that time, the paper was stood down due to COVID-19 pressure on the trust board meeting agenda. The next report will go to the trust board.</p>
<p><b>6. Speaking up audit</b></p> <p>The trust had an audit carried out which combined the trust's complaints and 'whistleblowing' procedures, for 2018 – 19. Some matters relating to speaking up were not addressed. The internal audit could have been strengthened if there had been a separate audit for Speaking Up only.</p> <p>An audit should address all aspects of the FTSU Guardian role as set out in NGO and NHSI board guidance.</p> <p>The trust was planning a speaking up only audit as part of its compliance with board guidance.</p>	<p>The trust will make a recommendation at its Audit and Risk Committee that the next internal audits for Freedom to Speak Up should be separated from its audit of complaints management. The scope for the audit will be agreed by the Internal Auditor and the Executive Lead.</p>
<p><b>7. Thanking workers for speaking up</b></p> <p>Neither worker who shared their experiences of speaking up in the trust said they were thanked at the time for raising their concerns by any individual responsible for responding to the matters they raised. One of the workers stated they were 'dismissed, intimidated and misinformed'.</p>	<p>The trust has provided details of how the thanking of staff for speaking up has been embedded in the work of the FTSU Guardian and the trust's Speak Up Advocates. This is included in the training package for new advocates and staff who raise concerns by email should receive a response that very clearly offers thanks to them for speaking up.</p>

<sup>11</sup> <https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20190619-brighton-and-sussex-university-hospitals-nhs-trust-a-case-review-of-speaking-up-processes-policies-and-culture.pdf>

<p>It should be noted the period these concerns cover was prior to the current FTSU Guardian taking up their post.</p> <p>Workers who speak up should be meaningfully thanked, regardless of the issues raised. This is a recommendation made previously in the case review of Derbyshire Community Health Service NHS Foundation Trust in 2018<sup>12</sup>, and a finding from the North West Ambulance Service NHS Trust case review in 2019.<sup>13</sup> This is also expected of FTSU Guardians in the training provided by the NGO.</p>	<p>The FTSU Guardian will review their staff feedback survey to include the question 'Were you thanked for raising a concern?' This survey is sent to everyone who contacts the FTSU Guardian to speak up.</p> <p>The FTSU Guardian includes the need to thank people for speaking up in training and when visiting different services/managers within the trust. This will be an ongoing programme of work.</p>
<p><b>8. Lack of response to speaking up in accordance with trust policy</b></p> <p>Following a worker speaking up about bullying and harassment, there was considerable delay in responding to them. Having originally spoken up, they were offered mediation, in accordance with trust policy, but they declined, and no further action was taken in respect of the matter.</p> <p>When the same worker then raised similar allegations about a different colleague, the trust responded by senior managers visiting the clinical team concerned to tell the team to support the colleague about whom concerns were raised. This was not in line with trust policy.</p> <p>There was a further example where the worker in question believed the matter they raised was not investigated. This is disputed by the trust.</p>	<p>Both cases reviewed were reported some years ago. The trust has provided details of steps taken to ensure this situation would not arise now at Whittington Health:</p> <ul style="list-style-type: none"> <li>• Implementation of an electronic employee relations case monitoring system which ensures investigations are timely</li> <li>• Accountability, framework and governance arrangements reporting to trust board</li> <li>• Supervision of the FTSU Guardian</li> <li>• Extensive support and training of managers and leaders in managing staff concerns</li> <li>• The FTSU Guardian is providing training aligned with the NGO, NHS England and Improvement.</li> <li>• The grievance policy has been revised and key performance indicators on management of cases is reported to trust workforce committee. This will be written in the revisions to the policy in 2020.</li> </ul>

<sup>12</sup> [https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20180620\\_ngo\\_derbyshirecommunityhealthservices\\_nhsft-case\\_review\\_speaking\\_up\\_processes\\_policies\\_culture.pdf](https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20180620_ngo_derbyshirecommunityhealthservices_nhsft-case_review_speaking_up_processes_policies_culture.pdf)

<sup>13</sup> <https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20190909-north-west-ambulance-service-nhs-trust-a-summary-of-speaking-up-learning-and-actions-in-response.pdf>

