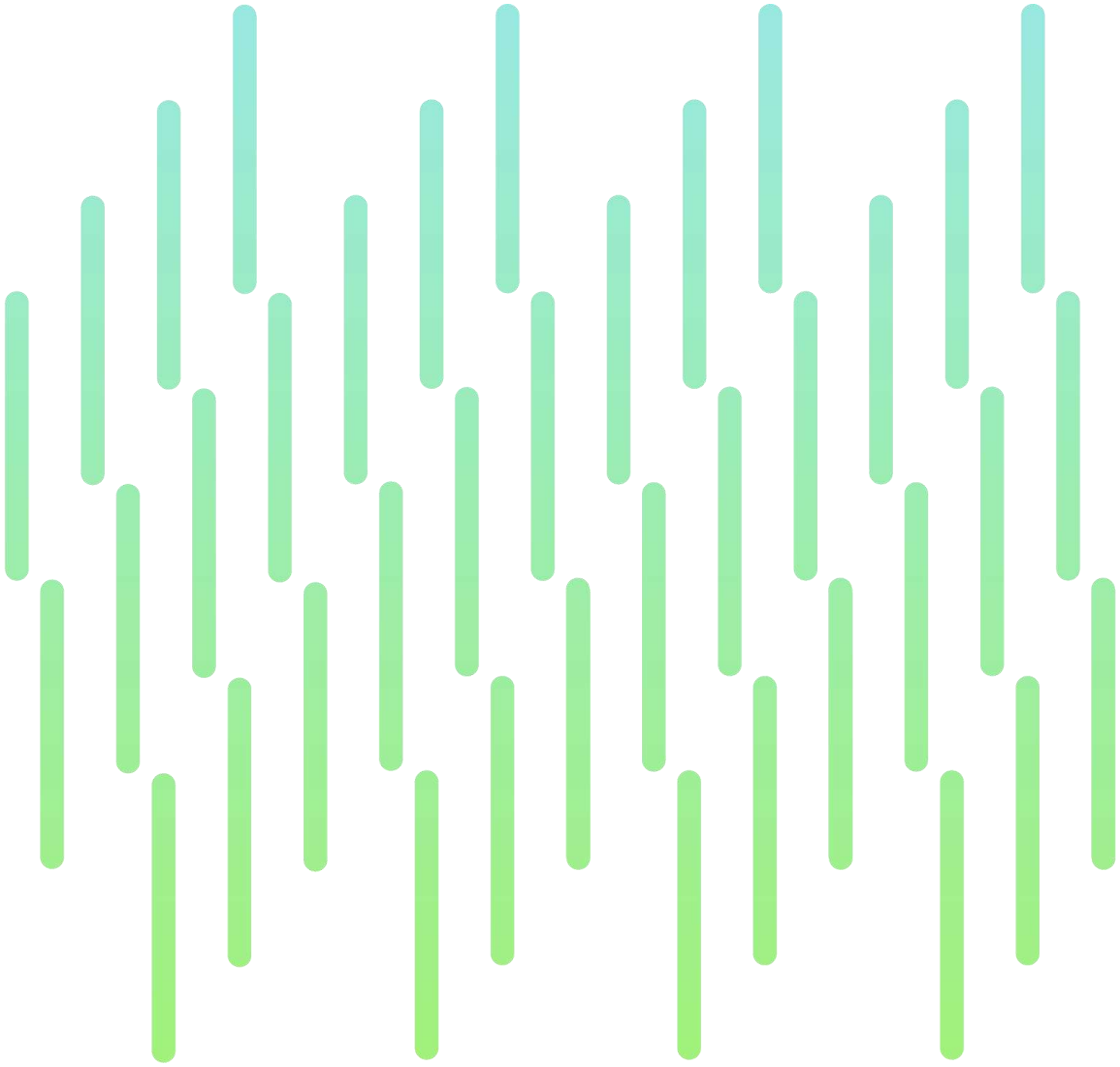
Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Trust Board Meeting
Thursday 29 July 2021

Agenda and papers



Outstanding care every time

St George's University Hospitals NHS Foundation Trust

Trust Board Meeting (Part 1) Agenda

Date and Time: **Thursday, 29 July 2021, 09:00-11:45**
Venue: **MS Teams**

Time	Item	Subject	Lead	Action	Format
1.0 OPENING ADMINISTRATION					
09:00	1.1	Welcome and apologies	Chairman	Note	Oral
	1.2	Declarations of interest	All	Assure	Oral
	1.3	Minutes of meeting – 27 May 2021	Chairman	Approve	Report
	1.4	Action log and matters arising	All	Review	Report
09:05	1.5	Chief Executive Officer's Report	CEO	Inform	Report
2.0 CARE					
09:15	2.1	Quality and Safety Committee Report	Committee Chair	Assure	Report
	2.1.1	*Complaints Annual Report**	CN	Assure	Report
	2.1.2	*Safeguarding Annual Reports (Adults and Children)**	CN	Assure	Report
09:30	2.2	Integrated Quality and Performance Report*	COO	Assure	Report
09:45	2.3	Covid-19 & Surge Planning*	COO/CMO/ CN	Assure	Report
3.0 CULTURE					
09:55	3.1	Workforce and Education Committee Report	Committee Chair	Assure	Report
10:05	3.2	Freedom to Speak Up Q1 (2020/21) Report*	FTSUG	Assure	Report
4.0 COLLABORATION					
10:15	4.1	Audit Committee Report	Committee Chair	Assure	Report
10:25	4.2	Finance and Investment Committee Report	Committee Chair	Assure	Report
10:35	4.3	Finance Report (Month 3)*	CFO	Update	Report
10:45	4.4	Estates Strategy and Green Plan*	CFO	Approve	Report
11:00	4.5	*Horizon Scanning Report:*		Assure	Report
	4.5.1	Emerging Policy, Regulatory, Statutory and Governance Issues	CCAO		
	4.5.2	Strategic Local and Regional Issues	CSO		
11:10	4.6	Board Assurance Framework Q1 (2021/22) Review	CCAO	Endorse	Report
5.0 CLOSING ADMINISTRATION					
11:20	5.1	Questions from Governors and the Public	Chairman	Note	Oral
	5.2	Any new risks or issues identified	All	Note	
	5.3	Any Other Business		Note	
11:30	5.4	Patient / Staff Story	CN	Note	Oral
11:45	CLOSE				

Thursday 30 September 2021, 09:00-12:00 via MS Teams

These reports were reviewed, discussed and endorsed by the relevant Board Committees and the Committee provided an assurance overview in the reports to the Board.

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St George's University Hospitals NHS Foundation Trust

Trust Board
Purpose, Meetings and Membership

Trust Board Purpose:	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.

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
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	Chief Finance Officer and Deputy Chief Executive Officer	CFO/DCEO
Robert Bleasdale	Acting Chief Nurse & Director of Infection, Prevention & Control	ACN
Richard Jennings	Chief Medical Officer	CMO
In Attendance		
Anne Brierley	Chief Operating Officer	COO
Paul da Gama	Chief People Officer	CPO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
Secretariat		
Tamara Croud	Head of Corporate Governance/Board Secretary	HOCG-BS
Apologies	None	
Quorum:	*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.*	

These reports were reviewed, discussed and endorsed by the relevant Board Committees and the Committee provided an assurance overview in the reports to the Board.

Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 27 May 2021
Held virtually via Microsoft Teams

Name	Title	Initials
PRESENT		
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
Robert Bleasdale	Acting Chief Nurse & Director of Infection Prevention & Control	ACN/DIPC
Andrew Grimshaw	Chief Finance Officer and Deputy Chief Executive Officer	CFO/DCEO
Dr Richard Jennings	Chief Medical Officer	CMO
IN ATTENDANCE		
Anne Brierley	Chief Operating Officer	COO
Paul Da Gama	Chief People Officer	CPO
James Friend	Chief Transformation Officer	CTO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
SECRETARIAT		
Tamara Croud	Head of Corporate Governance/Board Secretary	HCG

		Action
1.0	**OPENING ADMINISTRATION**	
1.1	**Welcome, Introductions and apologies** The Chairman welcomed everyone to the meeting and noted that there were no apologies.	
1.2	**Declarations of Interest** The Board noted that Ann Beasley had been appointed as a non-executive director on the Board of Epsom and St Helier University Hospitals NHS Trust (ESTH), and would commence her term of office on 1 June 2021. She would conduct this role in addition to her continuing role as non-executive director at St George's University Hospitals NHS Foundation Trust and Chair of South	

		Action
	West London and St George's Mental Health NHS Trust. The Board noted this new interest and, in line with the provisions of the Trust Constitution and NHS Foundation Trust, authorised a conflict of interest to exist. It was acknowledged that Ann Beasley would declare this in relevant matters discussed at Board and Committees.	
1.3	**Minutes of the previous meeting** The minutes of the meeting held on 26 March 2021 were approved as a true and accurate record.	
1.4	**Action Log and Matters Arising** The Board reviewed and noted the action log.	
1.5	**Chief Executive's Officer (CEO) Report** The Board received the report from the CEO and the following key points were raised and noted: • The Trust was back to its normal bed base in the intensive treatment unit following the surge in Covid-19 cases during the first quarter of the calendar year. Continuing focus was being given to infection prevention and control measures and learning what could be improved upon in the event of future surges. • The Trust continued to play a key role in the national Covid-19 vaccination programme, with over 56k vaccinations having been administered by the Trust to both the public and members of staff. Similarly work continued to increase staff uptake of Covid-19 vaccines and around 84% of the Trust's workforce had been vaccinated to date. • There were numerous areas of good performance in relation to Covid-19 surge management and it was reported that the Trust would participate in any analytical review of the patient profile, length of stay and acuity in the different surges conducted nationally and was undertaking its own learning from Covid-19 review. • There was national planning for a further increase in Covid-19 cases from July 2021 and peaking in September 2021. It was however hoped that by increasing the vaccination programme this would mitigate severity of the future surges. • The Trust was working to support staff who have been affected by the significant surge in Covid-19 cases in India. More broadly, work continued to support staff with health and wellbeing in the context of the intense operational pressures of the pandemic. The Trust was taking all steps feasible to ensure that staff took annual leave. This was important so that staff had the opportunity to recover ahead of any future surges. • The Trust was currently completing 90% of its elective activity and 95% of '*outpatients'* activity. • The Trust had made substantive appointments to the Divisional Director of	

		Action
	Operations (DDO) roles for the two divisions and Anna Clough had taken on the role of Deputy Chief Operating Officer in addition to her role as DDO for the Surgery, Neuroscience, Cancer and Theatres division. • The Trust Chairman had completed a number of visits and welcomed the direct feedback from staff who were on the whole very positive. The Board noted the report.	
2.0	**CARE**	
2.1	**Quality and Safety Committee Report** Professor Dame Parveen Kumar, Chair of the Committee, presented the report of the meetings held in April and May 2021, which set out the key matters raised and discussed. Some of the reports discussed by the Committee also featured later on the Board agenda. The key matters of note from the Committee related to: • mandatory and statutory training (MAST) performance, which remained a material issue in relation to the completion of the three levels of resuscitation training. The Committee was reassured that performance would start to improve in the coming 2-3 months and would keep progress under scrutiny; • the good progress made on completing the actions to respond to the recommendations from the Care Quality Commission with 40 of the 46 actions closed. The remaining six actions would be incorporated into business as usual processes with exception reports presented to the Committee; • evidence that the steps to improve serious incidents had improved to such a degree that two serious incidents which occurred over 6 and 16 years ago had been identified, investigated and learning escalated. The CMO reaffirmed that the Trust's serious incidents systems and processes were much improved and stronger which enabled the Trust to effectively manage the two historic incidents when they came to light. **The Board noted the report and endorsed the Committee's annual review and approved the proposed changes to the Terms of Reference.**	
2.1.1	**Learning from Deaths Quarter 4 Report** The Board received and considered the quarter four 2020/21 Learning from Deaths report and considered that the Trust was managing mortality effectively. Pui-Ling Li, Board lead for learning from deaths, reported that good progress was being made to develop the learning from deaths infrastructure and the teams were working well together. All key appointments had now been made. There had been a significant spike in Covid-19 deaths during the first and second waves of the pandemic 2020/21. When Covid-19 deaths were excluded, the number of deaths in 2020/21 was lower than would otherwise have been expected in the absence of the pandemic. This was to be expected with lockdown measures in place which limited some of the factors that contributed to deaths, for example, in the reduced number of road traffic accidents.	

		Action
	The Board noted the report.	
2.1.2	**Clinical Governance Review: Phase 3** The Board received and considered the report from the phase three clinical governance review. The report had also been reviewed at the Quality and Safety Committee. The Board noted the report and that the recommendations would enable the Trust to enhance the provisions put in place following the first and second clinical governance reviews and that the recommendations would be integrated into a single clinical governance improvement programme. Delivery of the plan would have a material effect on the level of risk the Trust faced in relation to the robustness of its clinical governance and was expected to lead to a reduction in the risk score for Strategic Risk 2 on the Board Assurance Framework.	
2.1.3	**Cardiac Surgery Report** The Board received and noted the report which outlined the quality and safety of the cardiac surgery in quarter four, the progress on actions taken to address the recommendations from the independent mortality review and the independent scrutiny panel published in March 2020, the arrangements put in place since the start of the Covid-19 pandemic and the lifting of the restrictions on planned operations. The Quality and Safety Committee had previous considered the contents of the report. The Board noted the report.	
2.2	**Integrated Quality and Performance Report (IQPR)** The Board received and noted the IQPR at Month 1 (April 2021), which had been scrutinised at both the Finance and Investment and the Quality and Safety Committees. Beyond the matters raised in the reports from the Committees, the Board noted that: • The Trust's emergency department performance continued to improve with the whole hospital engaged in managing pathways at times of peak activity. The Trust had worked hard to improve emergency performance to 92% despite the increase in the walk-ins (up by 16%) and the number of ambulances coming to the Trust. The Trust had also seen an increase in the number of patients coming into the emergency department in a mental health crisis and the Trust was working with mental health partner organisations especially for children. The Trust had also improved its discharge processes to ensure that it could manage flow effectively. • Diagnostic services were performing well with the 6-week waiting list now at 8.5% against the 1% trajectory. This was a significant improvement compared with October 2020 when 24% of patients were waiting 6 weeks or more. The Trust was ahead of the quarter one trajectory for the 52-week waiters standards. The Trust was compliant with the cancer 2-week standard and there were no patients waiting over 15 days without an appointment booked. • Elective activity had improved to 97% which was better than forecast. The Trust, however, needed to run at 110% of previous activity to help deal with	

		Action
	the elective backlog. • The Trust was effectively managing the increase in elective activity, use of intensive treatment unit and high demand on major trauma pathways, however these represent the areas of challenge for the Trust. The following key points were raised in discussion: • The Trust was concerned about resuscitation training performance. Introduction of infection prevention control measures to manage Covid-19, in particular social distancing, had impacted on the Trust's ability to deliver in-person training sessions and the redeployment of staff to help care for Covid-19 patients in the intensive treatment unit had been significant drivers in the challenged training performance. In response to this, the Trust had introduced options for online training, increased the capacity and resources for delivering training, ensuring when new medical recruits joined the Trust they provided evidence of completion of basic life support training. The CMO and CN were also conducting weekly reviews of performance and directly contacting divisions and care groups where there were particular challenges with performance. • The Trust was moving away from the traditional outpatient model but recognised the need to set a new normal in relation to patients undertaking all diagnostic interventions so that when patients attended virtual appointments the clinician had all the relevant information to start the patient on the right course of treatment. • It was important for the Trust to continue with initiatives to provide an integrated approach with mental health partners to supporting children and young people who accessed the Trust's emergency services. • Given the challenges facing the Trust and the wider NHS, it was gratifying to see the significant progress and areas of good performance which was due to the hard work of the staff. • The estates team should be commended for the work conducted to improve the environment in the emergency department. • The Trust's staff turnover rate had reduced to 10%, but significant numbers of staff continued to leave within the first year of employment. Intelligence from the freedom to speak up function suggested that some staff did not feel supported in the first year of employment at the Trust. The Trust was exploring opportunities to better support new starters to succeed, introducing a probationary period system and conducting robust exit interviews with staff so that learning could be used to improve. • The discrepancy in the early warning score standard related to one patient and a documentation issued which had been addressed. The Board noted the report.	
3.0	**CULTURE**	

		Action
3.1	**Workforce & Education Committee Report** Stephen Collier, Chair of the Committee, presented the report of the meetings held in April and May 2021, which set out the key matters raised and discussed. The strengthening culture programme had been reset to deliver key actions and there was a focus on ensuring that the programme had an appropriate level of financial support. There were key programmes of work which support the change in the Trust's culture for example the significant and good work around health and wellbeing and in relation to raising concerns. It was also important to note that the Trust had experienced a year-on-year reduction in the number staff leaving. It was recognised that there needed to be clear messages about the focus on personal development and career development in order to better retain staff. **The Board noted the report and endorsed the Committee's annual review and approved the proposed changes to the Terms of Reference.**	
3.2	**Gender Pay Gap** The Board received the gender pay gap report. The Trust recognised that women doctors, on average, earned 33% less than their male medical counterparts who tended to work full-time and access a greater number of clinical excellence awards. The Trust was working with female colleagues to access these initiatives. It was recognised that given there were now four years of data, the Trust could improve the quality of analysis included in the report so that trends could be identified, and this would be completed for the next report. **The Board noted report and endorsed the report subject to Stephen Collier and Ann Beasley agreeing the final data analysis.**	**CPO**
3.3	**Culture Programme** The Board received the update on the culture programme and it was reported that a major area of focus was on delivering the diversity and inclusion plan, improving capability management, talent management and organisational development and engagement with the culture champions. In response to the 2020 Staff Survey, the Trust had put in place a new initiative called the 'Big 5' which was focusing on the key areas of feedback from staff. Other actions which would support the culture change programme related to delivery of the estate and ICT strategies which addressed a number of the issues and concerns raised by staff. In discussion the following key points where raised by the Board: • The Trust had surveyed its Recruitment Inclusion Specialists (RIS) and members of interview panels and used this information to improve and refine the programme, which was intended to address the under-representation of Black, Asian and Minority Ethnic staff in more senior bands. It was important to support and develop the RIS representatives and the Board noted that all interviews at Band 8a and above involved a RIS representative.	

		Action
	• The Trust remained focused on developing plans to address the disproportionate number of Black, Asian and Minority Ethnic staff in the lower banded staff groups. The Trust was exploring how to develop and train bands 2-5 staff so they can access more senior leadership rolls. • The Trust had put in place a number of initiatives related to health and wellbeing and it was important these were included in future reports. The Board noted the report.	
3.4	**Freedom to Speak Up Quarter 4 (2020/21) Report** The Board received and discussed the quarter 4 freedom to speak up (FTSU) report. The Board noted the following: • During 2020/21 there had been 128 concerns which had been raised by staff with the Trust's Freedom to Speak Up Guardian. This had more than doubled compared with the previous year. The majority of the concerns in quarter one 2020/21 related to Covid-19, and included issues such as the availability of personal protective equipment and conflict within teams. • The highest numbers of concerns were raised by administrative and clerical staff (38% of all concerns raised). • 58 of the concerns were raised by staff in the Children, Women, Diagnostics and Therapies (CWDT), 23 from Medicine and Cardiovascular (MedCard), 26 in the Surgery Neurosciences, Cancer and Theatres (SNCT) divisions and 21 in the corporate teams. A number of the concerns raised in CWDT related to the maternity service. The Board had been receiving reports about the programme of improvement in the maternity and midwifery service which had addressed many of the concerns raised. • 87% of all cases in 2020/21 were closed through an informal process with the remaining 13% subject to a formal investigation process. • Patient safety concerns remained a small proportion of cases reported. There were 10 safety concerns raised of which seven were part of a collective case. • Work was also being carried out to support staff in raising concerns as well as support those leading investigations into concerns. • The process for escalating issues to the lead executive had also improved the management of FTSU concerns. • The Trust would launch a number of promotional initiatives in June as part of the Let's Talk month, which focused on raising concerns as part of the Big 5 initiative. • The Trust had a long way to go but it was evident that staff had begun to feel safe to raise concerns and were starting to have greater confidence that issues would be addressed. The Board noted the report.	

		Action
4.0	**COLLABORATION**	
4.1	**Audit Committee Report** Elizabeth Bishop, Chair of the Committee, provided an update on the meetings held in April and May 2021. The Committee's discussions focused on the progress on completing the year-end audit. The Trust had commissioned an independent valuation of its land and buildings in line with standard practice. The Trust had invested heavily in the upkeep of its buildings to ensure they were suitable to treat patients safely. Accordingly given this investment and the uncertainty in the market the Trust had a £31m impairment loss against its land and buildings assets. The Committee also reviewed early drafts of the annual financial statements, annual report and quality account/report for 2020/21 and there were no material issues to draw to the Board's attention. **The Board noted the report and endorsed the Committee's annual review and approved the proposed changes to the Terms of Reference.**	
4.1.1	**Trust Provider Licence Compliance** The Board having reviewed the Trust's self-assessment and noting that the Council of Governors had endorsed the declaration related to training, approved the Trust self-certificating '*confirmed'* against the following foundation trust licence conditions: – Systems for compliance with licence conditions and related obligations (Condition G6); – Availability of resources (Condition CoS7(3)); – NHS foundation trust governance arrangements (condition FT4(8)); – Training of Governors	
4.2	**Finance and Investment Committee Report** Ann Beasley, Chair of the Committee, provided an update on the meetings held in April and May 2021. The Committee had reviewed the risks related to ICT and estates exploring plans to manage these risks. At month one there were no material issues to flag on the financial performance of the Trust however the Committee was concerned about the uncertainty for the second half of the financial year. The Board noted the report and approved the Committee's annual review and terms of reference.	
4.3	**Finance Report M01** The Board received and noted the Trust's financial performance at month 1. The Trust had submitted its year-end position to NHS improvement and there were no issues raised with the Trust's income and expenditure position for 2020/21. The Trust was working with partners in the South West London (SWL) Integrated Care System (ICS) to plan the budget and manage system finance for 2021/22. A fuller report would be presented in month 2. The Board noted the report.	
4.4	**Trust Strategy Implementation Update**	

		Action
	The Board considered the Trust's progress against the key actions outlined in the Trust's Clinical Strategy. Good progress had been made despite the challenges presented by the need to focus on managing the operational impact of the Covid-19 pandemic. The Board commended the report and noted the update.	
4.5	**Board Assurance Framework Quarter Four (2020/21) Report** The Board considered the Board Assurance Framework (BAF) report at quarter four. The BAF had been considered by the relevant executive groups and the Board committees. Key proposed changes, sanctioned by the relevant forums included lowering the risk score for Strategic Risk 8 (culture) from 20 (4 consequence x 5 likelihood) to 16 and increasing the assurance rating from "limited" to "partial" on the basis of the improvements achieved during the year. In relation to SR4 (system working), which was reserved to the Board, the Board endorsed the proposed risk score of 12 (4 consequence x 3 likelihood) and agreed to the proposal to increase the assurance rating from "partial" to "good" on the basis of the progress achieved in-year. The Board also noted that the target risk scores, agreed by the Board in September 2021 following review by the relevant Board Committee, had been met in relation to SR8 (culture) and SR9 (workforce) but that the other target risks had not been met. Given the proposals to conduct a substantive review of the Trust's corporate priorities and objectives over the coming months, the Board agreed that the Trust roll over the current BAF risks into 2021/22 pending the completion of this work. The Board approved the proposed changes to the Board Assurance Framework and agreed that a review of the strategic risks on the BAF would be undertaken alongside the work currently in progress to review the Trust's corporate objectives.	
5.0	**CLOSING ADMINISTRATION**	
5.1	**Questions from the public and Governors** In response to the question from Richard Mycroft, Lead Governor, which related to the analysis of nosocomial infection, the CMO reported that while trusts and care organisations were now recording nosocomial infection data it was not effective to benchmark against other organisations. It was foreseeable that this would be the subject of national scrutiny and reporting in due course. The Chairman asked the Chief Corporate Affairs Officer to comment on a recent media article relating to Covid-19 following the submission of Freedom of Information (FOI) requests to a large number of hospitals across the UK. The CCAO clarified that the Trust had responded to the FOI providing the information that was held. It had been reported in the media that the Trust, along with a number of other providers, had refused to provide a response to the FOI but this was not the case. The Board thanked Governors for their feedback and input.	
5.2	**Any other risks or issues identified** There were no other risks or issues identified.	

		Action
5.3	**Any Other Business** There were no matters of any other business raised.	
Date of next meeting: Thursday, 29 July 2021, MS Teams		

Trust Board Action Log Part 1 - July 2021						
Action Ref	**Section**	**Action**	**Due**	**Lead**	**Commentary**	**Status**
TB27.05.21/01	**Gender Pay Gap**	The Board noted report and endorsed the report subject to Stephen Collier and Ann Beasley agreeing the final data analysis.	24/06/2021	CMO/ Stephen Collier/ Ann Beasley	***This was completed.***	**PROPOSED FOR CLOSURE**

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NHS
St George's University Hospitals
NHS Foundation Trust

Meeting Title:	**Trust Board**		
Date:	29 July 2021	**Agenda No.**	**1.5**
Report Title:	**Chief Executive Officer's Update**		
Lead Director/ Manager:	Jacqueline Totterdell, Chief Executive		
Report Author:	Jacqueline Totterdell, Chief Executive		
Presented for:	Assurance		
Executive Summary:	Overview of the Trust activity since the last Trust Board Meeting.		
Recommendation:	The Board is requested to receive the report for information.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All		
Single Oversight Framework Theme:	All		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	**Date:**	N/A

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Chief Executive's report to the Trust Board

National easing of Covid-19 restrictions

In my last report I reflected on the phased easing of Covid-19 restrictions as part of the Government's roadmap out of lockdown, and also on the scale of the impact the virus has had on patients, their families, and our staff. This Board meeting takes place just 10 days after all remaining national restrictions in England have been lifted, and while this is a major milestone in life returning to a form of normality, we cannot be complacent about the threat the pandemic continues to pose. It's important that despite the easing of rules outside of the NHS, within it we continue to implement stringent infection prevention and control protocols to minimise the risk of transmission and to protect our staff and vulnerable patients.

On 16 July, Public Health England confirmed that staff, patients and visitors will be expected to continue to follow social distancing rules when visiting any care setting and well as using face coverings, masks, and other personal protection equipment. We have communicated this clearly with our staff, and are issuing regular reminders to the public and our patients about maintaining infection control measures via our website, social media, and updated signage around our sites.

Although we currently only have a small and stable number of Covid-19 positive patients in our hospitals, this could change quickly. We continue to make contingency plans with our partners across south west London – and across the capital as a whole – for a potential summer surge of Covid-19 predicted for the end of August 2021.

Covid-19 vaccine programme

The Trust continues to play a key part in the national vaccination programme. As at 19 July 2021, over 75,000 Covid-19 vaccinations have been administered at the Trust, with 19,000 members of our staff having received the vaccine, which breaks down into 85% of our total workforce having their first dose, and 75% having their second.

We are doing everything we can to make sure staff have the information they need to make a decision about getting the vaccine if they are hesitant. From the end of July, our vaccine clinic manager will be contacting those members of staff yet to have their vaccine to offer confidential discussion and support around any concerns they may have. We will also be setting up a phone number for staff to call if they want to talk to someone about having the vaccine.

It's vital that we continue to remind staff of the importance of having both doses to ensure maximum protection, and the need to regularly use lateral flow tests. Asymptomatic staff testing is an important component of infection prevention and control, which all organisations and staff have a duty to adhere to.

Elective recovery and our Surgery Treatment Centre

Our key priority in recent weeks and months has been elective recovery. The Trust is working hard to perform elective activity and safely treat as many patients as we can.

Since my last update to the Board, we have opened the new Surgery Treatment Centre at Queen Mary's Hospital, Roehampton. The new facility is enabling surgical teams from St George's and

Kingston Hospital to carry out high volume, low complexity operations, for which many patients have been waiting a long time as a direct result of the Covid-19 pandemic.

It has four dedicated operating theatres and a recovery area, enabling up to 120 procedures per week in cancer, urology, gynaecological, orthopaedic, vascular, general surgery, and maxillofacial specialties.

This is a fantastic achievement, and the result of a lot of hard work from staff across the Trust who I would like to thank. Fleur Anderson, MP for Putney, Roehampton and Southfields, paid a visit to the unit during its first week of opening and was equally impressed with how a state-of-the-art facility was built in a few weeks. BBC London also visited, and spoke to Dr Carolyn Johnston, Deputy Chief Medical Officer, about how it is benefitting patients.

As a result of this and our other efforts, we are now undertaking approximately 99% of elective activity when compared to the same period in 2019/2020, and 106% of outpatient activity compared with the same period. As well as this, our emergency department continues to perform very well, and as I have said in previous reports, we have consistently been one of the best performers in the country against the four-hour operating standard in recent months.

We will continue to collaborate closely with neighbouring Trusts and the wider NHS in south west London to treat as many patients as we can.

St George's and the wider NHS

In my last report to Board I reflected on the white paper published in February that set out proposals for NHS and social care reform, with a strong focus on collaboration between the NHS, local government, and delivery partners, and legislating for every part of England to be covered by an Integrated Care System (ICS). South West London Health and Care Partnership was already formally awarded ICS status in April 2020, which is testament to the strength of the partnership and its shared ambitions.

ICSs will have a critical role in aligning actions, improving outcomes, tackling inequalities, enhancing productivity, making the best use of resources, and strengthening communities.

Last month NHS England and Improvement published a new ICS design framework which set out guidance for how NHS leaders and organisations will operate with their partners in ICSs from April 2022. The framework is subject to the health and care bill becoming law, which is expected to begin passage through Parliament before the end of summer.

We will continue to be involved with the development of the south west London ICS, including its roadmap for transition between now and statutory ICS establishment, the development of place-based arrangements, and looking at how functions of the all parts of the system will be carried out. It's important that the new collaborative ways of working developed in response to Covid-19 are embedded into these plans.

New renal unit with Epsom St Helier

We are making good progress in developing our proposals for a new, joint renal unit with Epsom St Helier.

Whilst 95% of patient contacts with renal services would remain unaffected (with frequently-accessed services such as dialysis continuing to be provided locally), the proposals would bring together St George's and Epsom St Helier's specialist inpatient services in a new, state-of-the art building on the

St George's site. This would support a range of improvements to patient care, such as better infection prevention, fewer interhospital transfers between St George's and Epsom St Helier, and better access to surgery. It would also create exciting opportunities in research, co-locating what will be one of the largest renal centres in the country with St George's, University of London.

NHS England have reviewed the plans to fund the £80 million unit and agreed they are sufficiently robust that the Trust can proceed to public engagement on the proposals. The service's commissioners (CCGs and NHS England specialised commissioning), and a joint Overview and Scrutiny Committee of affected local councils, have reviewed and endorsed the plans for this public engagement. The engagement work is now under way, including staff and public events, a survey, focus groups, and visits to local dialysis units to get patients' views on the proposal. The engagement activity is due to conclude in September, after which the commissioners will make a decision on the proposal to bring the services together.

Estates strategy

Over the past six months our teams have been developing a new estates strategy which will help us achieve our long-term vision for the Tooting site. We want an estate that is efficient, sustainable, and flexible enough to meet the operational demands of St George's as well as the south west London healthcare system. I am delighted that we are now in a position to bring to the Board our proposed plan, which is later on in the Board's agenda.

In developing the strategy, we have attended over 90 meetings with staff and external stakeholders to get their views on current issues, and future requirements and options.

The benefits of our proposals include state-of-the art facilities to improve patient care, improvements to staff spaces to positively influence the way we work, and Green Plan principles which will further our commitment to delivering a net zero carbon health service.

We have been clear about the need to improve our aging estate for some time. However, it has not been as clear how we will go about achieving it – and that is why our new strategy is so important for the Trust and our future.

Big 5 priorities – Let's talk and flexible working

Finally, we have now held the first three months of focussing as an organisation on our Big 5 priorities, chosen from the main themes that emerged from responses to the NHS Staff Survey.

'Let's talk' was our theme for June, which highlighted speaking up and raising concerns. Throughout the month, we held a wide range of events and initiatives – and we had a great response and engagement. Karyn Richards-Wright, our Freedom to Speak Up Guardian, visited wards and departments across the Trust, and held eight Freedom To Speak Up drop-in sessions to help staff learn more about how to raise concerns. We also had interest from staff on how to become Freedom to Speak Up Champions.

In July we concentrated on supporting flexible working for the benefit of our staff. Of course, it is important that we can always deliver a safe, high quality service for our patients – but as long as this is not compromised, we are urging staff and line managers to consider a 'flexible by default' approach going forward. During the month we shared case studies featuring staff who have adapted to new ways of working, and held a series of virtual sessions where staff could find out more about flexible working opportunities.

I'd like to thank everyone who contributed to the success of these months. Of course, our efforts to deliver improvements do not start and end with our Big 5 - and the NHS staff survey results helped highlight many areas for improvement which we are already working hard to address. But the Big 5 gives us all clarity about where we are directing our energies.

Meeting Title:	**Trust Board**		
Date:	**Thursday, 29 July 2021**	**Agenda No**	**2.1**
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 meetings in June and July 2021.		
Recommendation:	**The Board is asked to note the updates from the June and July 2021 meetings.**		
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		

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Quality and Safety Committee Report

Matters for the Board's attention

The Quality and Safety Committee met on 17 June and 22 July 2021. The Committee considered and discussed the following matters of business at these meeting:

June 2021	July 2021
• Integrated Quality & Performance Report (M02) • Serious Incident Monthly Report • Increasing Critical Care Capacity – (Quality and Safety Review of Business Case)* • Final Draft Quality Report & Accounts (2020-21)* • Medicine Management and Controlled Drugs Report • Nurse Establishment Annual Report • Clinical Negligence Scheme for Trusts: Renewal for Maternity Services* • Research & Development Strategy Update Implementation • Board Assurance Framework Monthly Report • Patient Safety & Quality Group Monthly Report	• Serious Incidents/Adverse Incidents involving Anticoagulation (Deep Dive Thematic Review) • Integrated Quality & Performance Report (M03) • Serious Incidents Monthly Report • Nurse Safe Staffing Report (M01/02) • Draft Quality Report & Accounts 2020/21 • Annual Children and Adults Safeguarding Report • NIHR Clinical Research Facilities (Bid Update) • Covid-19 Surge Planning • Complaints Annual Report • Board Assurance Framework Monthly Report (Q1) and Focus Review of Strategic Risk 1 • Patient Safety & Quality Group Monthly Report

**The Board received the Committee's update on these matters at the June 2021 Private Board meeting*.

The report covers the material matters that the Committee would like to bring to the attention of the Board.

1. Deep Dive - Serious Incidents/Adverse Incidents involving Anticoagulation (Thematic Review)

The Committee conducted its first deep dive review for 2021/22 in July. The deep dive focused on the thematic analysis of anticoagulation related serious incidents to 1 April 2019 – 31 March 2021. Of the serious incidents declared in the period (85) nine were related to anticoagulation and similarly of the 57 adverse incidents 3 related to anticoagulation. The full investigation reports into these incidents identified four key themes, namely, communication, inappropriate anticoagulant dosing, thrombosis despite anticoagulation and failure to investigate appropriately. The Committee was reassured that each investigation identified key actions which should be taken to mitigate future incidents recurring. All (69) but one of the actions were either completed (56) or in progress (12). The Trust was improving its use of its electronic patient records systems to flag interruptions to anticoagulation and implement an electronic peri-procedural anticoagulation proforma. The Trust had also updated and enhanced its training for venous thromboembolism and improves its patient information on anticoagulation interruption.

The Committee noted the steps taken to improve the systems around managing anticoagulation to reduce any avoidable harm to patients.

2. Board Assurance Framework & Corporate Risk Register Quarter 1 Report and Focus reviews of Strategic Risk One

As outlined in its workplan, the Committee considered the Board Assurance Framework at the top of its agenda. In July, the Committee also conducted a focused review of corporate risks associated to strategic risk one (patient safety).

There are ten corporate risks which sit below strategic risk one (SR1). These related to the patients waiting too long on the waiting lists (impacted by Covid-19), risk of exposure to Covid-19, failure to comply with standard four in the seven day services requirements, infection control, lack of Covid-19 fit testing and personal protective equipment, failure to adequately learn from incidents, effectively managing deteriorating patients and failure to learn from complaints. The Committee considered the risk scores, mitigations, assurances, controls (and any gaps) and actions to manage these risks and was assured that there was sufficient clarity of these underlying risks and how they impact on strategic risk one. In November 2021 the Committee would consider the corporate risks related to strategic risk 10.

Accordingly, the Committee considered the assurance, mitigations, and risk ratings for the following strategic risks (SR) assigned to it by the Board.

- **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 endorsed the current risk position for the above strategic risks at quarter one. The quarter one BAF report is presented under agenda item 4.6 for the Board's consideration.

3. Integrated Quality and Performance Report (IQPR)

The Committee considered the key areas of quality and safety performance in months 02 and 03 (2021/22) and would like to highlight the following, conscious that the Board would discuss the month 03 later under agenda item 2.2:

- Areas of good or improving performance:
  - The Trust's performance against the duty of candour standard had improved with 100% notifications issued within 20 days of qualifying incidents this was an improvement from 85% in month 02.
  - Complaints performance remained strong.
  - There had been no hospital onset healthcare associated (HOHA) Covid-19 cases.
  - The Trust had received 50% of the bid funding to implement the safe workforce in line with Birthrate Plus® safe maternity staffing model and had begun the recruitment for new midwives.
  - The Trust continued to make good progress on reducing the number of people waiting over 52 weeks and patients waiting for more than six weeks.

- Areas of challenges:
  - The Trust continuity of care performance fell from 35% in month 02 to 33.3% in month 03. The Trust was working to develop an action plan to meet the new requirements for continuity of care.

  - Resuscitation training performance remains a key area of challenge for the Trust. As previously reported targeted and focussed work continued which was beginning to impact on performance if only slightly. In month 03, basic life support training improved to 78% (70% in month 02), a slight improvement in intermediate life support training from 70% in month 02 to 71% and advance life support increased to 70% from 67% in month 02. The Trust was on trajectory to attain the performance standard for basic/intermediate life support training by September 2021 and November 2021 for advance life support training.

    The Trust has taken steps to obtain evidence of resuscitation training completed by junior doctors as part of their training before joining the Trust. The Committee was reassured to learn that the management team was also exploring the HR steps to be taken with employees who do not engage with the training requirement.

The Committee recognised the challenges facing the organisation. They agreed that whilst there was room for improvement to ensure that quality and safety risks were managed effectively to deliver high quality services and to safely care for patients, it was reasonably assured.

4. Covid Surge Planning

The Committee also considered the Covid-19 Surge Planning report which the Board would consider under agenda item 2.3 below.

5. Serious Incident Reporting

The Committee considered and noted the serious incident reports which covered the period May to June 2021. During these periods:

- A total of 8 serious incidents were declared (3 in May 2021, 5 in June 2021);

- Four serious investigations had been concluded (2 in May 2021, 2 in April 2021).

The Committee noted that one of the incidents declared in May 2021 was deemed a 'never event' related to a retained '*guidewire'*. The retained object was successfully retrieved without harm to the patient. The Committee also noted the steps and actions taken to secure patient safety following completion of the investigation into the incident where a patient had fallen and sustained serious head injuries and had sadly died.

6. Nurse Staffing Report (Planned vs. Actual)

The Committee considered the nurse safe staffing report for May and June 2021. The overall fill rate was 92%% and 93% respectively. The Trust has embarked on an extensive registered nurse recruitment campaign. There were 38 red flags raised in May 2021 which was an increase from the 56 reported in June 2021. The Trust managed to put in place mitigating actions to close most (83) of the red flags raised in May and July to ensure that patient were cared for safely and there were no incidents arising from the red flags (11) which remained open.

7. Nurse Establishment Annual Report

In June, the Committee also considered and endorsed the annual safe staffing (nursing and midwifery) establishment review. The Committee were assured that the Trust had a reliable framework in place to ensure nursing and midwifery staffing levels were commensurate with workload and patient outcomes and that the Trust is compliant with national standards.

8. Research

The Committee received comprehensive updates on the progress made on implementing the actions in the research and development strategy for quarter one (2021/22) and the plans for the Trust's National Institute for Health Research (NIHR) Clinical Research Facility (CRF) bid. The Committee welcomed the news that the Trust had been awarded a grant from the Vaccines Task Force for a clinical trial on Covid-19 vaccines in pregnancy. The Trust would also submit a bid to the NIHR for the Trust, with the university partner, St George's University London, to host a CRF. The detailed bid proposal would be completed and presented to the Board via the Committee in September 2021.

9. Quality & Safety Strategy Update

The Committee also noted the good progress made on completing the 2021/22 quarter one quality and safety strategy priorities. Key programmes of work completed included: the revision of all clinical pathways to support current infection prevention and control requirements, completion of the Birthrate Plus® review, establishment of the Discharge Forums representation from GPs and social worker, and progress on implementing the recommendations from the clinical governance reviews (phases 1-3).

The Committee commended the progress made in spite of the focus on manage Covid-19 and the related operational challenges.

10. Annual Compliance Reports

The Committee also considered the two annual (2020/21) reports for Complaints and Children and Adult Safeguarding both of which are attached below under agenda items, 2.1.1 and 2.1.2. The Committee commends the reports to the Board.

Recommendation

The Board is asked to note the updates from the June and July 2021 meetings.

Dame Parveen Kumar
Committee Chair
July 2021

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St George's University Hospitals
NHS Foundation Trust

Meeting Title:	**Trust Board**		
Date:	29 July 2021	Agenda No	2.1.1
Report Title:	**Complaints Annual Report 2020/21**		
Lead Director/ Manager:	Robert Bleasdale, Chief Nurse and Director of Infection Prevention and Control		
Report Author:	Terence Joe, Head of Patient Experience and Partnership		
Presented for:	**Approval and Assurance**		
Executive Summary:	The Complaints Annual Report for St George's University Hospitals NHS Foundation Trust is for the period 1 April 2020 to 31 March 2021. Key points from the report include: ▪ 752 complaints were received, which is a decrease of 21.3% (204) when compared to 2019/20 (956) ▪ 68% of complaints were acknowledged within three days in comparison to 2019/20 (71%) ▪ The top three complaints subjects related to Clinical Treatment, Communication and Care ▪ Overall complaints performance was 97% against the 85% performance target which was an improvement from 92% in 2019/20. In relation to severity of complaints this was: ➢ 25 working day: 96% against 85% target ➢ 40 working day: 94% against 90% target ➢ 60 working day: 100% against 100% target ▪ 68 complaints were reopened compared to 2019/20 (113), a decrease of 40% ▪ There were 4 contacts from the Parliamentary Health Service Ombudsman's office (PHSO), 3 of which were requests for documentation compared with 5 requests in 2019/20 and 1 case was confirmed as under investigation ▪ 207 compliments were received, a decrease of 58% when compared with 2019/20 (498) ▪ There were 2331 PALS enquiries. This represents a decrease of 47.5% when compared to 2019/20 (4447). Of these contacts 1705 related to concerns representing a decrease of 40% when compared to 2019/20 (2838). PALS closed to walk-in enquiries in March 2020. ▪ The top three themes for PALS concerns were Appointments, Care and Communication ▪ Key themes for complaints related to Covid-19 were focused on visiting restrictions, loss of patient property and communication with family and loved ones.		
Recommendation:	Trust Board is asked to approve the report prior to its publication on the Trust website.		

Supports			
Trust Strategic Objective:	• Treat the patient, treat the person • Build a Better St George's		
CQC Theme:	Safe, Well-led, Responsive, Caring, Effective		
Single Oversight Framework Theme:	• Quality of care (safe, effective, caring, responsive) • Strategic Care		
Implications			
Risk:	N/A		
Legal/Regulatory:			
Resources:	N/A		
Equality and Diversity:	Further analysis and triangulation with other feedback received is required		
Previously Considered by:	Quality and Safety Committee	**Date**	22.07.2021
Equality Impact Assessment:	N/A		
Appendices:	Complaints Annual Report 2020-21		

St George's University Hospitals NHS
NHS Foundation Trust

Complaints Annual Report
1 April 2020 – 31 March 2021

Contents

1.0 Executive Summary

This is the executive summary of the complaints annual report for the Trust. The report is for the period 1 April 2020 to 31 March 2021. In accordance with the NHS Complaints Regulations (2009) this report provides an analysis of the complaints received and an overview of PALS concerns.

The key findings were:

- 752 complaints were received, which is a decrease of 21.3% (204) when compared to 2019/20 (956)

- 68% of complaints were acknowledged within three days in comparison to 2019/20 (71%)

- The top three complaints subjects related to Clinical Treatment, Communication and Care.

- Overall complaints performance was 97% against the 85% performance target which was an improvement from 92% in 2019/20. In relation to severity of complaints this was:

    - 25 working day: 96% against 85% target
    - 40 working day: 94% against 90% target
    - 60 working day: 100% against 100% target

- 68 complaints were reopened compared to 2019/20 (113), a decrease of 40%

- There were 4 contacts from the Parliamentary Health Service Ombudsman's office (PHSO), 3 of which were requests for documentation compared with 5 requests in 2019/20 and 1 case was confirmed as under investigation.

- 207 compliments were received, a decrease of 58% when compared with 2019/20 (498)

- There were 2331 PALS enquiries. This represents a decrease of 47.5% when compared to 2019/20 (4447). Of these contacts 1705 related to concerns representing a decrease of 40% when compared to 2019/20 (2838). PALS closed to walk-in enquiries in March 2020.

- The top three themes for PALS concerns were Appointments, Care and Communication

- Key themes for complaints related to Covid-19 were focused on visiting restrictions, loss of patient property and communication with family and loved ones.

2.0 Introduction

The Complaints Annual Report for St George's University Hospitals NHS Foundation Trust is for the period 1 April 2020 to 31 March 2021. The report provides an overview and analysis of the complaints received, identified themes and trends, compliance with performance targets, and the learning and changes made in response to complaints and the impact on services in accordance with the NHS Complaints Regulations (2009). It also includes an overview of PALS concerns.

Complaints received provide much learning for the Trust on where we need to improve. The themes and trends identified from complaints in 2020/21 highlight the need to improve communication and information provided to patients, carers and families, improve communication on clinical treatment, improve waiting times and improve the care provided.