<p><b>9. Support for those who handle speaking up and those who raise matters</b></p> <p>One worker who spoke up and their line manager stated they were unsure of what processes and procedures should be followed in response; they found them confusing.</p> <p>They stated they did not feel sufficiently supported in understanding the processes to be followed in response to Speaking Up.</p> <p>Another worker knew what was meant to happen according to trust's policies, but the policies were not followed.</p> <p>The NGO expects all organisations to follow the national guidance on training and provide training on speaking up for all those who deal with speaking up cases.<sup>14</sup></p>	<p>The trust has implemented an electronic case management system to monitor employee relations activity. This enables the human resources service to work with managers to monitor and explain procedures and timescales to respond.</p> <p>There is dedicated human resources business partner support for each business unit in the trust and they work closely with the directors and managers of the services. The FTSU Guardian is currently in the process of providing training to human resources business partners. There is a designated human resources business partner contact who will also support training and provide advice to human resources business partners on an ongoing basis.</p> <p>The trust has 30 'speaking up' advocates to support understanding of processes to be followed in response to Speaking Up.</p>
<p><b>10. Feedback in speaking up cases</b></p> <p>A worker who spoke up about bullying did not receive feedback regarding the trust's response. The same worker, who spoke up about alleged fraud by a colleague, did not receive feedback about whether the matter was investigated.</p> <p>In another matter relating to patient safety, feedback was not provided in a timely manner.</p> <p>A different worker who spoke up about bullying and who then declined the mediation that was offered in response received no further feedback about how the trust intended to handle the matter.</p> <p>It is noted the current trust 'whistleblowing' policy states, 'the trust may not be able to freely provide full feedback' and feedback may be given 'subject to the trust's legal obligations of confidentiality.'</p>	<p>The trust has provided details of the steps taken to ensure this situation would not arise now at Whittington Health. There are now regular meetings between human resources and the FTSU Guardian, and a link person between human resources and the FTSU function was also appointed to facilitate communication and feedback.</p> <p>The training for the FTSU Guardian and the Speak Up Advocates also includes how to provide feedback.</p> <p>The trust is keen to enhance the work around Freedom to Speak Up and is planning to promote this through trust communications.</p> <p>The trust FTSU Guardian reports a positive relationship with the NGO and feels able to freely contact the NGO for support and guidance.</p>

<sup>14</sup> <https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/20190812-national-guidelines-on-freedom-to-speak-up-training-in-the-health-sector-in-england.pdf>

<p>Workers should receive meaningful feedback to provide assurance the organisation has listened to them and taken action. The trust should ensure the training around Freedom to Speak Up includes clear guidance on the type of feedback that can be provided, and the risk associated with not providing appropriate feedback.</p> <p>The ability to provide feedback to a worker who speaks up to them is essential for a FTSU Guardian.</p> <p>Refusal to provide feedback can result in continuing concerns around risks to patient safety.</p> <p>The failure to provide feedback is a recurring theme in case reviews to date and has been the subject of previous recommendations.</p>	
<p><b>11. Delays in handling grievances</b></p> <p>Details from grievance cases raised by two workers triggered by the trust response to their speaking up matters showed the trust's response significantly exceeded the timeframes provided in the grievance policy. The trust acknowledged the delays in these cases, which occurred some time ago.</p> <p>The trust did not respond to the first grievance raised for over two months; in the second case, it took the trust over 10 months to conclude.</p> <p>In another case raised there was delay, and on this occasion where the worker who spoke up was kept informed of the delay and the reasons for this, they found this helpful and supportive.</p> <p>The trust grievance policy states 'informal' resolution will take "no more than 10 calendar days from the date of the request"; 'formal' resolution will take 21 calendar days.</p> <p>The trust should take appropriate steps to ensure grievance cases are addressed within</p>	<p>The trust has provided details of the steps taken to improve the trust's management of grievances. A new policy is in place. At the next review of the policy, information in the policy will be further strengthened with reference to the role of the FTSU Guardian.</p> <p>The trust undertook an in-depth review of the culture of the organisation, specifically looking at bullying and harassment. This report was published in June 2018. All recommendations have been considered and taken forward (reported to the Trust Board) in July 2018 and records of the meeting which are in the public domain can be found on the trust website.</p>