2020/21 has been an unprecedented period dominated by the Covid-19 pandemic and with a profound impact on the Trust as noted in the wider NHS. The impact was evident in staffing resources which were redeployed to support the increased numbers of inpatients with Covid-19 during the first and second wave; similarly, on the delivery of NHS care and leading to a backlog in outpatient appointments and delays in planned surgical procedures. At the close of 2019/20, Covid-19 was starting to impact on the Trust activity. There was a significant fall in the number of complaints received during the last month of quarter four and this continued into 2020/21.

A key objective of the Trust, and one we need to do better at, is to learn, change, and improve in response to complaints. The lessons learned and trends identified from complaints plays a key role in improving the quality of care received by patients and their experience and is a priority for the Trust reaching its vision of outstanding care every time.

The effective handling of complaints by the Trust matters to the people who have taken the time to raise their concerns with us. They deserve an appropriate apology for their experience, recognition where substandard and inadequate care has been provided and assurance that actions will be put in place and other patients are not affected by a recurrence of the same concerns.

Posters and leaflets are displayed around the Trust and there is information on the Trust website to ensure that patients are aware of the process for raising a complaint. Patient feedback is viewed as positive and patients, carers and families are encouraged to give their views on the ward, through surveys, focus groups and involvement with patient user groups and the Patient Partnership and Experience group (PPEG).

Throughout 2020/21 the Trust continued to proactively manage complaints, improving the process and quality of the responses, and embedding the learning from complaints into services and practice. To provide support for NHS staff and services in responding to Covid-19, NHS England issued guidance for Trusts about the NHS Complaints Process. The advice indicated Trusts could pause complaint investigations for an agreed period; April to September 2020. The Trust adopted this guidance with reference to reopened complaints with a view to responding by the end of July 2020, as there were lower levels of new complaints being received maintaining the focus on new complaints was enabled.

3.0 Purpose of the Report

The Complaints Annual Report is a statutory requirement (Local Authority Social Services and National Health Service Complaints (England) Regulations 2009).

This purpose of the report is to provide:

- assurance the Trust is managing its formal complaints in accordance with the Trust complaints policy and procedure
- information relating to the complaints activity for the Trust with specific focus on each of the divisions
- Examples of where complaints have led to shared learning and Trust-wide service improvement.

4.0 Accountability for complaints management within the Trust

The Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by the Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Chief Nurse and Director of Infection Prevention and Control. The Head of Patient Experience and Partnership, reporting to the Director of Quality Governance and Compliance, is responsible for the management of the complaint process to ensure:

- All complaints are investigated appropriately
- All complainants receive a comprehensive written response, and / or a meeting if requested, to address the concerns

- Complaints are responded to within the Trust standard response times
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

Each month the following information is reported through the Integrated Quality Performance Report to the Trust Board:

- Numbers of complaints received
- Number of complaints closed by working day response time and compliance with performance targets
- Number of complaints breaching the 6-month response timeframe
- The number of PALS concerns received

5.0 Total complaints received in 2020/21

During 2020/21 the Trust received 752 complaints which equates to an average of approximately 14 complaints received per week or 62 complaints per month. This shows a significant decrease of 21% (204) on the number of complaints received in 2019/20 (956).

Table 1 below shows the 752 complaints received related to all attendances equates to a complaint versus attendance ratio of 0.08%. This equates to approximately 1.52% complaints as a percentage of inpatient activity (in 2019/20 these figures were 0.09% and 1.50% respectively). The marginal increase is due to the evidenced decrease in Trust activity.

Table 1: Complaints related to inpatient activity

Activity	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Inpatient Emergency, Maternity, Other and Transfers	58,157	67,569	63,572	49,507
Elective, Day cases, Regular Attends	74,800	84,940	88,794	73,481
A&E Attends (including Streaming and EPU)	171,781	176,483	171,706	113,005
Outpatient attends (New and Follow Ups)	646,691	680,064	718,777	679,941
Total	**951,429**	**1,009,056**	**1,042,849**	**915,934**
Number of complaints	**974**	**1101**	**956**	**752**
Complaints as % of all attendances	0.10	0.11	0.09	0.08
Complaints as a % of Inpatient Activity	1.66	1.63	1.50	1.52

Table 2 below shows the number of complaints received and the method by which they were received. The majority of complaints were received by email.

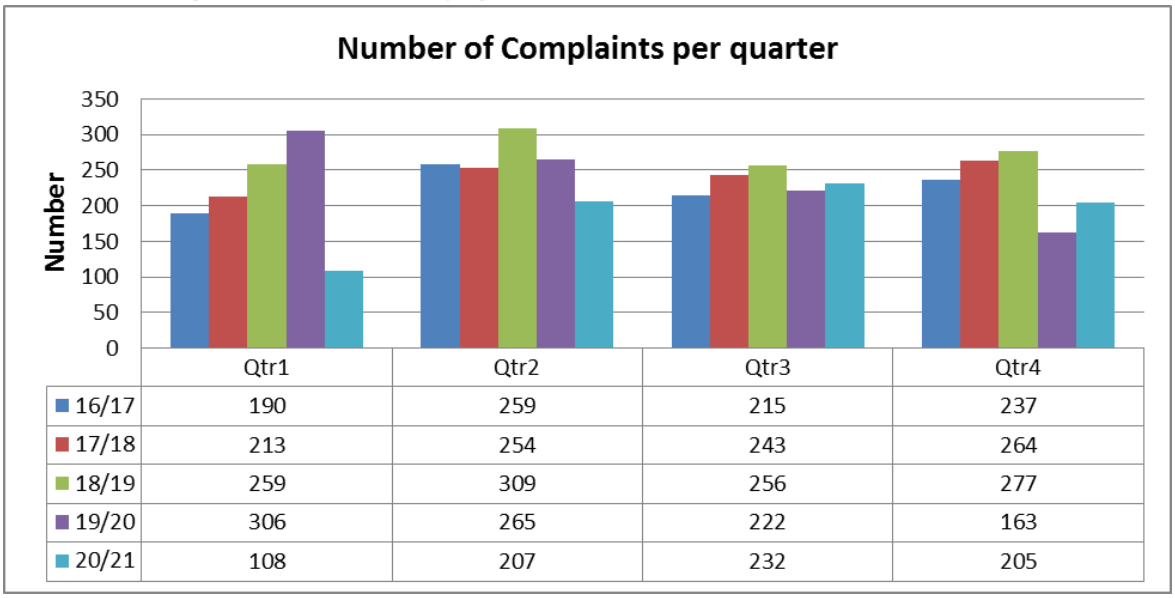
Table 2: Complaints and mode of receipt

Method of Complaint	Count
Complaint via MP	5
E-mail	671
PALS Referral	24
Received by letter	48
Received by telephone	4
Grand Total	**752**

Chart 1 below demonstrates the number of complaints received in each quarter from 2016 to 2021. There was a significant decrease seen across quarter 1 in 2020/21. This was due to the impact of wave 1 of Covid-19 which had started in March 2020. Although there was an increase in quarter 2 it was still significantly below the expected level for complaints as indicated in the previous quarters.

Expected complaint levels were reached during quarter 3, however by quarter 4 and the second wave of the pandemic there was a noted decrease in the number of complaints received.

Chart 1: Complaints received by quarter



	Qtr1	Qtr2	Qtr3	Qtr4
16/17	190	259	215	237
17/18	213	254	243	264
18/19	259	309	256	277
19/20	306	265	222	163
20/21	108	207	232	205

Table 3 below shows complaints received by month and year for 2018/19, 2019/20 and 2020/21.

Table 3: Comparative monthly complaints totals 2018-2021

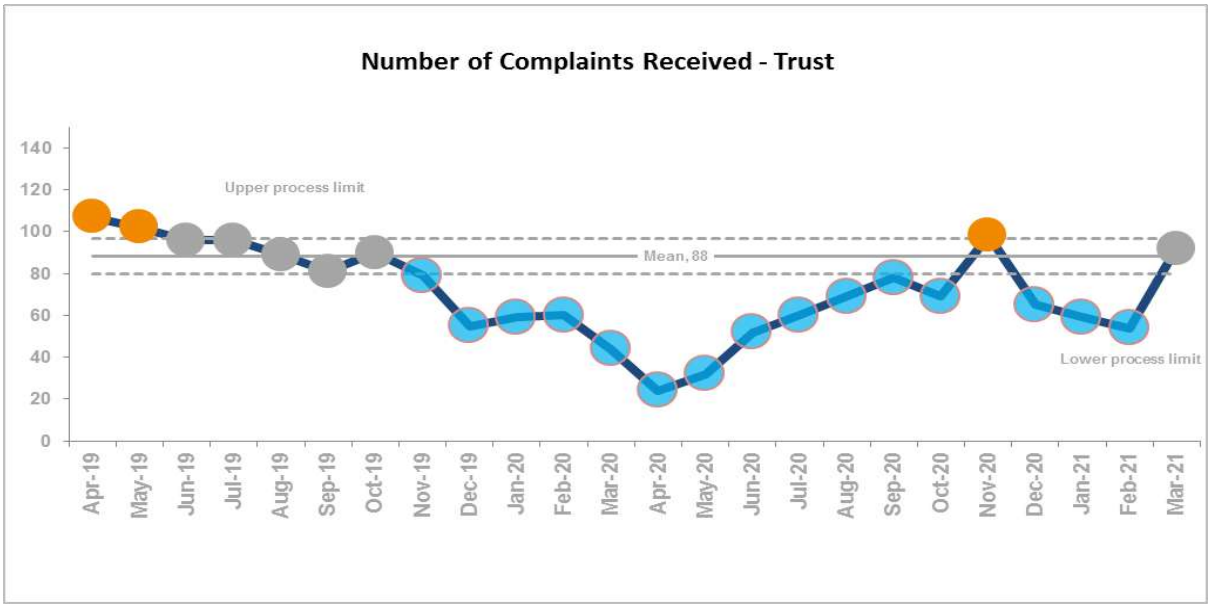
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
96	84	79	120	96	93	90	88	78	92	84	101	1101

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
108	102	96	96	88	81	88	79	55	59	60	44	956

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
24	32	52	60	69	78	69	98	65	59	54	92	752

Chart 2 below is a statistical process control chart (SPCC) which enables a broader understanding of the differences and norms of complaints received from April 2019 to March 2021. The monthly complaint rates are plotted within upper and lower process limits which measure whether variations on a monthly basis are stable and thereby predictable (common cause variation), or in contrast were unstable and thereby unpredictable (special cause variation). The table illustrates noticeable deviations outside of the upper and lower process limits from December 2019 to October 2020 and during January and February 2021. The deviation outside of the lower process limit was due to the impact of Covid-19 leading to reduced complaints levels.

Chart 2: SPCC overview of complaints received



6.0 Complaint themes

The Department of Health (DH) classifies complaints in to 18 distinct categories by the subject of the complaint.

Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By theming our complaints by subject it allows us to identify whether any trends are

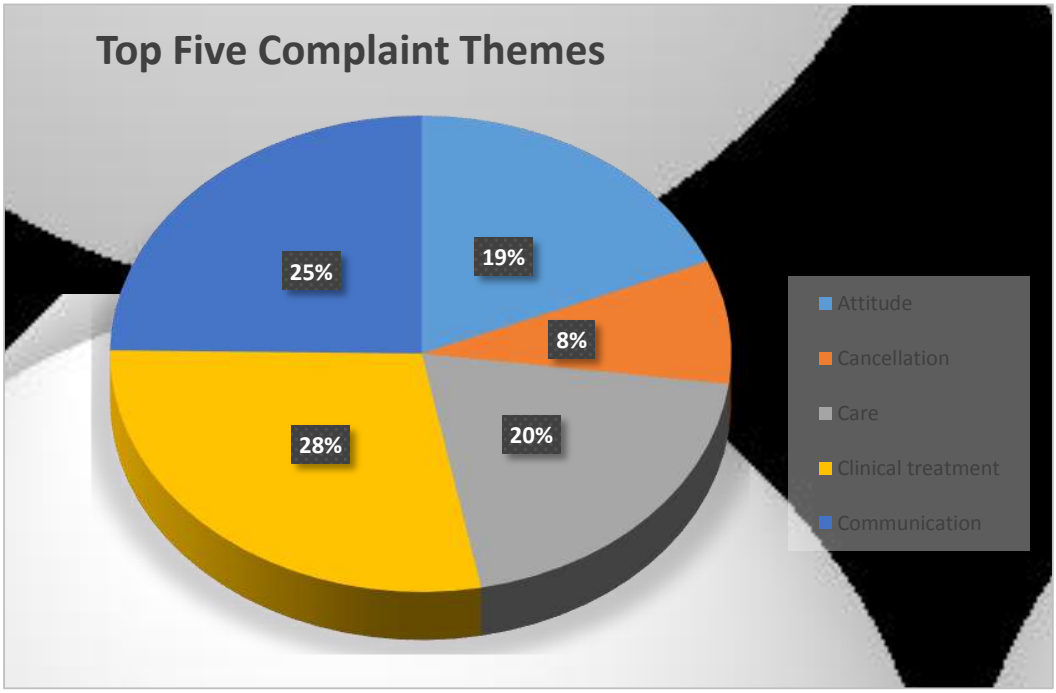
developing.

The five most commonly identified complaints are identified in table 4 below with the bracketed figures indicating the position in 2019/20:

Table 4: Top 5 Complaint Themes

Complaint Themes	Percentage of total complaints
Clinical Treatment (2)	22%
Communication (1)	19%
Care (3)	15%
Attitude	14%
Cancellation	6%

Chart 3: Top five Complaint Themes



The top three subjects of clinical treatment, communication and care were the same in 2020/21. There was a change in position from the previous year with clinical treatment as the top subject and communication moving to the second position. Attitude moved up to fourth place from fifth in 2020/21 and cancellation was a new subject included in the top five.

Table 5 below identifies the top five themes and trends from our complaints quarterly by primary subject.

Table 5: Complaints received quarterly by primary subject

Primary Subjects	Qtr1	Qtr2	Qtr3	Qtr4	Grand Total
Admission arrangements	1	0	1	0	2
Attitude	33	5	34	35	107
Cancellation	9	9	12	18	48
Cancellation of surgery	0	1	2	9	12
Car Parking	2	1	2	2	7
Care	24	19	29	42	114
Clinical treatment	52	32	32	48	164
Communication	27	21	48	46	142
Covid-19	2	0	0	0	2
Discharge arrangements	9	2	3	7	21
Hotel and site services	3	1	0	0	4
Medical records	3	1	1	2	7
Other	18	4	17	8	47
Request for Information	1	0	0	2	3
Respect for privacy	1	0	1	0	2
Transfer arrangements	0	1	0	0	1
Transport arrangements	2	2	7	3	14
Unhelpful	5	1	1	0	7
Waiting times	13	8	17	10	48
Grand Total	**205**	**108**	**207**	**232**	**752**

Table 6 below shows the top five primary subjects of complaints received by each of the directorates. Once again, it has not been possible to indicate the total change in comparison to the previous year as the top five primary subjects have changed. The 21% decrease in the number of complaints received over the year is reflected in the number of complaints by directorate.

Clinical Treatment was the top primary subject within complaints received. In relation to division MEDCard had the highest number of clinical treatment complaints (36%). The Divisions with the most clinical treatment complaints received were Women's' (29%) and Surgery (21%).

Complaints where communication was the primary subject were second in the top five complaints. In relation to clinical division, MEDCard had the highest number of communication complaints (39%). Surgery (20%) and Specialist Medicine (18%) were the directorates with the most complaints related to communication received.

Complaints where care was the primary subject were highest within MEDCard Division (36%) and

surgery and acute medicine directorates.

It is noted that the number of complaints where the primary subject was attitude was significantly high within CWDT division (47%) and particularly in the women's' directorate (20%) where attitude was the second highest primary subject after clinical treatment.

Complaints where cancellation was the primary subject were highest within the surgery division and directorate. Surgery (including Trauma and Orthopaedics) received the most complaints during this period.

The majority of the complaints within Estates and Facilities division related to Transport (33%). Within Corporate Nursing, Finance, ICT, and South West London Pathology divisions there were no specific themes identified.

It was noted that complaints where the primary subject was 'other' accounted for 6%.

Table 6: Top 5 Complaints by Primary Subject and Directorate

Directorate	Attitude	Cancellation	Care	Clinical treatment	Communication	Total
(CW) Childrens	3	1	7	9	3	**33**
(CW) Community Services	3	0	0	1	0	**4**
(CW) Critical Care Directorate	0	0	3	2	1	**12**
(CW) Diagnostics	11	2	6	6	8	**39**
(CW) Therapeutics	12	5	2	4	12	**47**
(CW) Womens	21	3	15	26	15	**89**
(MC) Acute Medicine	7	0	23	11	10	**67**
(MC) Cardiac,Vascular,Thoracic Surgery	1	0	3	4	1	**13**
(MC) Cardiology	2	4	3	6	12	**33**
(MC) Emergency Department	9	0	6	13	5	**42**
(MC) Renal, Haematology, Palliative Care & Oncology	5	0	4	7	2	**20**
(MC) Specialist Medicine	5	9	2	18	25	**66**
(SN) Major Trauma	0	1	0	2	1	**4**
(SN) Neurosciences	7	5	11	20	13	**70**
(SN) Surgery (inc. Trauma and Orthopaedics)	15	18	26	32	29	**156**
(SN) Theatres	0	0	0	0	1	**2**
Corporate Nursing	1	0	0	0	1	**5**
Estates & Facilities	5	0	3	0	2	**42**
Finance	0	0	0	0	1	**3**
Information Communication Techonology	0	0	0	0	0	**1**
South West London Pathology	0	0	0	1	0	**1**

7.0 Analysis of the top five complaints subjects and examples of learning

Analysis of the top five subjects was undertaken and the learning is included below. The actions tables included in the specific complaint responses were reviewed and examples below show the learning from the concerns raised.

Communication - Lessons learned:

- Staff must endeavour to respond to queries in a timely manner
- Families should be given timely information and updates on the condition and location of patients where and when appropriate
- Develop a series of teaching sessions for staff on 'breaking bad news'
- Communication with family/carers improved through increased staffing on wards supporting communication for inpatients on Thomas Young Ward
- All staff to introduce themselves to patients, including students

Clinical Treatment - Lessons learned:

- Develop and implement robust handover process for senior health therapies patients when they are transferred to another ward
- Develop "Eat Drink and Move" campaign on Senior Health Wards
- Assign a named midwife during pregnancy and birth
- Ensure a senior midwife is available for the provision of telephone advice

Care - Lessons Learned:

- Training for wound and tissue viability management for all staff working on Mary Seacole Ward
- Service to introduce additional clinic slots throughout the year to enable appointments to be rescheduled at an earlier time.
- Provision of manual blood pressure machines to ensure the availability of manual BP machines with the correct cuff size for individual patients, to check an unclear reading of an electronic device. Additional training for nursing staff provided by the Education Team. This will be included in staff induction programmes to the Paediatrics wards

Staff Attitude - Lessons learned:

- The patient is at the heart of all we do, staff must be empathetic when dealing with patients and relatives

Cancellation - Lessons Learned:

- Staff were reminded to include specific information relating to face to face appointments so patients are assured they need to come into the hospital and their appointment cannot be conducted by phone

8.0 Primary complaint subject by Directorate

Table 7 below shows totals of the primary subjects identified in directorates during 2020/21.

Table 7: Complaints Received by Directorate and Primary Subject

Directorate	Admission arrangements	Attitude	Cancellation	Cancellation of surgery	Car Parking	Care	Clinical treatment	Communication	Covid-19	Discharge arrangements	Hotel and site services	Medical records	Other	Request for Information	Respect for privacy	Transfer arrangements	Transport arrangements	Unhelpful	Waiting times	Grand Total
(CW) Childrens		3	1			7	9	3		4			1					1	4	**33**
(CW) Community Services		3					1													**4**
(CW) Critical Care						3	2	1					6							**12**
(CW) Diagnostics		11	2		1	6	6	8				1	1		1				2	**39**
(CW) Therapeutics		12	5			2	4	12				2	4						6	**47**
(CW) Womens	1	21	3	1		15	26	15		1			1					1	4	**89**
(MC) Acute Medicine		7		1		23	11	10		6		1	7						1	**67**
(MC) Cardiac, Vascular, Thoracic Surgery		1		2		3	4	1		2										**13**
(MC) Cardiology		2	4			3	6	12	1				1	1				1	2	**33**
(MC) Emergency Department		9				6	14	5		1		3	3		1				1	**43**
(MC) Renal, Haematology, Palliative Care & Oncology		5				4	7	2								1		1		**20**
(MC) Specialist Medicine		5	9	1		2	18	25	1				2						3	**66**
(SN) Major Trauma			1				2	1												**4**
(SN) Neurosciences	1	7	5			11	20	13		4			3					1	5	**70**
(SN) Surgery Clinical (inc. Trauma and Orthopaedics)		15	18	7		26	33	29		3			6	1					20	**158**
(SN) Theatres								1					1							**2**
Corporate Nursing		1						1					1					2		**5**
Estates & Facilities		5			6	3		2			4		7	1			14			**42**
Finance								1					2							**3**
ICT													1							**1**
SW London Pathology							1													**1**
Grand Total	**2**	**107**	**48**	**12**	**7**	**114**	**164**	**142**	**2**	**21**	**4**	**7**	**47**	**3**	**2**	**1**	**14**	**7**	**48**	**752**

9.0 Complaints compliance and performance

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 set out the rights of complainants and the expectations to investigate and respond in an appropriate and timely manner. Best practice is demonstrated where each complainant is contacted to discuss their complaint and agree both the process of resolution and timescale.

The Trust's overall complaints response performance has seen further improvement from 2019/20 (92%) increasing to 97% in 2020/21. Complaints Commcell is a daily meeting instigated in 2019 to track each complaint due within the next two-week period as it progressed from the investigation stage to response letter to ensure complaints are of high quality and sent within the agreed timescales. Complaints identified as at risk of breaching the expected timeframes are escalated to the divisional leads for further scrutiny and appropriate support from within their division and/or the complaints team. The Complaints Commcell process has remained in place as a consistent means of tracking complaints on a daily basis. This process has contributed to improved yearly performance for green complaints. There was a significant improvement (10% increase) in the yearly performance for amber complaints.

Table 8: Complaints responded to within set performance target

KPI	Category	Target	2019/20	2020/21
25 working days	Green	85%	93%	**96%**
40 working days	Amber	90%	84%	**94%**
60 working days	Red	95%	100%	**100%**

Table 8a: Complaints Performance by Severity and Division

	Amber	Green	Red	Grand Total
CORP NURSING	1	4	0	**5**
CWDT	61	154	9	**224**
E & F	1	41	0	**42**
FINANCE	1	2	0	**3**
IT	0	1	0	**1**
MEDCARD	88	149	5	**242**
SNCT	63	169	2	**234**
SWLP	0	1	0	**1**
Grand Total	**215**	**521**	**16**	**752**

Table 9 below shows the further breakdown of performance by clinical group across the Trust.

Table 9: Complaints by care group and severity

Complaints by Care Group and Severity	Amber - 40 working days	Green - 25 working days	Red - 60 working days	Total
Emergency Department Care Group	14	28	0	42
Anaesthetics, Acute Pain & Resuscitation Care Group	0	1	0	1
Audiology & ENT Care Group	8	32	0	40
Cardiology	7	27	1	35
Cardiac Surgery	5	1	0	6
Clinical Genetics Care Group	0	3	1	4
Chest Medicine Care Group	3	8	0	11
Clinical Infection Unit & Genito-Urinary Medicine Care Group	2	2	0	4
Critical Care Care Group	6	5	1	12
Diabetes & Endocrinology Care Group	1	9	0	10
Estates & Facilities	1	42	0	43
Finance	1	2	0	3
Gastroenterology & Endoscopy Care Group	2	18	0	20
General Medicine	37	29	3	69
General Surgery Care Group	10	20	0	30
Imaging Care Group	5	28	0	33
Major Trauma Care Group	2	0	0	2
Oral & Maxillofacial Surgery Care Group	3	11	0	14
Mortuary	2	0	0	2
Neonatal Care Group	1	0	0	1
Stroke Neuro-logy & -rehab Care Group	12	33	0	45
Neuro-surgery, -radiology & -pathology Care Group	6	17	1	24
Nursing	1	4	0	5
Obs & Gynae, & Fetal Medicine Care Group	34	50	4	88
Medical Oncology, Clinical Haematology, Renal & Palliative Care Group	8	12	2	22
Operations	0	1	0	1
Outpatients & Medical Records Care Group	2	38	0	40
Pharmacy Care Group	0	6	0	6
Plastic Surgery Care Group	3	10	0	13
Paediatric Medicine & PICU Care Group	6	15	2	23
Paediatric Surgery Care Group	2	4	1	7
Rheumatology, Dermatology & Lymphoedema Care Group	6	14	0	20
South West London Pathology	0	1	0	1
Therapies Care Group	1	4	0	5
Thoracic Surgery	3	1	0	4
Inpatient & Day Case Theatres & Decontamination Care Group	0	2	0	2
Trauma & Orthopaedics Care Group	17	33	0	50
Urology Care Group	3	9	0	12
Vascular Surgery	1	1	0	2
Totals:	215	521	16	752

The NHS complaints regulations state that complaints should be acknowledged within three working days. In 2020/21 the Trust achieved 68% of complaints acknowledged within three working days, a slight decrease in performance when compared to 71% achieved in 2019/20. Since September 2020 the daily Complaints Commcell has included a focus on the logging and acknowledgements of complaints to support sustained improvement on this measure. Whilst improvement was noted it was not sustained. This will be monitored monthly to assess the impact.

10.1 Reopened Complaints

The number of complaints that do not achieve resolution with the first response is used as a proxy measure for the quality of the complaint response. A complainant who does not feel listened to is unlikely to be satisfied with their response. 68 complaints were reopened during 2020/21 compared with 113 in 2019/20, a significant decrease of 45 (40%). Whilst this demonstrates that sustained improvement in meeting complaint response times has not impacted on the quality of the complaint response it should also be noted that the significant decrease in the number of complaints will have affected the lower number of reopened complaints. The majority of the reopened complaints were within MEDCard (41%), followed by SNCT (32%) and CWDT (22%).

A proportion of the complaints were unresolved due to questions arising from the information provided. In many of these cases local resolution meetings with key staff to discuss and address the on-going questions and concerns directly with the complainant were delayed as a result of visiting restrictions put in place for Covid-19. Complainants were given the option to meet by MS Teams, however many preferred to wait and have the local resolution meetings face to face.

Chart 4 and Table 10 below shows the number of reopened complaints received and primary subject quarterly for 2020/21.

Chart 4: Reopened complaints and primary subjects

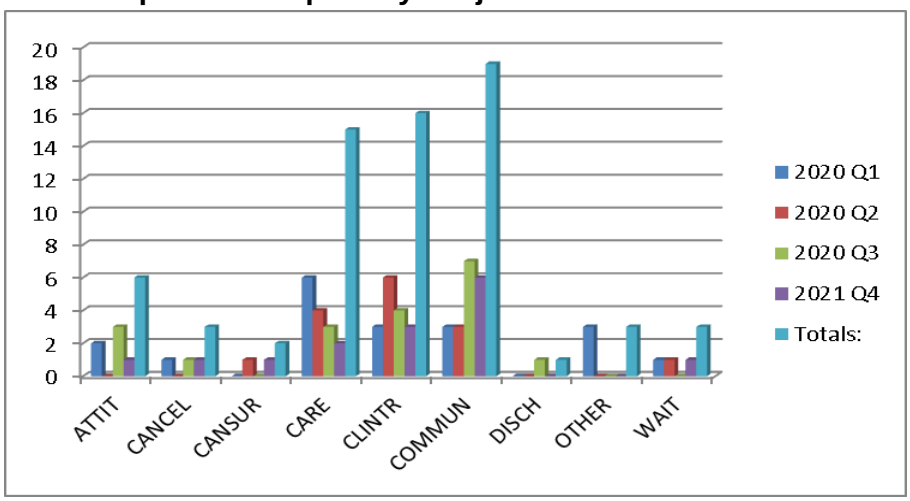


Table 10: Reopened complaints and primary subject

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Attitude	2	0	3	1	6
Cancellation	1	0	1	1	3
Cancellation of surgery	0	1	0	1	2
Care	6	4	3	2	15
Clinical treatment	3	6	4	3	16
Communication	3	3	7	6	19
Discharge arrangements	0	0	1	0	1
Other	3	0	0	0	3
Waiting times	1	1	0	1	3
Totals:	19	15	19	15	68

Table 11 below shows the primary themes identified with complaints which were reopened. It is evident that the key themes relate to communication, clinical treatment and care.

Table 11: Reopened Complaints by Primary Subject

	Attitude	Cancellation	Cancellation of surgery	Care	Clinical treatment	Communication	Discharge arrangements	Other	Waiting times	Total
(CW) Childrens Directorate	0	0	0	0	1	1	1	0	0	3
(CW) Critical Care Directorate	0	0	0	0	1	0	0	0	0	1
(CW) Diagnostics Clinical Directorate	2	0	0	0	2	0	0	0	0	4
(CW) Therapeutics Clinical Directorate	0	0	0	0	1	1	0	0	0	2
(CW) Womens Directorate	0	0	0	1	1	2	0	0	1	5
(MC) Acute Medicine Clinical Directorate	1	0	0	5	1	0	0	2	0	9
(MC) Cardiac,Vascular,Thoracic Surgery	0	0	1	2	0	0	0	0	0	3
(MC) Cardiology Clinical Academic Group	0	0	0	2	0	2	0	0	0	4
(MC) Emergency Department Directorate	0	0	0	1	2	2	0	0	0	5
(MC) Renal, Haematology, Palliative Care & Oncology	0	0	0	0	0	3	0	0	0	3
(MC) Specialist Medicine Clinical Directorate	1	0	0	0	1	2	0	0	0	4
(SN) Neurosciences Clinical Directorate	1	0	1	0	1	2	0	0	0	5
(SN) Surgery (inc. Trauma and Orthopaedics)	1	3	0	4	5	2	0	0	2	17
Estates & Facilities Directorate	0	0	0	0	0	1	0	0	0	1
Finance Directorate	0	0	0	0	0	1	0	1	0	2
Totals:	6	3	2	15	16	19	1	3	3	68

11.0 Parliamentary and Health Service Ombudsman (PHSO) Complaints

Table 12/12a below provides an overview of PHSO requests for initial enquiries/ under formal investigation which were received during 2020/21. There were four cases opened following a file request from the PHSO and one case confirmed as under investigation during this period. There were a further four cases opened following a PHSO file request and one confirmed as under investigation from 2019/20. Therefore there are currently eight cases where the Trust is awaiting a decision on whether an investigation will take place and two cases under formal investigation and awaiting an outcome and PHSO recommendations.

It must be noted there has been a delay within PHSO case decisions as there was a pause to complaints investigations undertaken by them in 2020 as a result of Covid-19.

Table 12: Overview of PHSO Complaints 2020/21

Case	Directorate	Outcome
808RR	Cardiac Academic Group	Under Investigation
1080SS	Neurology	Case file submitted
761TT	Emergency Department	Case file submitted
300TT	Surgery	Case file submitted
415TT	Womens'	Case file submitted

Table 12a: Overview of PHSO Complaints 2019/20

Case	Directorate	Outcome
547RR	Therapies	Under investigation
1018SS	Specialist Medicine	Case file requested
054TT	ED	Case file requested
003SS	Acute medicine	Case file requested
811SS	Children's	Case file requested

Table 12b below provides an overview of decisions made following PHSO investigations since April 2016. The number of reports received from PHSO investigated cases was particularly high in 2017. This has since seen a steady decline. However, as there are currently 10 cases where we are awaiting a decision from the PHSO on formal investigation, it is likely there will be an increase in the number of reports received in future years.

Year	Not Upheld	Partially Upheld	Upheld	Submitted for investigation	Total
2016	7	1			**7**
2017	8	4	1		**14**
2018	5	3	1		**9**
2019	3	4		4	**11**
2020		1		4	**5**
Totals	**23**	**13**	**2**	**8**	**46**

12.0 Positive feedback

In addition to complaints, staff in the Complaints and Improvements Department also log compliments and positive feedback from users of Trust services. This provides valuable insight into the things the Trust does well and identifies good practice from which lessons can be learnt. 207 good news/ thank you letters were received and logged centrally, a decrease of 58% (498) when compared with 2019/20. Resource constraints within the team have focused on complaints during this period which has resulted in compliments not being logged and circulated to divisions when received. It is essential to ensure this is better managed in the future as compliments received are so integral to staff morale. Additional voluntary resources will be sourced to ensure compliments are logged and circulated to the services in a timely manner.

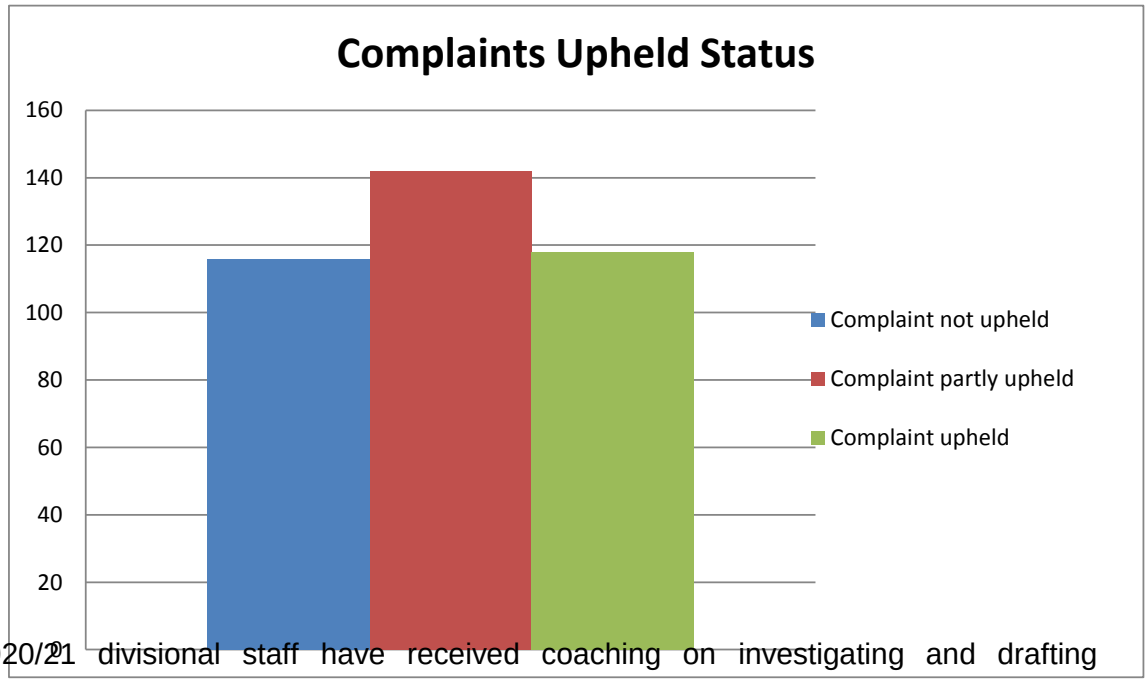
13.0 Upheld Complaints

It is a requirement of the complaints regulations that Trusts set out in their annual report the number of complaints which the Trust decided were upheld during the financial year. Reporting of complaints status has commenced from April 2020 from Datix in line with the complaints procedure. Chart 5 below shows the status of closed complaints according to whether they were upheld, partially upheld or not upheld. The majority of the complaints were either partly upheld (142) or upheld (118). There were 116 complaints which were not upheld. The divisions should be commended for the level of complaints which have been verbally resolved (235) as indicated in table 13 below.

Table 13: Complaints by outcome code and severity

Outcome	Amber	Green	Red	Grand Total
Complainant provided with info re SI process	1			1
Complaint not upheld	55	73		128
Complaint partly upheld	77	86	10	173
Complaint upheld	31	89	6	126
Complaint withdrawn	1	5		6
Concerns resolved	40	251		291
Information given	1	4		5
No action required	3	5		8
Patient did not return	2	2		4
Patient Satisfied		5		5
Stop the Clock	4	1		5
Grand Total	**215**	**521**	**16**	**752**

Chart 5: Complaints Status



14.0 Training

Throughout 2020/21 divisional staff have received coaching on investigating and drafting complaints responses as required. All new staff to the Trust received a session about customer care and handling concerns on the frontline as part of the Corporate Trust induction.

The “Responding to Complaints” training did not take place during this period due to the impact of Covid-19 in the Trust. This training needs to be reviewed and will be restarted in quarter 3, 2021/22. The “Effective Customer Care” training was significantly reduced in comparison to previous years and has since restarted.

15.0 Patient Advice and Liaison Service (PALS)

The PALS team provide assistance to patients and their representatives with concerns and requests for information, advice and support and offer liaison between patients and services to offer suggestions for improvements drawing on the patient experience.

A PALS ***contact*** refers to any enquiry or request. An example of this is where a patient wanting information about a service or a member of staff requested information on how to contact an external organisation. It also included expressions of thanks from patients and relatives. There were a total of 2331 PALS contacts. This represents a decrease of 47.5% when compared to 2019/20 (4447).

A PALS ***concern*** refers to when a patient or relative raises a concern about the Trust and does not want to follow the formal complaints procedure. Of these contacts 1705 related to concerns which represents a decrease of 40% when compared to 2019/20 (2838).

PALS ceased providing a walk-in service in March 2020 to limit the impact of Covid-19 and in line with visiting restrictions. The service has continued over this period to provide responses to telephone and email enquiries. Staffing has been a challenge over this period and this led to the development of a backlog of enquiries awaiting a response and enquiries resolved and to be closed. A plan was put in place in March 2021 to reduce this backlog.

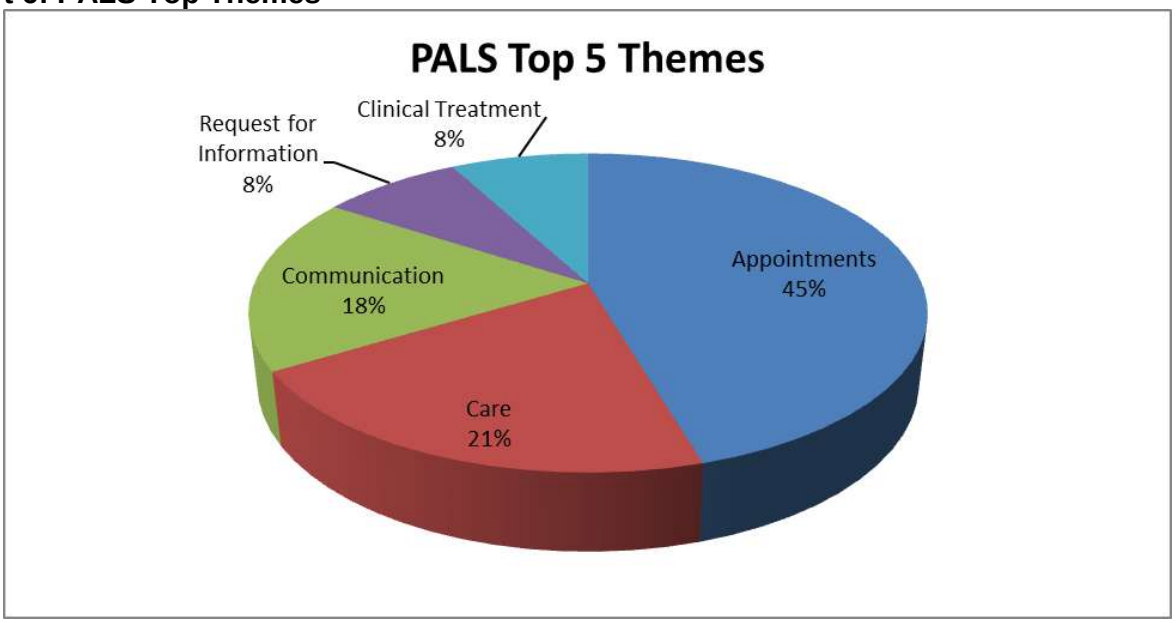
Table 14: PALS concerns by directorate

PALS by Directorate and Received	2020 04	2020 05	2020 06	2020 07	2020 08	2020 09	2020 10	2020 11	2020 12	2021 01	2021 02	2021 03	Total
(MC) Emergency Department Directorate	1	6	5	4	4	5	5	9	5	6	6	3	59
(MC) Acute Medicine Clinical Directorate	4	7	16	7	8	4	9	10	11	15	25	16	132
(SN) Cancer Clinical (not for Oncology wards)	0	1	1	1	1	0	0	1	0	0	3	0	8
(MC) Cardiology Clinical Academic Group	6	3	17	11	8	8	7	8	10	7	14	16	115
Chief Executive	0	0	0	0	0	0	0	0	0	0	1	0	1
(CW) Childrens Directorate	1	2	6	2	8	6	6	8	8	6	14	14	81
(CW) Community Services	0	0	2	6	4	1	4	8	1	1	8	9	44
Corporate Affairs Directorate	0	0	0	0	0	0	0	0	0	0	3	1	4
Corporate Nursing Directorate	1	9	3	1	1	4	5	5	0	4	14	3	50
(CW) Critical Care Directorate	3	1	3	1	3	0	5	2	0	4	9	6	37
(MC) Cardiac,Vascular,Thoracic Surgery	1	5	5	2	2	3	7	8	6	4	10	10	63
(CW) Diagnostics Clinical Directorate	0	2	4	5	5	7	5	6	0	3	2	4	43
Estates & Facilities Directorate	1	2	1	1	1	5	5	1	7	0	3	2	29
External Organisations	0	0	2	0	0	1	0	1	3	12	0	3	22
Finance Directorate	0	0	0	0	0	2	0	0	0	1	3	2	8
Information Communication Techonology	0	0	0	0	0	0	0	1	0	0	0	0	1
(SN) Major Trauma (does not include Trauma and Orthopaedics)	1	2	1	2	1	1	3	9	11	9	1	5	46
(SN) Neurosciences Clinical Directorate	6	4	20	27	14	21	19	23	20	14	20	32	220
Operations Directorate	0	0	0	0	0	0	0	0	0	0	1	0	1
(MC) Renal, Haematology, Palliative Care & Oncology	0	3	7	4	3	4	3	4	1	0	4	5	38
(MC) Specialist Medicine Clinical Directorate	4	2	19	12	21	19	17	21	12	23	34	28	212
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	7	18	30	21	29	31	30	40	20	26	36	47	335
South West London Pathology	0	0	0	0	0	1	0	0	0	0	0	0	1
(SN) Theatres Clinical Directorate	0	0	0	0	0	0	0	1	1	0	0	0	2
(CW) Therapeutics Clinical Directorate	0	4	4	5	1	4	1	5	1	10	6	6	47
(CW) Womens Directorate	4	3	10	15	6	13	12	8	4	11	11	9	106
Totals:	40	74	156	127	120	140	143	179	121	156	228	221	1705

Table 15: PALS Top 5 Themes

PALS Top 5 Themes	
Appointments	468
Care	215
Communication	184
Request for Information	82
Clinical Treatment	81
Totals:	1030

Chart 6: PALS Top Themes



16.0 Looking Forward

The Head of Patient Experience and Partnership will undertake the following improvement actions over the coming year:

- Provide coaching and training to identified staff within the divisions incorporating root cause analysis to support the complaint investigation
- Embed learning from complaints within divisional governance to ensure the learning is shared effectively
- Re-establish the complaints satisfaction survey and analysis with support of Trust volunteers
- Establish a responsive children and young people led complaints process and resources
- Develop and implement a standard operating procedure to ensure consistency in complaints process and data quality.

St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Trust Board		
Date:	29 July 2021	Agenda No	2.1.2
Report Title:	**Safeguarding Children and Adults Annual Report April 2020 – March 2021**		
Lead Director/ Manager:	Robert Bleasdale, Chief Nurse and Director of Infection Prevention and Control		
Report Author:	Sam Page, Head of Safeguarding		
Presented for:	Assurance		
Executive Summary:	This report provides an overview of the work undertaken by the safeguarding team in 2020/21 and demonstrates compliance with the statutory and mandatory requirements relating to safeguarding and promoting the welfare of adults, children, and young people, including the safeguarding response to the Covid-19 global pandemic. All staff at St George's University Hospitals NHS Foundation Trust have a responsibility for ensuring that adults, children, and young people who are under our care or associated with the Trust are protected and safe, and to ensure that the safeguarding is an integral part of our governance systems. This report demonstrates that the Trust is meeting its responsibilities under statutory Section 11 duties of the Children Act (2004), and under the Care Act (2014), and details how the Trust is assessed on its performance both internally and externally regarding safeguarding adults, children and young people.		
Recommendation:	The Board is asked to receive and discuss this report and raise any concerns in terms of further assurance required.		
Supports			
Trust Strategic Objective:	Treat the patient – treat the person Right care, right place, right time		
CQC Theme:	Safe / Caring / Well Led		
Single Oversight Framework Theme:			
Implications			
Risk:	If proper systems and processes and governance not in place failure to meet statutory requirements and potentially put children, young people and adults at risk		
Legal/Regulatory:	Compliance with: Heath and Social Care Act 2008; The Care Act 2014; Children's Act 2004 and Working Together 2018		
Resources:			
Previously Considered by:	Quality & Safety Committee	Date:	29 July 2021
Appendices:			

St George's University Hospitals NHS
NHS Foundation Trust

St George's University Hospitals NHS Foundation Trust

Safeguarding Children and Adults Annual Report 2020/21

Sam Page
Head of Safeguarding

Date: July 2021

1. Summary Paper

The St George's University Hospitals NHS Foundation Trust (SGH) Annual Safeguarding Report details the systems and processes in place to safeguard children, young people and adults receiving SGH services. The report demonstrates the Trust's commitment to the safeguarding of children, young people and adults, in line with its statutory responsibilities, and covers the period from 1st April 2020 until 31st March 2021

Statutory Responsibilities and Assurance:

- Lead adult and child safeguarding professionals were in place, meeting the statutory requirements as identified in Section 11 of the Children Act 2004, Working Together to Safeguard Children (2018), the Care Act (2014), NHS England Accountability and Assurance Framework (2019) and the Mental Capacity Act (2005).
- The Chief Nurse and Director of Infection, Prevention and Control is the SGH Board Executive Lead for safeguarding. Alongside the Deputy Chief Nurse and Head of Safeguarding they provide strategic leadership and over-sight of safeguarding.
- Safeguarding governance arrangements have been established and embedded, with oversight from the Joint Safeguarding Committee (JSC), chaired by the Chief Nurse. The CCG is in attendance and provides support and challenge to SGH governance processes.
- There is active SGH involvement with the Local Safeguarding Adult and Children Partnership Boards in both Wandsworth and Merton, with SGH membership of a range of Board sub-groups.
- SGH has contributed to several learning reviews across the local boroughs, incorporating Safeguarding Adults Reviews (SAR) and Child Safeguarding Practice Reviews (CSPR).
- There is a safeguarding training programme in place to ensure SGH staff have received the requisite 'essential-to-role' safeguarding training, including Safeguarding Adults, Safeguarding Children, Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS) and Prevent training. Covid-19 infection prevention measures have necessitated the development of 'virtual' training alongside socially distanced face-to-face training.
- Policies, protocols, and processes are in place to support the assessment of need and vulnerability of children, young people and adults accessing SGH services.
- Safeguarding supervision, (mandatory and ad hoc) is delivered by the safeguarding team to support staff in decision making and prioritising the needs and wishes of children, young people, and adults, where there is a high level of complexity, risk, and vulnerability.
- Robust recruitment processes are in place, with pre-employment clearance for all new staff. SGH complies with guidance in relation to modern day slavery and human trafficking and undertakes enhanced Disclosure and Barring (DBS) checks for staff working with children and adults.

Key achievements:

During this reporting period we have:

- Responded to emerging safeguarding issues and concerns identified relating to the Covid-19 global pandemic.
- Retained a visible presence within the hospital providing safeguarding leadership and guidance.
- Updated and implemented more robust governance and assurance processes.
- Improved reporting.
- Updated a number of key safeguarding policies.

- Developed creative approaches to delivering child safeguarding training and maintained a good level of mandatory training.
- Strengthened partnership working with Wandsworth and Merton Local Authorities.
- Produced a quarterly Child Safeguarding Newsletter. This will be extended to include adult safeguarding during 2021-22.

Priorities for 2021/22:
The following areas are a priority for 2021/22 and form the basis of the safeguarding workplan:

- Welcome new leadership into the team and fully embed the new governance processes
- Further improve the timeliness and quality of reporting
- Implement an annual audit plan
- Understand and address issues relating to safe hospital discharge processes
- Continue to work with multi-agency/multi-disciplinary colleagues to understand the needs of patients where there are complex capacity issues
- Improve child safeguarding supervision rates with creative flexible models for delivery
- Implementation of the Liberty Protection Safeguards
- Develop and deliver a communication plan
- Plan the implementation of level 3 training requirements in adult safeguarding
- Ensure the voice and views of individuals at risk of abuse or neglect and those who support them is heard and applied to ensure good personal outcomes and improve the outcomes for individuals.

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2. Introduction

This Annual Report highlights the work undertaken by St George's University Hospitals NHS Foundation Trust (SGH) in respect to its commitment and responsibilities in maintaining the safety and protection of children and safeguarding adults at risk of abuse and neglect.

SGH has a statutory responsibility for ensuring that all services have safe and effective systems in place to safeguard adults and children at risk of abuse, neglect, and exploitation. To be effective, this requires staff members who recognise their individual responsibility to safeguard and promote the welfare of adults and children, and are equipped to fulfil this task, and the commitment of the Trust to support them in this. All NHS trusts must assure safeguarding is embedded at every level in their organisations.

SGH responsibilities include ensuring staff have access to appropriate training, advice, support, and supervision in relation to Section 11 of the Children Act (2004), The Care Act (2014), the Mental Capacity Act (2005), and the Prevention of Terrorism Act (2005).

These place a duty on key people and bodies, including NHS Trusts, to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children and adults with care and support needs.

This report covers the period from April 2020 to March 2021 and provides assurance that systems are in place to ensure that our service users are effectively protected, and that staff are supported to respond appropriately where safeguarding concerns arise. The safeguarding team supports SGH in fulfilling its statutory duty to safeguard service users and staff.

The purpose of this report is to:

- Provide an overview of the SGH safeguarding activity in 2020/21
- Provide assurance that SGH is compliant with its safeguarding duties
- Outline the key safeguarding priorities for 2021/22

3. Governance Arrangements

The SGH Chief Executive has overall responsibility for the safeguarding of children, young people, and adults at risk. The Chief Nurse and Director of Infection Prevention and Control is the executive lead for safeguarding and has responsibility to ensure that the Trust contribution towards safeguarding is discharged effectively throughout the organisation.

The Chief Nurse is responsible for:

- Strategic leadership on all aspects of the Trust's contribution to safeguarding
- Ensuring the Trust is represented at local safeguarding adult and children's Partnerships
- Ensuring that appropriate safeguarding processes are in place, including compliance with all legal, statutory, and good practice requirements

Safeguarding governance and assurance is monitored at the Joint Safeguarding Committee (JSC), chaired by the Chief Nurse. The JSC has been established as a permanent sub-committee of the Patient Safety Quality Group.

The purpose of the JSC is to provide a corporate overview of the safeguarding systems and processes at SGH and ensure that this agenda remains core to the Trust's business and purpose and that the Trust remains compliant with all statutory and regulatory requirements.

JSC meets bi-monthly and seeks assurance that all safeguarding commitments and responsibilities for both adults and children are met. It oversees the work of the Safeguarding Senior Management Team and seeks assurance that there are suitable processes in place to ensure that safeguarding arrangements are reviewed and updated on a regular basis.

The South West London CCG Designated Safeguarding Leads for adults and children at Wandsworth and Merton have a standing invitation to the JSC ensuring oversight of the Trust's safeguarding work.

The Head of Safeguarding provides a quarterly overview report which includes:

- Mandatory training and supervision performance
- Partnership working update
- Adult and child safeguarding activity
- Policy development
- Audit planning
- Risk management

A new structure of team meetings has been put in place to inform the JSC and ensure actions are completed. This consists of:

- Safeguarding Senior Management Team meetings
- Safeguarding Children team meeting
- Safeguarding Adults team meeting

Practitioners within the team attend the London Named Nurse Forum and South West London Safeguarding Adults forum. This provides the opportunity to share information and practice with a wide professional network.

The Head of Safeguarding attends the NHS England London Region Safeguarding Sub-cell, chaired by the NHS England London Safeguarding Lead.

4. Safeguarding at SGH

4.1 Safeguarding Children

"Safeguarding and promoting the welfare of children and young people is defined as protection from maltreatment and abuse, preventing impairment of health and/or development and ensuring children are growing up in circumstances consistent with the provision of safe and effective care." Working Together (2018)

The Trust Board has agreed a Safeguarding Children's Statement which is publicly available on the Trust website. The statement can be accessed online at the following link and at Appendix 1 of this report.

https://www.stgeorges.nhs.uk/about/living-our-values/safeguarding-children/

SGH, including all staff and volunteers, have important and distinct duties to ensure that children and young people receiving services receive safe and dignified care, and that they are safeguarded from harm, abuse, and neglect. This includes ensuring that appropriate action is taken when staff become aware of concerns taking place outside of the Trust.

Safeguarding activity may be enacted in the context of the administration of patient care directly, or by the Trust participating in multiagency safeguarding practice, such as sharing information with a local authority or attending a strategy meeting relating to a specific child.

It is extremely important to note that the Trust's safeguarding duties also extend to children and young people who are **not** patients at the Trust (and who may not be physically seen by the staff member or clinical team providing treatment to the adult). Most commonly, this will occur when an adult patient is receiving treatment, and potential risks to children or young people are identified. For example, if an adult attends for issues related to domestic abuse, substance misuse or poor mental health. We refer to this as a 'Think Family' approach, and this duty applies to all Trust staff including those who seldom or never work with children as part of their day-to-day duties.

The Trust's duties principally relate to sharing information with relevant agencies and participating in multiagency safeguarding processes. In the case of children and young people who are inpatients, or who receive direct and on-going care from the Trust, practitioners are likely to play a more active and substantial role in safeguarding service provision.

SGH complies with its legal duty under the Children Act 2004, by having in place a Named Doctor and Named Nurses for Safeguarding Children with responsibilities for both acute and community services. Named Nurses have statutory responsibilities, as identified in Working Together to Safeguard Children (2018), to support staff in recognising and championing the needs of children, including responding to possible abuse or neglect.

The Named Doctor provides support, advice, and leadership to medical staff, primarily to senior paediatricians. The Named Doctor delivers and leads a number of safeguarding supervision sessions with medical and multi-disciplinary teams.

As senior practitioners, the Named Nurses are experts in child development, child maltreatment and managing safeguarding concerns in a multiagency forum. The Named Nurses are supported by Clinical Nurse Specialists (CNS) for Safeguarding Children. These practitioners have enhanced skills and knowledge in relation to all aspects of safeguarding children work.

The child safeguarding team work together to:

- Ensure that all children and young people are protected from significant harm
- Ensure the welfare of the child is paramount and the voice of the child is central to all interventions
- Ensure compliance with the London Child Protection Procedures (2020)
- Implement national and local guidance in relation to safeguarding
- Play an integral part in Wandsworth and Merton Safeguarding Children Partnerships and subgroups
- Promote best practice throughout the organisation

Child Protection Information Sharing (CPIS) System:
This national information sharing system connects the local authority, children's social care, IT systems with the NHS Spine Summary Care Records to identify children who are on a child protection plan (CPP), who are Looked After (in the care of the local authority) or pregnant women whose unborn baby is on a CPP. Access is via a code on the NHS Smart Card. NHS Digital is planning a wider roll out to health settings including outpatients.

4.2 Redthread

Redthread is a youth work charity providing support to young people with a range of vulnerabilities. Redthread's Youth Violence Intervention Programme is funded by The Mayor's Office of Policing and Crime, and several trusts and foundations. They also partner with SOLACE domestic abuse charity to provide a youth Independent Domestic Abuse Advisor (IDVA) who works with young women affected by domestic violence, and a Comic Relief funded young women's worker who supports young women affected by gang activity.

Whilst Redthread has developed a significant public profile in respect of their work in relation to knife crime, and this forms an important part of their work at SGH, they work with young people aged 11-25 attending SGH for any reason associated with youth violence including domestic violence, sexual violence, exploitation, and non-weapon related assaults.

The team work proactively and flexibly with young people who have been admitted to SGH and seek to make use of the 'teachable moment' when a young person is hospitalised, to co-produce a longer-term intervention with them.

There is a separate annual report detailing the work of the Redthread service.

4.3 Safeguarding Adults

The Trust Board has agreed a Safeguarding Adult's Statement which is publicly available on the Trust website. The statement can be accessed online at the following link and at Appendix 2 of this report.

https://www.stgeorges.nhs.uk/about/living-our-values/safeguarding-adults/

SGH complies with the Care Act (2014) and the Mental Capacity Act (MCA) (2005) by having in place a lead practitioner for adult safeguarding to ensure the Trust fulfils its legal duty towards adults at risk of harm or abuse. They are supported by a specialist practitioner.

Safeguarding duties apply to an adult who:

1. Has need of care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of abuse or neglect: and
3. As a result of those care and support needs is unable to protect themselves from either risk of, or the experience of abuse and neglect

The safeguarding adults' team work together to:

- Ensure the Trust has safeguarding arrangements in place as defined by the Care Act (2014)
- Ensure that the process of protecting adults with care and support needs is integral to all health care provision within the Trust
- Ensure that 'making safeguarding personal' is central to the way the SGH staff respond to people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others
- Implement national and local guidance to safeguard adults and play an integral part in the Wandsworth and Merton Safeguarding Adults' Boards
- Ensure SGH is compliant with its duties towards people under the statutory legislation including the Mental Capacity Act (MCA) 2005 and Care Act (2014)

4.4 Mental Capacity Act

SGH has an MCA lead in post, supported by a clinical nurse specialist, who provides advice and support regarding the delivery of lawful care in line with the requirements of the Mental capacity Act (2005).

There is a separate annual report detailing the work of the MCA service.

Both the Safeguarding Adult Lead and MCA lead will be leaving their posts in 2021. Recruitment to both roles has been successful.

4.5 Learning Disability

The learning disability service is led by an experienced learning disability practitioner, supported by 2 clinical nurse specialists.

There is a separate annual report detailing the work of the learning disability service.

4.6 Domestic Abuse

Domestic abuse comprises of any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This includes forced marriage, honour-based abuse and abuse relating to gender identity or sexuality. Abuse can be perpetrated by partners, ex-partners, and family members, including children under the age of 18, adult children or siblings.

The Trust employs a Clinical Nurse Specialist for Domestic Abuse and FGM, alongside a specialist midwife for Domestic Abuse and a Domestic Abuse link practitioner within the Emergency Department.

These specialists work with 2 independent Domestic Abuse Advisors (IDVAs)

- Redthread Youth IDVA is employed by Solace Women's Aid and offers domestic abuse support to people aged 16 years to 25 years.
- The Hospital IDVA is employed by Victim Support and offers domestic abuse support to people from the age of 26 years upwards. The Victim Support IDVA post has been vacant since December 2020 and is currently being recruited to.

Whilst the prevalence and impact of domestic abuse amongst patients is acknowledged, it must not be forgotten that these issues also affect our own staff. The Hospital IDVA is available to support them as well as patients.

The Domestic Abuse Bill was passed in April 2021. Included within the Bill is an important new clause that acknowledges that children who see, hear, or experience the effects of domestic abuse, who are related to the person being abused or the perpetrator, are also to be regarded as victims of domestic abuse.

4.7 Maternity services

The Trust employs an experienced Named Midwife who leads on child safeguarding support and supervision for midwives. The maternity safeguarding team consists of the Named Midwife and 3 specialists in safeguarding, mental health, and substance misuse.

There is a monthly multi-disciplinary maternity safeguarding meeting, attended by colleagues from Wandsworth and Merton Children's Social Care and Health Visiting Teams. At this meeting, information is shared regarding high-risk women in order to inform safety planning.

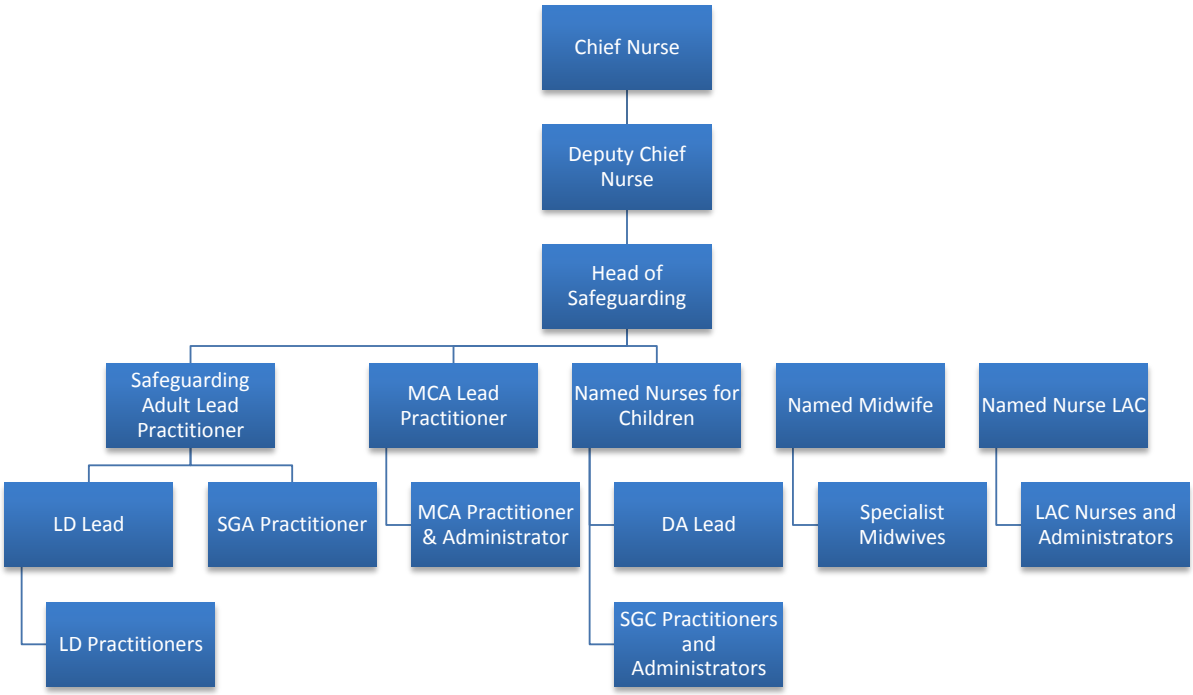
The maternity safeguarding team continue to advocate and liaise on behalf of vulnerable women and families with a particular emphasis on sharing safeguarding information with internal and external partners. Priority has been given to the provision of dedicated full time administrative support which will improve pathways of communication and data collection.

4.8 Looked After Children Services

SGH provides a Looked After Children Service for children and young people in the care of the London Borough of Wandsworth, with a team comprised of medical and nursing practitioners. The service is managed within paediatric services with clinical supervision and support from the Head of Safeguarding.

There is a separate annual report detailing the work of the Looked After Children service.

4.9 SGH Trust Safeguarding Team Structure



5. Assurance

5.1 Safeguarding during Covid-19

In March 2020 NHS England and Improvement published guidance in response to the increasing threat from coronavirus pandemic (Covid-19). This resulted in staff and resources being redirected to critical care as the UK went into lockdown. SGH made the decision that the safeguarding team would remain in their roles, supporting staff working across the hospital and communities, to continue to provide safe and responsive care.

Whilst there has been some flexibility with regards to staff working arrangements, the teams retained a presence in the hospital throughout the year, ensuring the continued availability of advice and support to clinical teams.

The learning disability practitioners increased their clinical support to patients coming into the hospital who would previously have been accompanied by family or carers.

5.2 Prevent Duty and training compliance

Prevent is part of the Government's counter-terrorism strategy Contest, which is led by the Home Office. The Counterterrorism and Security Act (2015) places a duty on NHS Trusts to have due regard to the need to:

- Prevent people from being drawn into terrorism
- Work collaboratively to address risk

The Head of Safeguarding is the Trust Prevent lead and the contact person for referrals. There were no reported Prevent referrals during the period of the report.

The online training seeks to ensure that staff are aware that Prevent activity is not exclusive to adherents of any specific religion or ideology and highlights the growing importance of the far-right terrorist threat.

The principal reference to the NHS in the Government's updated Counter Terrorism Strategy, Contest: Home Office (June 2018) refers in the main to Mental Health services but Prevent nonetheless remains an important area of the Trust's work.

5.3 Learning, Development and Training

Safeguarding training for both adults and children are each underpinned by an Intercollegiate Document for Children, RCPCH (2019) and Intercollegiate Document Guidance for Safeguarding Adults, NHS England (2018). The documents describe roles and responsibilities, and details the level of training required. Each level of training requires that staff need to complete a minimum number of hours training over a three-year period and that these training hours can be met by undertaking a variety of different training interventions.

There are up to 9,000 staff members who are required to undertake level 1 child safeguarding training via an e-learning training package every 3 years. 4,500 staff are required to complete the level 2 e-learning package. Compliance for both levels 1 and 2 is good and meets the Trust mandatory compliance target.

There are just over 1,000 staff requiring level 3 training which, in line with the intercollegiate guidance, is routinely delivered face to face. All staff new to Level 3 training attend a full day introduction to level 3 session and have guidance on how to achieve the additional hours needed over the next 3 years so that they can maintain compliance. Half-day updates cover a variety of topics to support this process, alongside free access to training provided by the local authority.

There were significant challenges to the delivery of child safeguarding training during the period of the Covid-19 pandemic. All face-to-face training was suspended for 6 months until risk assessments for staff attendance had been completed and reviewed. Once face-to-face training was resumed, restrictions and social distancing meant that the numbers of people who could be accommodated at each session was reduced from 25 to 10. Room availability to deliver training was also reduced due to the closure of the university.

Alternative ways of delivery were explored including delivering virtual/remote sessions. While the update half day sessions were able to be successfully delivered this way, it was clear that a combined classroom and remote session was not deliverable by one trainer. A full day training session was organised remotely. However due to the facilitation of multiple guest speakers and need for break out rooms and group work, this was not a model that could be adopted for future and the full day introductions to level 3 child safeguarding training reverted to face-to-face.

As an adjunct to the local training, NHS England approved and uploaded a level 3 child safeguarding package to the e-Learning for Health portal. Enquiries have been made with the Trust e-Learning team to have the modules imported to the Trust portal to support staff learning and development.

Additional challenges to the delivery of training during the pandemic response period were the result of clinical work pressures and the reduced ability of departments to release staff to attend. Many people booked on to courses but were then required to work clinically at short notice. To support clinical areas with their compliance, bespoke methods of delivery were offered at venues convenient to them which helped some clinical areas such as the Emergency Department. These offers worked well and will continue in the future.

The delivery of adult safeguarding, MCA and Prevent training has continued to be delivered via the e-learning platform. E-learning training packages for levels 1-3 are now available via E-Learning for Health. Once update, these should be available for staff to use via the Trust's e-learning platform Totora

Training Data for 2020-21:

	Level	Q1	Q2	Q3	Q4
Children	1	93%	90%	89%	92%
	2	90%	90%	91%	91%
	3	81%	84%	78%	81%
	4	100%	100%	100%	100%
Adults - incl FGM & modern slavery	1	92%	93%	92%	92%

MCA	1	91%	92%	90%	90%
	2	76%	76%	77%	79%
Prevent	1&2		91%	79%	81%
	3		94%	90%	91%

Child safeguarding level 3 training topics:

Safeguarding children training – topics covered	
Safeguarding policies, procedures and guidelines	Learning from Serious case reviews and individual management reviews
Signs of abuse	Role of the Local Authority Designated Officer
Child sexual exploitation (CSE) and Human Trafficking	Fabricated Induced illness
Record keeping	Domestic abuse
How to make a referral	PREVENT
Female Genital Mutilation (FGM)	Private fostering
Managing allegations against staff	Mental Health

5.4 Supervision

Children

Child safeguarding supervision is a requirement for all staff who have face to face contact with children and young people. It is accessed via the Named Nurses and Clinical Nurse Specialists. All safeguarding children supervision undertaken is reported to the Safeguarding Children Team so that compliance can be monitored.

Supervision with the community practitioners was undertaken remotely during the Covid-19 pandemic response. As independent practitioners with their own caseloads, this has proven to be a useful and productive method as staff can organise their workday accordingly.

There is a significantly more difficult challenge within the acute setting, where releasing staff to access child safeguarding supervision has been extremely difficult. The uptake of safeguarding supervision across the acute paediatric services has traditionally been low, a situation made worse by the demands on services during the pandemic response.

	Q1	Q2	Q3	Q4
Acute	6%	4%	14%	17.8%
Community	36%	56%	74%	64.5%

An action plan for increasing the levels of child safeguarding supervision in the hospital is in place and is monitored at the Safeguarding Senior Management Team and JSC. Work is underway with the heads of nursing to utilise existing meetings and training sessions in order to support staff to access the supervision required. Even so, increasing uptake remains extremely challenging and will require an expansion in the numbers of trained supervisors.

Adults
Until recently safeguarding supervision for practitioners working with adults who have care and support needs has not been universally adopted or required. The supervision process and the associated benefits to the organisation and individuals has been widely acknowledged and recognised. The newly published Intercollege Document for safeguarding adults identifies the need and consideration of this will need to be explored over the coming year.

All staff already have access to informal support plus expert advice from the safeguarding team. The safeguarding team also offers teams the opportunity to both informally and formally debrief when experiencing challenging cases.

The adult safeguarding team has regular supervision meetings and the leads for each of the safeguarding disciplines meet monthly to share learning and concerns around complex cases. External supervision for the safeguarding leads is in the process of being established.

5.5 Managing Safeguarding Allegations Against SGH Staff

The Trust has a statutory duty to investigate allegations against staff working with children and this includes allegations relating to a staff member's work or in their private life.

The Head of Safeguarding and the Named Nurse for Safeguarding Children work closely with the Wandsworth Council Local Authority Designated Officer (LADO). The Trust has a duty to report to the LADO any instances in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

This duty applies to allegations relating to the workplace, or in the employee's/volunteer's personal life. This is a complex and sensitive area of the Trust's work and involves close liaison between the Human Resource department and the safeguarding team.

There was 1 LADO referral during the period of the report.

5.6 Policies and Guidance

The following Safeguarding policies ratified in 2020/21:

- Safeguarding Children and Young People
- Safeguarding Children Supervision Guideline
- Safeguarding Adults and Risk Guideline
- Restrictions and Restraints Policy

5.7 Audit

TIAA:
During 2020/21 the child safeguarding service was subject to an Assurance Review of Safeguarding Children by TIAA, the Trust's external auditors. The Trust was found to have a reasonable level of assurance, and the review showed there were adequate arrangements for training, raising awareness and managing concerns. The review found that there are regular communications to maintain awareness around safeguarding and the Safeguarding Team maintained visibility and accessibility during the Covid-19 crisis.

However, there was scope for improvement particularly in performance reporting and governance arrangements and measures have been put in place to address this. These include:

- Standardised quarterly activity and performance reporting
- Robust tracking of JSC actions
- Regular oversight of risks and actions
- Development of an annual audit plan

Section 11:
Section 11 of the Children Act 2004 requires each person or body to which duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations and individuals to ensure they have arrangements in place to safeguard and promote the welfare of children.

The Wandsworth Safeguarding Children Partnership (WSCP) assesses the effectiveness of local safeguarding arrangements in various ways, including Section 11 safeguarding self-assessments. Currently the WSCP discharges this function by carrying out a section 11 assessment on an annual basis.

Staff changes and the impact of the Covid-19 pandemic and the subsequent lockdown meant that the full Section 11 audit could not be completed. To avoid not undertaking the Section 11 Audit in 2020 it was agreed by the WSCP executive that a limited audit should be undertaken that focused on Covid-19. This was to assure the partnership that arrangements are in place to safeguard and promote the welfare of children. The audit demonstrated:

- Audits showed a high level of very thoughtful work by all, despite the pressures they have been under.
- All agencies have worked very hard to keep in contact with families and most feel they have succeeded well.
- Most agencies reflected on the difficulty in assessing situations of concern as accurately as usual without face-to-face contact with many children and families
- All agencies have given a lot of consideration to the wellbeing and support needs for children
- All agencies provided additional support for staff well-being
- The majority felt that the partnership was working very well, and, in some area, improvements seen in attendance at meetings due to virtual meetings
- New areas of practice will be looked to continue to reflect on areas that need improving

Mental Capacity:
There has been on-going work with the Clinical Records group, Trust Consent Lead and Trust Audit Lead which resulted in trust-wide audit of 390 records (in November 2020),

looking at how patients are supported to understand serious medical treatment procedures. Findings suggested inconsistent evidence of documented two-way discussions and alternatives to the recommended treatment. This has negative implications on a meaningful process of supported decision-making, capacity assessments and best interests' decision making.

Questions relating to MCA theory and practice remain integrated into ward accreditation assessments.

6. Attendance information and activity

6.1 Safeguarding children

There are a wide range of concerns that lead to an internal referral to the safeguarding children team, including:

- Children attending A&E following self-harm
- Children admitted to hospital due to safeguarding concerns
- Alcohol / substance misuse
- Children attending following attempted suicide
- Physical injuries resultant from violence inflicted by other young people
- Attendances related to mental health
- Non-accidental injuries

The safeguarding team record all referrals made to a local authority children's services department and can report on the numbers of children attending with safeguarding concerns per borough. In addition, the team can identify the presenting concern, providing a more nuanced and detailed picture highlighting specific issues related to safeguarding, or areas for wider review.

Following a review of the referral process, the safeguarding team instigated a central secure email to ensure that they receive all copies of referrals made to children's social care services, for data collection and quality assurance purposes.

It is important to note that in the Emergency Department referrals to the Local Authority may essentially be notification i.e., informing them of the nature of the admission and the source of concern following an ED attendance and subsequent discharge. Referrals in relation to children or young people who are inpatients or outpatients are likely to be more detailed, and in general the Trust will expect to be part of the safeguarding plan for as long as the child is a patient and where appropriate, beyond.

Most referrals from the Trust to local authorities originate from the Emergency Department, with whom the safeguarding team holds regular operational meetings, and has an excellent working relationship. The weekly information sharing meetings benefit from the attendance of Wandsworth Children's Services, enabling easy access to information and updates regarding Wandsworth children who have attended SGH. This mechanism is highly valued by Emergency Department staff who otherwise might not know the outcome of their referral. The safeguarding team are seeking to engage other local authorities in this process.

The children's safeguarding team can receive referrals in respect of domestic violence, which may or may not present alongside another safeguarding issue. The Named Nurses work closely with the Clinical Nurse Specialist for Domestic Violence and will reviews cases to ensure the most appropriate response.

Activity for the safeguarding team is increasing as lockdown eases, with complex cases being identified and requiring detailed planning for safe discharge to the community. There has been a significant increase in mental health attendance and admission which has brought challenges to the clinical teams.

The paediatric team have worked together with South West London CCG and St George's Mental Health Trust (SWLStG) to overcome the difficulties and find workable solutions. This work continues as paediatric ward staff balance the needs of children and young people in mental health crises, alongside their other patients.

Between April 2020 and March 2021, 632 children where there were safeguarding concerns attended SGH services and were referred to their local authority children's services. During the previous reporting period, 557, an increase of 75 children from 2019/20. This is significant particularly in the context of Covid-19 and a reduced attendance of children and young people to SGH.

Of the 632 children, 90 were subject to a Child Protection Plan:

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	49	56	56	59	220
Merton	44	42	47	66	199
Others	45	85	59	24	213
Total	138	183	162	149	632

68 children and young people had concerns which were linked to adult domestic violence:

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	8	5	10	4	27
Merton	3	6	3	7	19
Others	7	7	4	4	22
Total	18	18	17	15	68

138 children and young people had risks identified where the risk was linked to adult mental health:

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	13	10	11	8	42
Merton	12	13	12	10	47
Others	7	18	11	13	49
Total	32	41	34	31	138

65 children and young people attended SGH where the risk was linked to adult drug and alcohol misuse:

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	6	5	4	6	21
Merton	5	7	4	6	22
Others	5	7	6	4	22
Total	16	19	14	16	65

Vulnerable adolescents
158 children and young people attended the Emergency Department having been assaulted by someone outside of their family

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	7	19	22	15	63
Merton	4	10	9	6	29
Others	8	31	14	13	66
Total	19	60	45	34	158

67 children and young people attended the Emergency Department Number due to self-harming:

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	1	6	10	16	33
Merton	0	2	4	3	9
Others	3	10	8	4	25
Total	4	18	22	23	67

119 children and young people attended the emergency department following attempted suicide:

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	12	10	16	28	66

Merton	3	6	9	6	24
Others	4	6	9	10	29
Total	19	22	34	44	119

125 children and young people attended with alcohol or drug misuse:

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	19	14	19	12	64
Merton	5	4	4	12	25
Others	10	10	7	9	36
Total	34	28	30	33	125

Looked After Children
150 children who were in the care of their local authority, attended the Emergency Department

2020/21	Q1	Q2	Q3	Q4	Total
Wandsworth	5	7	9	13	34
Merton	3	8	10	3	24
Others	15	29	30	18	92
Total	23	44	49	34	150

Hospital Admissions
766 children and young people were admitted where there were safeguarding concerns:

202021	Q1	Q2	Q3	Q4	Total
Wandsworth	28	38	58	51	175
Merton	20	36	47	36	139
Others	65	171	106	110	452
Total	113	245	211	197	766

6.2 Domestic Abuse

The following information relates to the number of people accessing support from the Domestic Violence Clinical Nurse Specialist. And the number of adults and children discussed at the Multi-Agency Risk Assessment Conferences.

Domestic Abuse	Q1	Q2	Q3	Q4	Total
Referrals to the Independent domestic abuse advisor) IDVA	53	13	49	50	165
Contact with other professionals	33	14	17	14	78
MARAC					
Lambeth					
Children discussed per quarter	163	156	149	146	614
Adults discussed per quarter	350	330	316	354	1350
Wandsworth					
Children discussed per quarter	100	140	99	127	466
Adults discussed per quarter	236	253	255	314	1058
Merton					
Children discussed per quarter	135	147	141	147	570
Adults discussed per quarter	264	255	316	314	1149
Total Children discussed Adults discussed	 398 850	 443 838	 389 887	 420 982	 1650 3557

6.3 Safeguarding adults

The safeguarding team collate data on all contacts to the team. In general, these contacts are raised by a member of Trust staff although referrals are also made to the team by other agencies, for example, when a patient is admitted to the Trust and the local authority is already involved in a safeguarding matter, or whereby a patient is transferred between hospitals.

All referrals from SGH to a local authority are completed by the Safeguarding Adult Team, ensuring a consistent referrals threshold is applied and high-quality referrals are made. Requiring ward based and clinical colleagues to complete referrals would represent a significant additional task for these teams. In comparison to safeguarding children, where there is a normally very easy to identify referral process through the Multi-Agency Safeguarding Hub (MASH), 'intake' services for safeguarding adults' teams differ significantly between local authorities. This is an area in which the teams local/sector

knowledge is beneficial, as navigating different local arrangements is time consuming, and relationships built across the multi-agency team is beneficial.

The involvement of the Safeguarding Adult Team varies considerably from case to case. In some cases, brief advice might be provided, or there might be a considerable volume of activity such as patient and family contact, referral and liaison with partner agencies and attendance at internal and external partnership meetings. This includes attendance at a monthly Wandsworth multi-agency panel, where high risk cases, and people for whom there are high levels of concern are discussed and plans agreed.

Both Merton and Wandsworth have adult social work teams based at the hospital, although both local authorities withdrew personnel from the hospital during Covid-19 as per government guidance. Small numbers of Wandsworth staff returned to the hospital as restrictions were lifted, but attendance of social workers in the hospital remains limited.

The Safeguarding Adults service received 961 referrals from SGH clinical services and others in 2020/21. This evidences a continued year on year increase in referrals to the team.

The majority of people were residents of Wandsworth, although the team worked with a total of 11 different local authorities during the period.

Year	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Referrals to the SGA team	502	602	825	855	971	841	813	882	825	961

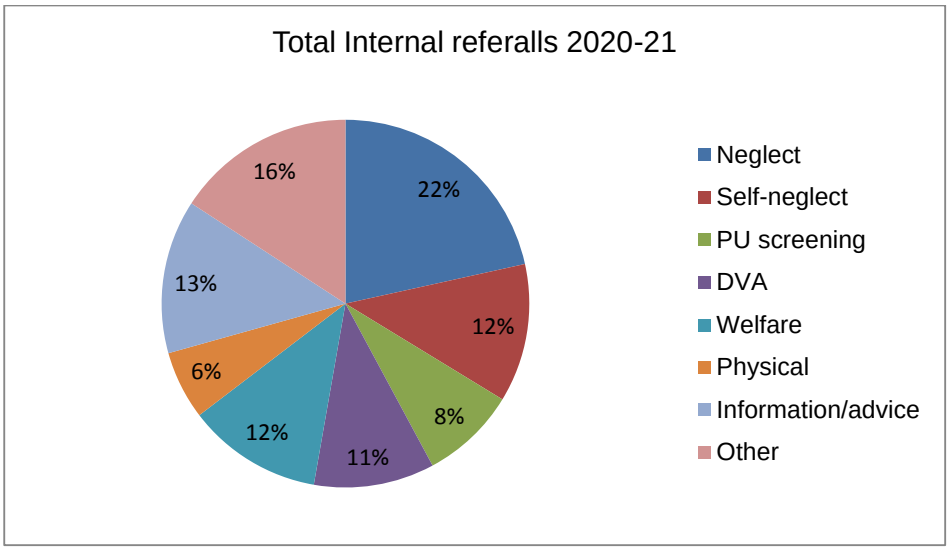
Number of safeguarding adult contacts by primary presenting concern for 2020/21.

Internal Referrals	Q1	Q2	Q3	Q4	Totals
Neglect	35	56	55	61	207
Other	39	43	32	38	152
Info/Advice	27	43	35	25	130
Self - neglect	28	28	33	28	117
Welfare	28	28	34	24	114
Domestic abuse	24	28	26	24	102
Pressure ulcer	21	25	15	20	81
Physical	14	16	12	16	58
Total	216	267	242	236	961

Please note that these categories are based on initial screening when referrals are made to the SGH's safeguarding team. Approximately a third of the referrals were converted into

referrals to Adult Social Care services for consideration under Section 42 of the Care Act. The Local Authorities hold the statutory data around safeguarding adults and make final decision around categories of abuse.

During the initial stages of the Covid-19 pandemic response, there was a reduction in number of referrals compared to the same period in the previous year. This correlated to the general reduction in hospital attendances



Safeguarding concerns regarding SGH care:
Section 42 of the Care Act (2014) establishes the process of local authority led Safeguarding Adults Enquiry, which may be in relation to concerns about abuse or neglect within a vulnerable adult's family, within the community or within a health or care setting.

The section applies where a local authority has reasonable cause to suspect that an adult in its area:

a. has needs for care and support (whether or not the authority is meeting any of those needs),
b. is experiencing, or is at risk of, abuse or neglect, and
c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The threshold for raising safeguarding concerns about care is deliberately low to ensure that adults in need of care and support are appropriately safeguarding. Given the size of the organisation, we would expect to receive some queries about our care, and we are working closely with Wandsworth local authority to ensure that we are able to respond quickly to concerns and identify areas that need further investigation.

That said, the number of enquiries increased significantly over 2020/21. Most cases were closed following a preliminary investigation, with no concerns found with regards to SGH care. Of the small number of cases which went on to a formal section 42 enquiry, 5 of the 6 cases were not upheld, with 1 where we are awaiting the outcome.

2020/21	Q1	Q2	Q3	Q4	Total
Safeguarding concerns regarding SGH care	9	17	21	23	70
Closed following investigation - no section 42 safeguarding enquiry	8	16	21	19	64
Section 42 enquiry	1	1	-	4	6
Closed with no evidence of abuse or neglect	1	1	-	3	5
Awaiting outcome	0	0	-	1	1

All enquiries and concerns regarding SGH care are treated very seriously, and robust investigation and reporting processes have been implemented.

Whilst the preliminary investigations and enquiries have not raised concerns that reach the threshold of abuse or neglect, there is often important learning for the Trust. Recurrent issues include

- Poor information on discharge summaries
- Lack of communication with care homes or families
- Inadequate information on district nursing referrals

The safeguarding team is working closely with nursing leadership and the discharge coordinators to improve information sharing and record keeping. There is a proposed review of the content of discharge summaries, to make them more accessible for patients and families, and to include information about the person's care needs.

6.4 Analysis

The impact of the Covid-19 pandemic on the safety and well-being of children, young people and adults with care and support needs is emerging over time. National evidence tells us that that mental health and domestic abuse are areas of particular concern, and this is reflected in our data.

Of particular concern to children's services has been the impact of 'lock-down' on children and young people's mental health, and whether children have been put at risk because they have been hidden from view.

Significant work has taken place between paediatric services and South West London and St George's Mental Health Trust to put safeguards in place for young people on the paediatric wards, in particular for those with Eating Disorders. Given the continuing demand on Child and Adolescent Mental Health Services, both locally and nationally, it is likely that the demand for mental health interventions in the acute setting will continue to increase.

Anecdotal evidence suggests an increase in the number of non-accidental injuries to young children, and a retrospective audit of children under the age of 1 year, attending the emergency department with injures is underway.

There is clear national evidence regarding the increase in domestic abuse, as people have been trapped at home with their abuser. This will have had an impact on SGH staff as well

as the people we work with, and access to advice and support is available through the specialist Domestic Abuse team.

7. Partnership working

Partnership working, developing trusting relationships and high levels of communication are key to safeguarding children, young people, and adults with care and support needs.

The Wandsworth and Merton Safeguarding Children and Adult Partnerships are the bodies with responsibility for safeguarding children, young people, and adults across the respective boroughs. This partnership work involves the Police, Health (through CCG's) and Local Authorities, each with specific duties to secure safeguarding arrangements and responsibilities. The Trust is represented by the CCG at Wandsworth Adult and Child Safeguarding Partnerships, and at Merton Child Safeguarding Partnership, and is a member of the Merton Safeguarding Adult Partnership.

The overarching purpose of the Partnerships is to ensure that children, young people and adults with care and support needs are safeguarded from abuse and neglect. As part of the Trust's adult safeguarding responsibilities, we engage in the activities of the partnerships by membership of the sub-groups, participating in learning reviews, working on policy development and learning programmes.

Safeguarding Adults:
The lead nurse for adult safeguarding attends the monthly 'CMARAP' – Community Multiagency Risk Assessment Panel for adults at risk across Wandsworth. This is an opportunity for teams across Wandsworth to present complex cases to senior operational leads from social services, mental health services, the police, housing, acute health and fire services with a view to mitigating risk.

Themes include self-neglect, hoarding, disengagement from services, drug and alcohol use and housing issues. There have been a number of successful outcomes for clients through this process.

Adults	Meeting	SGH attendee
Wandsworth	SAR subgroup	HoS, SGA Lead
Merton	SAR subgroup	HoS, SGA Lead
SWL CCG	LeDeR	LD Lead
	Clinical Reference Group LD & Austim	LD Lead

Safeguarding Children:
The following local partnership meetings were attended:

Children	MTG	SGH attendee
Wandsworth	Monitoring Quality & Performance	HoS
	SCIL	HoS/NN
	Training	NN
	Vulnerable Adolescents Group	NN
	Violence Against women & girls	CNS
Merton	Quality Assurance & Practice Review	HoS/NN
	Policy and Training	NN
	Early Help & Neglect	NN
	Promote and Protect Young People	NN
	Think Family and Domestic Abuse	CNS

Domestic Abuse:

DVA	MTG	SGH attendee	Frequency
Wandsworth	MARAC	DV Lead	Monthly
Merton	MARAC	DV Lead	Monthly
Lambeth (research)	MARAC	DV Lead	Monthly

8. Statutory Reviews

Child Safeguarding Practice Reviews (CSPR), Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR) form an essential part of the multi-agency partnerships safeguarding strategies. Safeguarding practitioners regularly attend meetings and workshops in relation to cases being considered or reviewed, to establish single and multiagency learning or changes in practice.

The extent of SGH involvement in the statutory review process will depend on the Trust's involvement in the case, and on our contribution to learning across the partnerships. Where SGH has had significant involvement in the case, we will provide a comprehensive chronology and Internal Management Review (IMR). Safeguarding leads and practitioners

involved in the case may participate in practice review workshops and the Head of Safeguarding or Named Professional will be a member of the oversight panel.

Learning from local and national enquiries, CSPR, SAR and DHRs alongside case learning reviews are discussed at the JSC and are cascaded via scenario-based training, the Child Safeguarding Newsletter, and internal meetings. Action plans for any reviews with actions for SGH are monitored by the JSC.

Both Wandsworth and Merton adult and child partnerships are embracing the Learning Together model for practice reviews, developed by the Social Care Institute for Excellence. This approach uses systems thinking to gain a deeper understanding of current local practice and cultivate an open, learning culture. The aim is to build internal capacity by having staff trained and accredited in the Learning Together approach to reviewing. The Head of Safeguarding is currently undertaking the Learning Together training and is the Lead Reviewer for a Wandsworth CSPR.

Safeguarding Adult Reviews:
During 2020/21 SGH provided information for SGAs in Wandsworth and Lambeth. The Trust had minimal involvement in delivering care to these patients and was not a formal panel member.

Child Safeguarding Practice Reviews:
Sadly, we have been involved in a number of CSPRs or IMRs in 2020/21, in relation to children and young people who died or suffered significant harm.

Due to the nature of services provided at SGH, trauma and other high-risk cases will attend the hospital. For this reason, we are contributing to reviews in Wandsworth, Merton, Croydon, Lambeth, Lewisham and Surrey.

Whilst the drive is towards more timely and proportionate review processes, many of the reviews will inevitably take some time.

9. Key risks and challenges

Children and young people's mental health:
There have been high numbers of young people experiencing mental health crises attending the emergency department and being admitted to the paediatric wards during 2020/21. Young people with eating disorders and children and young people who are harming themselves is of particular concern, and the Trust is working with colleagues in the Mental Health Trust, CCG and local authorities to ensure that the right services are in place.

Liberty Protection Safeguards:
The Mental Capacity Amendment Act (MCAA) received Royal Assent in May 2019, with the introduction of Liberty Protection Safeguards (LPS) which will replace the current MCA/DoLS system. The MCAA is due to be implemented in April 2022.

The introduction of the LPS has significant implications for SGH in terms of:

- the legislation applying to a wider range of care settings/individuals than current DoLS system
- increased financial costs to apply the LPS process and have staff trained in delivering the legislation across all divisions
- introducing systems and processes. SGH will be legally required to anticipate and prevent individuals being deprived of their liberty, and to authorise and review the

safeguards in place when SGH staff have applied a less restrict intervention or deprivation in an individual's best interest, to safeguard and protect their health and wellbeing.

Adult Safeguarding
There are on-going concerns regarding high-risk complex discharges particularly relating to self-neglect and disengagement. These will often be patients for whom assessment of their mental capacity is complex and may fluctuate. Considerable support and supervision is often needed in Deprivation of Liberty decision making.

Alongside this are the significantly increasing numbers of referrals into the safeguarding team.

There are increasing numbers of concerns and enquiries being raised by Adult Social Care in relation to SGH discharge processes. These require further investigation, but appear to be centred on fast-track/end of life pathways, and poor communication.

Looked After Children
SGH delivers a LAC service to children in the care of Wandsworth Local Authority. The Trust has had a long-standing difficulty in delivering the medical aspects of the service and continues to require support from partner organisations. In addition, there continues to be turnover within the nursing team with the loss of experienced nursing staff.

The service is challenged by being small, specialist and embedded in an organisation for which the provision of community services is not it's primary business. Despite this, the team continue to perform to a high level.

10. SGH Safeguarding priorities in 2021/22

The following areas are a priority for 2021/22 and form the basis of the safeguarding workplan:

- Welcome new leadership into the team and fully embed the new governance processes
- Further improve the timeliness and quality of reporting
- Implement an annual audit plan
- Understand and address issues relating to safe hospital discharge processes
- Continue to work with multi-agency/multi-disciplinary colleagues to understand the needs of patients where there are complex capacity issues
- Improve child safeguarding supervision rates with creative flexible models for delivery
- Implementation of the Liberty Protection Safeguards
- Develop and deliver a communication plan
- Plan the implementation of level 3 training requirements in adult safeguarding
- Ensure the voice and views of individuals at risk of abuse or neglect and those who support them is heard and applied to ensure good personal outcomes and improve the outcomes for individuals.

11. Conclusion

In the NHS Constitution the first principle that guides the NHS in all it does states:

> 'It has a duty to each and every individual that it serves and must respect their human rights'.