the time frames set out in its policies and procedures.	
<p><b>12. Conflict of interest in grievance proceedings</b></p> <p>A potential conflict of interest arose during a grievance process following a worker speaking up.</p> <p>A manager was called as a witness in support of the worker about whom the grievance had been raised and was also responsible for implementing any findings that came out of the grievance hearing.</p> <p>The worker raised the matter but was told the manager was not conflicted. The manager expressed to our review they could understand the views of the worker at the time, adding 'It didn't feel quite right to do it' but was advised by human resources it was appropriate.</p> <p>The rules of natural justice apply to grievance proceedings, as set out in national ACAS guidance and codes of practice.<sup>1516</sup> These circumstances constitute a potential breach of those principles.</p> <p>Issues relating to conflicts of interest were raised in the case reviews of Royal Cornwall NHS Trust in 2018<sup>17</sup> and North West Ambulance Service NHS Trust in 2019.<sup>18</sup></p>	<p>The trust has implemented processes and procedures to ensure conflict of interest is considered. References to these procedures are included within relevant trust policies.</p> <ul style="list-style-type: none"> <li>• Use of external investigators for formal reviews and investigations</li> <li>• Review of the human resources employee relations department</li> <li>• Electronic case management system to monitor activity</li> <li>• Fair treatment panel for all disciplinary investigations.</li> </ul>
<p><b>13. Failure to disclose the details of a grievance</b></p> <p>A group of workers against whom a grievance was raised were initially told they were not entitled to know what the grievances were about. One of the workers said they were told to attend mediation and disciplinary action</p>	<p>The trust has provided details of its new grievance policy which has been shared across the organisation as well as being jointly approved by the trust and staff side. The human resources business partners are aligned to each of the business units in the trust and they play an important role in supporting managers through the process.</p>

<sup>15</sup> [https://archive.acas.org.uk/media/1043/Discipline-and-grievances-at-work-The-Acas-guide/pdf/DG\\_Guide\\_Feb\\_2019.pdf](https://archive.acas.org.uk/media/1043/Discipline-and-grievances-at-work-The-Acas-guide/pdf/DG_Guide_Feb_2019.pdf)

<sup>16</sup> <https://www.acas.org.uk/acas-code-of-practice-for-disciplinary-and-grievance-procedures/html>

<sup>17</sup> <https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20181219-royal-cornwall-nhs-trust-a-review-of-the-handling-of-speaking-up-cases-.pdf>

<sup>18</sup> <https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20190909-north-west-ambulance-service-nhs-trust-a-summary-of-speaking-up-learning-and-actions-in-response.pdf>

<p>would be taken if they did not. This was contrary to the trust grievance policy.</p> <p>The trust should take steps to ensure this aspect of its grievance policy is always followed.</p>	<p>The trust has trained 80 mediators to support managers and staff.</p> <p>The trust has 30 Speak Up Advocates.</p>
<p><b>14. Exit interviews</b></p> <p>One of the workers who spoke up about a range of matters and who raised a grievance about how the trust had responded to the matters they had raised was not offered an exit interview before they left the trust.</p> <p>This did not give them an opportunity to speak up and provide feedback about the trust's working culture, or the emotional distress they experienced.</p>	<p>The trust is planning a review of exit interviews and questionnaires in 2020/21 which will include a question regarding FTSU/raising concerns. The FTSU Guardian will be informed when the feedback references the role.</p> <p>The trust is launching a new staff engagement application which will include information and a facility for staff to engage with an exit interview, information sharing and staff experience.</p>

## Annex A:

### The scope of the role of Freedom to Speak Up Guardians

The purpose of the Freedom to Speak Up Guardian role is set out in a job description, issued by the National Guardian's Office in March 2018,<sup>19</sup> which states:

#### Freedom to Speak Up Guardians help:

- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement

#### By ensuring that:

- Workers are supported to speak up
- Barriers to speaking up are addressed
- A positive speaking up culture is fostered
- Issues raised are used as opportunities for learning and improvement

As implied by this summary, the range of issues a Freedom to Speak Up Guardian can support a worker to raise is not restricted to any type and instead covers a range of matters, including, but not limited to:

- concerns about unsafe clinical practice
- staffing and resource levels
- cultural concerns
- bullying and harassment
- training and improvement ideas
- personal employment issues
- dignity at work issues

The NGO has observed in its case reviews that a barrier to speaking up has been created where workers are told by their employer the matters they wish to speak up about are not within the scope of the FTSU Guardian to support.<sup>20</sup>

Many of the matters a FTSU Guardian can support a worker to raise will carry their own set of policies and procedures. In such circumstances, the FTSU Guardian can help a worker explore the best way to speak up under those processes, including helping them to understand their rights and obligations under that policy.