The SGH safeguarding team remain committed to ensuring that the Trust effectively executes its duties and responsibilities in child and adult protection and safeguarding. It is recognised that this is not achievable without the support and collaborative working of our partner agencies.

This report demonstrates continued significant progress against the statutory agenda, with good compliance to internal and external safeguarding standards. The team will continue to strive to ensure SGH safeguarding processes are robust and effective, building on existing systems to further improve and develop the Trust's response to safeguarding.

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12. Reference links

London Child Protection Procedures, 2021 https://www.londoncp.co.uk

The Care Act, 2014 https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The Care Act Statutory Guidance, 2020 https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

The Human Rights Act,1998 https://www.legislation.gov.uk/ukpga/1998/42/contents

Mental Capacity Act, 2005 https://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Capacity (Amendment) Act 2019
https://www.legislation.gov.uk/ukpga/2019/18/enacted

Safeguarding Adults – Intercollegiate Document, 2018 https://www.rcn.org.uk/professional-development/publications/pub-007069

Working Together to Safeguard Children, 2018
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Safeguarding Children and Young People – Intercollegiate Document (2019)\
http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2012/08/Children-Intercollegaite-Doc-2019.pdf

Section 11, Children's Act (2004)
http://www.legislation.gov.uk/ukpga/2004/31/section/11

Learning Together
https://www.scie.org.uk/children/learningtogether/

Appendix 1

Safeguarding children and young people

St George's University Hospitals NHS Foundation Trust is fully committed to ensuring that all children and young people accessing acute and community services receive high quality care in a safe and secure environment. The Trust adheres to its statutory duties in line with Section 11 of the Children Act 2004 and the following safeguarding children arrangements are in place to support statutory duties:

- St George's University Hospitals NHS Foundation Trust meets the statutory requirements for safer recruitment with the Disclosure and Barring Service (DBS). All staff employed by the Trust will have a DBS check prior to employment and those working with children undergo an enhanced level of assessment.
- The Trust has Safeguarding Policies and Procedures in place which are up to date, reviewed regularly and approved by the Trust's Executive Lead for Safeguarding Children and Young People. All policies and procedures are accessible to staff via the Safeguarding Children page on the intranet.
- The Trust has a process to ensure children who are not brought to appointments are recognised and that decisions with regards to appropriate follow up are made taking into account the voice of the child and the impact on health and wellbeing.
- All staff members are required to undertake relevant safeguarding training; compliance is regularly reviewed via the training database and at the Trust

Safeguarding Committee.. The Trust has a training strategy in place for the delivery of safeguarding training.

- The Trust is involved in both local Safeguarding Children's Partnerships (Wandsworth and Merton) and is committed to interagency working and positively supports opportunities to work with other agencies.
- The Trust has a Trust wide Safeguarding meeting and governance structure in place which has overall leadership from the Chief Nurse and Director of Infection Prevention and Control, who is the Executive Safeguarding Lead. The Safeguarding Team structure is as follows:

Safeguarding Lead	**Time allocated**
Executive Lead for Safeguarding – Chief Nurse and Director of Infection Prevention and Control	As part of role
Head of Safeguarding for Adults and Children	1.wte
Named Doctor (acute)	3 programmed activities
Deputy Named Doctor (acute)	1 programmed activity
Named Midwife & Vulnerable Women Lead	1.wte
Specialist Safeguarding Midwife	1.wte
Named Nurse – (acute)	1.wte
Named Nurse (community services)	1.wte
Clinical Nurse Specialist (acute)	2.wte
Clinical Nurse Specialist Domestic Abuse & FGM (acute)	1.wte
Designated Doctor For LAC (acute)	1.wte
Specialist Nurse for LAC (community)	1.wte
Liaison Health Visitor (community based in acute)	1.wte

- The Trust Board takes accountability for Safeguarding Children and receives an annual report. The Safeguarding Committee (Children and Adults) reviews, scrutinises and oversees the Trust's safeguarding arrangements. The Trust will

continue to review the arrangements in place and update in line with changing guidance and policy developments.

Appendix 2

Safeguarding Adults
St George's University Hospitals NHS Foundation Trust works hard to ensure that all patients, particularly those that are vulnerable, are cared for in a safe, secure and caring environment. In particular it is important that St George's protects patients from abuse, whether from within the hospital or from the community.

- The trust has a multi-agency policy and robust procedures in place for responding to and reporting alleged abuse
- The trust's adult safeguarding steering group reviews local and national guidance and legislation to ensure policies and procedures are relevant and updated
- All trust staff receive mandatory awareness (elearning) training of adult protection as part of their induction
- The trust recognises that particular groups of people, such as those with dementia or a learning disability, can be at risk of abuse. Staff can make a significant difference to their care by treating all patients with respect and dignity
- The trust works closely with colleagues in local authorities in investigating allegations of abuse, and ensures that adult safeguarding referrals are made promptly to the relevant local authority. The Trust works in partnership as required, with local authorities prior to, in the process of, and after referrals have been made.
- The Trust is a participant in the Safeguarding Adults Boards of both Wandsworth/Richmond and Merton to ensure that there is an effective multi-agency

approach to protecting vulnerable adults. Through both NHS and partnership training and learning, the Trust Safeguarding team maintain an awareness of developments in practice and policy in relation to safeguarding, including in relation to specific areas of concern i.e. Modern Slavery and Human Trafficking.

- The Chief Nurse and Director of Infection Prevention and Control is the Executive Director for safeguarding.
- The trust board takes the issue of safeguarding extremely seriously and receives an annual report on adult safeguarding issues, whilst other Trust specific and partnership committees and boards receive information as required throughout the year. The bi-monthly Trust Safeguarding Committee meets monthly is and the body at which day to day Safeguarding operational information and pressures are considered.

Outstanding care every time

St George's University Hospitals NHS Foundation Trust

Meeting Title:	**Trust Board**		
Date:	29 Jul 2021	**Agenda No**	**2.2**
Report Title:	Integrated Quality & Performance Report		
Lead Director/ Manager:	Anne Brierley, Chief Operating Officer		
Report Author:	Kaye Glover, Emma Hedges, Mable Wu		
Presented for:	Assurance		
Executive Summary:	This report consolidates the latest management information and improvement actions across our productivity, performance and workforce for the month of June 2021. **Our Finance & Productivity** Outpatient activity in June 2021, excluding COVID activity, is 106% of 2019 activity with the expectation that this will rise to 112% once coding is complete Elective and Daycase volume is 95% of June 2019 activity and is expected to rise to 104% once coding is complete. The Elective Recovery Fund target for June was 80%. With 3 out the 4 operating theatres to open at Surgical Treatment Centre at Queen Mary's Hospital, the Trust has 33 of 34 available operating theatres are in use. Length of Stay for non-elective admissions continues above the upper control limit at 5.8 days. Senior attendance at Board rounds along with focus on discharging patients on weekends remains a priority. Revised National Policy and Operating Model for Hospital Discharge and Community support was published 5 July 2021 and we are working with South West London Partners to review and refresh discharge pathways and models in July. The team aims to optimise Enhanced Discharge to Assess where patients' further care can be managed in the community with Primary Care support. **Our Patient Perspective** Advanced, Intermediate and Basic Life Support Training compliance rates remains below target however the Chief Nurse and the Chief Medical Officer are actively managing the uptake. Additional sessions including drop-in sessions are being provided along with resuscitation champions facilitations in their own area. Patient safety measures showed common cause variation. In month, there was no Hospital Onset, Healthcare Acquired COVID-19 nosocomial infections and no MRSA bacteraemias reported. All 21 qualifying incidents in April 2021 had their respective Duty of Candour report completed within 20 days which is a significant improvement from previous months. Complaints did not achieve compliance across all their targets as one 60-day complaint did not receive a timely response. In maternity, over 34% of women were booked onto a Continuity of Carer pathway. Continuity of Carer action plan is being developed in view of changing requirements for 2021/22. Proactive recruitment continues to support safe staffing levels to the current budgeted establishment and we eagerly await the outcome of the Ockenden Workforce bid.		

	All services apart from the Emergency Department achieved their Friends and Family Test (FFT) targets of having over 90% of their users rate their service as "Good" or "Very Good". The Emergency Department are investigating their fall in performance and response rate. **Our Process Perspective** In June 91.4% of patients were admitted, discharged or transferred within four hours of their arrival. Attendance numbers continue to climb and are returning to pre-COVID levels with the number of ambulance arrivals already in line with the mean of 2019. The number of adult and paediatric mental health patients attending the department is increasing and this is being addressed through engagement with the mental health providers. For May, the Trust met two of the seven cancer standards: • 31-Day Second or subsequent Treatment (Drug), and • 31-Day Second or subsequent Treatment (Surgery) Targeted support is in place to support backlog recovery in particular for Breast services. Actions underway in the recovery plan include: • Recruitment for posts • Additional clinics scheduled • Demand and capacity modelling to address process efficiencies • Fast tracking all confirmed cancers for Rapid diagnostics and multi-disciplinary discussions and theatre/NeoAdj therapies if diagnosed. • Conducting Root Cause Analysis / Risk review to determine delays and learning for all patients waiting more than 62 days The Trust reported a continued improvement in performance against the six-week diagnostic standard with a performance of 5.0% compared to 5.6%. Recovery of the endoscopy position is expected by 31 October 2021 successful staff recruitment. May 2021's RTT performance was 74.2% against a National target of 92% with 1.597 patients waiting longer than 52 weeks. As stated in the "Our Productivity", the Trust is increasing activity levels in Outpatients and has increased the number of theatres available to address backlog clearance. **Our Workforce Perspective** Trust sickness absence rate was 3.7% compared to 3.2% Trust target. Appraisal rates for non-medical staff and medical staff was 74.6% and 78.4% respectively. Formal Employee Relation cases show common cause variation with 37 cases as at 30 June 2021. Newly introduced initial fact finding and pre-investigation checklists have increased the number of cases which have been managed and resolved informally Agency cost was £1.89m which is £0.64m adverse to the monthly target of £1.25m.
Recommendation:	The Board is asked to note the report.
Supports	
Trust Strategic Objective:	Treat the Patient; Treat the Person; Right Care; Right Place; Right Time
CQC Theme:	Safe, Caring, Responsive, Effective, Well Led
Single Oversight Framework Theme:	

Implications			
Risk:	NHS Constitutional Access Standards are not being consistently delivered and risk remains that planned improvement actions fail to have sustained impact		
Legal/Regulatory:			
Resources:	Clinical and operational resources are actively prioritised to maximise quality and performance		
Equality and Diversity:			
Previously Considered by:	Trust Executive Committee Finance & Investment Committee Quality & Safety Committee	**Date**	19 Jul 21 22 Jul 21 22 Jul 21
Appendices:			

Outstanding care every time

St George's University Hospitals NHS Foundation Trust

Integrated Quality and Performance Report

For Trust Board
Meeting Date – 29 July 2021

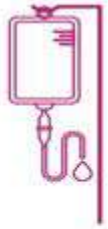
Anne Brierley- Deputy Chief Operating Officer

Our Outcomes

How Are We Doing?

June 2021

Daycase and Elective Surgery operations



Actual: **5,135**

2019 Actual: **5,393**

6 Week Diagnostic Performance

Actual: **5%** Target: **1%**

Four Hour Emergency Standard

Actual: **91.4%**

Plan: **95%**

Whole Trust Inpatient Friends and Family Test

Actual **97.5%**

Target **95%**

Outpatient First Attendance

Actual **18,633**

2019 Actual: **18,146**

May 2021

Referral to Treatment Standard - Number of 52 Week Breaches

1,597

Balanced Scorecard Approach

OUR **OUTCOMES**	How are we doing?					
OUR **FINANCE** & **PRODUCTIVITY** PERSPECTIVE	Activity Summary	Outpatient Productivity	Theatre Productivity	Bed Productivity	Performance against Budget	CIP Delivery
OUR PATIENT PERSPECTIVE	Patient Safety R	Infection Control	Mortality	Readmissions	Maternity	Patient Voice
OUR **PROCESS** PERSPECTIVE	Emergency Flow	Cancer	Diagnostics	On the day cancellations A	18 Week Referral to Treatment	
OUR PEOPLE PERSPECTIVE	Workforce		Agency Use		Estates Health and Safety	

Key

Current Month

A Previous Month

Executive Summary – June 2021 (1 of 2)

	What the Information tells us	Actions and Quality Improvement Projects

Finance & Productivity Perspective	• Outpatient activity, excluding COVID-19 activity, was 106% of 2019-20 activity which is expected to rise to 112% once coding is completed
	• Outpatient Did-Not-Attend (DNA) rates remain low at 8.2% overall
	• Daycase & Elective activity was 95% of 2019-20 and, once coding is complete is expected to increase to 104%
	• Non-Elective Lengths of Stay show special cause deterioration at 5.8 days
		• Outpatient Transformation programmes are underway with care groups reviewing their clinical pathways with the aim of redesign and improvement
		• A deep dive into virtual appointment DNA rates will be undertaken to determine causes and potential remedies
		• Daycase & Elective activity
		  • Anaesthetic workforce is a significant risk to capacity; an initial recovery plan has been developed with further changes expected.
		  • the Surgical Treatment Centre at Queen Mary's Hospital is now open with three out of four theatres in operation
		• Length of Stay
		  • Older People's Liaison Service pilot being undertaken in ED to avoid admission and reduce length of stay
		  • Working with SWL partners to increase weekend discharges including discussions on discussions on community services 7 days working

Patient Perspective	• All Life Support Training course completion rates are below target
	• All 21 qualifying incidents in April 2021 had their respective Duty of Candour report completed within 20 days
	• All patient safety indicators show common cause variation
	• There were no Hospital Onset Healthcare Associated COVID-19 cases in June and one no Hospital Onset Probably Associated COVID-19 infection.
	• Over 33.8% of women in maternity services were booked on the Continuity of Carer pathways
	• The Trust failed to respond to a 60-day complaint in a timely manner
	• Services apart from the Emergency Department achieved their Friends & Family Test (FFT) target of having over 90% of service users rating the service as "Good" or "Very Good".
		• Chief Nurse and Chief Medical Officers are actively managing course Life Support Training completion supported by additional training sessions including drop-ins
		• Duty of Candour compliance remains actively monitored across all departments
		• Several patient safety initiatives are under way including:
		  • Falls prevention coordinator has resumed ward visits and regular education activities
		  • Focus work on Medical device related pressure ulcer in underway
		• Maternity action plan to develop Continuity of Carer teams to meet the revised definition is being developed
		• FFT ED – review underway to determine drop in performance

Executive Summary – June 2021 (2 of 2)

	What the Information tells us	Actions and Quality Improvement Projects

Process Perspective	• Four Hour Operating Standards
	  • 91.4% of patients either admitted, discharged or transferred within four hours of their arrival; the target is 95%
	  • There were eight12-hour beaches in June which were all Mental Health patients
	• May Cancer performance
	  • the Trust met the 31-Day Second or subsequent Treatment (Drug), and the 31-Day Second or subsequent Treatment (Surgery) standards
	  • 14 Day Breast Symptomatic was 77.9% decreasing from 47.4% reported in March
	• Six week diagnostic standard improved to 5.0% from 5.6%
	  • 62 patients were waiting for more than 13 weeks which is a reduction from 116 patients in May
	• Referral to Treatment for May:
	  • 74.2% of patients were treated within18 weeks of referral
	  • 1.597 patients have been waiting over 52 weeks since referral compared to the May plan number of 2832.
		• Four Hour Operating Standards actions
		  • Out Of Hours GP cover has been increased to help meet the increased demand.
		  • Continuing issues with the number of adult and paediatric mental health patients is being addressed through engagement with the mental health providers.
		• Cancer
		  • Recruitment for posts is in progress and additional clinics added to manage Bank holidays.
		  • A work group is in place looking at efficiencies and process for the pathway, demand and capacity modelling.
		  • All confirmed cancer are fast tracked for Rapid diagnostics and MDT discussions and theatre/therapies if diagnosed.
		  • All 62+ day patients have an Root Cause Analysis / Risk review to determine delays and learning
		• Diagnostics is maintaining a targeted focus on modalities with the longest patient waits
		  • Endoscopy Recovery –recruitment is underway following approval for sustainable staffing
		  • Sleep studies 10 week recovery programme is underway
		• Referral to Treatment
		  • On track to ensure no patients are waiting over 104 weeks by end of June with patient choice being the key risk for a small cohort of patients
		  • On track to ensure no patient is waiting more than 42 weeks for their first Outpatient appointment by July

People Perspective	• Trust sickness absence rate was 3.7% which did not meet the goal of no more than 3.2% of staff are absent due to sickness
	• Appraisal rates for non-medical staff and medical staff was 74.6% and 78.4% respectively and will likely not achieve the target of 90% without intervention.
	• At 30 June 2021 there were 37 Formal Employee Relation
	• Agency cost increased to £1.89M compared to £1.67m in the previous month. This is which is £0.64m adverse to the monthly target of £1.25m.
		• Trust sickness absence rate
		  • The Chief Nurse meets with Divisional Directors of Nursing bi-weekly for an update on sickness absence management.
		  • Human Resources Business Partners (HRBPs) share reports with Divisions.
		• HR partners continue meeting with managers to encourage completion of appraisals for non-medical staff
		• Employee Relations surgeries continue to run on a biweekly basis to for line managers

Balanced Scorecard Approach

OUR **OUTCOMES**	How are we doing?					
OUR **FINANCE** & **PRODUCTIVITY** PERSPECTIVE	Activity Summary	Outpatient Productivity	Theatre Productivity	Bed Productivity	Performance against Budget	CIP Delivery
OUR PATIENT PERSPECTIVE	Patient Safety R	Infection Control	Mortality	Readmissions	Maternity	Patient Voice
OUR **PROCESS** PERSPECTIVE	Emergency Flow	Cancer	Diagnostics	On the day cancellations A	18 Week Referral to Treatment	
OUR PEOPLE PERSPECTIVE	Workforce	Agency Use	Estates Health and Safety			

Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID-19 plan

Activity Summary

		Activity compared to 2019/20			Activity compared to previous year			Activity compared to 2020/21		
		Jun-19	Jun-21	Variance	YTD 19/20	YTD 20/21	Variance	Jun-20	Jun-21	Variance
ED	ED Attendances	14,285	13,910	-2.63%	42,889	38,264	-10.78%	8,827	13,910	57.58%
Inpatient	Non Elective	4,727	3,653	-22.72%	14,799	10,515	-28.95%	3,451	3,653	5.85%
	Elective & Daycase	5,393	5,135	-4.78%	15,833	14,587	-7.87%	2,419	5,135	112.28%
Outpatient	OP Attendances	49,266	52,356	6.27%	149,432	148,176	-0.84%	44,093	52,356	18.74%

>= 2.5% and 5% (+ or -)
>= 5% (+ or -)

Note: Figures quoted are as at 09/07/2021 and do not include an estimate for activity not yet recorded e.g. Un-cashed clinics, To Come In's (TCI's).

Activity levels for June 2021 have been shown against activity levels reported in June 2019. For reference the grey boxes compare activity levels to 2020/21.

Outpatient data above **excludes COVID-19 activity** (Activity data presented above is based on Finance definition of POD1).

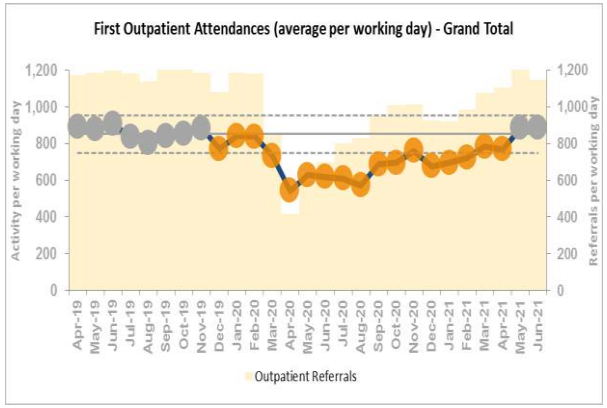
June Activity Performance v Trajectories – Elective, Daycase & Outpatients

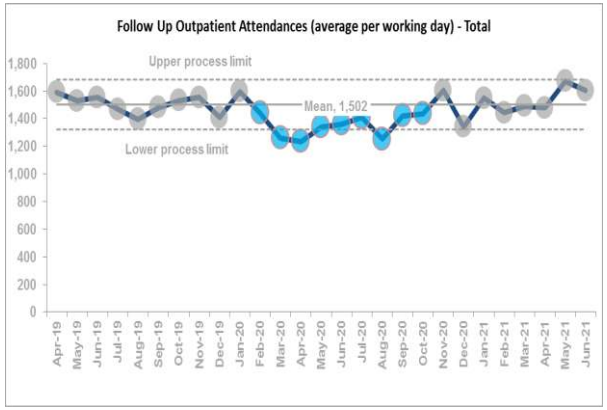
Note: The below activity information is shown in 'SLAM' currency, as this is the currency the Trust is used to seeing and reporting. In addition it allows us to price up this activity to allow a high level estimation of potential Elective Recovery Fund (ERF) payments. The currency used nationally will be 'SUS', to which a price cannot be allocated. The Trust is not expected to hear about calculated ERF payments for up to 2 months in retrospect. A reconciliation will be completed between SUS and SLAM, and the below should be taken as directional for now. For information, the ERF target for June is 80%.

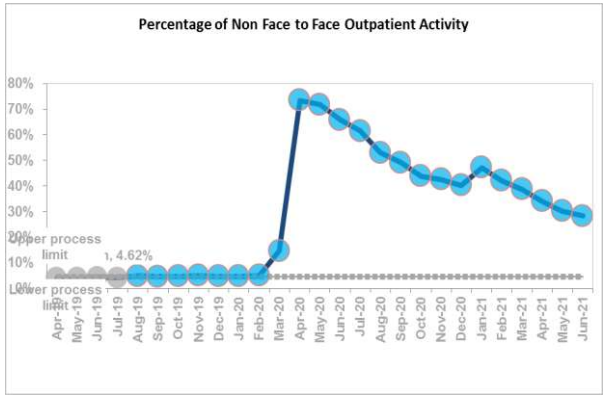
	ACTIVITY QUANTUMS					ACTIVITY %s				
Specialty	June Trajectory	June Activity	June catch up estimate	June Activity after catch up	variance activity	June Trajectory	June Actual	June catch up estimate	June Activity after catch up	variance activity
Cardiac Surgery (172)	40	40	1	41	1	114%	114%	2%	116%	2%
Colorectal Surgery (104)	32	41	3	44	12	60%	77%	6%	83%	23%
Ear, Nose & Throat	189	157	16	173	-16	111%	92%	9%	102%	-9%
General Surgery (100)	73	57	4	61	-11	76%	59%	5%	64%	-12%
Gynaecology (502)	194	205	17	222	28	92%	97%	8%	105%	13%
Neurosurgery (150)	92	116	7	123	31	60%	76%	4%	81%	20%
Trauma & Orthopaedics (110)	80	85	9	94	15	44%	47%	5%	53%	8%
Urology (101)	368	316	33	349	-19	130%	112%	12%	123%	-7%
Total Theatre Specialties	**1,067**	**1,017**	**91**	**1,108**	**40**	**91%**	**86%**	**8%**	**94%**	**3%**
Gastroenterology (301)	1,338	1,434	209	1,643	304	88%	94%	14%	108%	20%
Cardiology (320)	232	229	7	236	4	84%	83%	2%	85%	1%
Dermatology (330)	12	0		0	-12	100%	0%	0%	0%	-100%
Neurology (400)	712	642	30	672	-40	107%	97%	4%	101%	-6%
Paediatrics (420)	16	21	2	23	7	84%	111%	8%	119%	35%
Paed Surgery (171)	68	83	4	87	19	92%	112%	5%	117%	25%
Clinical Haematology (303)	185	169	57	226	41	1420%	1300%	437%	1737%	317%
Medical Oncology (370)	81	106	2	108	27	114%	149%	3%	152%	38%
All Other Specialties	1,386	1,434	72	1,506	119	89%	92%	5%	96%	8%
All Other	**4,030**	**4,118**	**381**	**4,499**	**469**	**96%**	**98%**	**9%**	**107%**	**10%**
Total Daycase / Elective	**5,098**	**5,135**	**471**	**5,607**	**509**	**95%**	**95%**	**9%**	**104%**	**9%**
Outpatients	**44,303**	**52,356**	**2,618**	**54,974**	**10,671**	**90%**	**106%**	**5%**	**112%**	**22%**

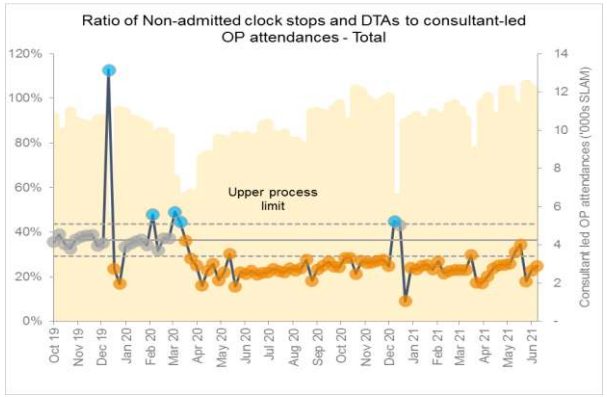
- The adjacent table shows performance against the elective and day case activity trajectories split between theatre specialties, and other specialties. It also shows Outpatient performance as a trust. Diagnostic mapping to ascertain performance against trajectories is being worked through with commissioning colleagues.
- Elective and Daycase performance is expected to be ahead of trajectory (after estimated catch up), with a percentage of 104%, higher than the 95% trajectory submitted for June. Theatre specialties are at 94%, with non-Theatre specialties at 104%.
- Outpatient performance is expected to be 112% after catch-up, which is higher than the 90% trajectory by 22%.

Outpatient Productivity (1 of 2)









Actions and Quality Improvement Projects

As part of the Elective care recovery programme, we are treating a large volume of patients who have waited a long time for their appointments and therefore there is a higher proportion requiring an appointment in a face-to-face setting. It is anticipated that we will see a lower volume of virtual activity as we work through our backlog.

For some services, virtual clinics will be a core part of their service offering moving forwards, for other services this will be less appropriate. All Care Groups are currently reviewing their Outpatient clinical pathways with a view to re-designing and improving them.

An Outpatient Steering Group meeting commenced in May, which will have oversight of all key Outpatient KPIs and transformation work streams. This will report into the Elective Care Recovery Programme Board.

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

What the information tells us

Outpatient (OP) first attendances per working day continued to increase throughout June with activity levels remaining within the upper and lower control limits for a consecutive month against the 2019 baseline. On average, there were 889 attendances daily compared to 886 in May. All Directorates have seen activity levels increase compared to the previous month particularly within Surgery, where daily attendances increased by 25 appointments per day. All first outpatient activity in June 2021 was 103% of the activity reported in June 2019.

At Trust level, follow-up activity shows common cause variation with activity levels remaining above the mean against 2019 baseline. In June, there were on average, 1,604 attendances daily compared to 1,672 patients in May. All follow-up outpatient activity in June 2021 was 108% of the activity reported in June 2019.

All outpatient activity in June 2021 was 106% of the activity reported in June 2019 and is expected to rise to 112% after catch-up, which is higher than the 90% trajectory by 22%.

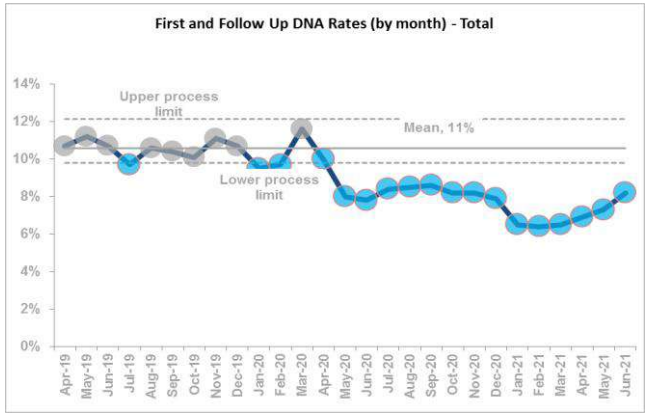
In June, 28% of our outpatient attendances were undertaken in a virtual setting, a decrease of 2% compared to the previous month.

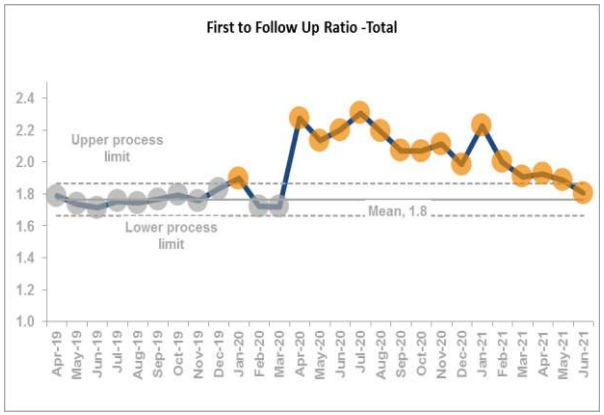
At Trust level, pre-COVID, there was a clock stop or a decision to admit for every 2.7 Consultant-led OP attendances. The ratio is now 4 consultant OP attendances to each clock stop or DTA.

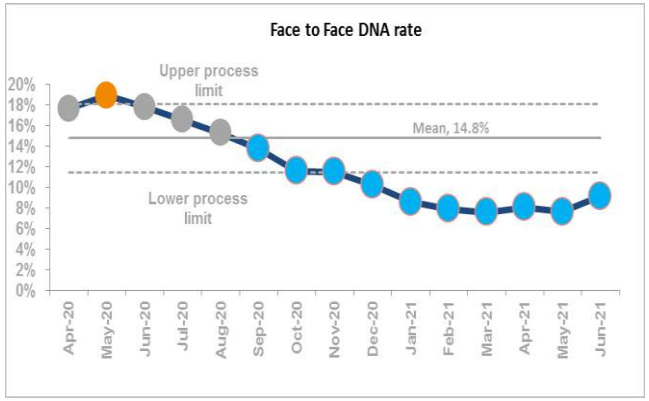
Please note that COVID-19 related OP activity has been excluded from the charts.

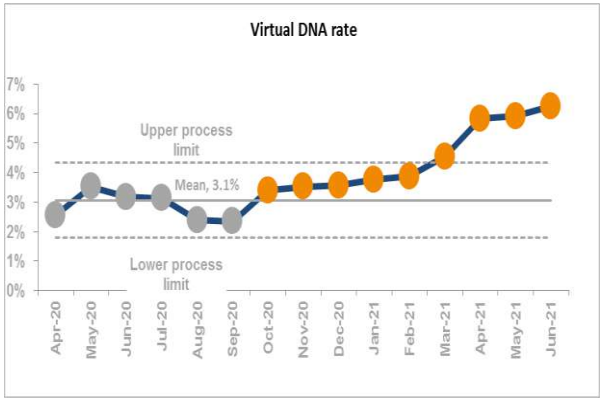
Outpatient Productivity (2 of 2)

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









What the information tells us

The number of patients not attending their outpatient appointment remained below the lower control limit in June against the 2019 mean, although seeing an increase of 0.9% compared to the previous month.

With the increased first outpatient attendances the first to follow-up ratio although remaining above the mean has seen a reduction over the past five month period.

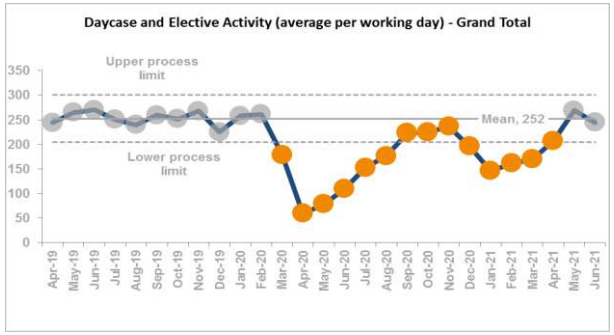
With an increase in the number of patients being seen in a face to face setting, the number of patients that did not attend has started to increase although remaining below the lower control limits. Throughout June 6.2% of patients with a virtual outpatient booking did not attend their appointments equating to 1,149 patients.

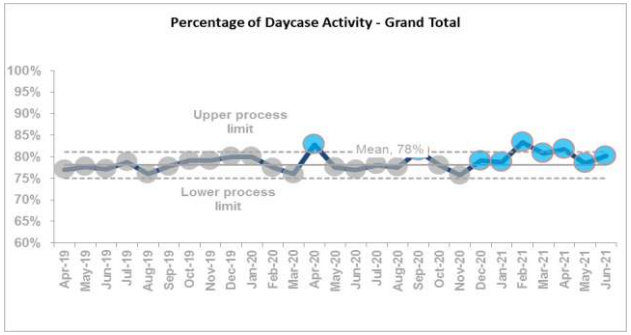
Actions and Quality Improvement Projects

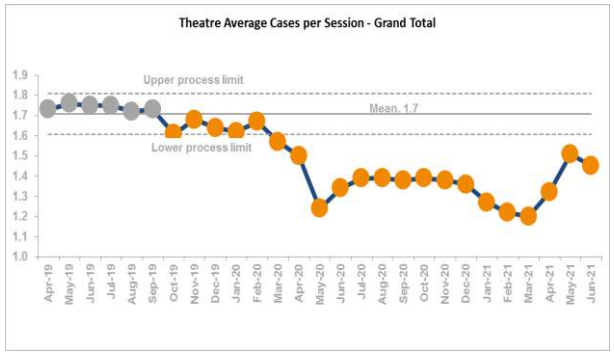
Whilst we work through our backlog of patients, most services will be seeing a different proportion of new to follow up patients, to meet the current needs. Moving forwards after this point, the clinic templates will be reviewed again across the Board.

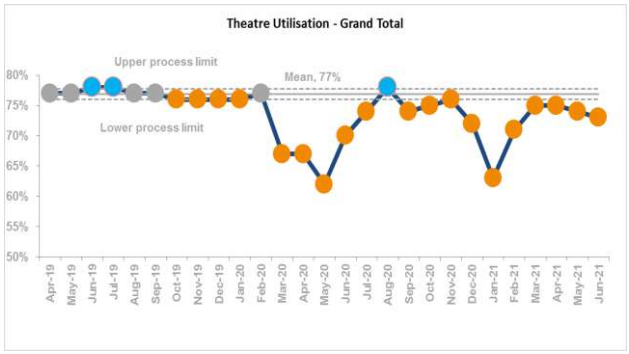
The DNA rates are below the target. Given the increase in virtual DNAs, a deep dive will take place to explore this further and understand the causes, with a view to improving this.

Elective Activity & Theatre Productivity









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

What the information tells us

Elective activity levels in June remain within the upper and lower control limit against the 2019 baseline.

On average, 245 patients were treated per day compared to 267 in May (not all this activity is theatre based). Overall elective activity was 95% of that reported in June 2019 and is expected to be ahead of trajectory once coding is complete.

Surgery has seen the recent increase in activity maintained with Cardiac, Endoscopy and Haematology seeing an increase in daily activity compared to the previous month.

In June, Theatres ran 1,034 theatre sessions, compared to 956 in the same period in 2019. Theatre utilisation and the average cases per session remains steady. Theatres continue to adhere to process changes implemented because of COVID-19.

Theatre numbers include new activity undertaken at Queen Mary's.

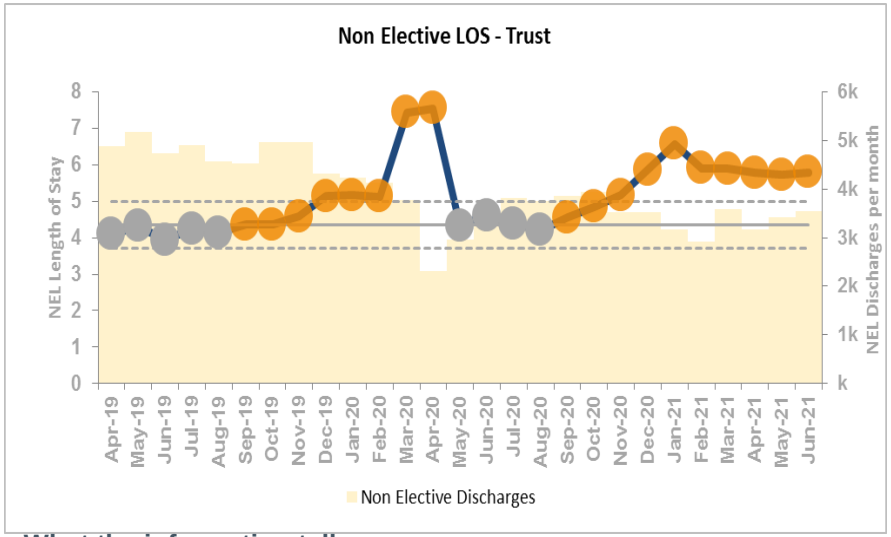
Actions and Quality Improvement Projects

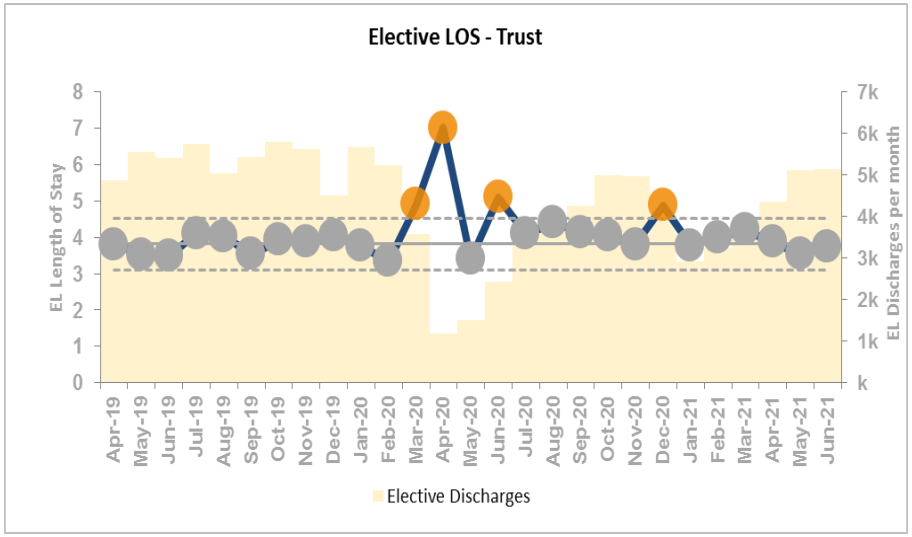
The theatre template is now at complete capacity. In addition, we opened 3 of the 4 operating theatres in the Surgical Treatment Centre at Queen Mary's Hospital. This has increased our capacity for high volume, low complexity procedures. This means that 33 of 34 available operating theatres are in use.

The Theatre Elective Recovery Group (TERG) continues to maximise productivity and exceed 2019 activity levels.

The most significant issue relates to anaesthetic workforce, which is significantly impacting upon our ability to staff all areas. A detailed recovery plan has been shared but we expect further significant challenges over the summer period.

Length of Stay





What the information tells us

Non-elective Length of Stay (LOS) although remaining above the upper control limit has shown a steady pattern over the past five months. Compared to the mean of 2019, non-elective average LOS in June shows an increase of just below two days. Patients under the care of Acute Medicine are sustaining a slightly higher LOS than expected, this continues to be driven by the number of and increase in the acuity of patients being admitted, COVID-19 recovering patients, and challenges with timely repatriation of patients to other hospitals as well as patients awaiting care support and placement. Particular challenges in month with quick access to packages of care for Wandsworth residents. Staffing across the MDT has been challenging through sickness, self-isolating and vacancies. Non-elective demand, although seeing an increase compared to 2020 is 8% lower than June 2019. On average, patients admitted via a non-elective pathway in June stayed in a hospital bed for 5.8 days. Throughout May and June, the Trust has seen an increase in the number of Paediatric patients attending our emergency department and converting to non-elective admissions. Paediatric admissions are nearing pre COVID levels with length of stay this month increasing to 4 days compared to 3.2 days in May; admissions were 1.3% higher.

Elective length of stay shows common cause variation. On average patients stayed in a hospital bed for 3.7 days compared to 3.5 days in May.

Actions and Quality Improvement Projects

- Continued senior attendance at board round meetings
- Following Long Length of Stay (LLOS) coding analysis actions implemented are improved data collection and dissemination of internal/external actions maintain predicted Estimated Discharge Dates and check & challenge on criteria to reside to reduce any delays in discharges
- Increased focus on weekend discharges with routine weekend discharge lists shared between medical and therapies, focus on Sunday discharges.
- Discussions are on-going with South West London to reinstate 7 day working for Community services to further support weekend discharges.
- OPAL pilot in the Emergency Department underway, the anticipated gains is reduced LOS for Senior Health patients or admission avoidance
- In response to updated National Policy and Operating Model for Hospital Discharge and Community support (published 5 July 2021), we are working with South West London Partners to review and refresh discharge pathways and models in July. Focus will include optimising Enhanced Discharge to Assess where patients' further care can be managed in the community with Primary Care.

Balanced Scorecard Approach

OUR **OUTCOMES**	How are we doing?					
OUR **FINANCE** & **PRODUCTIVITY** PERSPECTIVE	Activity Summary	Outpatient Productivity	Theatre Productivity	Bed Productivity	Performance against Budget	CIP Delivery
OUR PATIENT PERSPECTIVE	Patient Safety R	Infection Control	Mortality	Readmissions	Maternity	Patient Voice
OUR **PROCESS** PERSPECTIVE	Emergency Flow	Cancer	Diagnostics	On the day cancellations A	18 Week Referral to Treatment	
OUR PEOPLE PERSPECTIVE	Workforce	Agency Use	Estates Health and Safety			

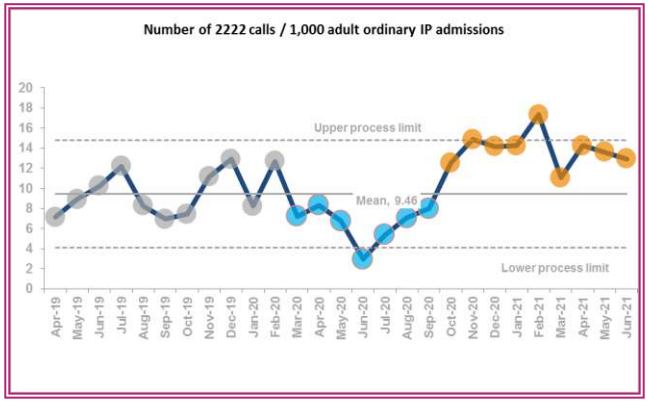
Key

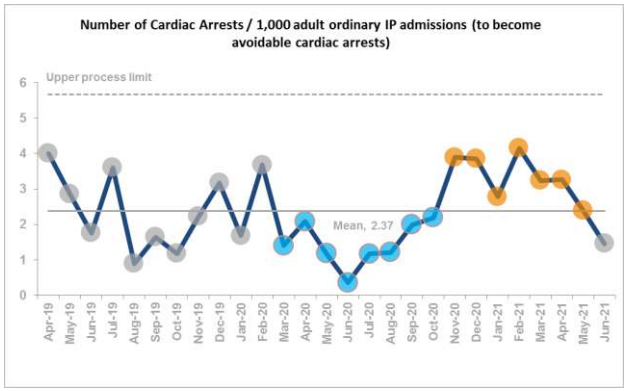
Current Month

A Previous Month

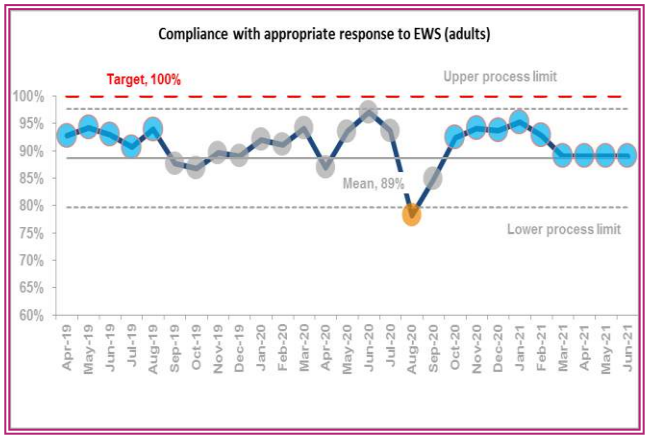
Scorecard RAG rating based on PreCOVID-19 plan

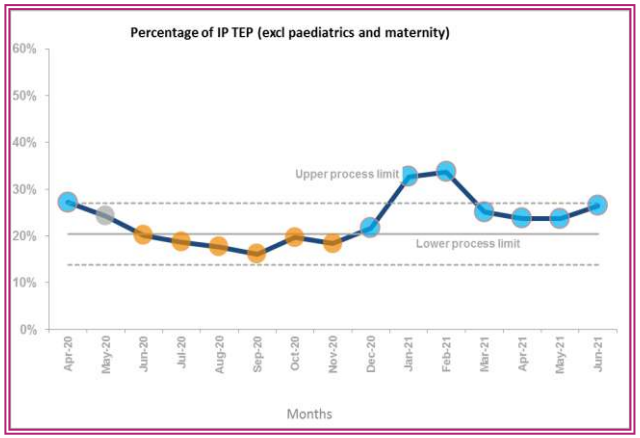
Quality Priorities – Treatment Escalation Plan





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





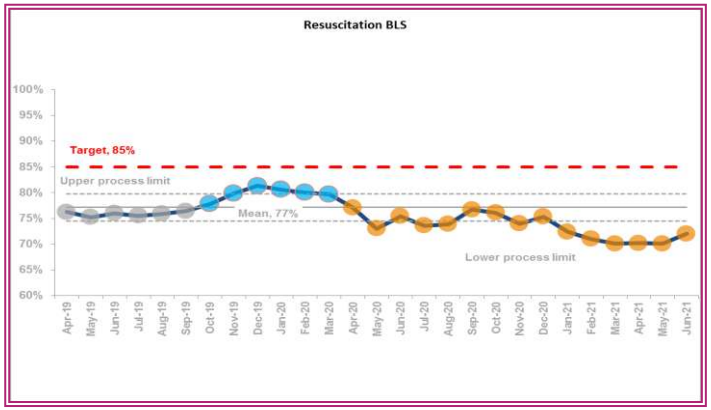
What the information tells us

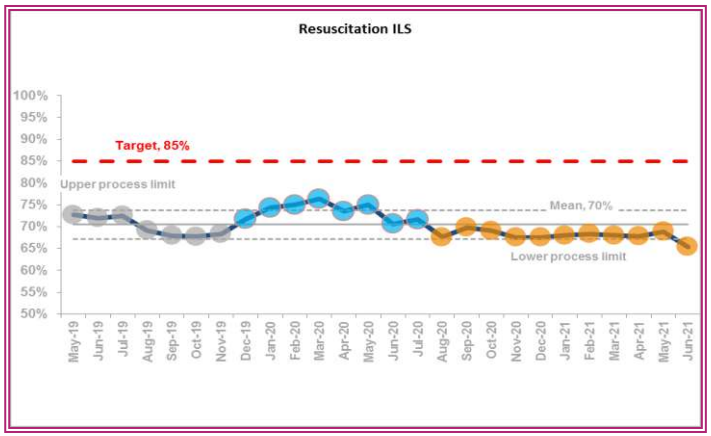
- The rate of 2222 calls per 1,000 Inpatient (IP) admissions shows special cause variation however the rate of cardiac arrests per 1,000 adult ordinary inpatients shows common cause variation.
- Compliance with appropriate response to Early Warning Score (EWS), is 88% this month and continues to show special cause improvement.
- Treatment Escalation Plan completion rate show special cause variation.