As stated in the job description, FTSU Guardians also promote learning and improvement within their organisation, helping to ensure lessons learned from the issues raised by workers are actioned appropriately to deliver lasting improvement.

<sup>19</sup> [https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/20180213\\_ngo\\_freedom\\_to\\_speak\\_up\\_guardian\\_jd\\_march2018\\_v5.pdf](https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/20180213_ngo_freedom_to_speak_up_guardian_jd_march2018_v5.pdf)

<sup>20</sup> <https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/201801107-nottinghamshire-healthcare-nhs-foundation-trust-a-review-of-the-handling-of-speaking-up-cases.pdf>

National Guardian's Office

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The job description makes clear Freedom to Speak Up Guardians should act '*independently, impartially and objectively.*' They should therefore neither act, nor be seen to act, as either the representative of an individual worker, or for an organisation, but instead be an independent arbiter for their organisation's speaking up processes, helping to lead cultural change and improvement.

5.2



Meeting Title:	Trust Board		
Date:	25 June 2020	Agenda No	6.1
Report Title:	Finance and Investment Committee report		
Lead Director/ Manager:	Ann Beasley, Chairman of the Finance and Investment Committee		
Report Author:	Ann Beasley, Chairman of the Finance and Investment Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 18 <sup>th</sup> June 2020.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		



## Finance and Investment Committee – June 2020

The Committee met on 18 June. In addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on Cash & Capital, Costing and Financial Policies.

Committee members discussed the BAF risks on finance and ICT in respect of the COVID-19 virus, although noting no change in overall risk scoring at present. The Committee commended the achievement of the Emergency Flow 4 hour target and noted performance in Diagnostics, Cancer and RTT which have been affected to varying degrees by the pandemic. The Committee discussed current financial performance, cash management and capital expenditure, as the Trust reports the second month of the new financial year. **The Committee wishes to bring the following items to the Board's attention:**

**1.1 Finance & ICT Risks** – the Acting Chief Financial Officer (ACFO) and the Chief Information Officer (CIO) gave updates on their respective BAF risks. They noted no change in risk scoring. Discussions on financial risk were based on the paper produced, which noted scope for some risks to reduce in score in the coming months owing to work being done in the finance department. ICT discussions focussed on the strain on the network from the increased use of working from home facilities.

**1.2 Estates Report** – the Director of Estates & Facilities (DE&F) introduced the paper on Estates, noting the work undertaken so far in his first weeks in the role. The Committee discussed a new building information model that would help support understanding the current estate and what could be done to improve it.

**1.3 Referral to Treatment (RTT) Update** – the performance against the RTT target was discussed, where performance in April of 71.5% was below the previous month's value of 79.3%, and the number of 52 week waits of 129 was more than the previous month's 32. The size of the waiting list (including QMH patients) was 43,643 patients. The COO noted performance in May, where 274 52-week waits had been observed and the performance percentage was 63.8%, as the continued reduction in elective activity was seen owing to COVID.

**1.4 Cancer Performance** – the COO noted that the Trust met 4 of the 7 cancer targets in April, including the two week target in Cancer performance. Performance was still challenged against the 62 day target, where COVID related constraints on theatre capacity remain.

**1.5 Diagnostics Performance** – the COO noted the continued pause in all non-urgent diagnostics owing to COVID-19. Diagnostics performance did however improve in May, with 47.8% of patients having a Diagnostic wait of over 6 weeks compared with a last month's 63.6%.

**1.6 Emergency Department (ED) Update** – the performance of the Emergency Care Operating Standard was recorded at 97.5% in May, following a reduction in A&E attendances to below 240 per calendar day owing to COVID-19. The Committee commended this excellent performance.

**1.7 Financial Performance** – the ACFO noted performance in month 2 of breakeven, following a £3.2m top-up accrual to offset the deficit position as per central guidance. He noted that £3.3m of COVID costs had been incurred, with a £3.4m shortfall in block income and £3.5m of underspends due to significantly reduced 'business as usual' activity owing to COVID. He also noted that the cash balance at the end of April was £60.3m against a plan of £3.0m owing to receipts of both the April, May and June block values, and that capital expenditure was over plan by £1.4m owing to £3.0m COVID costs as yet unconfirmed by NHSI/E. The committee discussed concern at the continued gap in the revenue and capital plans as yet unconfirmed by NHSI/E.



**1.8 Cash & Capital** – the ACFO introduced the Committee to the paper providing an update on cash and capital, which presented a median case and worst case on how capital could be afforded in 2020/21. The committee discussed the implications of the paper, including prioritisation for a reduced programme, and agreed on the spend at risk of £3.6m requested.

**1.9 Costing Update** – the Director of Financial Planning (DFP) introduced the paper asking that the Committee approve the costing assurance statement and the extension of the contract with the costing supplier IQVIA for 12 months. The Committee agreed.

**1.10 Policies Update** – the DFP introduced the paper on financial policies. Policies relating to Overseas Visitors and Private Patients have been reviewed and no changes are proposed at this time, however both policies will be kept under review and may need revision within the next 12 months. The Committee approved these policies.

## **2.0 Recommendation**

**2.1** The Board is recommended to receive the report from the Finance and Investment Committee for information and assurance.

**Ann Beasley**  
**Finance & Investment Committee Chair,**  
**June 2020**



Meeting Title:	TRUST BOARD		
Date:	25 June 2020	Agenda No.	6.1
Report Title:	M2 Finance Report 2020/21		
Lead Director/ Manager:	Tom Shearer, Acting Chief Financial Officer		
Report Author:	Michael Armour		
Presented for:	Update		
Executive Summary:	<p>The Trust has been requested to report a breakeven financial position at M2 by NHSE. This has been achieved through an income “top up” accrual to offset any deficit position, as per central guidance.</p> <p>The reported position at M2 includes £6.6m of COVID costs (£3.3m in-month) and £6.9m of Income Top Up (£3.2m in-month). The underlying position, therefore, is a £0.3m deficit to date (£0.1m surplus in-month).</p> <p>This is made up of £6.8m shortfall in block income vs Trust budgeted costs (£3.4m in-month), as set out in the Trusts interim plan for 20/21, offset by £6.5m of underspends (£3.5m in-month) due to significantly reduced BAU activity due to COVID.</p>		
Recommendation:	The Trust Board is asked to note the Trust’s financial performance in M2.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well-Led		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	Finance & Investment Committee	Date	18/06/2020
Appendices:	N/A		



# Financial Report Month 02 (May 2020)

Trust Board

**Chief Finance Officer**

25<sup>th</sup> June 2020



6.2

# Executive Summary

## Month 02 Financial Position

- The Trust has been requested to report a breakeven financial position at M02 by NHSE&I. This has been achieved through an income “top up” accrual to offset the deficit position, as per central guidance.
- The in month reported position at M02 includes £3.3m of COVID costs and £3.2m of Income Top Up. The underlying position, therefore, is a £0.1m surplus.
- This £0.1m surplus is made up of £3.4m shortfall in block income vs Trust budgeted costs, as set out in the Trusts interim plan for 20/21, offset by £3.5m of underspends due to significantly reduced BAU activity due to COVID.
- The Trust has spent £9.2m of capital at month 2, including £3.0m associated with COVID 19. The £3.0m COVID costs are current reported as an overspend. The remaining capital spend is £1.6m underspent, against the plan.
- The Trusts cash balance at M1 was £60.3m. This is significantly higher than the £3m usually held by the Trust due to two months block payment being received in M1. The Trust is actively trying to ensure suppliers are paid in good time at the current time.