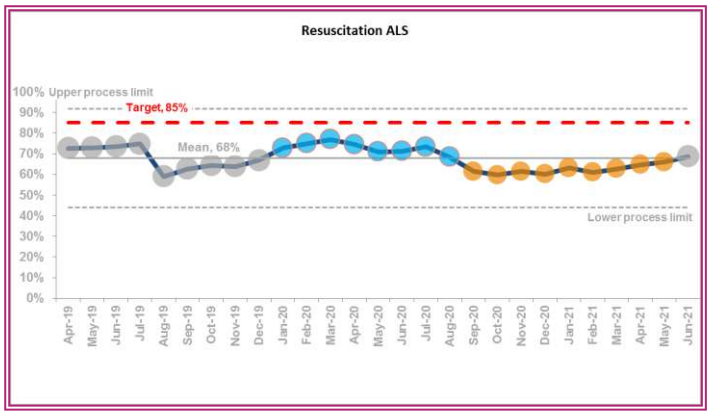
Actions and Quality Improvement Projects

Our Patient Perspective

Quality Priorities – Deteriorating Patients







- BLS (Basic Life Support) training performance shows special cause variation with performance at 72% this month, and an average of 71% year to date.
- ILS (Intermediate Life Support) shows special cause variation, with performance at 67% for this month.
- ALS (Advanced Life Support) training performance shows an improved position in month at 68 %, best performance seen since August 2020.
- Staff completion of all life support training modules have not met Trust targets.

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

Actions and Quality Improvement Projects

ALS - The further review of the training needs analysis with the Mandatory and Statutory (MAST) team continues as reported last month. A number of staff have completed ALS when not required to do so for their role therefore reducing the number of training slots for those with a requirement for ALS – Team specific ALS courses arranged – ITU/NNU - plan to extend to ED/ITU specific across Paediatrics / Adult and Neonates

BLS - Focus on BLS with open drop in session for staff. This is supported by weekly focused emails and monitoring by Chief Nursing Officer

Drop in sessions - continue during office hours in Monckton Well. Resuscitation champions assisting with BLS assessments and facilitating sessions in their own areas to target non-compliant staff

ILS - From August 2021, an additional weekly ILS will run every Monday offering 30 more places per week for the training

Chief Nurse and Chief Medical Officer have written to all junior doctors asking for provision of evidence of ALS and ILS training

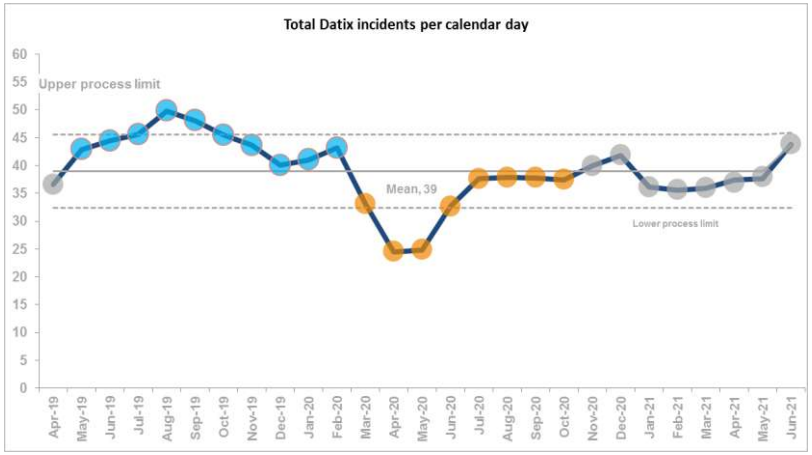
The People Management Group is considering options for the management of non-attendance particularly with those staff who have booked on to multiple courses

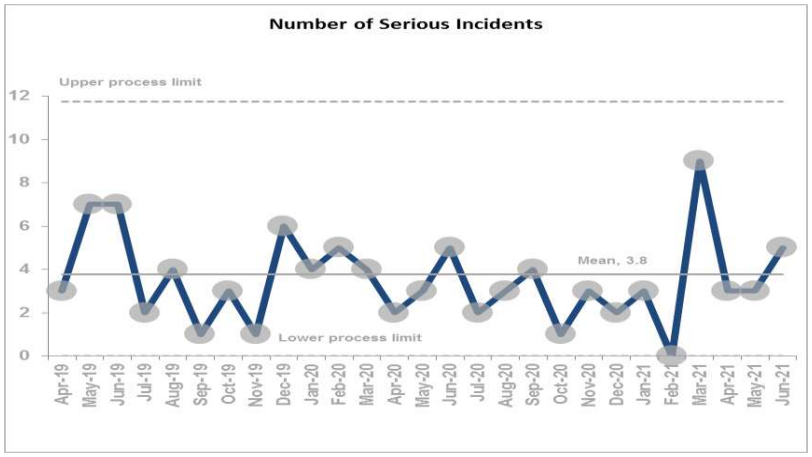
Staff requiring training identified and circulated to managers to support the release of staff. The team have organised drop in sessions in the canteen and Monckton lecture theatre Monday-Friday

Our Patient Perspective

Quality Priorities – Learning from Incidents

Indicator Description	Threshold/ Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Monthly percentage of Incidents of Low and No Harm		95.0%	97.0%	97.0%	95.0%	97.0%	95.0%	96.0%	95.0%	96.0%	97.0%	97.0%	97.0%	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%	89.0%	87.0%	93.0%	94.0%	89.0%	96.0%	96.0%	85.0%	75.0%	90.0%	100.0%	data two months in arrears	
Total Datix incidents per calendar day		33	38	38	38	37	40	42	36	36	36	37	38	44





What the information tells us

- Serious Incident (SI) investigations are being completed in line with external deadlines, 60 working days.
- This month common cause variation is seen in the number of Serious Incidents and the number of Serious Incidents per 1,000 bed days.
- There were no Never Events declared in June 2021.

Actions and Quality Improvement Projects

Duty of Candour (DoC) - There were 21 qualifying incidents reported in April 2021 and DoC was completed for all incidents within 20 working days

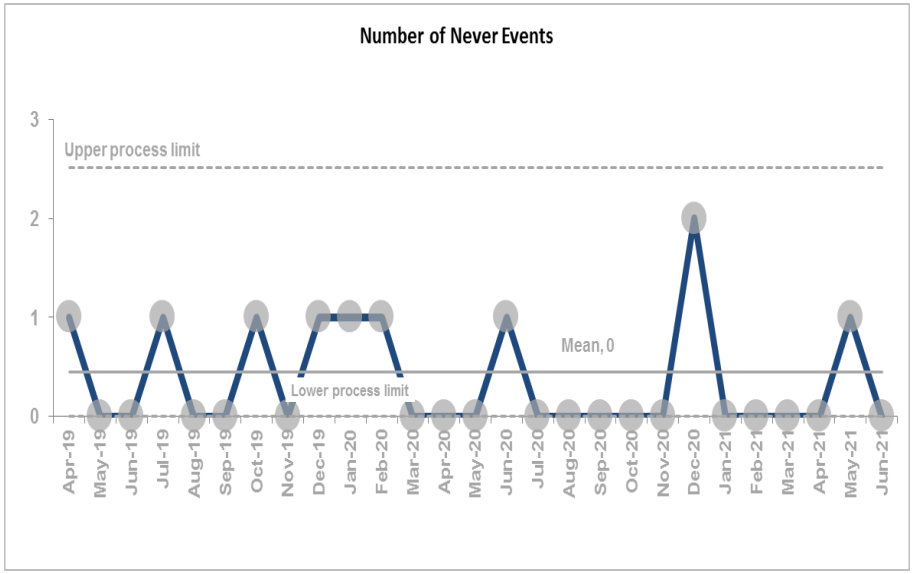
Significant improvement has been noted with DoC compliance. This continues to be monitored and support provided to the relevant departments in order to continually improve compliance.

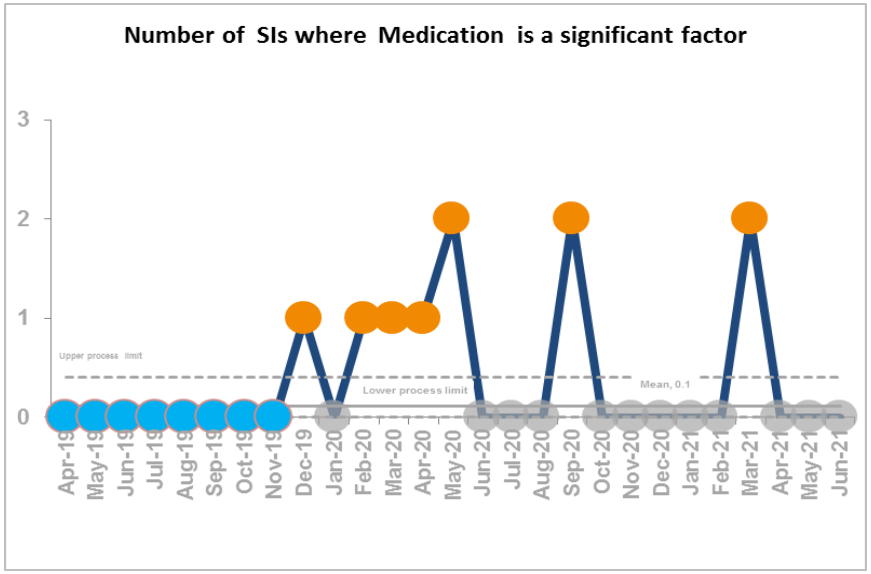
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

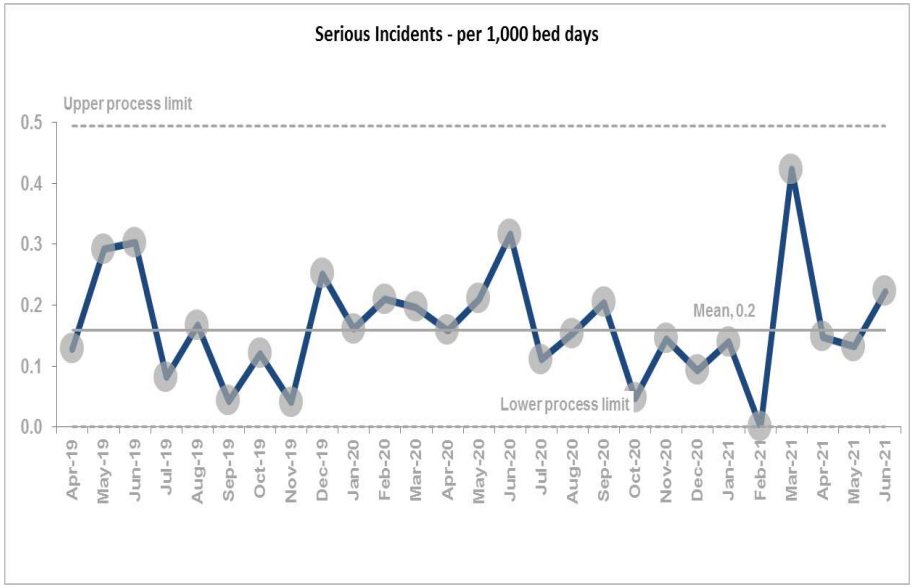
Our Patient Perspective

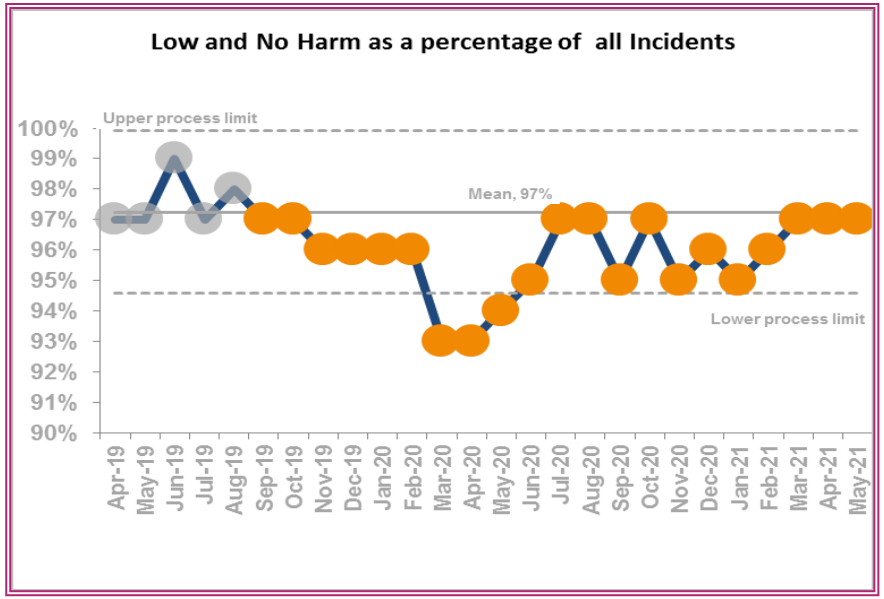
Quality Priorities – Learning from Incidents

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





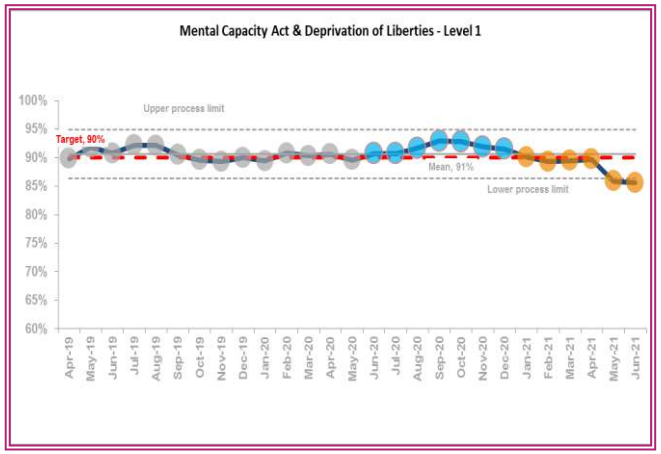


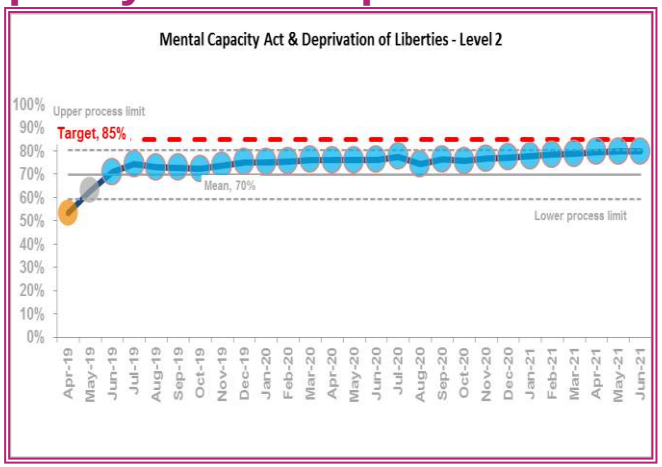


Data is one month in retrospect.

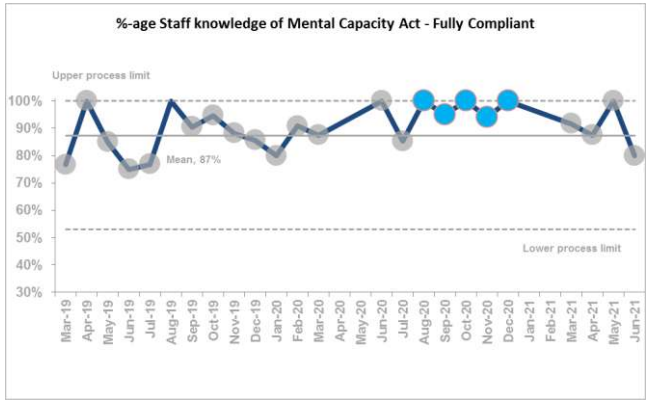
Our Patient Perspective

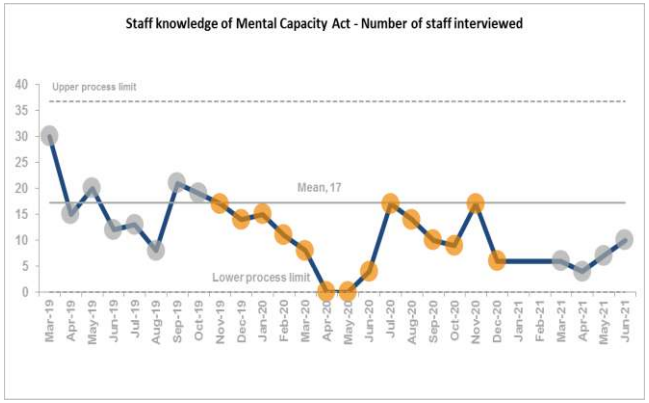
Quality Priorities – Mental Capacity Act & Deprivation of Liberties





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





What the information tells us

- Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 shows special cause variation, with a deteriorating position
- Level 2 training performance has seen a consistent increase. Overall Level 2 compliance was 80% this month.
- Metrics showing the number of staff interviewed and their level of knowledge was suspended in January and February 2021.These interviews resumed in March and show a steady upward trend of common cause variation.

Actions and Quality Improvement Projects

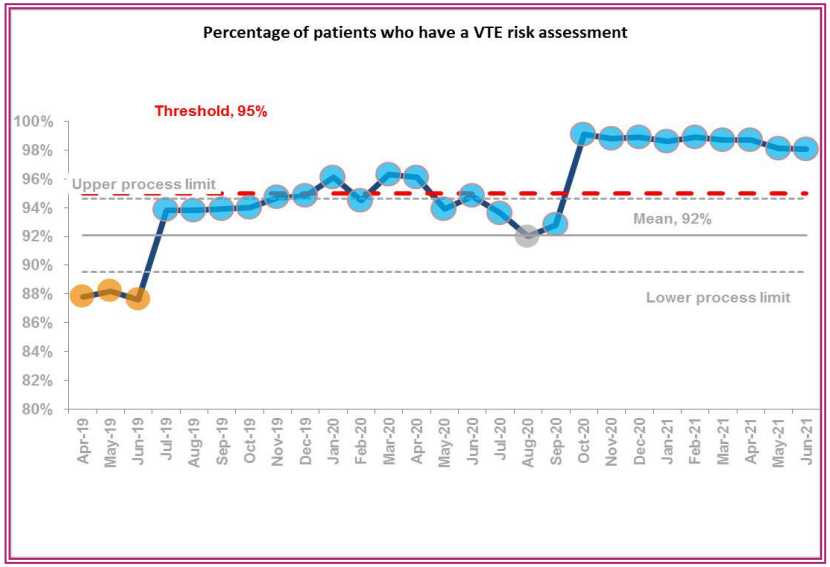
There has been a reduction in level 1 MCA training compliance this month. This is due to the number of staff required to renew their training as the training was launched in May 2018.

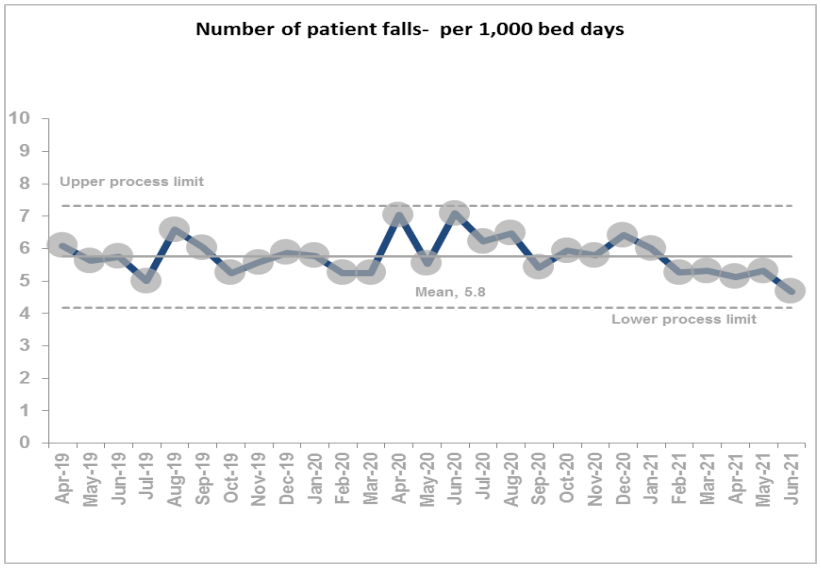
The MCA renewal training includes a competency 'quiz' to evidence existing knowledge and streamline the process for clinical staff. This is currently under development with support from the training and education team. It is expected for the project to be completed in October 2021. The Trust has successfully appointed a new MCA Lead who will start in September 2021.

The team is working with senior stakeholders to prepare for the change from Deprivation of Liberty Safeguards (DoLS) to the Liberty Protection Safeguards (LPS) in April 2022. This change will significantly increase the Trust's role and legal responsibilities relating to patients who might meet the criteria for Deprivation of Liberty.

Patient Safety

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





What the information tells us

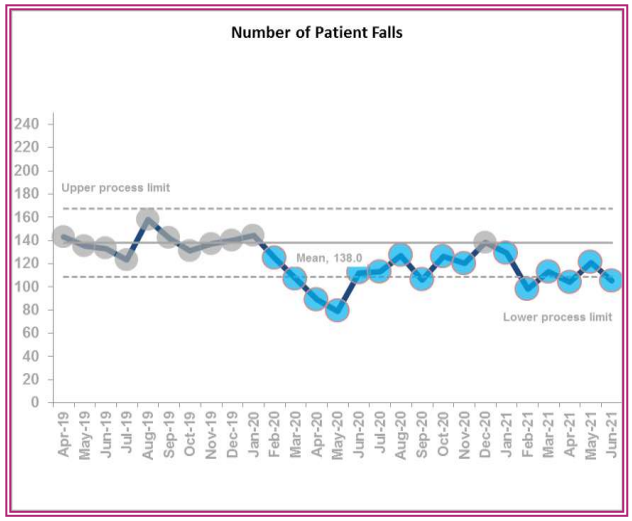
- The percentage of patients who have had a VTE risk assessment was 98.1% against a target of 95%.
- The number of Patient Falls per 1,000 bed days show common cause variation.
- Two patients had a fall in month with a severity of moderate or above.
- On the following slide, Category 2 Pressure ulcers per 1,000 bed days continues to show common cause variation.
- The number of Category 3 Pressure ulcers and the rate per 1,000 bed days shows common cause variation.

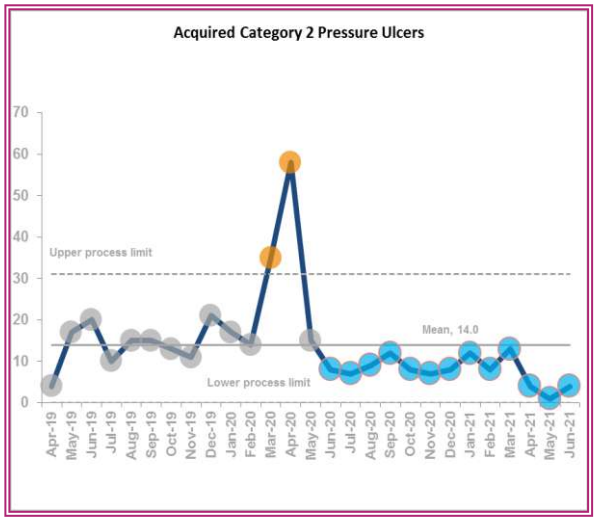
Actions and Quality Improvement Projects

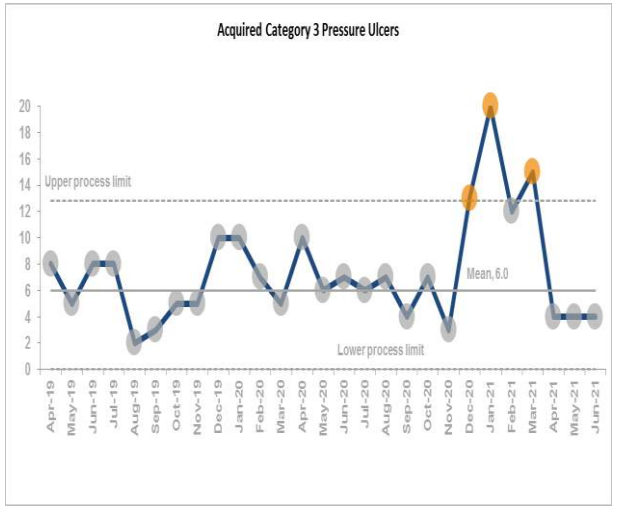
- The Hospital Thrombosis Group continue to monitor VTE performance through Tableau reporting, the pharmacy VTE audit and hospital acquired thrombosis root cause analysis. Learning from DATIX and adverse/serious incidents is being shared through education and training and the thrombosis team are doing frequent ward visits to drive VTE prevention awareness across the Trust.
- There is a focus on Medical device related pressure ulcer (MDRPU) The main area of focus is on catheters as a highly prevalent device. Work on-going alongside Urology CNS's to develop quality improvement plan.
- The Trust Tissue Viability Nurse works collaboratively with South West London Acute Hospital providers to share best practice and co-create patient management pathways
- The Trust Falls prevention co-ordinator has resumed ward visits and has re-established regular education activities. Moderate harm falls continue to be reviewed following completed Root Cause Analysis. This is reviewed at ward level with senior nursing input and an action plan agreed with the clinical areas.

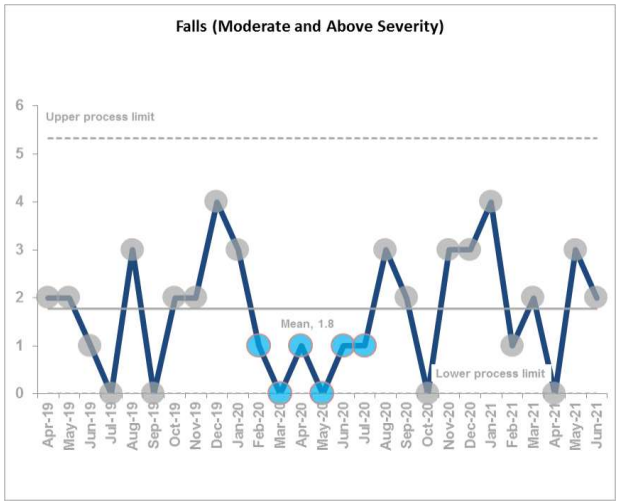
Patient Safety

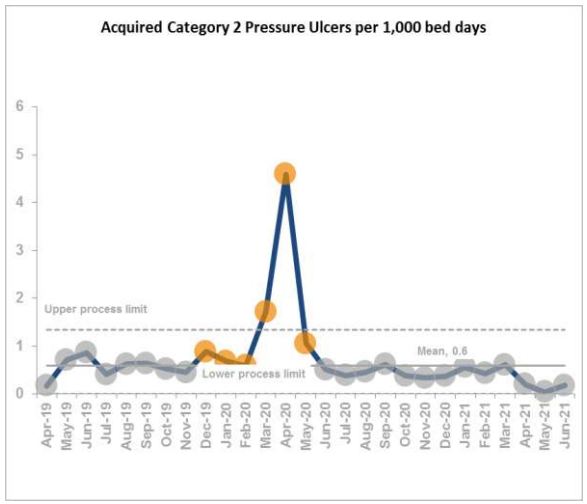
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

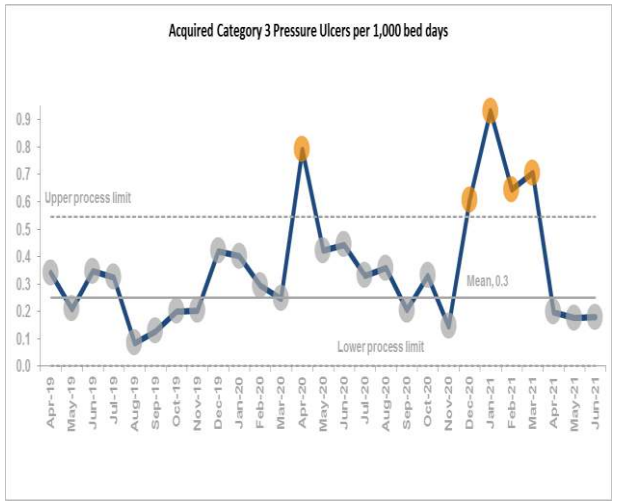








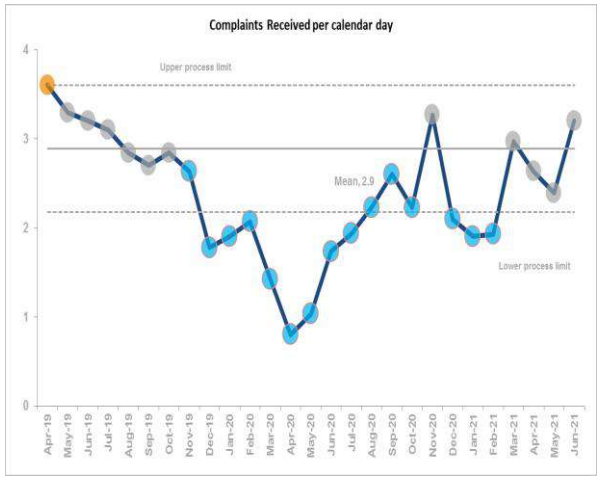


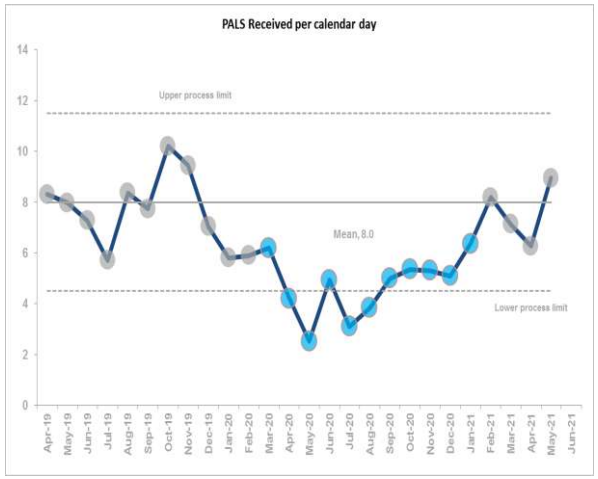


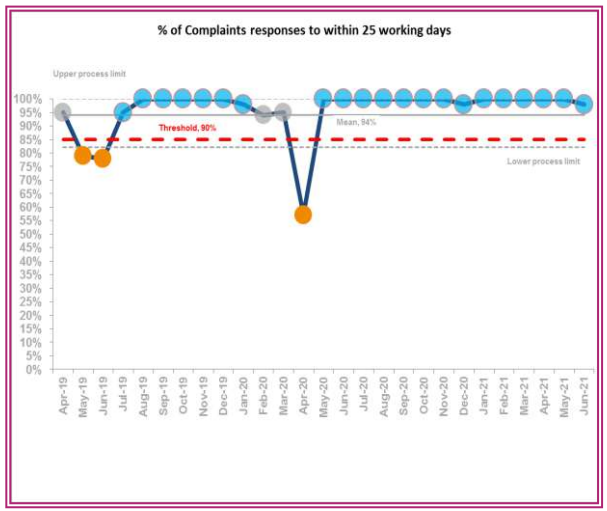
Our Patient Perspective

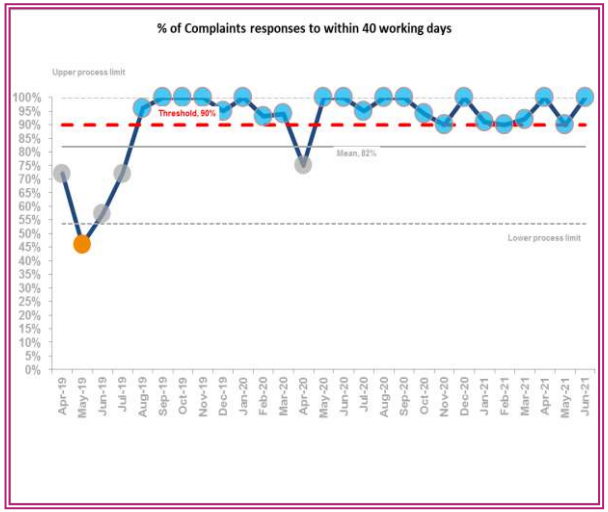
Complaints

Indicator Description	Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Complaints Received per calendar day		1.7	1.9	2.2	2.6	2.2	3.3	2.1	1.9	1.9	3.0	2.6	2.4	3
% of Complaints responses to within 25 working days	85%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	98%
% of Complaints responses to within 40 working days	90%	100%	95%	100%	100%	94%	90%	100.0%	91%	90%	92%	100%	90%	100%
% of Complaints responses to within 60 working days	100%	100%	N/A	100%	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%	50.0%
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

- The number of complaints per calendar day shows common cause variation.
- A review of the data by the complaints team has resulted in some data changes across the year. All response categories continue to be within target with the exception of responses within 60 days where performance fell to 50% in June with 1 out of 2 responses not responded to on time.

Actions and Quality Improvement Projects

The daily complaints comcell continues to maintain the focus on sustained performance across all responses categories

Our Patient Perspective

Infection Control

Indicator Description	Threshold 2020-2021	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD Threshold
MRSA Incidences (in month)	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0
Cdiff Hospital acquired infections	48	5	4	3	2	0	5	5	1	3	2	2	2	2	7
Cdiff Community Associated infections		1	0	0	1	0	0	3	1	0	1	1	0	0	
MSSA	25	2	5	4	2	3	5	4	8	5	5	5	3	3	11
E-Coli	60	3	3	0	6	6	3	9	6	6	6	7	6	5	18
Nosocomial Infections Hospital Onset healthcare associated (>14 days) HOHA	N/A		0	0	0	7	28	62	59	24	0	2	0	0	2
Nosocomial Infections Hospital Onset Probable associated (8-14 days) HOPA	N/A		0	1	0	0	28	76	56	35	4	0	1	1	2

What the information tells us

There were no MRSA bacteraemia reported in June..

In June, 2 incidents of patients with C*. difficile* infection were reported. Since April 2021 there have been 7 cases, consisting of 6 Hospital Onset Healthcare Associated, where the specimen was taken beyond admission day plus one day; and 1 where the specimen was taken within admission day plus one day and where the patient had also been an inpatient in the previous 4 weeks, or Community Onset Healthcare Associated (COHA). Both categories warrant an investigation to identify if there were any contributory or other lapses in care for example in antimicrobial prescribing or in patient isolation. NHSI/E have not set trajectories for *C.difficile* for 2021-22. A target of no more than 48 cases has rolled over since 2019-20, or no more than 4 per month. The Trust is therefore under this trajectory.

There were 3 patients with Trust apportioned MSSA cases in June and 5 cases of Trust apportioned *E. coli* bacteraemia. No national or local targets are set for MSSA and *E.coli* but these totals are within expected ranges.

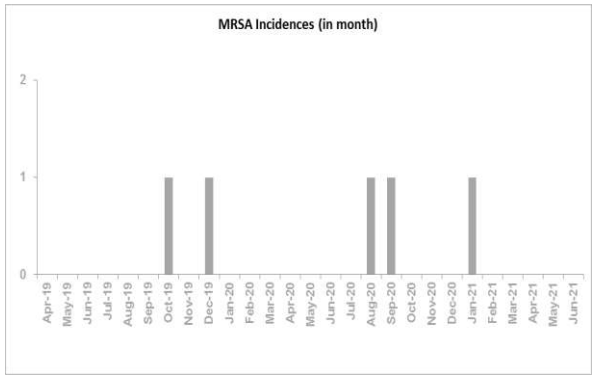
There were no Hospital Onset Healthcare Associated cases (HOHA) of Covid-19 during June 2021, where the sample was taken >14 days after admission and one Hospital Onset Probable Associated (HOPA) cases where the specimen was taken 8-14 days after admission. The case was in a new-born baby who tested positive, following a review of the case it was established that both parents had also tested positive.

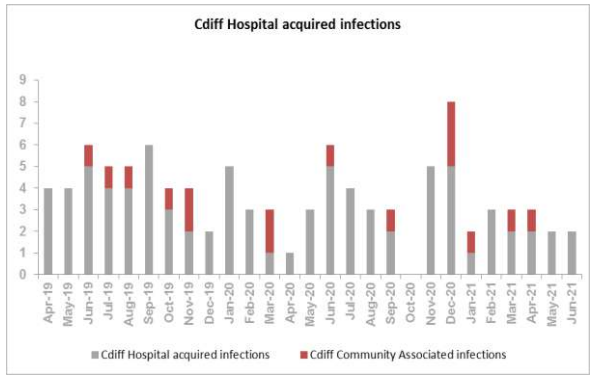
Actions and Quality Improvement Projects

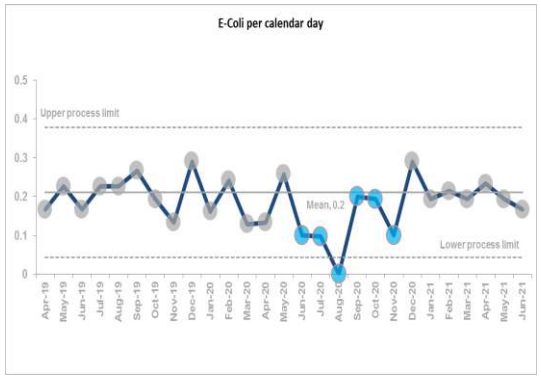
National COVID-19 data submissions continue to be validated daily and signed off by the Director of Infection Prevention and Control
Concurrent exercises have taken place at the Trust and across the sector to review and collate lessons learned from COVID-19 second wave

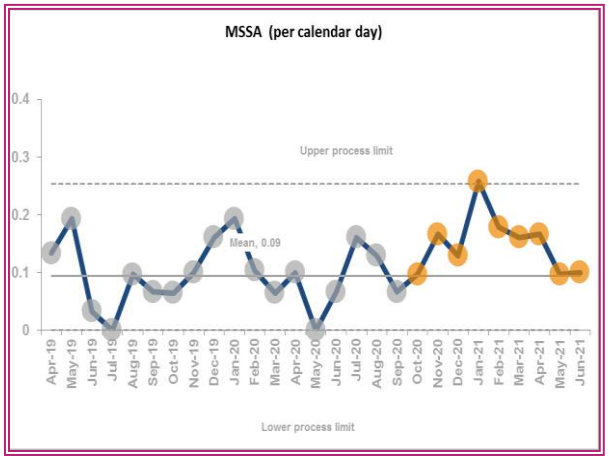
Infection Control

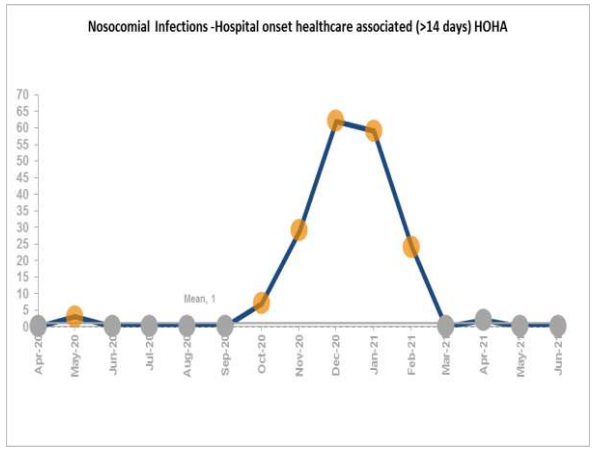
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

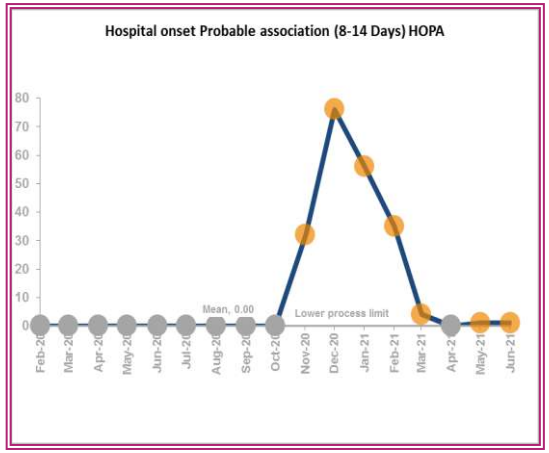












Our Patient Perspective

Mortality and Readmissions

Indicator Description	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar 2020 to Feb 2021
Hospital Standardised Mortality Ratio (HSMR)	95	101.6	91.4	90.2	64.1	105.8	81.8	59.3	82.7	81.9	75.0	75.7	95.4	85.7	120.9	108.7	94.6
Hospital Standardised Mortality Ratio Weekend Emergency	80.6	100.1	87.6	112.3	68.4	102.7	62.7	66.8	91.1	96.3	150.6	127.9	111.8	118.2	141.8	120.9	113.1
Hospital Standardised Mortality Ratio Weekday Emergency	102.9	102.9	90.8	90.1	57.4	96.7	87.5	54.7	74.3	77.8	69.2	63.1	86.1	79.6	122.2	107.3	88.7

Indicator Description	Nov18-Oct19	Dec18-Nov 19	Jan-19-Dec 19	Feb-19-Jan 20	Mar-19-Feb-20	Apr-19-Mar-20	May-19-Apr-20	June-19-May-20	July-19-June-20	Aug-19-Jul 20	Sep-19-Aug-20	Oct-19-Sep-20	Nov-19-Oct-20	Dec-19-Nov-20	Jan-20-Dec-20	Feb-20-Jan-21
Summary Hospital Mortality Indicator (SHMI)	0.85	0.85	0.86	0.88	0.89	0.89	0.88	0.88	0.87	0.87	0.85	0.86	0.85	0.86	0.84	0.83

Indicator Description	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Emergency Readmissions within 30 days following non elective spell (reporting one month in arrears)	10.4%	11.2%	11.3%	9.7%	9.5%	9.6%	8.9%	10.6%	10.6%	10.5%	9.7%	10.0%

Note: HSMR data reflective of period March 2020– February 2021 based on a monthly published position. This month as a result of problems with Dr Foster there is no update to the data previously reported showing discharges to February 2021.

SHMI data is based on a rolling 12 month period and reflective of period February 2020 to January 2021 published (June 2021).
Readmission data excludes CDU, AAA and all ambulatory areas where there are design pathways

What the information tells us

Mortality as measured by the summary hospital-level mortality indicator (SHMI) is lower than expected for the year February 2020 – January 2021. We are one of 13 trusts in this category, and one of 11 trusts that also had a lower than expected number of deaths for the same period in the previous year.

Unfortunately, updated HSMR data from the Dr Foster platform has not been possible as they cancelled their scheduled data update due to integrity errors in the dataset they received from NHS Digital. The data quoted above therefore remains the same as reported the previous month.

Actions and Quality Improvement Projects

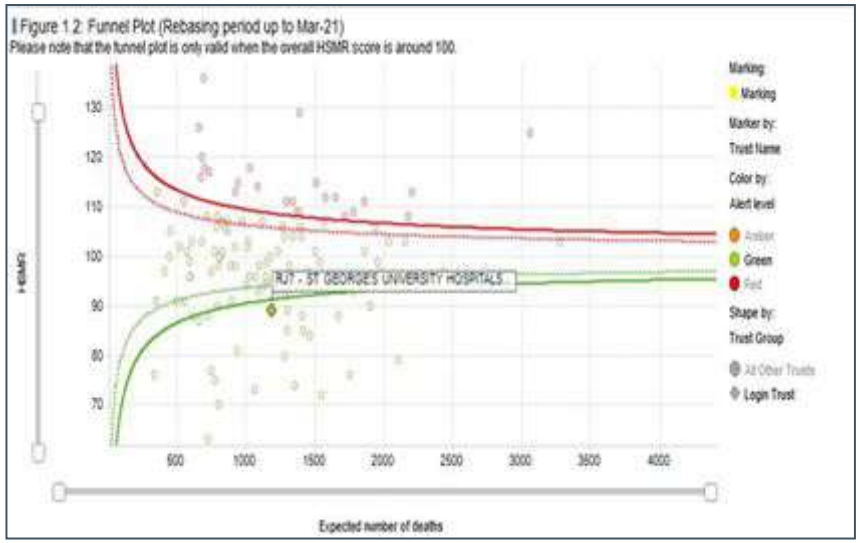
We continue to monitor and investigate mortality signals in discrete diagnostic and procedure codes from Dr Foster through the Mortality Monitoring Group (MMG) and external mortality alerts.

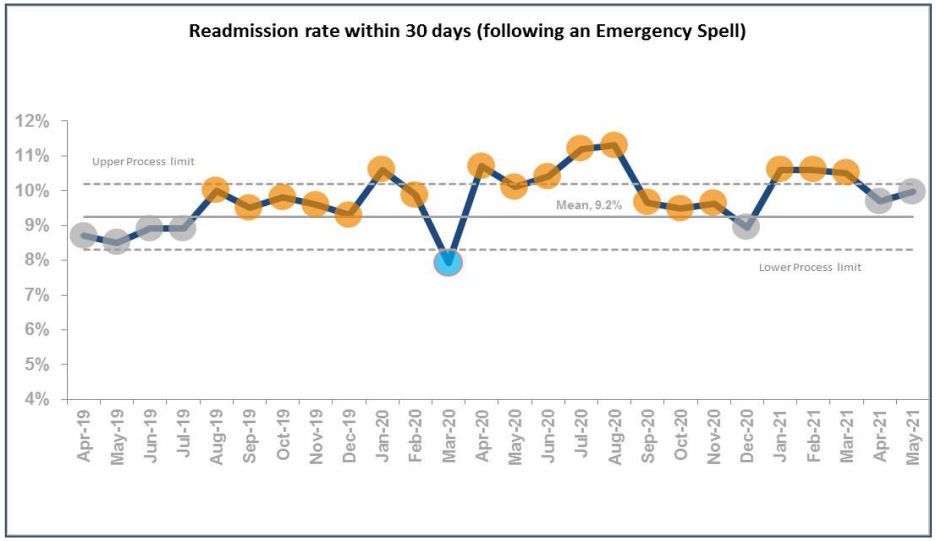
The group is currently involved with work focussing on identifying learning from mortality in wave 1 and 2 of the COVID-19 pandemic and on the investigation of our major trauma outcomes. We anticipate a more complete picture being available within quarter 2.