6.2

# Month 02 Financial Performance

			Full Year Budget (£m)	M2 Budget (£m)	M2 Actual (£m)	M2 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding COVID and Income Top Up	Income	SLA Income	785.4	65.4	61.9	(3.5)	130.9	123.9	(6.9)
		Other Income	164.0	13.7	11.4	(2.3)	27.4	24.5	(2.9)
	Income Total		949.4	79.1	73.3	(5.8)	158.3	148.4	(9.9)
	Expenditure	Pay	(581.1)	(48.5)	(46.3)	2.2	(96.9)	(93.0)	3.8
		Non Pay	(329.2)	(27.3)	(23.7)	3.7	(54.9)	(49.2)	5.7
	Expenditure Total		(910.3)	(75.8)	(69.9)	5.9	(151.8)	(142.2)	9.6
	Post Ebitda		(39.1)	(3.3)	(3.3)	0.0	(6.5)	(6.5)	0.0
	Grand Total		(0.0)	0.0	0.1	0.1	0.0	(0.3)	(0.3)
COVID and Income Top Up	COVID	Pay	0.0	0.0	(1.7)	(1.7)	0.0	(4.0)	(4.0)
		Non Pay	0.0	0.0	(1.6)	(1.6)	0.0	(2.6)	(2.6)
	Total COVID		0.0	0.0	(3.3)	(3.3)	0.0	(6.6)	(6.6)
	Income Top Up	SLA Income	0.0	0.0	3.2	3.2	0.0	6.9	6.9
Reported Position			(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)

## Month 02 Financial Position

- Guidance from NHSE&I states that the Trust should report a breakeven position in May, which is achieved by an income top up accrual to balance the position.
- The tables above show the reported financial position excluding COVID costs and Income Top Up, and also show these exceptional items separately.
- The YTD financial impact of COVID on the Trust from additional expenditure is £6.6m.
- The income top up value is £6.9m, which brings the position to breakeven.
- Excluding COVID costs, and excluding the income top-up accrual, the Trust's YTD position would be £0.3m adverse to plan. This is due to the expected income 'Top Up' of £6.9m being offset by £6.6m of underspends due to not undertaking BAU activity due to COVID.

Financial Report Month 02 (May 2020)  
St George's University Hospitals NHS Foundation Trust



# Balance Sheet as at May 2020

Statement of Financial Position	FY 19-20 Audited Mar-20 (£m)	M02 May-20 FY20-21 YTD Actual (£m)	Variance
<b>Fixed assets</b>	<b>426.9</b>	<b>432.9</b>	<b>6.0</b>
Stock	11.9	11.0	(0.9)
Debtors	93.7	92.6	(1.1)
Cash	3.5	60.3	56.8
Creditors	(94.0)	(164.7)	(70.7)
Capital creditors	(22.5)	(12.4)	10.1
Int payable creditor	(0.1)	(1.4)	(1.3)
Provisions< 1 year	(0.3)	(0.3)	0.0
Borrowings< 1 year	(322.5)	(321.9)	0.6
<b>Net current assets/-liabilities</b>	<b>(330.3)</b>	<b>(336.8)</b>	<b>(6.5)</b>
Provisions> 1 year	(2.5)	(2.5)	0.0
Borrowings> 1 year	(69.9)	(69.5)	0.4
<b>Long-term liabilities</b>	<b>(72.4)</b>	<b>(72.0)</b>	<b>0.4</b>
<b>Net assets</b>	<b>24.2</b>	<b>24.1</b>	<b>(0.1)</b>
<b>Taxpayer's equity</b>			
Public Dividend Capital	135.7	135.7	0.0
Retained Earnings	(226.5)	(226.6)	(0.1)
Revaluation Reserve	113.8	113.8	0.0
Other reserves	1.2	1.2	0.0
<b>Total taxpayer's equity</b>	<b>24.2</b>	<b>24.1</b>	<b>(0.1)</b>

## M02 YTD Balance Sheet

- Fixed assets increased by £6m since March-20. This includes the impact of depreciation and capital expenditure YTD.
- Stock is £0.9m lower compared to Mar-20.
- Debtors has reduced by £1.1m since March 2020. Target reduction of £13m by year end is being actively pursued.
- The cash position is £56.8m higher than March-20. This is due to the block contract payment received in April-20 in relation Covid-19. Cash resources are tightly managed at the month end to meet the £3.0m minimum cash target.
- Creditors increased of £70.7m from March-20, due to increase in accruals and deferred income as a result of payment receipt in advance.
- DH has an intention of converting £315m of both capital and revenue loan to PDC in the FY20-21.
- There are only two DH loans to be repaid by the Trust. The outstanding loans as of 31st May 2020 are capital £11.7m and revenue support loan £10m.