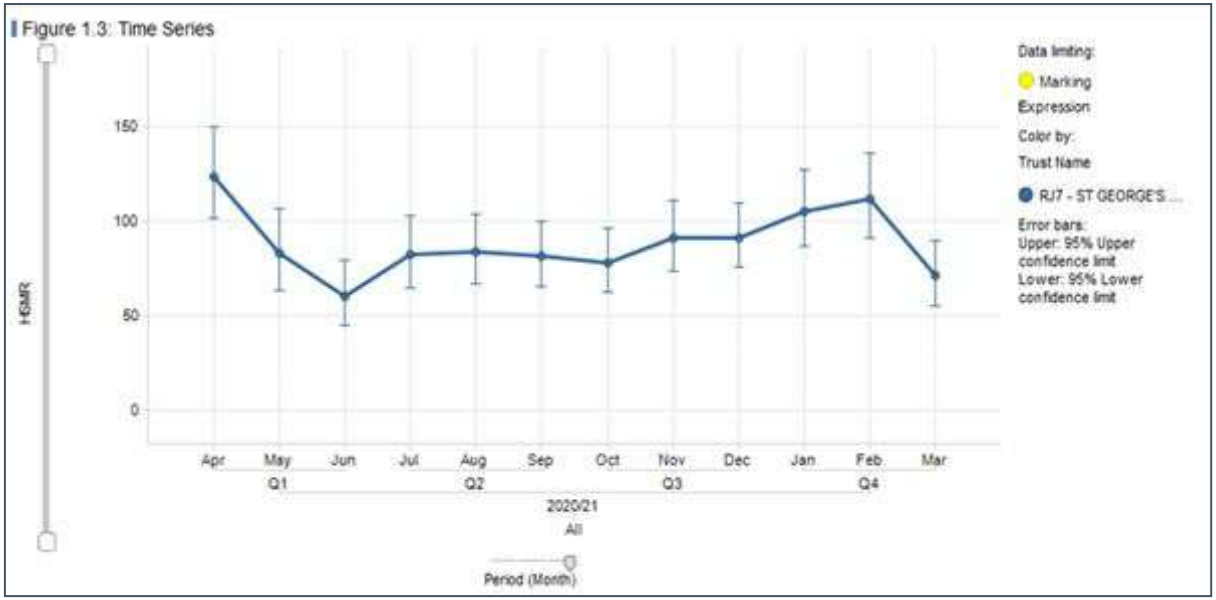
In order to provide some level of assurance that outcomes as measured by the HSMR have not changed significantly since the last Dr Foster update we have sourced information from an alternative platform, Healthcare Evaluation Data (HED). This platform shows that our HSMR for the period April 2020 to March 2021 is 88.5, which is lower than expected. For March 2021 the HSMR is 97.1, also lower than expected. The Trust is considering utilising HED data to monitor mortality rather than Dr Foster as we are committed to considering consistent and reliable data.

Mortality and Readmissions (Hospital Standardized Mortality Rate)

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



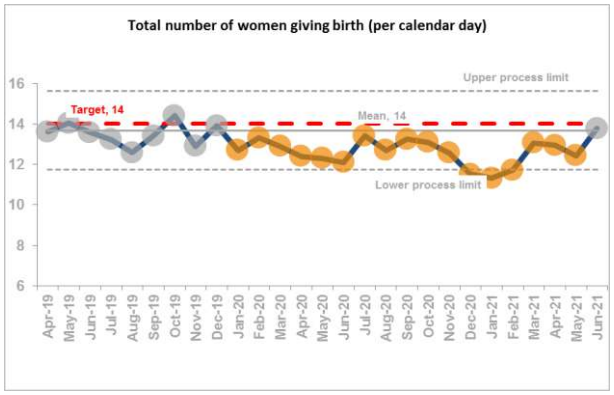


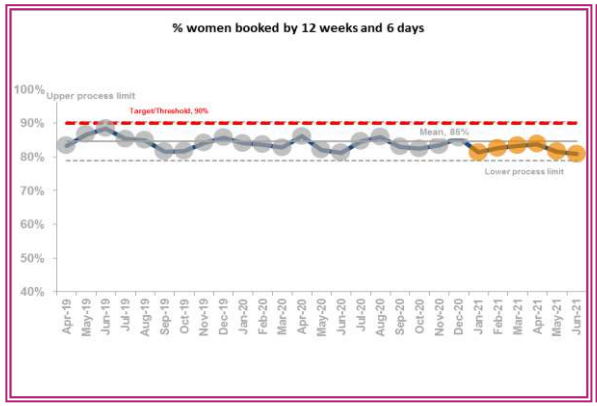


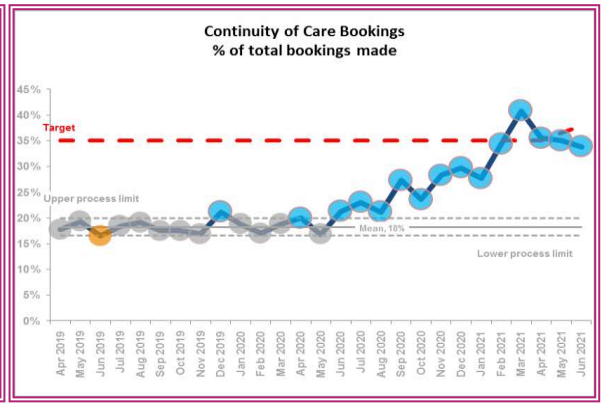
Our Patient Perspective

Maternity

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







June was the busiest month for births in more than a year, with 413 babies born, including 3 days when more than 20 births took place. The unit had to close on 21 June due to a combination of the number of women giving birth, acuity and staffing. 9 women were diverted to other units during this time and a full review is underway.

No babies were born with HIE, meaning the quarterly rate of HIE per 1000 babies was 0.84. There was one stillbirth in the month, which will be reviewed through the Perinatal Mortality Review Tool (PMRT) process. The mother had not received any antenatal care in the UK prior to her first contact with St George's in her third trimester.

The national definition for Continuity of Carer is being revised, and although over 30% of women are being booked to existing Continuity teams, this percentage may fall over the coming months before revised models of care meeting the new definition are in place. The percentage of Black, Asian and Mixed race women booking with continuity teams is in line with the overall number.

Actions and Quality Improvement Projects

The action plan to develop Continuity of Carer teams to meet the revised definition is being developed and will be shared with the Local Maternity System (LMS).

A number of quality improvement projects continue to look at improving process flows, efficiency and experience for women, including induction of labour, caesarean section and maternity clinic templates. This latter project will also aim to increase the percentage of women booked early in pregnancy.

Work continues with our Service User Group to co-produce improvements, including the provision of information on our website and in social media, with specific focus on our Black, Asian and Mixed race women.

The proactive recruitment continues to support safe staffing levels to the current budgeted establishment and we eagerly await the outcome of the Ockenden Workforce bid.

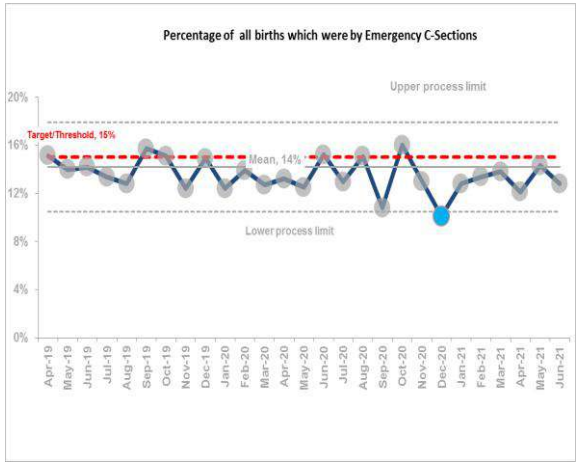
Maternity

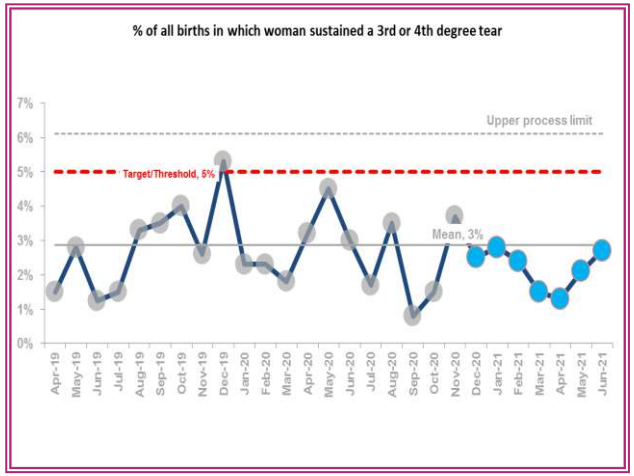
Maternity Dashboard

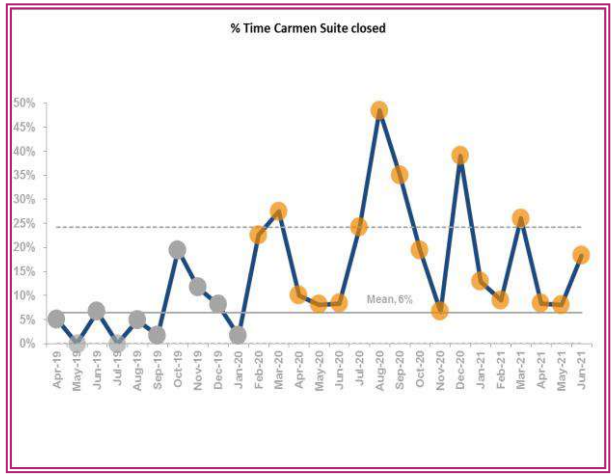
Definitions	Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Total number of women giving birth (per calendar day)	14 per day	12.1	13.4	12.7	13.2	13.1	12.6	11.5	11.3	11.7	13.1	12.9	12.4	13.8
Caesarean sections (Total Emergency and Elective by Delivery date)	<28%	29.4%	24.1%	27.1%	23.4%	30.9%	27.3%	23.8%	28.5%	28.0%	29.1%	25.5%	27.6%	24.7%
% deliveries with Emergency C Section (including no Labour)	<8%	2.7%	3.1%	4.6%	3.0%	3.7%	2.9%	3.4%	2.3%	3.4%	4.0%	3.4%	3.9%	1.9%
% Time Carmen Suite closed	0%	8.3%	24.2%	48.4%	35.0%	19.4%	6.7%	39.0%	12.9%	9.0%	26.0%	8.3%	8.0%	18.3%
% of all births in which woman sustained a 3rd or 4th degree tear	<5%	3.0%	1.7%	3.5%	0.8%	1.5%	3.7%	2.5%	2.8%	2.4%	1.5%	1.3%	2.1%	2.7%
% of all births where women had a Life Threatening Post Partum Haemorrhage >1.5 L	<4%	1.4%	1.9%	2.0%	5.3%	2.5%	2.9%	2.5%	3.1%	1.2%	3.2%	2.8%	4.2%	2.2%
Supernumerary Midwife in Labour Ward	>95%	96.7%	96.8%	93.5%	90.0%	100.0%	98.3%	91.9%	100.0%	94.6%	98.4%	98.3%	98.4%	97.0%
Babies born with Hypoxic Ischaemic Encephalopathy / (1000 babies)		11.0	0.0	0.0	2.5	0.0	0.0	8.4	5.7	0.0	2.5	2.6	0.0	0.0
Still Births per 1000 Births	<3	8.2	16.9	12.6	2.5	7.4	8.0	5.6	2.8	9.1	4.9	2.6	5.2	2.4
Neonatal Deaths (KPI 72) per 1000 Births	<3	8.2	2.4	0.0	2.5	12.3	2.7	5.6	0.0	3.0	2.5	2.6	0.0	0.0
Continuity of Care Bookings- % of total bookings made (Target increases monthly by 1.5% towards a 51% target in Mar 22)	36.5%	21.3%	23.0%	21.4%	27.3%	23.6%	28.3%	29.7%	27.7%	34.3%	40.08%	35.22%	35.0%	33.8%
Percentage of all births which were by Emergency C-Sections	15%	15.2%	12.9%	15.1%	10.8%	16.0%	13.0%	10.1%	12.80%	13.4%	13.8%	12.11%	14.30%	12.80%
% women booked by 12 weeks and 6 days	90%	81.2%	84.6%	85.8%	83.0%	82.4%	83.4%	85.6%	81.3%	82.6%	83.3%	83.8%	81.5%	80.8%
Number of term babies (37+ weeks), with unplanned admission to Neonatal Unit as a percentage of deliveries	6%	4.1%	4.8%	2.8%	3.3%	5.1%	4.1%	2.8%	3.3%	2.3%	2.8%	2.0%	3.3%	3.5%

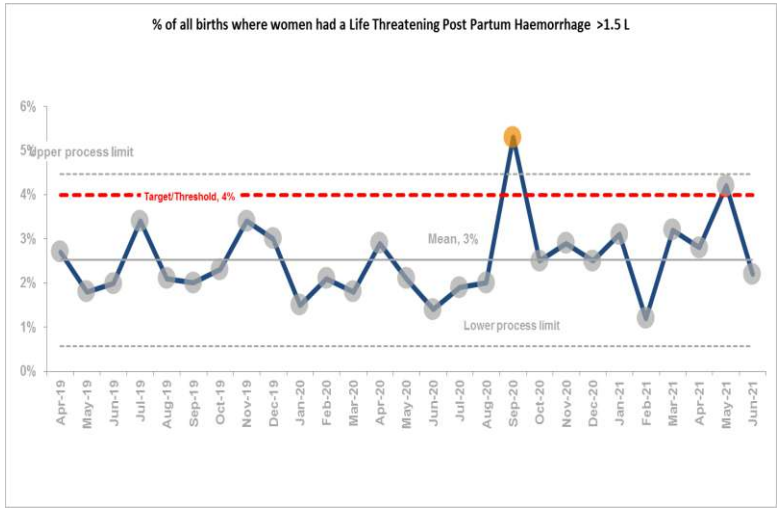
Maternity

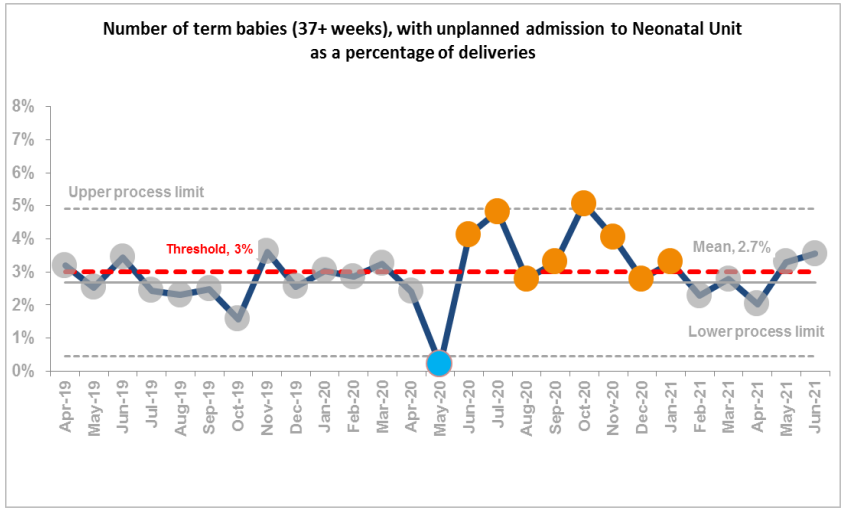
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance











Friends & Family Survey

Indicator Description	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Emergency Department FFT - % positive responses	90.0%	89.7%	90.1%	89.5%	89.7%	89.2%	84.9%	92.1%	90.8%	88.8%	86.4%	83.4%	79.8%
Inpatient FFT - % positive responses	93.6%	97.7%	97.2%	96.3%	97.1%	98.6%	97.9%	99.0%	98.3%	99.3%	98.2%	97.1%	97.5%
Maternity FFT - Antenatal - % positive responses	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50.0%	N/A	N/A	N/A
Maternity FFT - Delivery - % positive responses	N/A	100.0%	N/A	66.7%	N/A	94.6%	100.0%	90.4%	93.0%	91.6%	88.9%	100.0%	90.0%
Maternity FFT - Postnatal Ward - % positive responses	0.0%	88.9%	100.0%	N/A	100.0%	0.0%	100.0%	N/A	N/A	81.8%	100.0%	95.8%	91.9%
Maternity FFT - Postnatal Community Care - % positive responses	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Community FFT - % positive responses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	87.5%	91.7%
Outpatient FFT - % positive responses	88.8%	90.3%	89.1%	89.0%	89.1%	89.5%	90.3%	96.9%	90.4%	95.2%	88.7%	91.3%	90.7%

What the information tells us

- All services achieved FFT targets where patients rated the services as "Good" or "Very Good" apart from the Emergency Department in June.

Actions and Quality Improvement Projects

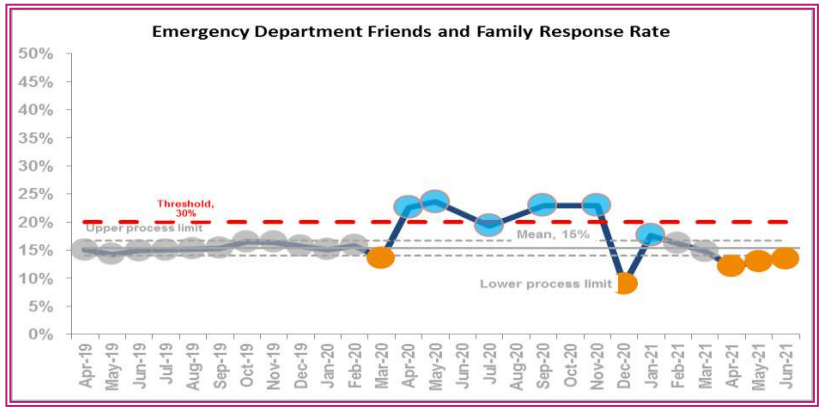
For the Emergency Department, the service moved from an external provider to the Trust's FFT collection system in January 2021, since then there has been a significant drop in reported response rate.

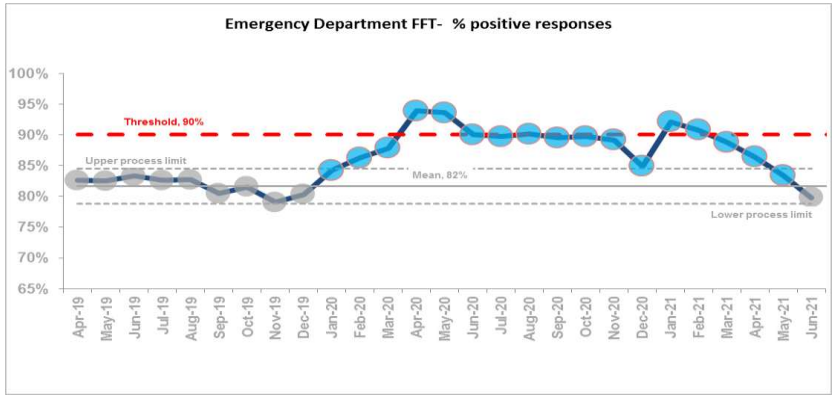
Work is on-going with Corporate Nursing Quality team to verify current patient contact details in iCLiP fields checking they are present and in correct place to improve percentage of attendees asked to give feedback.

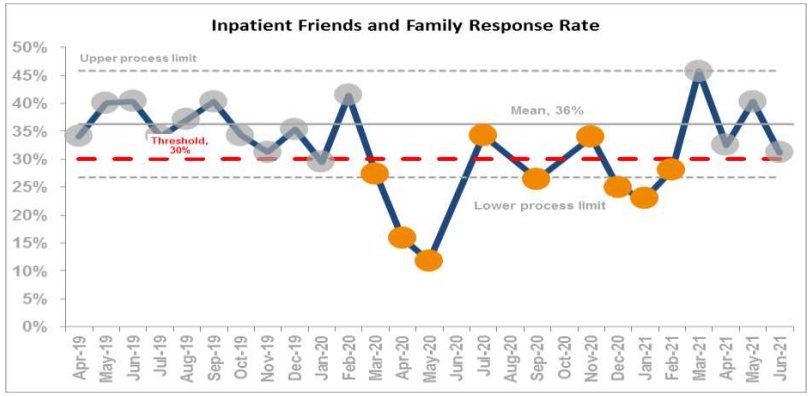
We are creating feedback requests posters with a QR code within the department and exits area to give patients and visitors further opportunity to feedback at time of discharge from the Emergency Department.

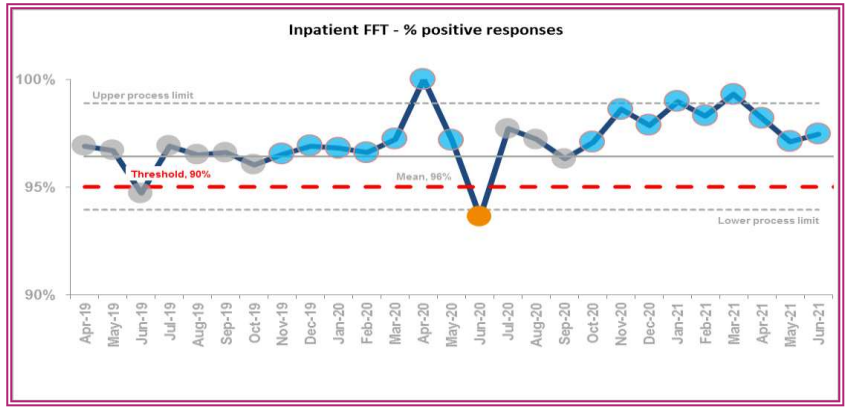
Friends and Family Test

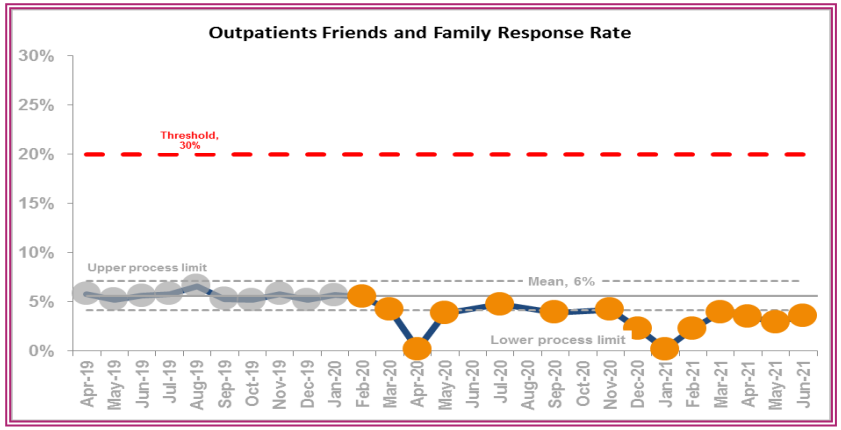
Special cause variation - improving performance
Common cause variation
Special cause variation - deteriorating performance

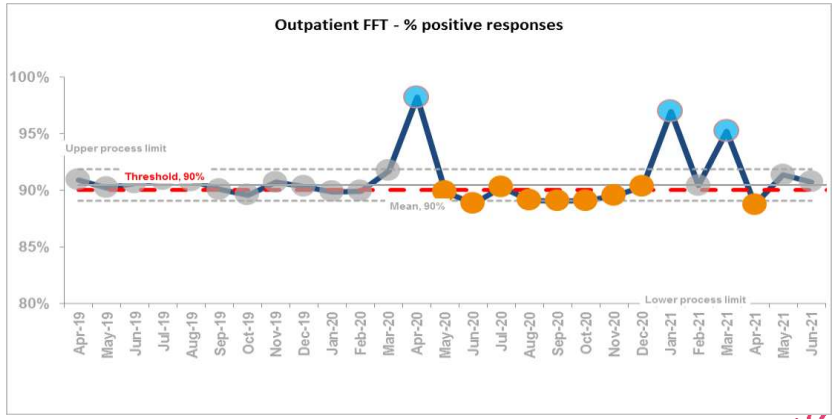








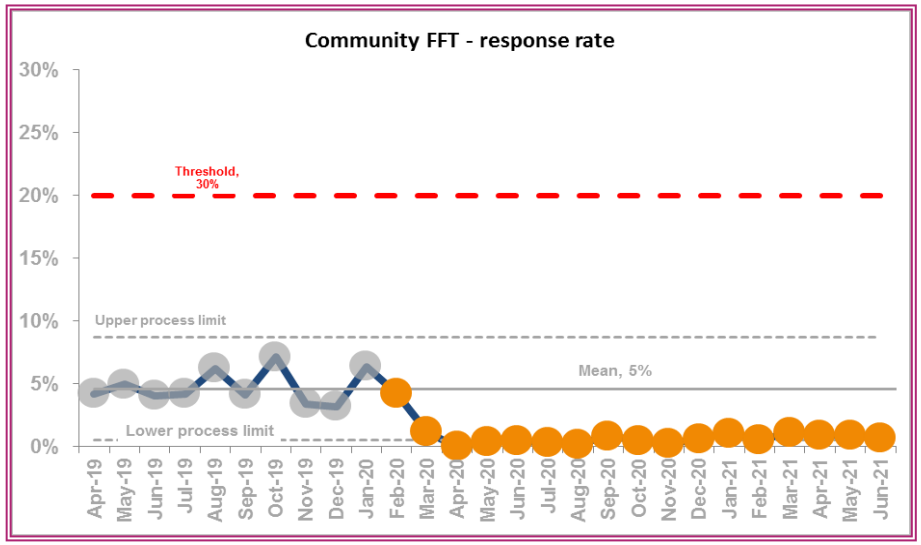


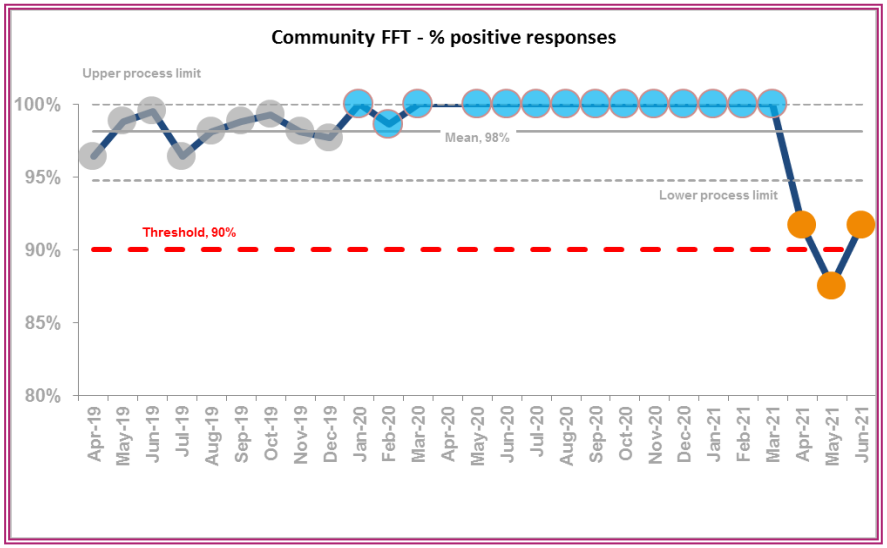


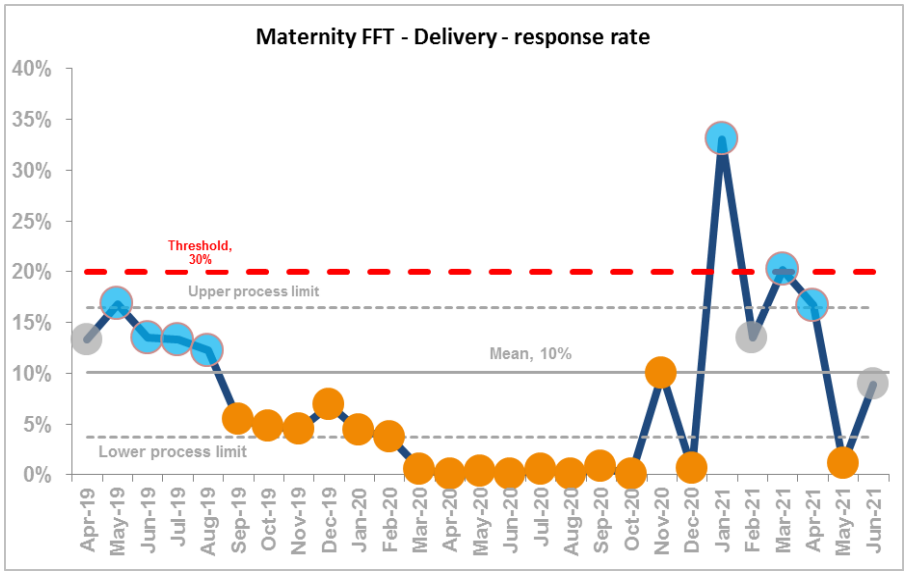
Our Patient Perspective

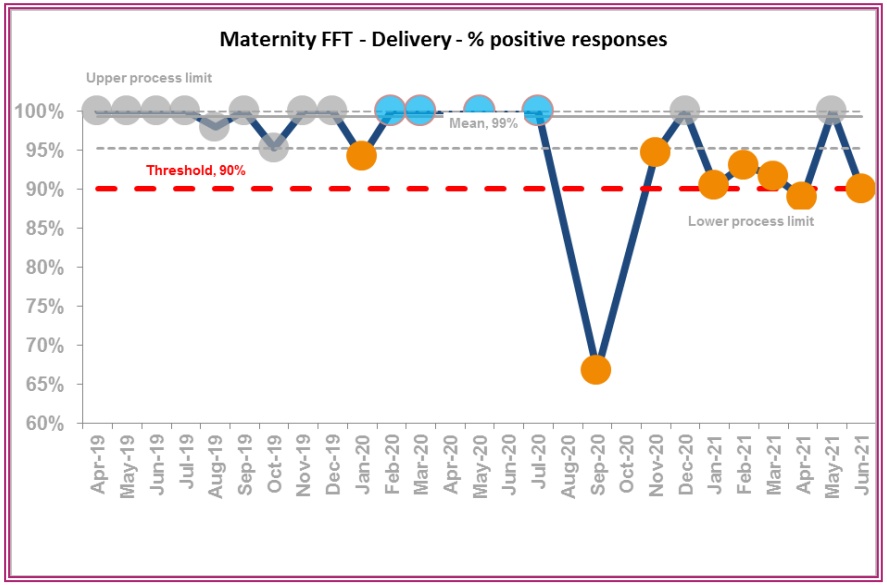
Friends and Family Test

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









Our Patient Perspective

Balanced Scorecard Approach

OUR **OUTCOMES**	How are we doing?					
OUR **FINANCE** & **PRODUCTIVITY** PERSPECTIVE	Activity Summary	Outpatient Productivity	Theatre Productivity	Bed Productivity	Performance against Budget	CIP Delivery
OUR PATIENT PERSPECTIVE	Patient Safety R	Infection Control	Mortality	Readmissions	Maternity	Patient Voice
OUR **PROCESS** PERSPECTIVE	Emergency Flow	Cancer	Diagnostics	On the day cancellations A	18 Week Referral to Treatment	
OUR PEOPLE PERSPECTIVE	Workforce	Agency Use	Estates Health and Safety			

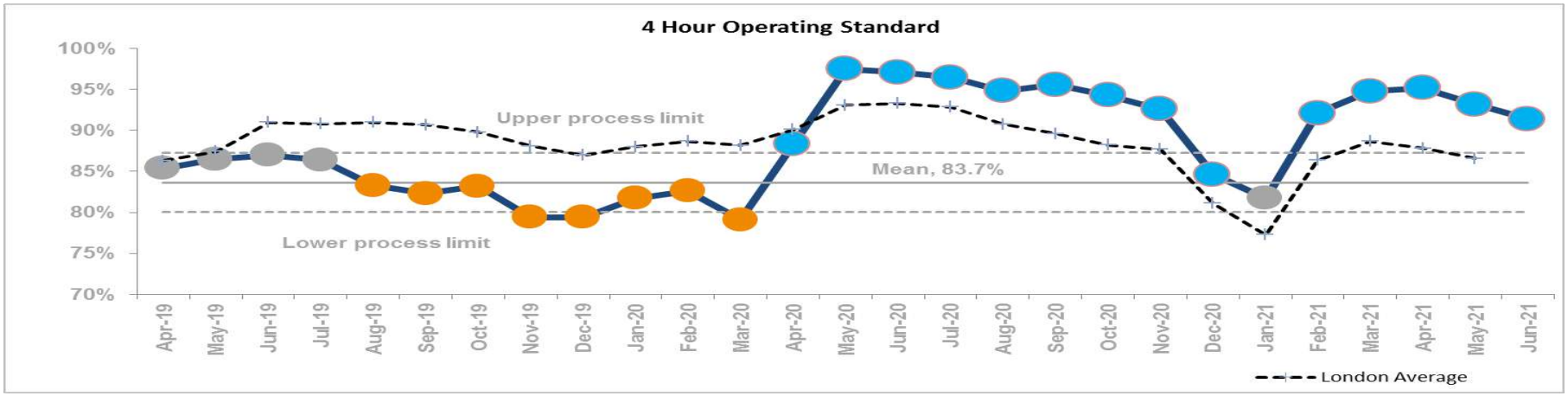
Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID-19 plan

Emergency Flow



What the information tells us

Performance against the Four Hour Operating Standard shows special cause improvement performing above the 2019 mean and above the current London average. In June, 91.4% of patients attending the emergency department were either discharged, admitted or transferred within 4 hours of their arrival. Demand continues to rise with, on average, 26 additional patients attending the Emergency Department (ED) daily in June compared to May. ED has been extremely busy at times throughout the month with the service seeing a number of days throughout June where daily attendance levels have exceeded those seen pre-COVID, daily arrivals have exceeded 470 on 17 days of the month.

Admitted performance remains above the upper control limit however falling by 4% in June. With increased demand for non-elective admissions and ambulance arrivals returning to pre-COVID levels, flow throughout the Trust has been impacted at times with insufficient capacity to meet demand mixed with high volumes of patients with varied acuity and an increased need for diagnostics. On average, 42% of patients scored between 1-3 against the Manchester Triage Score System however there was high variation daily with some days reaching 57% of patients being acutely unwell. The midday occupancy rate on AMU ward continued above our aim of 80% with 19 days in June above 90%.

The daily average of patients staying in a hospital bed for 7, 14 and 21 days has increased in June however remaining below the mean. Within the 7-day cohort, specialties seeing an increase include Neurology, Trauma & Orthopaedics, Cardiothoracic Surgery and Geriatric Medicine.

Ambulance handover times against the 30-minute standard continues above the upper control limit with performance also above the London average.

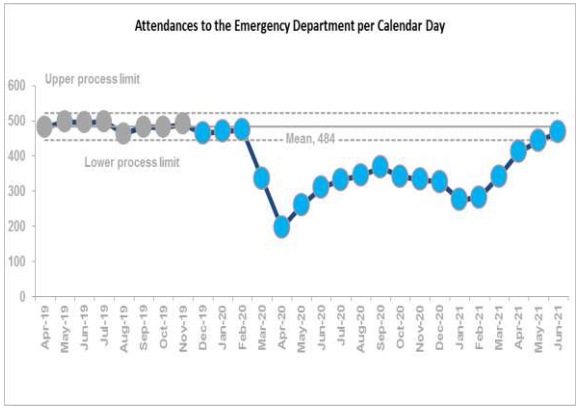
There were eight 12-hour breaches in the month all of which were Mental Health patients.

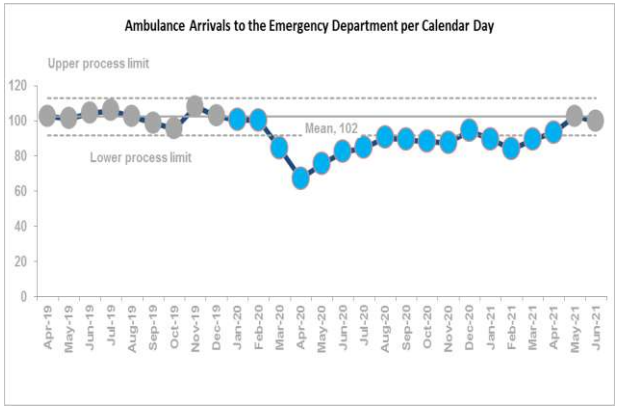
Actions and Quality Improvement Projects

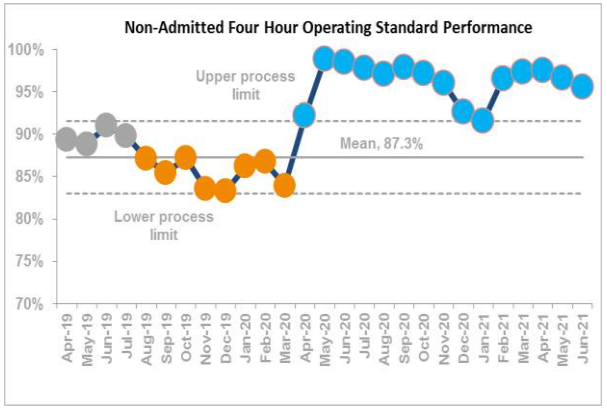
- ED continues to hold daily internal reviews of the previous day's performance and additionally continues to meet regularly with other clinical and non-clinical areas to explore opportunities for improvement.
- Out Of Hours GP cover has been increased to help meet the increased demand.
- Continuing issues with the number of adult and paediatric mental health patients attending the department and the capacity of partners to support their care needs - this is being addressed through engagement with the mental health providers.
- ED has developed a new internal dashboard to measure performance against the new Emergency Care Standards.

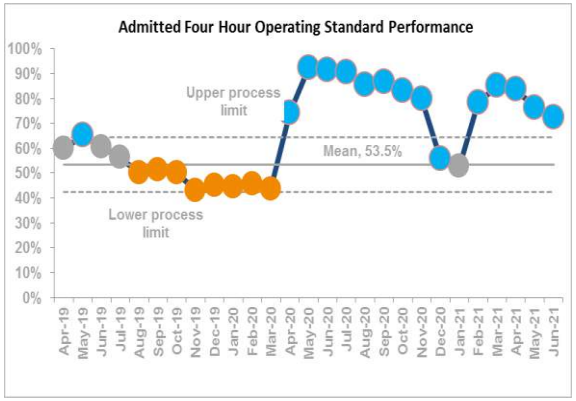
Emergency Flow

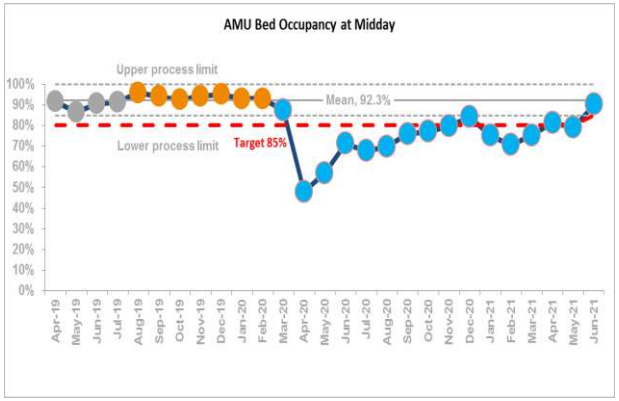
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

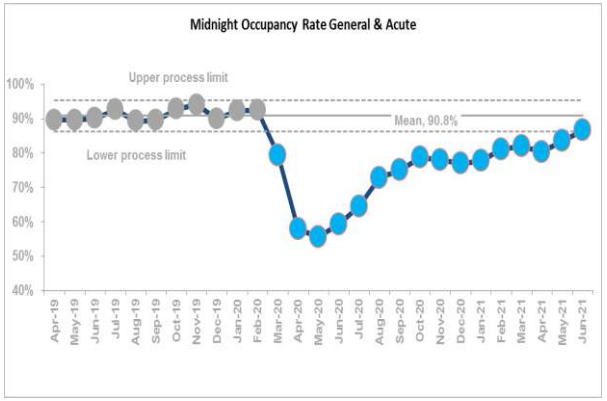


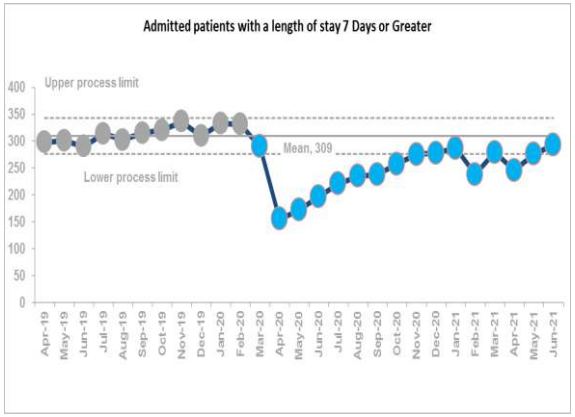


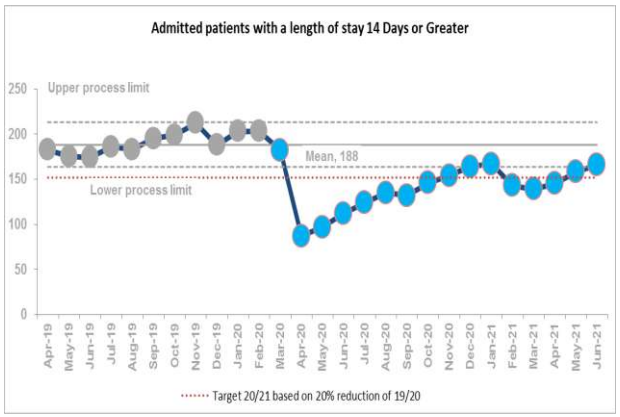


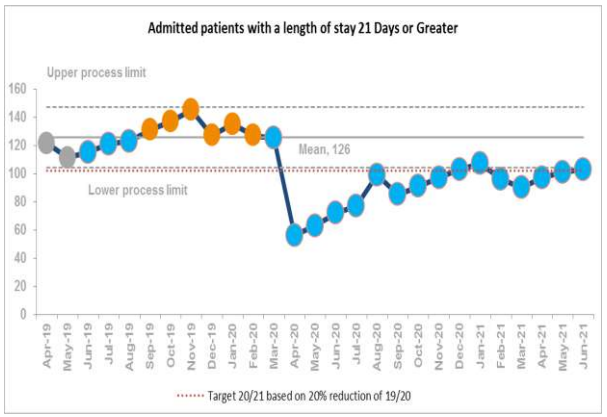








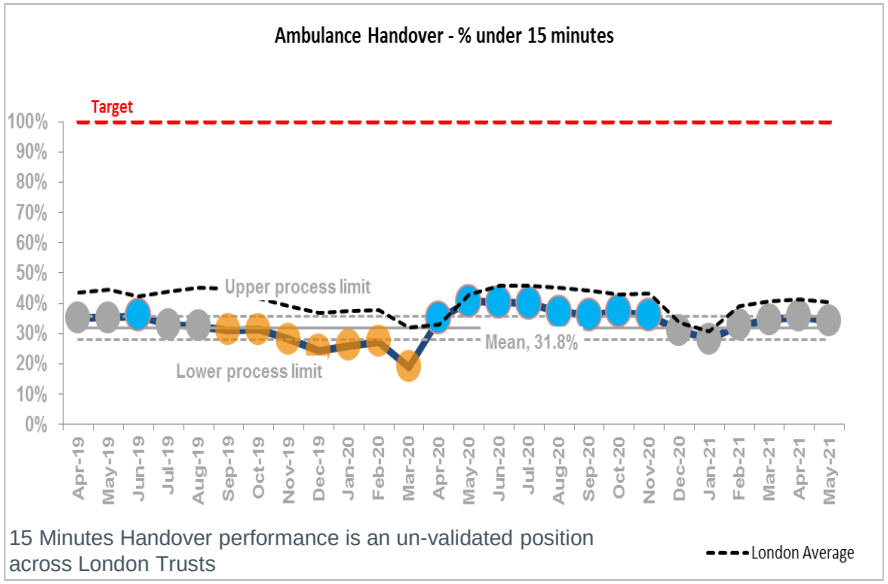




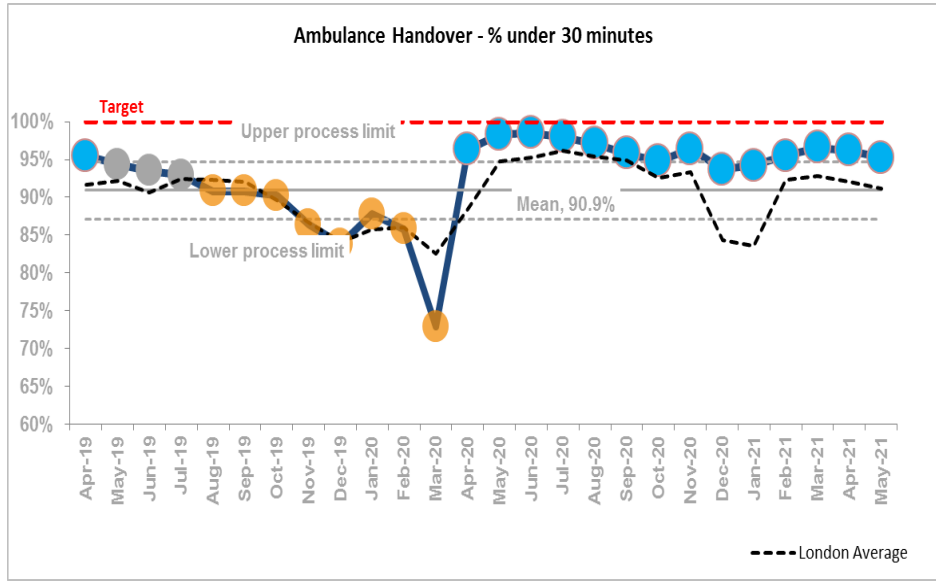
Our Process Perspective

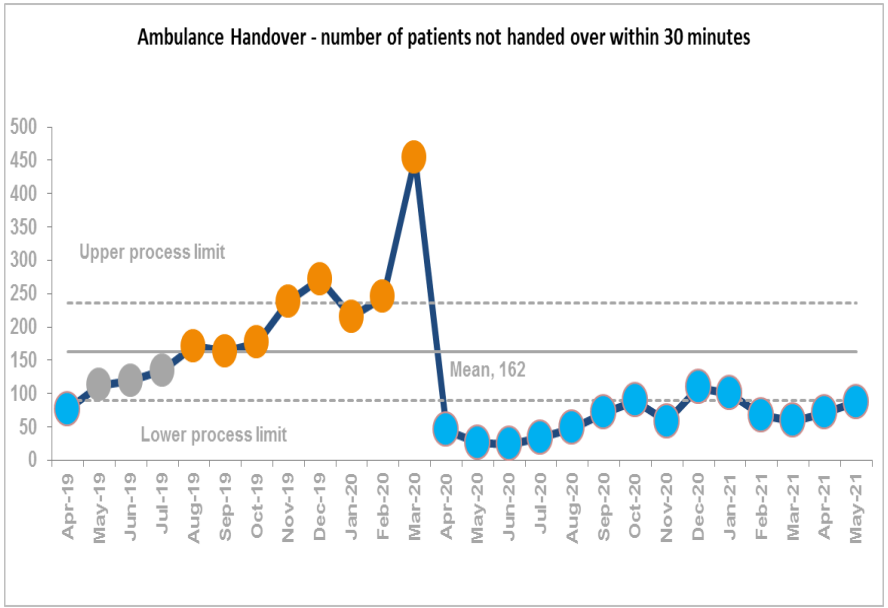
Emergency Flow

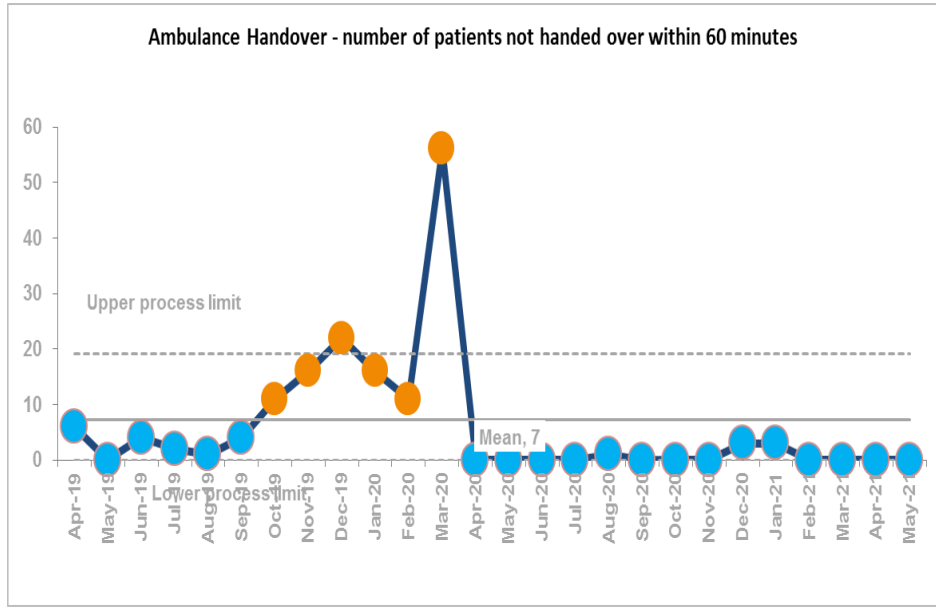
Special cause variation - improving performance
Common cause variation
Special cause variation - deteriorating performance



15 Minutes Handover performance is an un-validated position across London Trusts



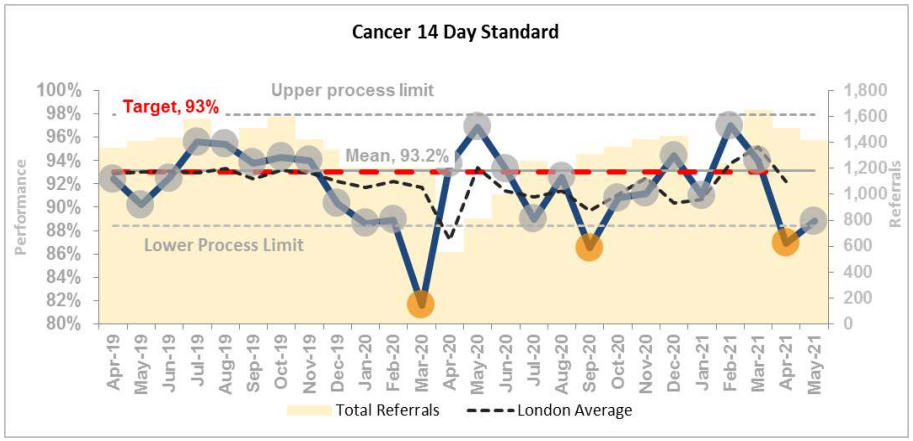


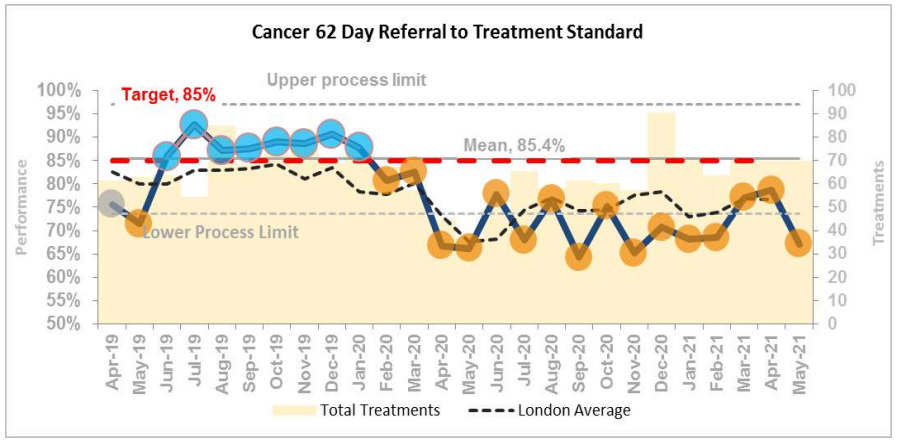


Ambulance handover data is one month in arrears

Our Process Perspective

Cancer





What the information tells us

In May, the Trust achieved two of the seven cancer standards - Cancer 31 Day Subsequent Treatment (Surgery) and Cancer 31 Day Subsequent Drug Treatment.

Performance against the 14-day standard improved with 88.8% of patients being seen within 14 days compared to 86.9% in March, performance has returned to within the upper and lower control limits although below the London average. There were 1,406 urgent referrals in May which is in line with pre-COVID baseline levels and a 6% decrease compared to April 2021. Referrals in month have increased within Breast where referrals remain higher than average. Seven tumour sites are compliant against the 93% Standard whereas Breast, Gynaecology and Lower GI were not compliant.

Performance against the 31-day treatment standard continues to show special cause variation with performance in the month of May falling to 92.2% against a target of 96%. Patient treatments were in line with the pre-COVID baseline with activity levels being maintained. This is attributed to the Priority 3 patients being brought forward for surgery. With the exception of Head & Neck, Lower GI, Skin and Urology all other tumour groups were compliant. A sustained return to compliance is expected once the 63-day plus backlog returns to the Business as Usual (BAU) level in September.

There were 70 accountable treatments on the 62-day GP pathway, of which 47 patients received treatment within 62 days. Monthly performance decreased falling below the lower control limit showing special cause variation. 67.1% of patients received treatments within 62 days of referral in May against the national target of 85%; similar performance was seen within London. There were 23 breaches of the 62 Day standard, attributed to Infection Prevention & Control (IPC) guidance, other COVID delays, clinical complexity, late inter-trust transfer and patient choice. All tumour groups apart from Skin and Lung were non-compliant.

At the end of May there were 136 patients on the 63 day plus patient tracking list, in line with trajectory. Specialities have agreed a trajectory to return to the pre-COVID level of 90 by September 2021. The Trust should return to 62-day compliance from the end of Q3.

Actions and Quality Improvement Projects

14 Day Standard

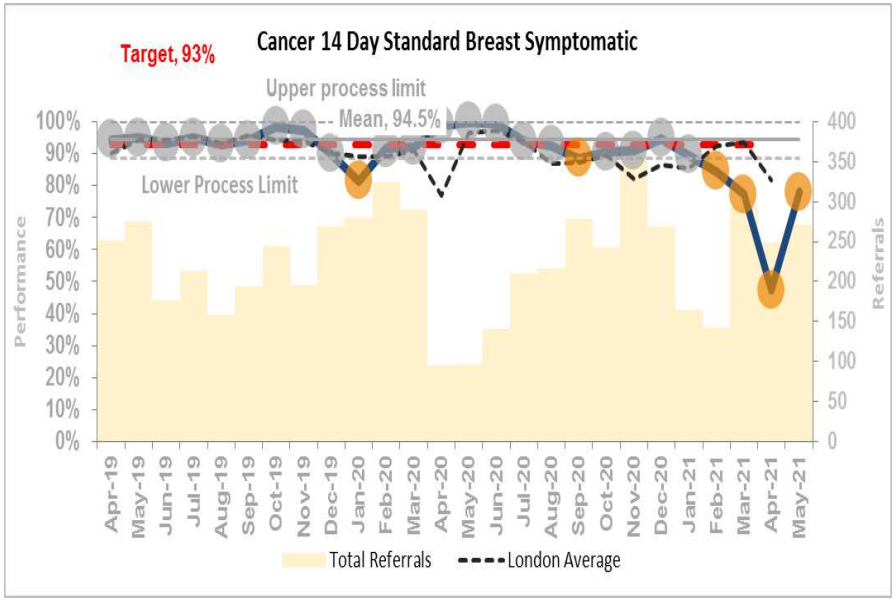
- Trust is not expecting to report compliance with the 14 Day Standard until Quarter 3
- A forward view of June shows seven services have returned to compliance in June with challenges seen in GI due to workforce gaps affecting Direct-to-Test capacity and Breast capacity – a recovery plan is in place.
- All services have been given revised demand projections for the next 12 months and are working to ensure that the capacity is available.

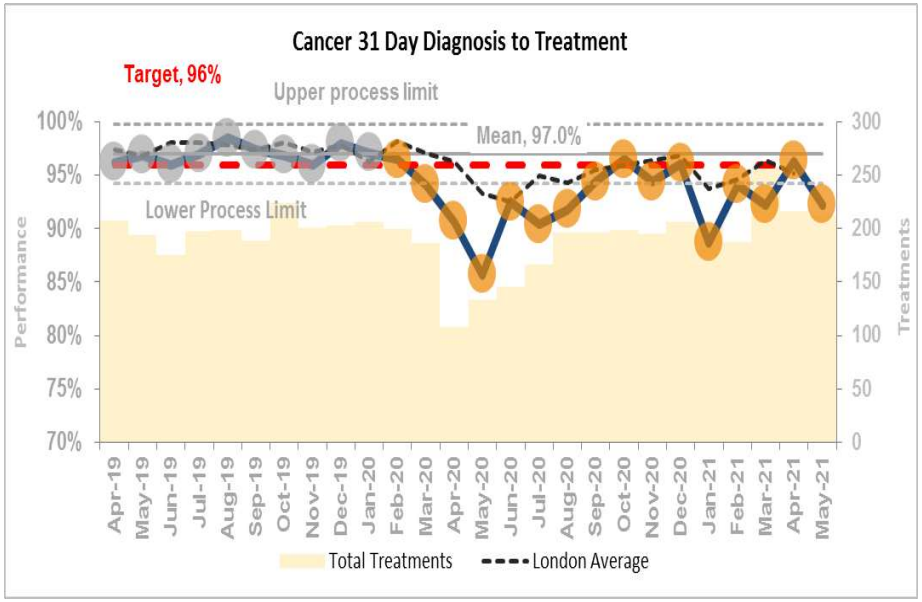
63+ Days

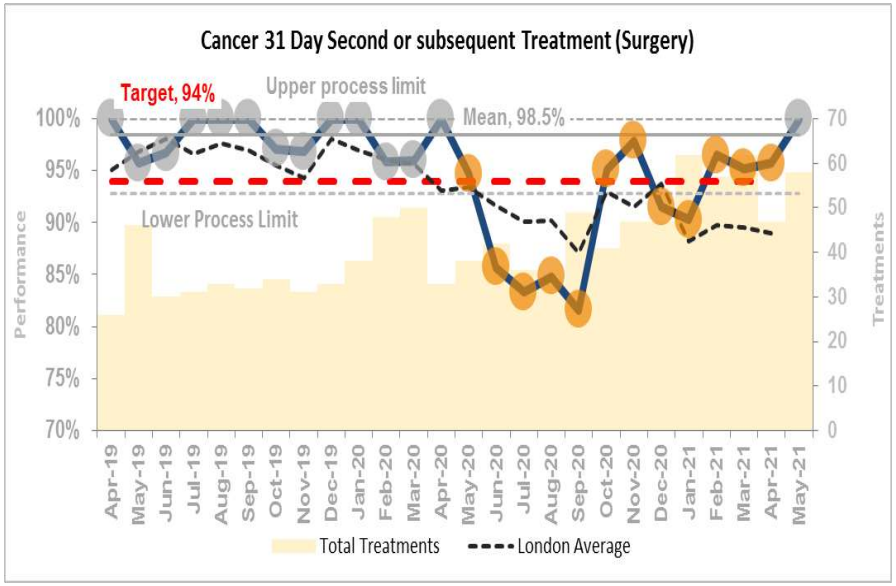
- It is expected that the numbers of patients over 63 days will return to the BAU baseline by September. A forward view shows 123 patients against a trajectory of 120 in June. Treatment trajectories have been set and agreed with services to achieve this.

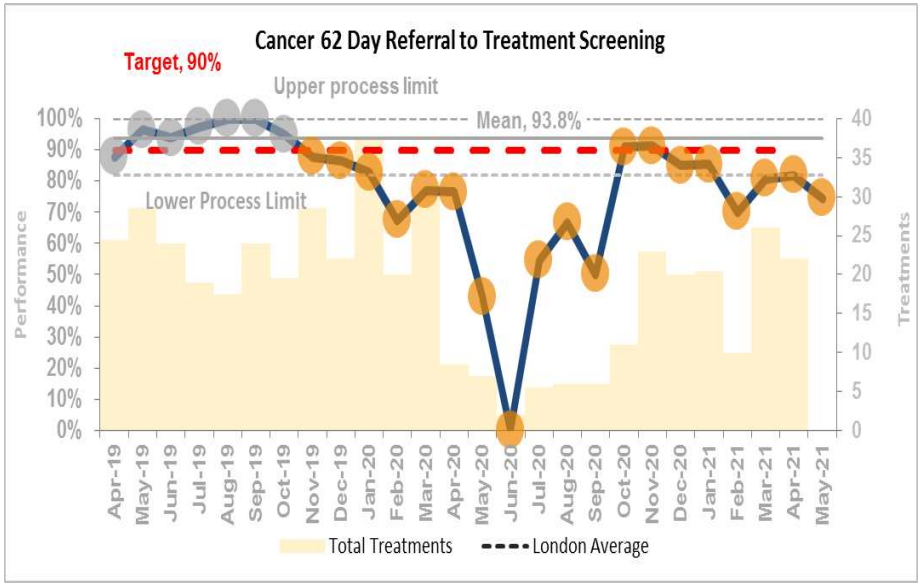
Cancer

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









Our Process Perspective

Cancer

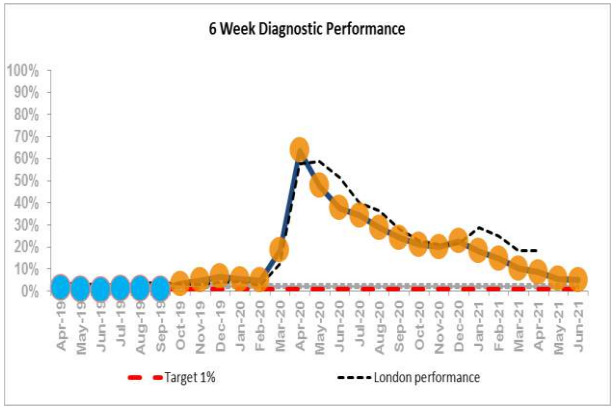
14 Day Standard Performance by Tumour Site - Target 93%

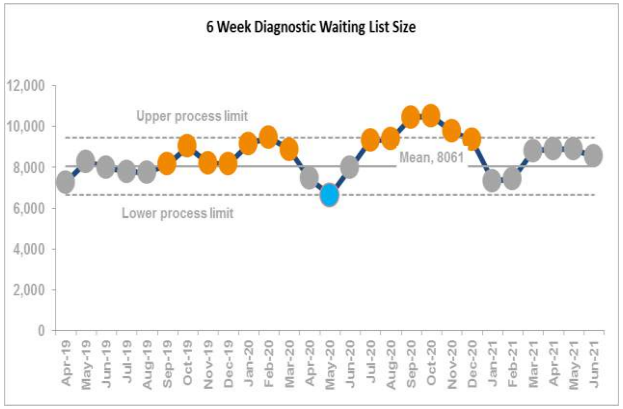
Tumour Site	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	No of Patients
Brain	93%	-	-	-	-	-	-	-	-	-	-	-	-	-	
Breast	93%	100.0%	98.6%	95.5%	94.3%	88.6%	92.0%	91.6%	95.0%	86.6%	92.5%	82.9%	54.5%	78.7%	301
Children's	93%	83.3%	100.0%	75.0%	75.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	5
Gynaecology	93%	96.3%	93.8%	92.5%	97.2%	91.6%	91.9%	94.3%	91.6%	79.3%	94.9%	94.9%	87.2%	92.6%	95
Haematology	93%	100.0%	100.0%	75.0%	91.3%	96.0%	96.2%	96.2%	96.2%	95.5%	100.0%	90.0%	96.4%	100.0%	17
Head & Neck	93%	100.0%	97.7%	96.1%	96.2%	84.1%	93.7%	96.0%	98.8%	91.6%	96.4%	94.6%	95.7%	96.9%	161
Lower Gastrointestinal	93%	95.6%	93.6%	86.9%	78.7%	61.8%	83.1%	76.4%	92.2%	99.3%	98.6%	98.2%	95.9%	67.6%	204
Lung	93%	90.9%	72.7%	62.5%	80.0%	90.5%	100.0%	94.4%	76.5%	90.0%	100.0%	94.4%	91.9%	97.5%	40
Skin	93%	96.7%	91.4%	87.4%	97.0%	95.4%	93.7%	95.1%	93.0%	90.7%	98.7%	98.0%	93.6%	97.5%	396
Upper Gastrointestinal	93%	98.4%	93.1%	84.4%	95.8%	93.0%	94.8%	90.6%	98.0%	95.3%	100.0%	95.4%	98.1%	96.9%	98
Urology (Suspected testicular cancer)	93%	85.5%	82.4%	80.4%	78.3%	85.6%	83.3%	93.3%	98.2%	95.3%	98.9%	97.1%	89.6%	97.0%	99

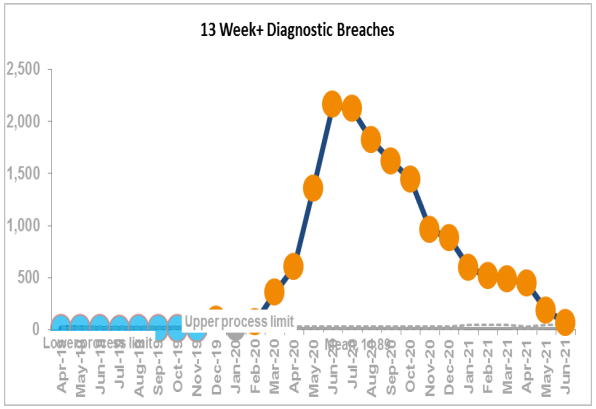
62 Day Standard Performance by Tumour Site - Target 85%

Tumour Site	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	No of Treatments
Brain	85%	-	-	-	-	-	-	-	-	-	-	100.0%	-	-	
Breast	85%	100.0%	100.0%	100.0%	50.0%	92.3%	83.3%	84.6%	84.6%	75.0%	62.5%	100.0%	91.7%	78.6%	14
Children's	85%	-	-	-	-	-	-	-	-	-	-	-	-	-	
Gynaecology	85%	50.0%	50.0%	100.0%	100.0%	71.4%	33.3%	100.0%	0.0%	50.0%	-	50.0%	75.0%	40.0%	5
Haematology	85%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	77.8%	87.5%	100.0%	88.9%	100.0%	100.0%	66.7%	3
Head & Neck	85%	66.7%	83.3%	52.4%	100.0%	25.0%	60.0%	61.5%	57.1%	52.9%	57.9%	83.3%	90.9%	46.7%	7.5
Lower Gastrointestinal	85%	50.0%	-	100.0%	60.0%	22.2%	25.0%	42.9%	38.5%	60.0%	33.3%	33.3%	75.0%	46.2%	7
Lung	85%	0.0%	85.2%	50.0%	60.0%	77.8%	55.6%	33.3%	100.0%	50.0%	73.3%	100.0%	90.9%	100.0%	6
Skin	85%	81.8%	85.2%	82.4%	100.0%	100.0%	100.0%	50.0%	81.5%	87.1%	88.9%	92.6%	78.8%	87.9%	16.5
Upper Gastrointestinal	85%	33.3%	71.4%	80.0%	100.0%	28.6%	100.0%	100.0%	53.8%	50.0%	71.4%	33.3%	60.0%	-	
Urology	85%	64.3%	25.0%	27.3%	78.8%	55.6%	71.4%	57.1%	78.4%	57.6%	73.3%	70.8%	56.5%	45.8%	12.0
Other	85%	100.0%	100.0%	28.6%	-	0.0%	100.0%	100.0%	-	-	57.1%	100.0%	100.0%	-	

Diagnostics







What the information tells us

A continued improvement against the six-week diagnostic standard was seen in June, with 5% of patients waiting for more than six weeks compared to 5.6% in May. In total there are 428 patients waiting for more than six weeks for a diagnostic test, this is a 13% reduction compared to May. Similarly, patients waiting for more than 13 weeks has also seen a significant improvement, improving by 65%, (-116 patients). The number of patients on the waiting list continues to show common cause variation, many of the modalities, particularly Radiology, are now seeing waiting list levels in line with pre-COVID baseline.

The decrease this month in the number of patients waiting for more than six weeks has largely been due to a reduction within Gastroscopy who have seen an 84% reduction. Urodynamics and Colonoscopy have also reduced their 6+ week waiting list. Most modalities continue to see an improving trend in performance apart from Cardiac MRI (*within the* modality of MRI). This month the Trust has seen an increase in the number of breaches within Echocardiography due to reduced capacity, staffing gaps and prioritisation of inpatients due to increased emergency demand requiring focus to enable flow. Sleep Studies have also seen an increase of 36 patients waiting for more than six weeks due to staffing gaps within the Lung Physiology Team and Nurse Consultant.

The average wait time for all patients on the diagnostic tracking list continuing a downward trend. All modalities within the exception of Urodynamics have average waiting times of below six weeks.

Actions and Quality Improvement Projects

Directive from NHSE/I for diagnostic departments to now conduct an administrative and clinical review of long waiting patients.

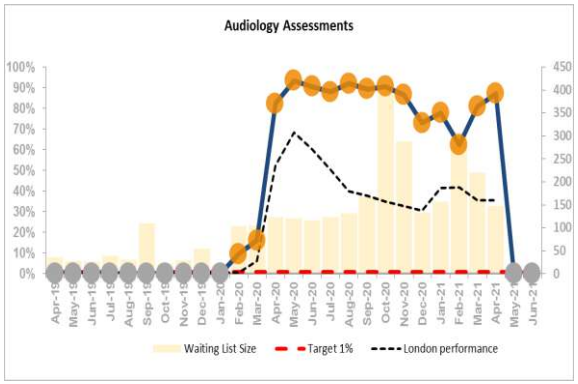
Recovery of the endoscopy waiting list is forecasted to be complete by October 2021. Approval for sustainable staffing has been received and teams are rapidly working through recruitment action plans against each post to ensure timely appointments. Possibility of Saturday lists are being discussed and planned accordingly.

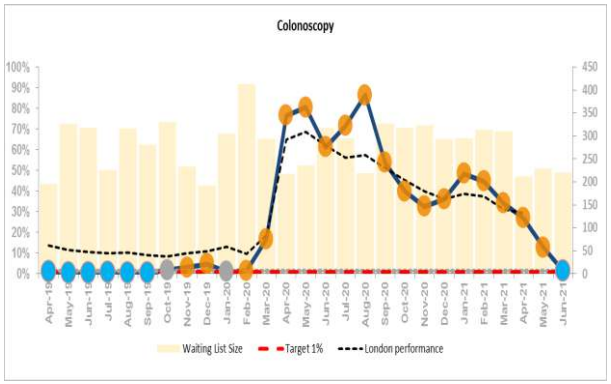
Echocardiography are recruiting with a plan to stop use of insourcing by external company by August 2021, which will allow more outpatient work and also focused inpatient Echos. The Cardiology diagnostic service is currently working with NHS England and NHS Improvement on the Echo Recovery Project for South West London using demand and capacity tools over the next twelve week period.

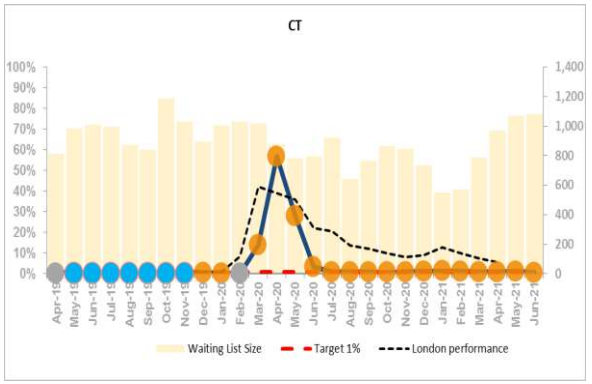
Sleep Studies - Recovery plan in progress with capacity at QMH now up and running, beginning the 10 week projected recovery plan. The service are exploring options such a locum cover and have also recruited to all four posts.

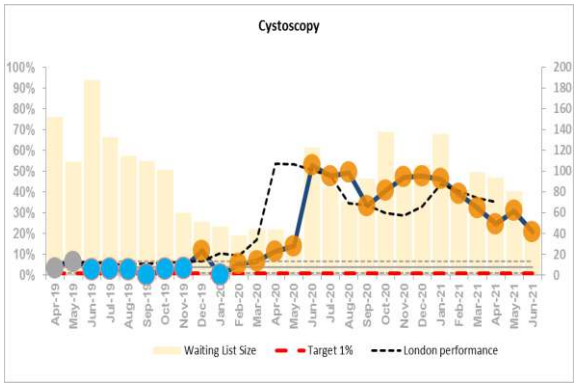
Diagnostics

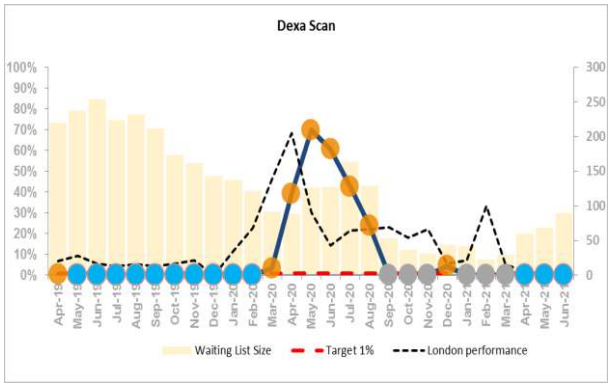
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

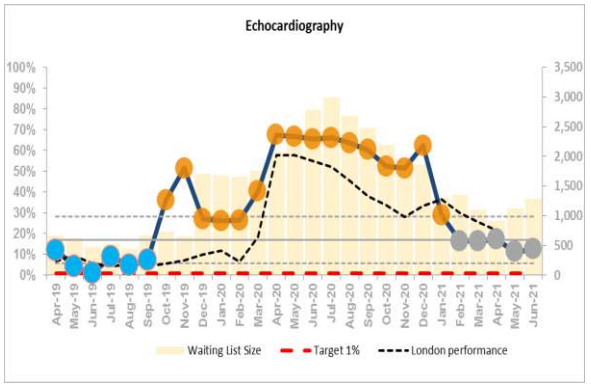


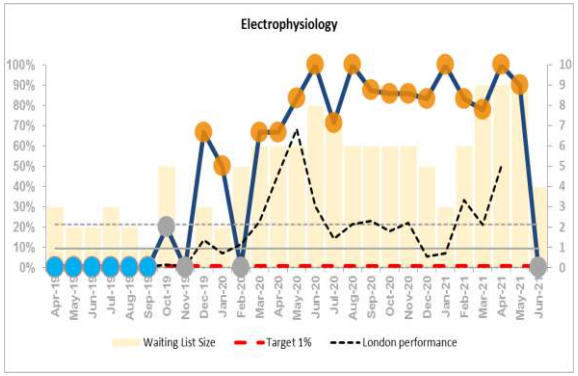


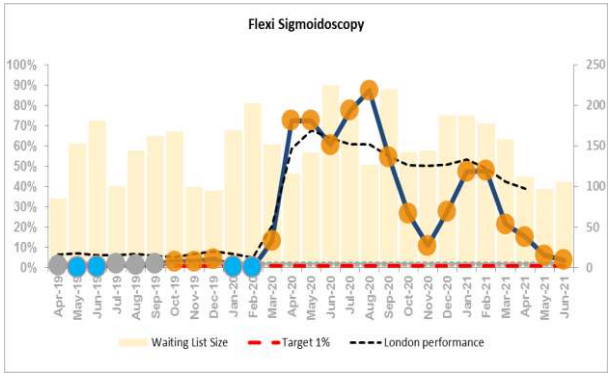


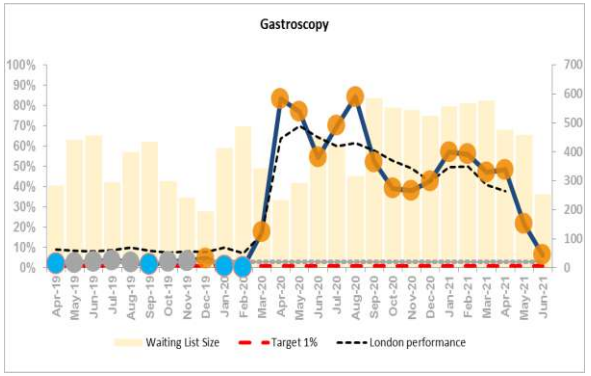








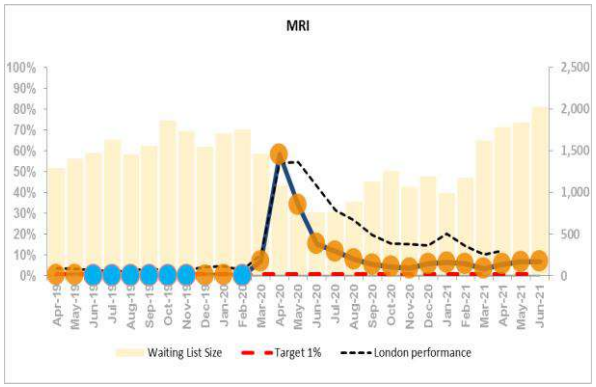


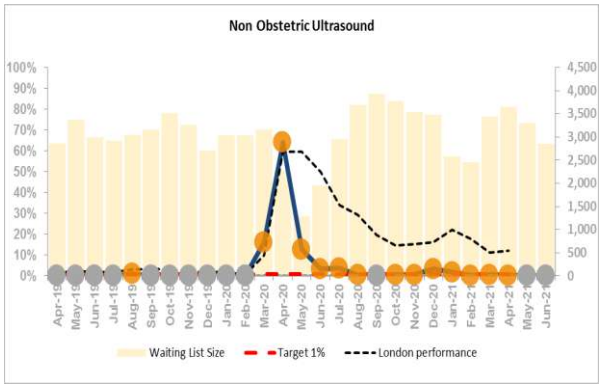


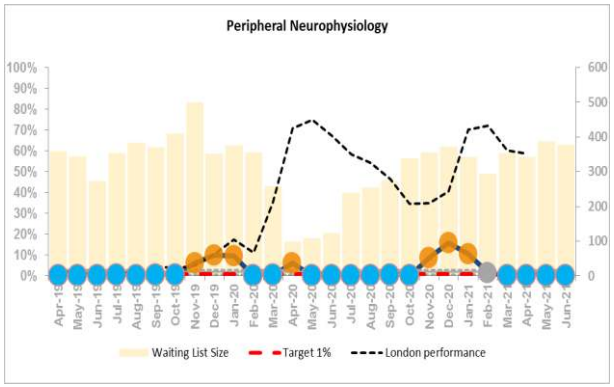
Our Process Perspective

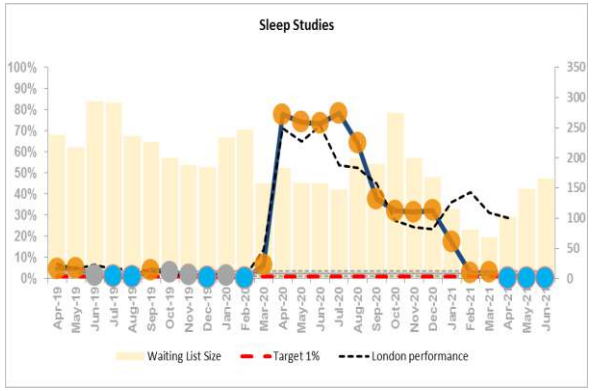
Diagnostics

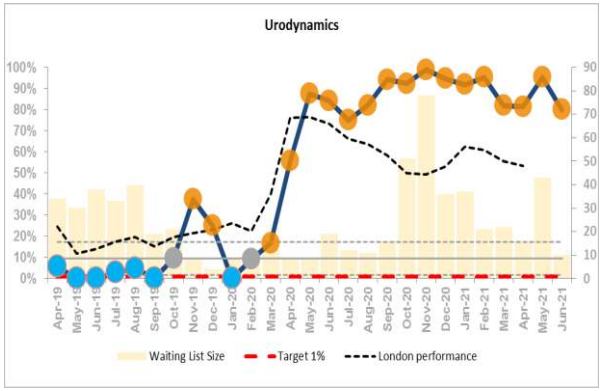
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance





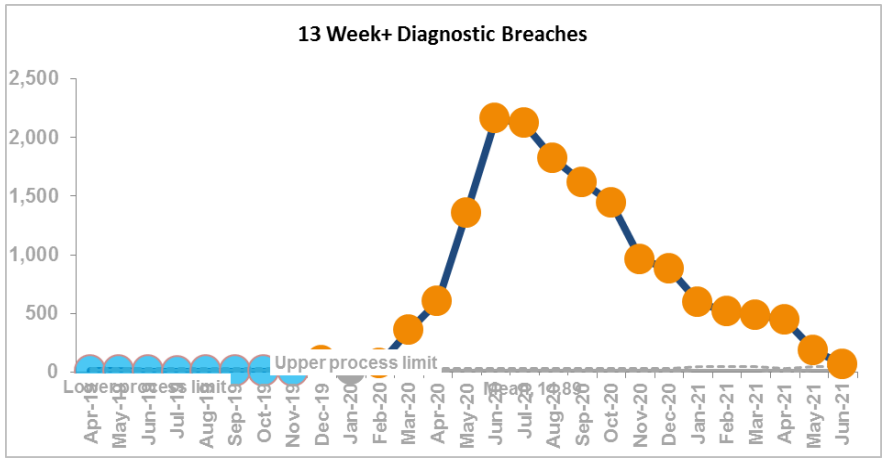


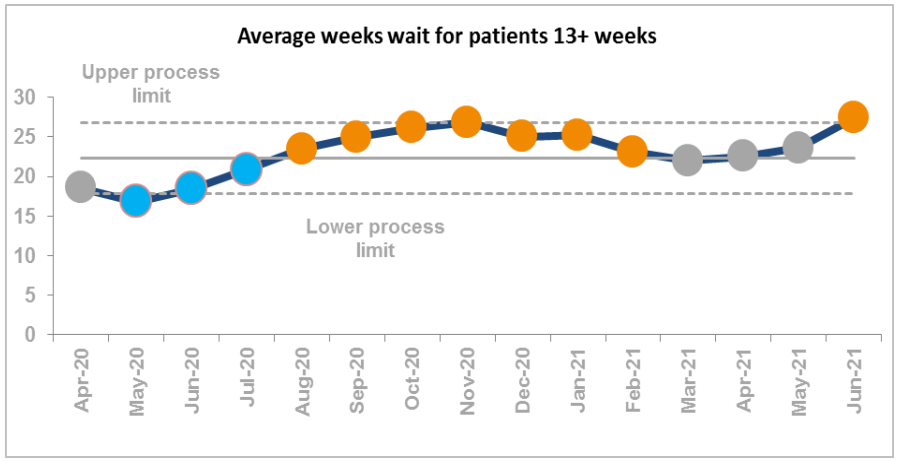




Our Process Perspective

Diagnostics – Patients waiting for more than 13 Weeks





Modality	Apr-21	May-21	Jun-21	Variance last month	% Variance last month
Audiology - Audiology Assessments	69	0	0	0	
Cardiology - echocardiography	84	53	9	-44	-83%
Cardiology - electrophysiology	6	7	0	-7	-100%
Colonoscopy	47	9	0	-9	-100%
Computed Tomography	4	4	4	0	0%
Cystoscopy	16	13	6	-7	-54%
Flexi sigmoidoscopy	13	0	2	2	
Gastroscopy	177	48	4	-44	-92%
Magnetic Resonance Imaging	15	18	29	11	61%
Respiratory physiology - sleep studies	0	1	0	-1	-100%
Urodynamics - pressures & flows	11	25	6	-19	-76%
Neurophysiology - peripheral neurophysiology	0	0	2	2	
Grand Total	442	178	62	-116	-65%

What the information tells us

In June, 62 patients were waiting for more than thirteen weeks which is a decrease of 65% (116 patients) compared to May; a significant improvement through focused waiting list management.

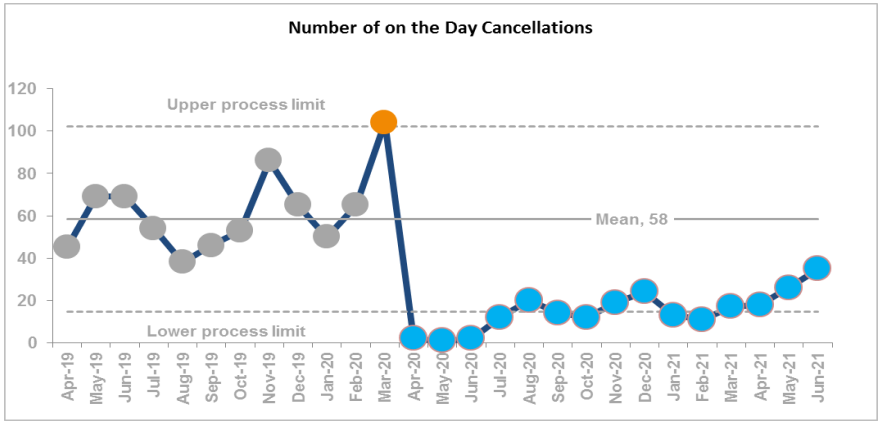
Within Endoscopy the number of patients waiting more than thirteen weeks has seen a large reduction with Gastroenterology seeing a decrease of 44 patients; the average waiting time for these patients is improving, There is on-going close collaboration between senior clinicians, management and the executive to mitigate the risk of long waiting patients, and to recover to a compliant position.

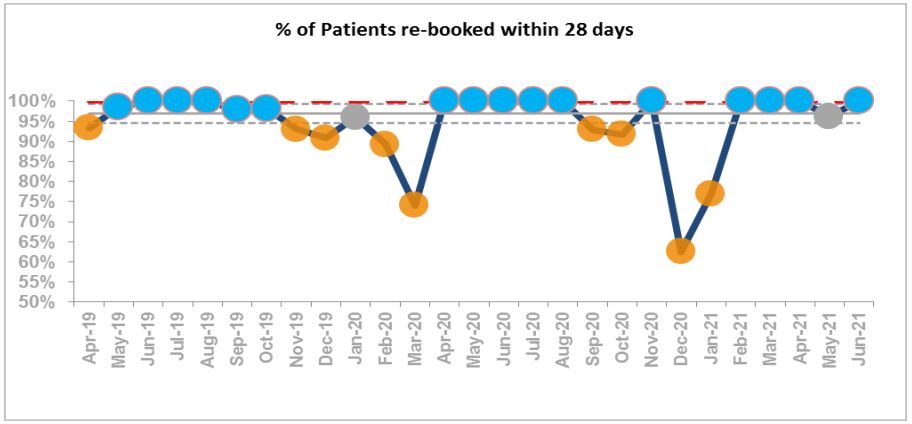
Echocardiography continues a downward trend in patients waiting for more than thirteen weeks with a decrease of 44 patients compared to the previous month (83%).

Cardiac MRI continue to see an increase in long waiting patients with 29 patients waiting for more than 13 weeks compared to 18 patients in May

NHSE/I have issued guidance for all diagnostic departments to now conduct an administrative and clinical review of long waiting patients, with the expectation that by the end of August all patients waiting >13 weeks will have undergone an administrative review, have been contacted by their diagnostic department and either a) been booked in for a diagnostic test, or b) had a clinical review.

On the Day Cancellations for Non Clinical Reasons





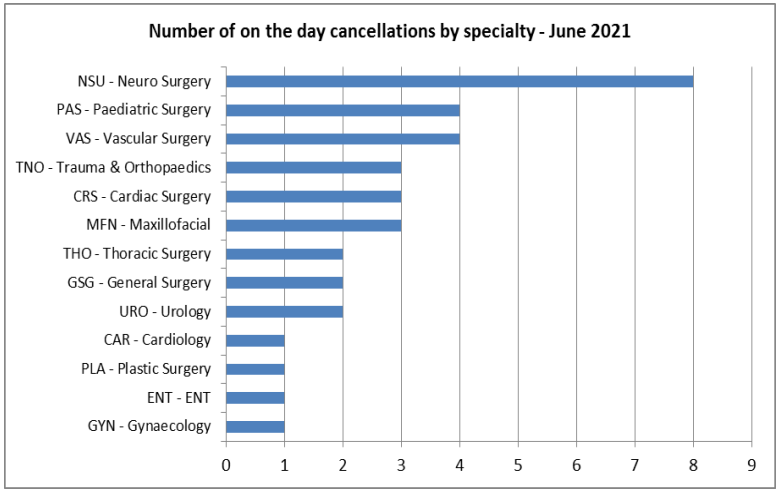
What the information tells us

The number of on-the-day cancellations for non-medical reasons increased to 35 in the month of June compared to 27 in May. Compared to the 2019 baseline, cancellations remain below the mean. In total, of the 35 patients cancelled, all patients were offered a rebooking date within 28 days reporting 100% against the 28-day standard.

NeuroSurgery had the largest proportion of on-the-day cancellations in the month with the majority due to Timing - Emergency case taking priority.

Cancellation reasons for the month are broken down as follows:

Timing – Emergency case took priority – 7
Bed Capacity – 7
Staffing availability - 6
Timing – List over booked – 6
Timing – Complication - previous cases – 5
Error in Booking – 2
Timing – List Cancelled – 1
Other – 1

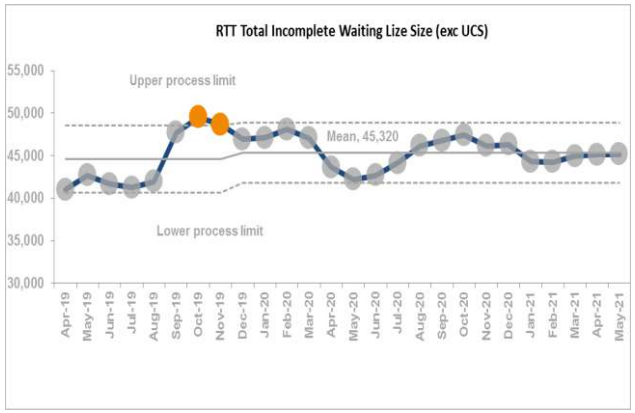


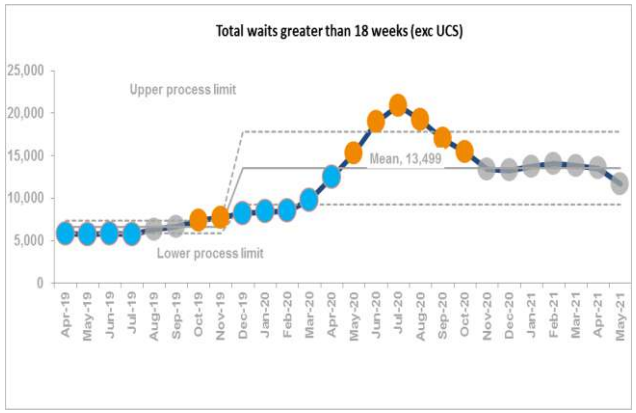
Actions and Quality Improvement Projects

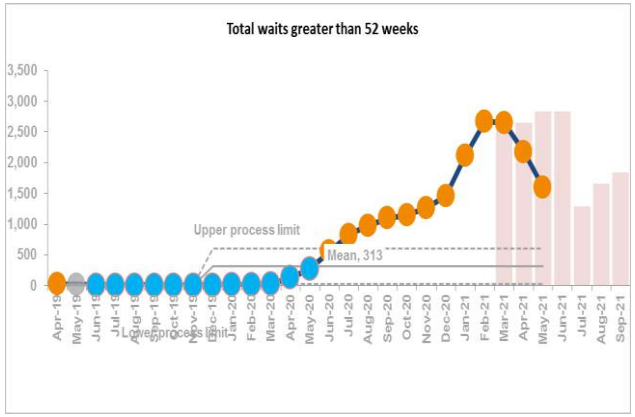
- 19 of the 35 cancellations were as a result of timing issues (emergency took priority, list over booked or complication)
- To mitigate this risk of cancelling for an emergency, more capacity has been provided. However where mixed elective and emergency lists occur (Vascular and Neuro), cancellations may happen to ensure lists are full optimised and more patients treated as a result.
- Cancellation avoidance policies involving divisional silver and DDO have been reintroduced to prevent unnecessary cancellations.
- New ITU booking process introduced to identify bed requirements to ensure sufficient capacity so patients aren't cancelled on-the-day due to bed availability.
- Anaesthetic staffing remains a significant risk – the 6 cancellations due to staffing were as a result of anaesthetics not being available.