6.2



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St George's University Hospitals NHS Foundation Trust

## YTD Analysis of Cash Movement

Statement of Cash Flow	M02 YTD FY 20-21 Actual £m
<b>Opening Cash balance</b>	<b>3.4</b>
Income and expenditure deficit	(0.1)
Depreciation	4.6
Interest payable	2.1
PDC dividend	0.0
Other non-cash items	0.0
<b>Operating surplus/(deficit)</b>	<b>6.6</b>
Change in stock	0.9
Change in debtors	1.0
Change in creditors	70.7
Change in provisions	0.1
<b>Net change in working capital</b>	<b>72.7</b>
Capital spend (excl leases)	(10.5)
Capital Creditors	(10.1)
Capital donation	0.0
Interest paid	(2.2)
PDC dividend paid/refund	0.0
Interest Received	0.0
<b>Net change in investing activities</b>	<b>(22.8)</b>
PDC Capital Received	0.0
PDC Capital Paid	0.0
DH Loan Accrued Interest Reversal	0.0
Capital Loan repaid	(0.3)
Other Loans/ PFI /finance lease repayme	0.7
<b>Net change in financing activities</b>	<b>0.4</b>
<b>Cash balance as at 31.05.2020</b>	<b>60.3</b>

### M02 FY20-21 YTD cash movement

- The cumulative M02 20-21 I&E deficit is £0.1m. (\*NB this includes the impact of donated grants and depreciation which is excluded from the NHSI performance total).
- Within the I&E deficit of £0.1m, depreciation (£4.6m) does not impact cash. The charges for interest payable (£2.1m) are added back and the amounts actually paid for these expenses shown lower down for presentational purposes. This generates a YTD cash "operating surplus" of £6.6m.
- Working capital is increased by £72.7m. There is no change in stock level.
- DH capital loan of £0.3m repaid in May-20.

### May-20 cash position

- The Trust achieved a cash balance of £60.3m on 31st May 2020, £57.3m higher than the £3m minimum cash balance required by NHSI. This is due to the block contracts received in April-20 in relation to Covid-19.

6.2



## M02 Capital

- The table below shows capital spend year to date of £9.2m. This includes £3.0m of costs associated with COVID 19. This COVID capital spend currently stands as an overspend, although bids for funding have been submitted to NHSI/E.
- The capital plan is currently being worked through in detail as part of the South West London prioritisation work, before this is finalised, as SWL capital plans stand ,materially higher than the centrally allocated CDEL.

### TOTAL - CAPITAL EXPENDITURE POSITION

Spend category	Internal Budget £000	M01	M02	M02 YTD budget £000	M02 YTD exp £000	M02 YTD var £000
Infrastructure renewal	11,600	742	1,534	2,276	2,276	0
P22	10,000	47	72	119	119	0
Major projects	14,900	811	186	997	997	0
IT	6,500	2,389	1,934	3,305	4,323	-1,018
Medical equipment	1,500	2,061	-563	1,119	1,498	-379
Leases	5,000	0	0	0	0	0
SWLP	500	0	-	0	0	0
<b>Total</b>	<b>50,000</b>	<b>6,050</b>	<b>3,163</b>	<b>7,816</b>	<b>9,213</b>	<b>-1,397</b>

6.2

Meeting Title:	Trust Board		
Date:	25 June 2020	Agenda No.	7.1
Report Title:	Fit and Proper Persons (FPP) Annual Update Report		
Lead Director/Manager:	Elizabeth Nyawade, Acting Chief People Officer		
Report Author:	Elizabeth Nyawade, Acting Chief People Officer		
Presented for:	Assurance/Update		
Executive Summary:	<p>The Board has requested that the Chief People Officer provides an annual update on FPP compliance against Regulation 5.</p> <p>The purpose of this paper is to give the Board on-going assurance that the Trust remains fully compliant with Regulation 5. Fit and Proper Persons: Directors.</p>		
Recommendation:	The Board is asked to note the current assurance around the Fit and Proper Persons assessment and the one exception reported.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well-Led		
Single Oversight Framework Theme:	Leadership and Improvement Capability (Well-Led)		
Implications			
Risk:	Failure to meet the FPP requirements could result in further regulatory actions being taken against the Trust		
Legal/Regulatory:	The requirement to meeting the FPP test is outlined in Regulation 5: Fit and Proper Persons		
Resources:	No additional resources required		
Previously Considered by:	Trust Board and Trust Executive Committee	Date:15 June 2020	
Equality Impact Assessment:	Not undertaken. Policy applied to every Board member		
Appendices:	Appendix A - Exec and Non Exec FPPR compliance list		

## **St George's University Hospitals NHS Foundation Trust's Compliance with Regulation 5: Fit and Proper Persons**

### **1.0 PURPOSE**

- 1.1 The purpose of this paper is to give the Board on-going assurance that the Trust continues to be fully compliant with Regulation 5. Fit and Proper Persons: Directors.

### **2.0 BACKGROUND**

- 2.1 All Executive and Non-Executive Directors will be asked to sign the Fit and Proper Persons Test Declaration Form (Annex B) on an annual basis.
- 2.2 Failure to meet the FPPT requirements could result in regulatory actions being taken against the Trust.

### **3. COMPLIANCE**

- 3.1 Annex A shows executive and non-executive directors FPPT compliance list. Please note that only substantive executive directors have been listed in Annex A.
- 3.2 There is one exception to report. One executive director is currently not compliant given that the annual FPPT Declaration Form has not been signed. The annual FPPT Declaration Form will be signed on return to work from the current period of sickness absence.

### **4. Recommendation**

It is recommended that:

- 4.1 The Board notes that the Trust continues to be compliant with Regulation 5. Fit and Proper Persons: Directors.
- 4.2 All Executive and Non-Executive Directors will be asked to sign the Fit and Proper Persons Test Declaration Form (Annex B) on an annual basis.
- 4.3 The Board notes the one exception to compliance reported in section 3.2 of this paper.



## Annex A

Name	Fit and Proper Persons Test - Declaration Form	Employment History	References	Professional Registration	Expire/Revalidation Date	Essential Qualifications/ Copies	Occupational Health	Right to Work	Identity Check	DBS/Criminal Conviction Checks	Search of Insolvency and Bankruptcy Register	Search of Disqualified Directors	Social Media Search	Complete	FPPR Met
Jacqueline Totterdell	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Avey Bhatia	✓	✓	✓	✓	20/11/2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richard Jennings	✓	✓	✓	✓	07/06/2024	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Grimshaw	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Friend		✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓		✓
Suzanne Marsello	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stephen Jones	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gillian Norton	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pui-Ling Li	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ann Beasley	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jenny Higham	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parveen Kumar	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Elizabeth Bishop	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stephen Collier	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tim Wright	✓	✓	✓	N/A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

## Annex B

### Fit and Proper Persons Test

#### Declaration Form

##### Objective

The Fit and Proper Persons Regulation came into force in March 2015. The aim of the regulation is to ensure that all board level appointments of NHS Foundation Trusts have a process in place to ensure those individuals appointed are fit and proper to carry out their role. The test applies when a new director is appointed. This is known as Regulation 5. Regulation 5 is in addition to the existing general obligation for health service providers to ensure they employ individuals who are fit for the role and to demonstrate that 'nominated individuals' have necessary qualifications, skills and experience. This self-declaration form is to be completed by all new Directors.

##### Requirements

The requirements of the fit and proper persons test are set out below:

1. the individual is of good character,
2. the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,
3. the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,
4. the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and
5. none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

##### Declaration

I understand the requirements of the Fit and Proper Persons Test listed above and I can confirm that I am not aware of any issues that would raise any concerns regarding my appointment. If I become aware of any issues that may raise concerns or that the Trust will need to consider, I will immediately inform the Trust of the relevant details.

Are there any issues that you would like to disclose:

Yes: ☐

No: ☐

Signed: .....

Date: .....

Role: .....