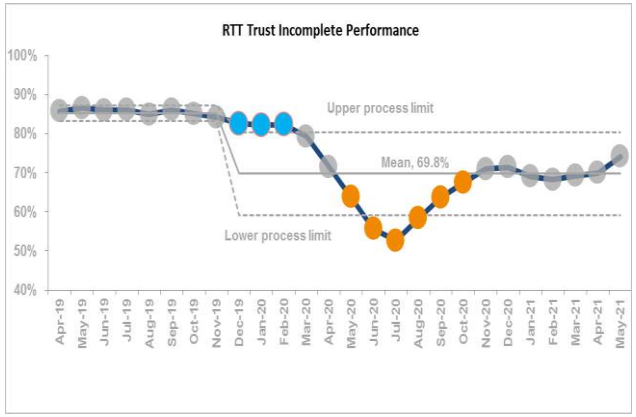
Our Process Perspective

Referral to Treatment — May 2021









Note: Unknown Clock Starts (UCS) have been excluded from the above metrics. For context the number of UCS in May was 519, an increase from 491 in April. Compared to the same month last year this is a 6% improvement.

Actions and Quality Improvement Projects

Activity levels continued to improve throughout May, achieving over 90% of 2019/20 activity levels consistently throughout the month. This has allowed clock stop levels to increase and in turn we have seen an improvement against RTT performance by 4.2%, the largest monthly improvement.

Current metrics:

- Eliminate all pathways over 104 weeks, regardless of specialty or admission status by the end of June
  We did not meet this target – there were approx. 8 patients who breached this target either through patient choice or very specific capacity issues. These are reviewed weekly by the Deputy COO.
- Eliminate all pathways over 78 weeks by end of July - We are forecasting approximately 275 patients will breach this target, however the majority of the risk sits within Cardiology, ENT, General Surgery and Plastics. Network support is in place to recover this position as soon as possible.

What the information tells us

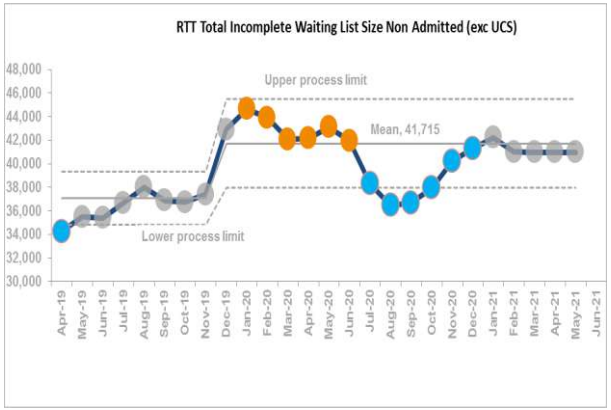
In May, 45,156 patients waiting for treatment on the Patient Tracking List (PTL), a minimal increase of 0.1% (49 patients) compared to the previous month with the PTL size showing common cause variation. Compared to the same month last year, the PTL size is 7% higher. At Trust level, the number of patients waiting for more than 18 weeks has reduced by 1,860 less patients waiting, a 13.8% decrease. Similarly, the number of patients waiting for more than 52 weeks has decreased by 26% (577 patients) with 1,597 patients against a trajectory of 2,832.

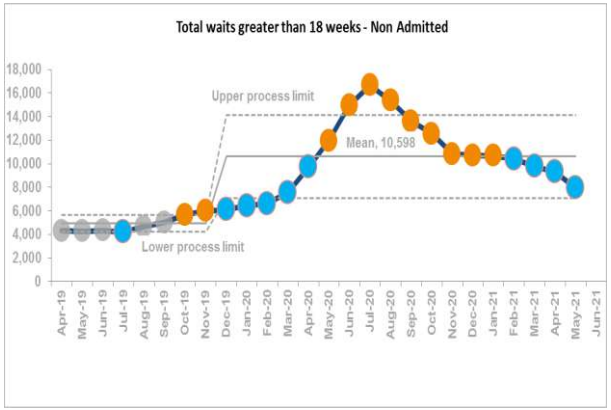
The total number of patients on the non-admitted PTL shows common cause variation. In May, the number of patients waiting for more than 18 weeks decreased by 14% (-1371 patients). The number of patients waiting for more than 52 weeks fell by 35% (285 patients) resulting in a favourable position against trajectory. Audiology, Ophthalmology, ENT, Max Fax, General Surgery and Gynae have had reductions of over 20 patients in May reported numbers.

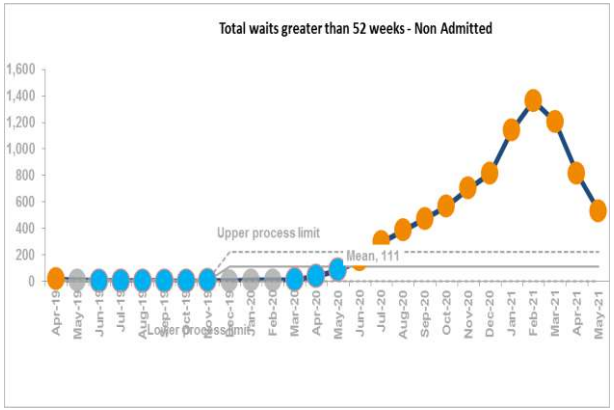
The total waiting list size for admitted patients remains above the mean and continues to show special cause variation. In total 7,045 patients are on the waiting list compared to 7,193 in April. Within the admitted pathway, the number of patients waiting for treatment beyond 18 weeks decreased by 11.6% (489 patients). The highest proportion of admitted pathway waits over 18 weeks is in Cardiology, General Surgery, ENT and Plastic Surgery. Compared to the previous month, the number of patients waiting for more than 52 weeks has reduced by 21% with 1,067 patients against a trajectory of 1,438. ENT, although continuing to have one of the largest proportions of 52-week breaches, has seen a 33% (111 patients) reduction in the last month. Cardiology, alongside most Surgical specialties, has seen reductions in the number of 52-week waiters.

Referral to Treatment — May 2021

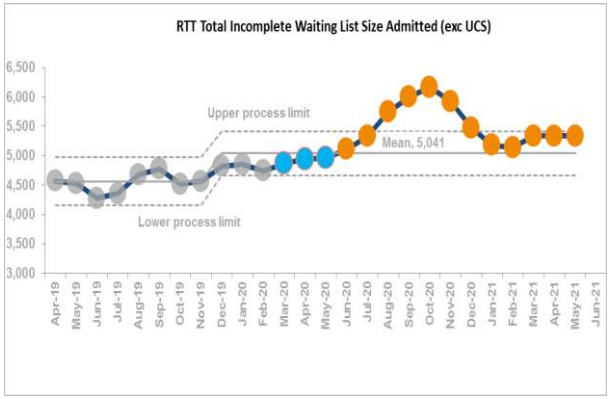
Non Admitted PTL

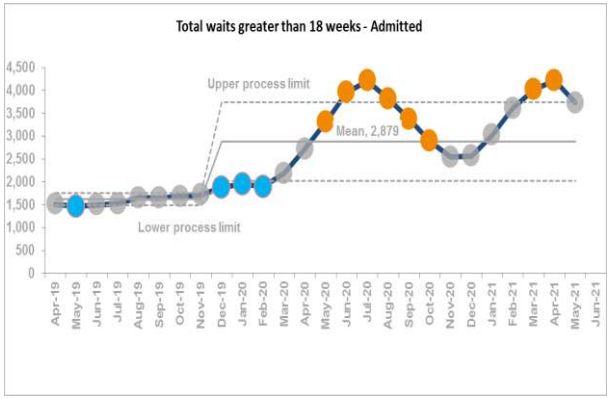


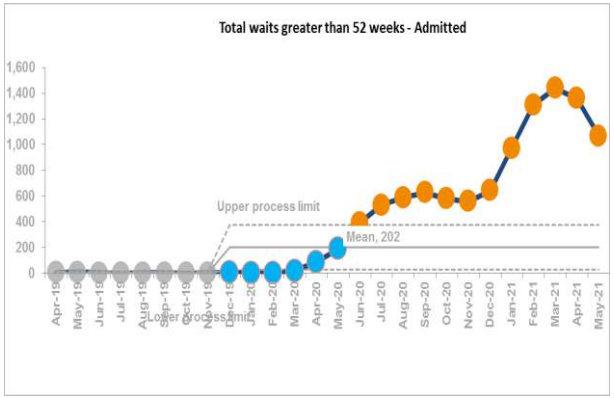




Admitted PTL







Balanced Scorecard Approach

OUR **OUTCOMES**	How are we doing?					
OUR **FINANCE** & **PRODUCTIVITY** PERSPECTIVE	Activity Summary	Outpatient Productivity	Theatre Productivity	Bed Productivity	Performance against Budget	CIP Delivery
OUR PATIENT PERSPECTIVE	Patient Safety R	Infection Control	Mortality	Readmissions	Maternity	Patient Voice
OUR **PROCESS** PERSPECTIVE	Emergency Flow	Cancer	Diagnostics	On the day cancellations A	18 Week Referral to Treatment	
OUR PEOPLE PERSPECTIVE	Workforce	Agency Use	Estates Health and Safety			

Key

Current Month

A Previous Month

Scorecard RAG rating based on PreCOVID-19 plan

Workforce

Indicator Description	Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Trust Level Sickness Rate	3.2%	3.5%	3.2%	3.4%	3.6%	3.3%	3.3%	3.9%	4.2%	3.6%	3.1%	3.4%	3.6%	3.7%
Trust Vacancy Rate	10%	8.3%	8.4%	8.2%	9.1%	9.4%	9.1%	8.5%	7.8%	8.6%	8.2%	9.6%	9.2%	8.6%
Trust Turnover Rate* Excludes Junior Doctors	13%	15.3%	15.1%	15.2%	15.4%	15.3%	15.3%	15.0%	15.0%	14.7%	14.4%	14.5%	14.6%	14.8%
Total Funded Establishment		9,289	9,256	9,263	9,265	9,320	9,331	9,336	9,330	9,451	9,454	9,568	9,695	9,684
IPR Appraisal Rate - Medical Staff	90%								63.8%	66.6%	72.3%	75.3%	76.5%	78.4%
IPR Appraisal Rate - Non Medical Staff	90%	69.9%	73.6%	74.6%	72.4%	71.7%	70.6%	69.6%	65.8%	65.6%	70.5%	75.3%	76.8%	74.6%
Overall MAST Compliance %	85%	89.9%	89.8%	89.9%	89.9%	90.5%	90.0%	89.4%	88.9%	88.2%	88.7%	89.4%	90.2%	90.4%
Ward Staffing Unfilled Duty Hours	10%	1.6%	2.8%	3.7%	5.4%	6.3%	10.4%	15.8%	19.9%	16.6%	11.8%	7.0%	8.6%	6.8%
Trust Stability Index	85%	84.9%	85.4%	86.3%	86.1%	85.8%	87.0%	88.5%	87.7%	88.0%	88.5%	88.2%	87.7%	87.3%

What the information tells us

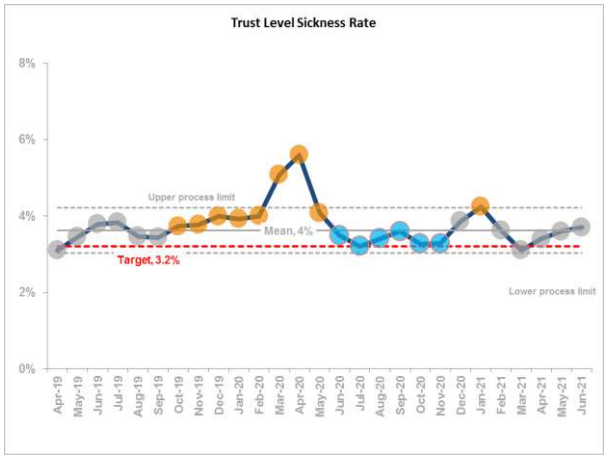
- The Trust's sickness absence rate at 3.7% is above 3.2% target. The Employee Relations (ER) team is working closely with managers to ensure timely referral to Occupational Health and management.
- Vacancy Rate at 8.6 % is below the set target of 10%, maintaining good performance.
- The Trust turnover rate remains above set target. The Trust recently re-engaged Great with Talent (external supplier) to carry out exit interviews for leavers. It is the expectation that there will be an increase in the uptake given the new approach of sending leavers information to the external supplier on a weekly basis instead of doing this on a monthly basis. The information received will be used to develop required strategies.
- Completion of appraisals for medical staff continues to be encouraged and this is improving with performance this month 1.9% higher at 78.4% compared to 76.5% in May, but remains below the target, 90%. Non-medical appraisal fell to 74.6% from 76.8% in May. This continues to be encouraged.
- Stability Index at 87.3% is above target, and is used to inform retention strategies.

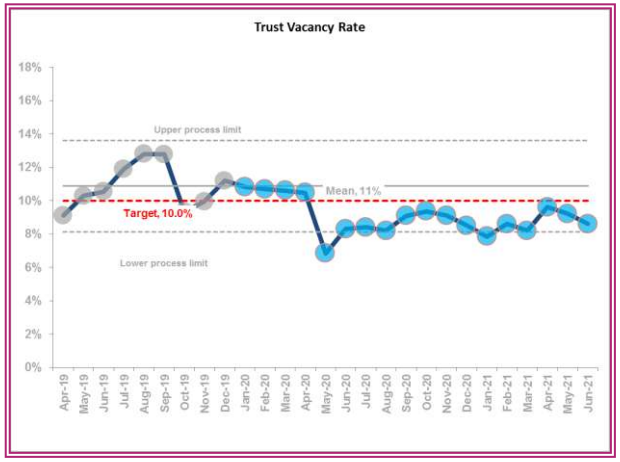
Actions and Quality Improvement Project

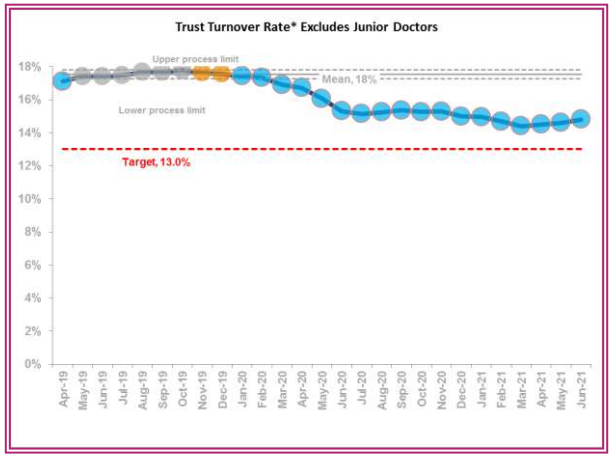
- Focus on management of sickness absence continues with the Employee Relations team providing a monthly report on progress on the cases being managed. The Chief Nurse meets with Divisional Directors of Nursing bi-weekly for an update on sickness absence management. Human Resources Business Partners (HRBPs) share the reports with Divisions.
- Completion of appraisals for non-medical staff continues to be encouraged with HRBPs providing trajectories accordingly.

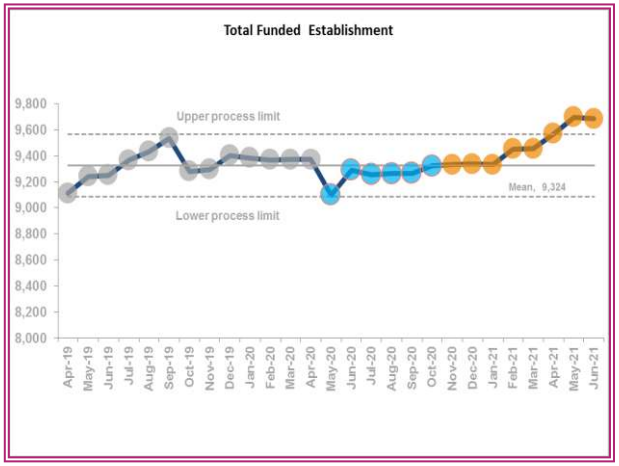
Workforce

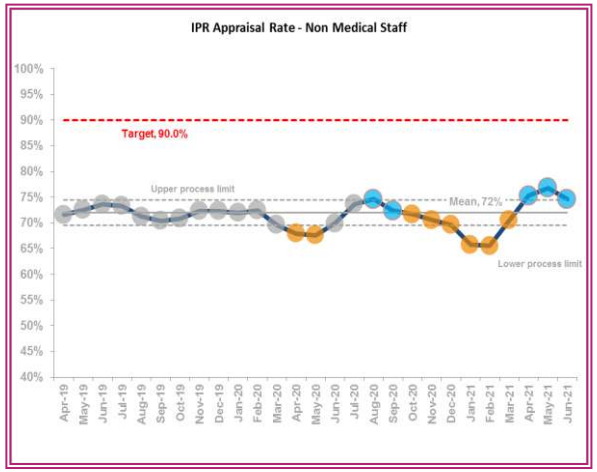
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

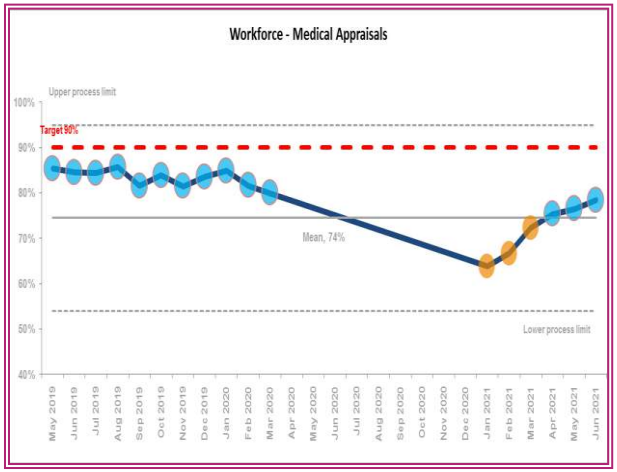












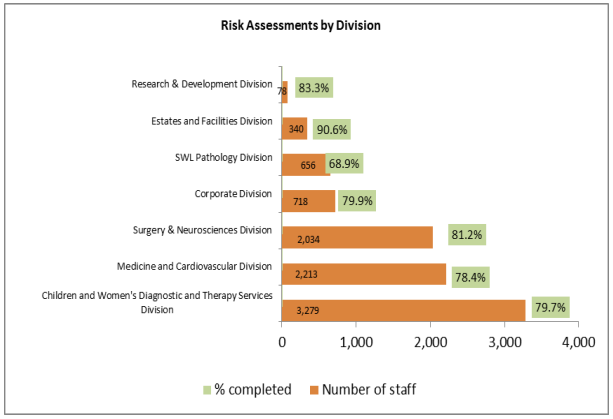
Our People Perspective

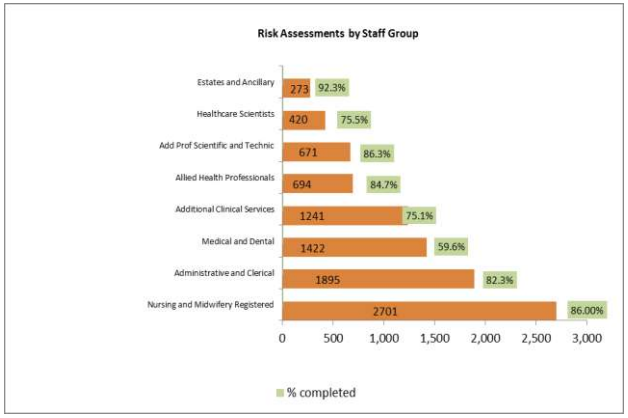
Workforce – June COVID-19 Risk Assessment

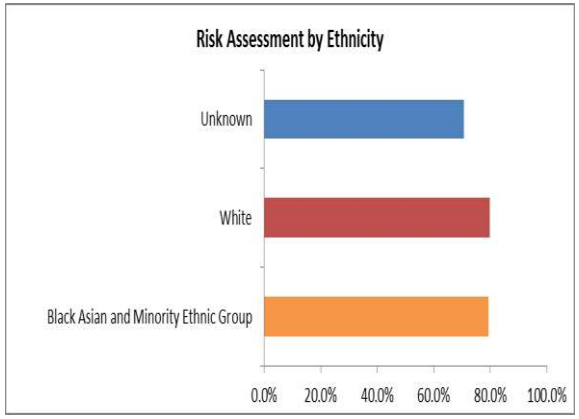
Division	Number of forms completed	Number of staff	% completed
Children and Women's Diagnostic and Therapy Services Division	2,613	3,279	79.7%
Medicine and Cardiovascular Division	1,735	2,213	78.4%
Surgery & Neurosciences Division	1,652	2,034	81.2%
Corporate Division	574	718	79.9%
SWL Pathology Division	452	656	68.9%
Estates and Facilities Division	308	340	90.6%
Research & Development Division	65	78	83.3%
Trust Total	7399	9318	79.4%

Staff Group	Number of forms completed	Number of staff	% completed
Nursing and Midwifery Registered	2322	2701	86.00%
Administrative and Clerical	1560	1895	82.3%
Medical and Dental	848	1422	59.6%
Additional Clinical Services	932	1241	75.1%
Allied Health Professionals	588	694	84.7%
Add Prof Scientific and Technic	579	671	86.3%
Healthcare Scientists	317	420	75.5%
Estates and Ancillary	252	273	92.3%
Grand Total	7399	9318	79.4%

Ethnicity	No of forms completed	Total number of staff	% completed
Black Asian and Minority Ethnic Group	3,560	4,478	79.5%
White	3,627	4,540	79.9%
Unknown	212	300	70.7%
Trust Total	7,399	9,318	79.4%







What the information tells us

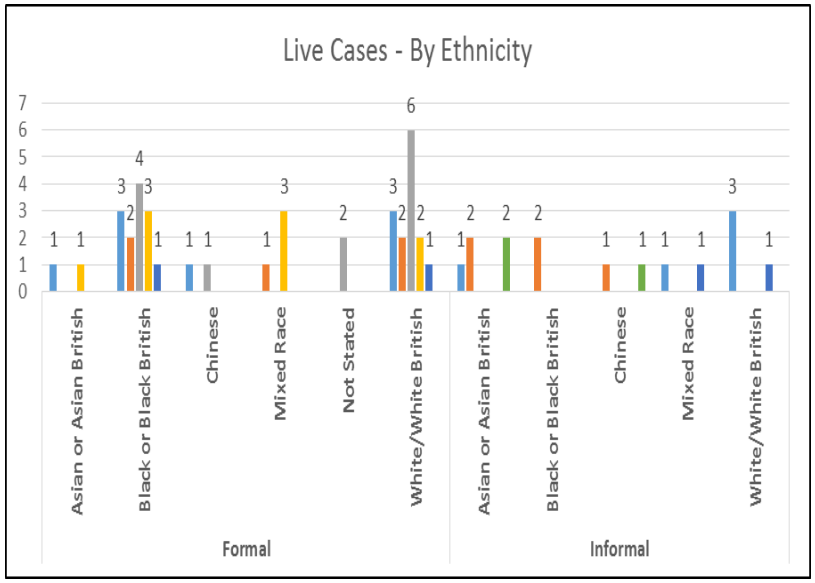
- The table shows completion of Covid Risk Assessment as at 1 July 2021.
- The Trust completion rate is at 79.4%. Completion rate for BAME staff stands at 79.5% and White staff 79.7%.

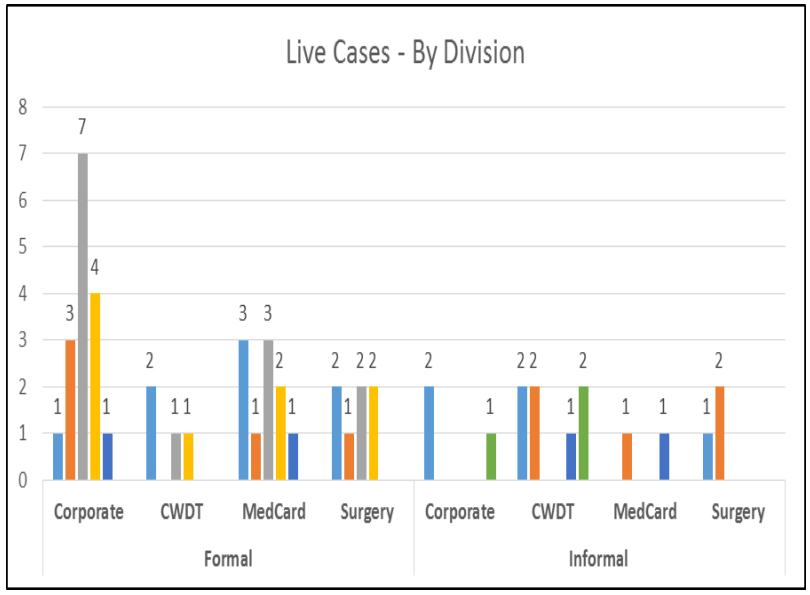
Actions and Quality Improvement Project

All new starters are given the COVID Risk Assessment form to complete with their line managers inside their first week in the Trust.

Our People Perspective

Workforce - Employee Relations Cases as of 30 June 2021

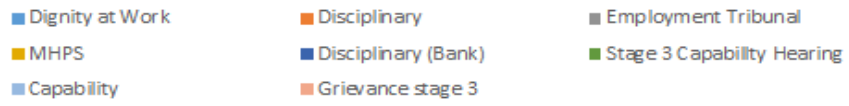




What the information tells us

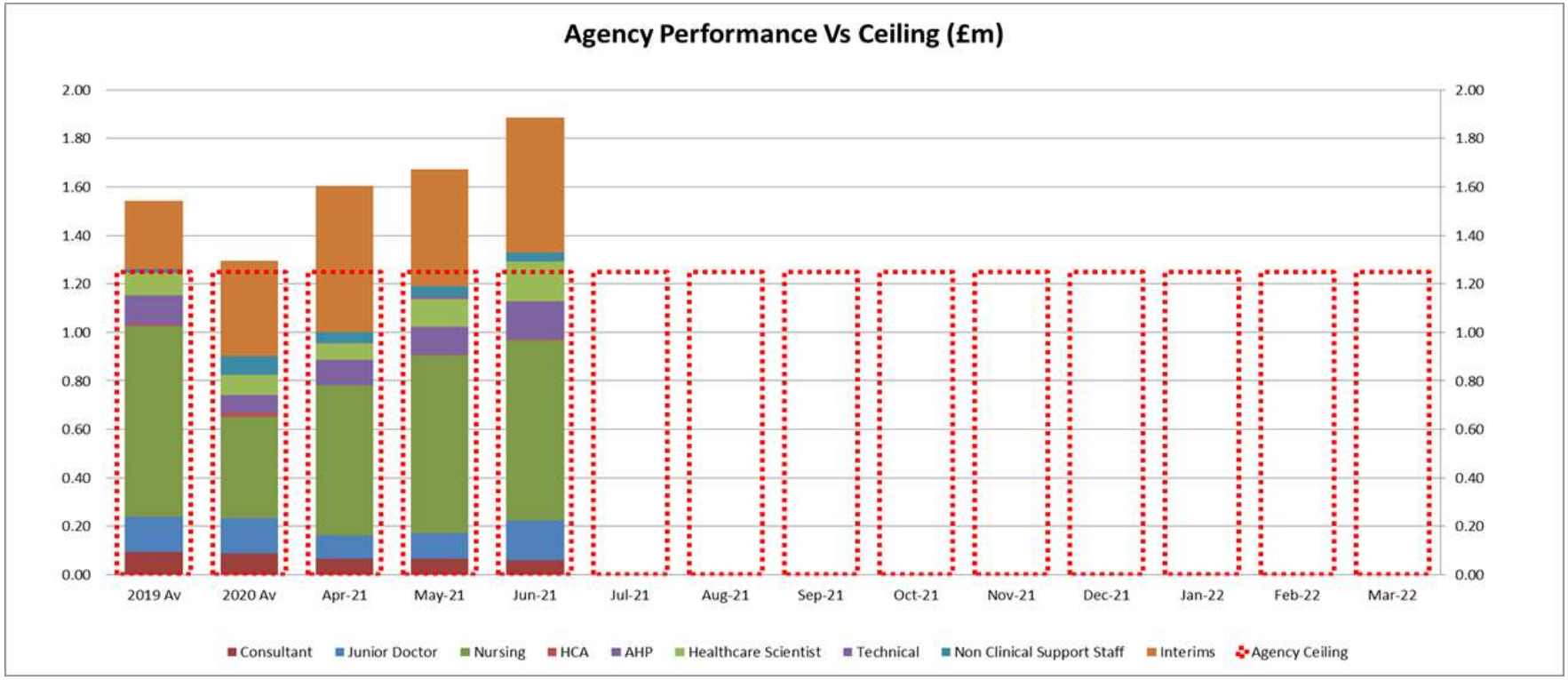
- There are 52 live cases Trust-wide, these include 37 Formal cases and 15 Informal cases. There has been a drop in the number of formal cases to 37 compared to the month of May (42). The informal cases have also reduced by 2 compared to May (17).
- Formal disciplinary cases remain the highest case type at 13 cases. This is followed by 10 Dignity at work cases and 9 Employment Tribunal cases.
- The Corporate division has the highest number of cases (formal and informal) at 19. MedCard and CWDT divisions have 12 cases each.
- A breakdown of disciplinary cases by ethnicity shows that White/White British staff have the highest number of cases at 6 followed by Black/Black British staff at 4 cases.
- There are currently a total of 3 staff on suspension. The suspensions are reviewed on a regularly basis (every 4 weeks) with a letter sent to staff on suspension to inform of the review.

Actions and Quality Improvement Project
Employee Relations surgeries continue to run on a biweekly basis to equip line managers with knowledge and skills to manage HR related matters and consistently apply HR policies and procedures



Our People Perspective

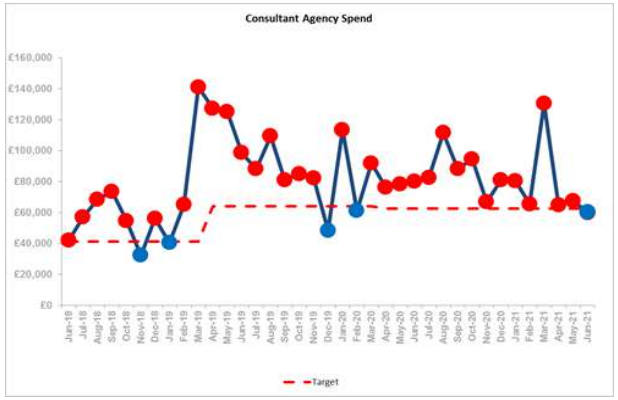
Agency use

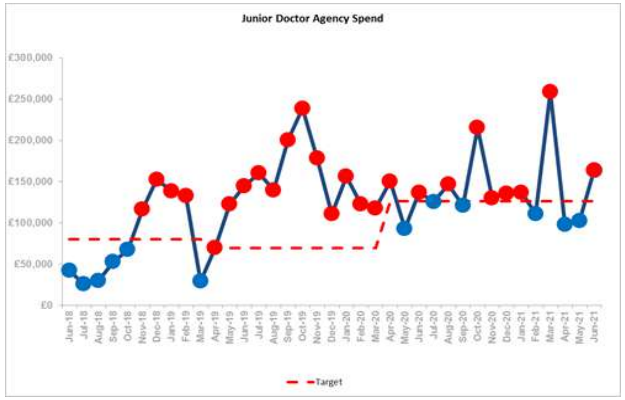


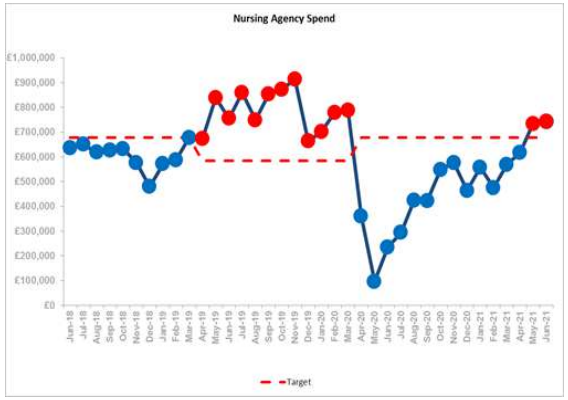
- The Trust's total pay for June was £48.84m. This is £0.30m adverse to a plan of £48.54m
- There is an internal annual agency target of £15.00m
- Agency cost was £1.89m or 3.9% of the total pay costs. For 2020/21, the average agency cost was 2.5% of total pay costs
- For June, the monthly target set is £1.25m. The total agency cost is worse than the target by £0.64m
- The biggest areas of overspend were Interims (£0.39m) and Healthcare Scientists (£0.08m).

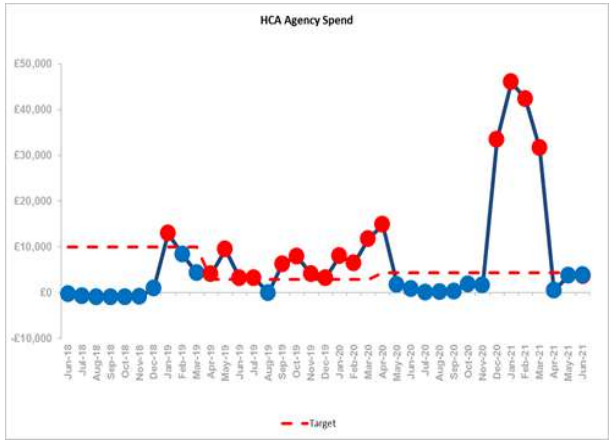
Agency use

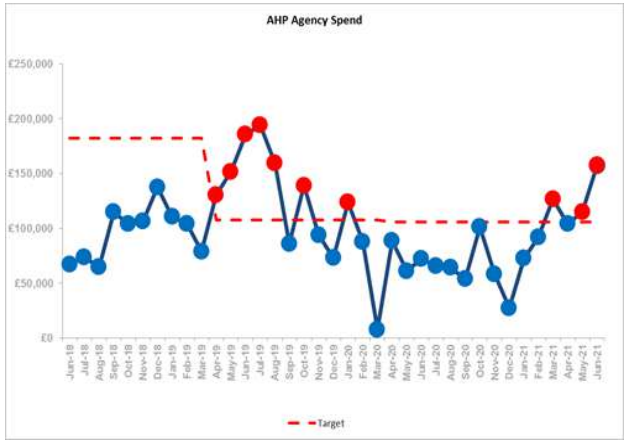
Below cap
Above cap

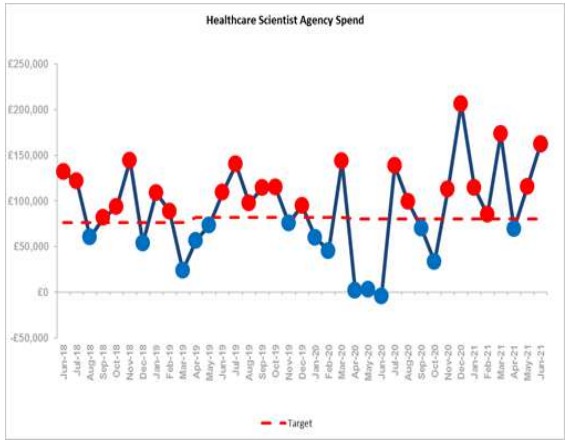


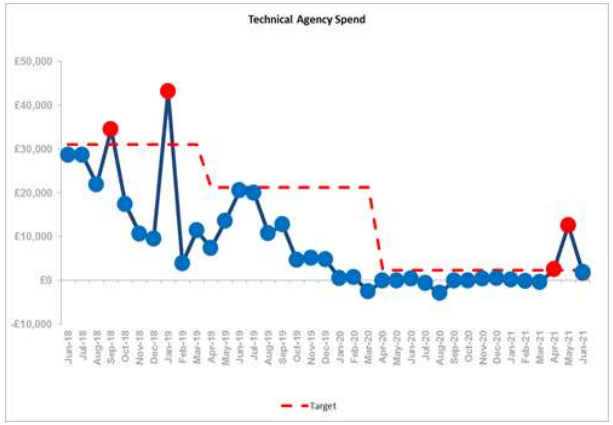


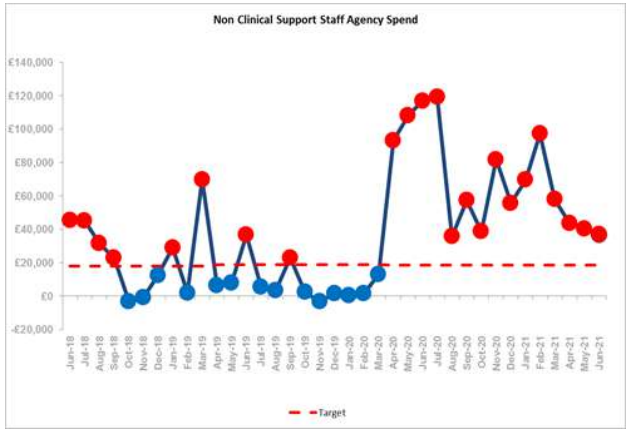


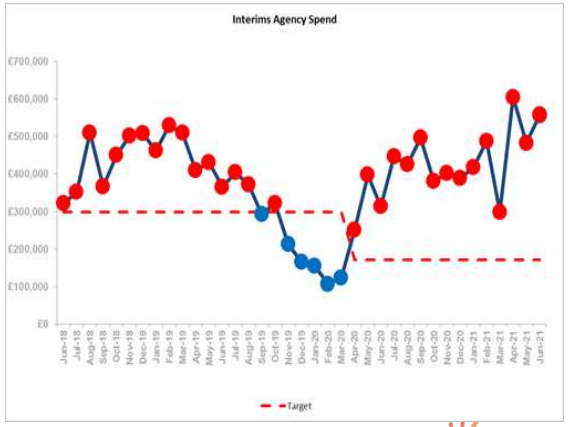








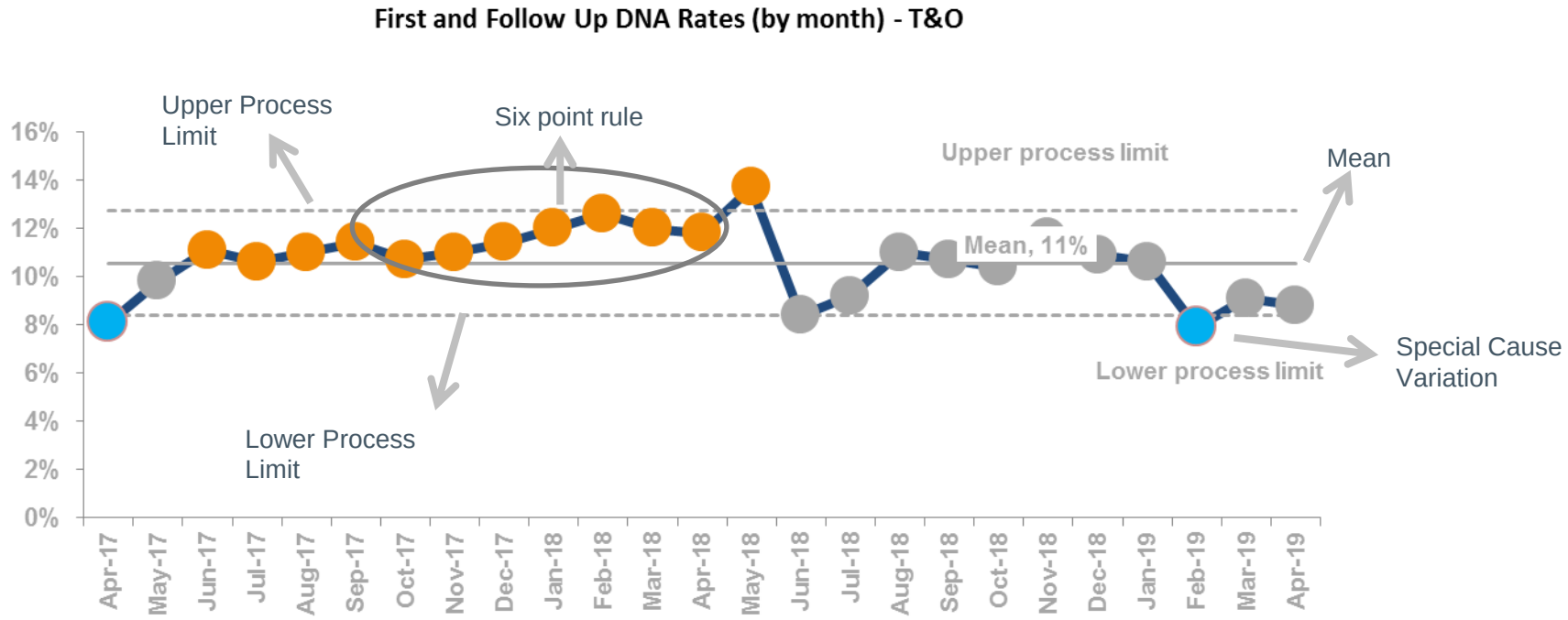




Our People Perspective

Appendix
Additional Information

Interpreting SPC (Statistical Process Control) Charts



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

RTT Performance – May 2021

Indicator Description	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
RTT Trust Incomplete Performance	63.8%	55.7%	52.7%	58.4%	63.7%	67.4%	71.0%	71.4%	69.1%	68.3%	69.3%	70.0%	74.2%
RTT Total Incomplete Waiting Lize Size (exc UCS)	42,196	42,672	44,117	46,139	46,755	47,399	46,142	46,290	44,291	44,236	44,960	45,109	45,156
Total waits greater than 18 weeks (exc UCS)	15,268	18,924	20,863	19,177	16,974	15,443	13,365	13,251	13,695	14,027	13,801	13,522	11,662
Total waits greater than 52 weeks	274	554	825	972	1,097	1,146	1,261	1,456	2,108	2,671	2,644	2,174	1,597
Total waits greater than 52 weeks Trajectory											2,742	2,645	2,832
RTT Incomplete Performance - Admitted	42.4%	34.1%	31.8%	35.6%	38.3%	44.2%	50.6%	51.9%	49.2%	45.6%	45.1%	41.4%	47.1%
Total waits - Admitted	5,746	5,997	6,165	5,923	5,470	5,178	5,141	5,335	5,950	6,634	7,301	7,193	7,045
Total waits greater than 18 weeks - Admitted	3,308	3,955	4,207	3,816	3,373	2,891	2,541	2,564	3,025	3,608	4,013	4,213	3,724
Total waits greater than 52 weeks - Admitted	190	393	529	588	626	579	559	643	971	1,310	1,439	1,359	1,067
Total waits greater than 52 weeks - Admitted Trajectory											1,252	1,294	1,438
RTT Incomplete Performance -Non Admitted	67.2%	59.2%	56.1%	61.8%	67.1%	70.3%	73.6%	73.9%	72.2%	72.3%	74.0%	75.4%	79.2%
Total waits - Non Admitted	36,450	36,675	37,952	40,216	41,285	42,221	41,001	40,955	38,341	37,602	37,651	37,916	38,111
Total waits greater than 18 weeks - Non Admitted	11,960	14,969	16,656	15,361	13,601	12,552	10,824	10,687	10,670	10,419	9,788	9,309	7,938
Total waits greater than 52 weeks - Non Admitted	84	161	296	384	471	567	702	813	1,137	1,361	1,205	815	530
Total waits greater than 52 weeks - Non Admitted Trajectory											1,489	1,351	1,394

Note: Unknown Clock Starts (UCS) have been excluded from the above metrics. For context the number of UCS in May was 519, an increase from 491 in April. Compared to the same month last year this is a 6% improvement.

RTT Performance – May 2021

Specialty	Admitted		Non Admitted		Incomplete Pathway					
	Total	% within 18 weeks	Total	% within 18 weeks	Within 18 weeks	Over 18 weeks	Total	% within 18 weeks	Over 42 weeks	Over 52 weeks
General Surgery Service	585	23.4%	813	74.3%	741	657	1,398	53.0%	119	152
Urology Service	509	46.4%	1,333	88.4%	1,414	428	1,842	76.8%	32	83
Trauma and Orthopaedics Service	299	55.2%	1,830	80.7%	1,641	488	2,129	77.1%	32	18
Ear Nose and Throat Service	747	38.6%	3,767	69.7%	2,914	1,600	4,514	64.6%	148	268
Ophthalmology Service			383	28.5%	109	274	383	28.5%	35	55
Oral Surgery Service	246	37.0%	785	78.1%	704	327	1,031	68.3%	25	61
Neurosurgical Service	251	49.4%	1,907	72.2%	1,501	657	2,158	69.6%	47	43
Plastic Surgery Service	611	50.7%	589	85.4%	813	387	1,200	67.8%	32	109
Cardiothoracic Surgery Service	82	1	143	1	211	14	225	93.8%	0	0
General Internal Medicine Service			19	84.2%	16	3	19	84.2%	0	0
Gastroenterology Service	526	88.8%	2,674	77.1%	2,529	671	3,200	79.0%	17	7
Cardiology Service	1,347	44.7%	2,295	81.6%	2,474	1,168	3,642	67.9%	115	243
Dermatology Service	3	66.7%	2,256	88.2%	1,991	268	2,259	88.1%	16	12
Respiratory Medicine Service	5	100.0%	1,167	92.3%	1,082	90	1,172	92.3%	0	0
Neurology Service	21	76.2%	1,873	89.3%	1,688	206	1,894	89.1%	4	0
Rheumatology Service	3	1	893	82.4%	738	158	896	82.4%	3	0
Elderly Medicine Service			52	96.2%	50	2	52	96.2%	0	0
Gynaecology Service	244	44.7%	1,980	80.6%	1,705	519	2,224	76.7%	34	24
Other – Medical Services	129	82.2%	6,467	81.8%	5,397	1,199	6,596	81.8%	62	55
Other – Paediatric Services	713	50.6%	1,920	89.0%	2,070	563	2,633	78.6%	43	70
Other – Surgical Services	657	29.7%	3,599	72.8%	2,815	1,441	4,256	66.1%	149	314
Other – Other Services	67	46.3%	1,366	63.0%	891	542	1,433	62.2%	47	83
Grand Total	**7,045**	**47.1%**	**38,111**	**79.2%**	**33,494**	**11,662**	**45,156**	**74.2%**	**960**	**1,597**

The numbers reported above exclude Unknown Clock Starts(UCS)

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.

Early Warning Score

Indicator Description	Threshold	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Compliance with appropriate response to EWS (Adults)	100%	97.0%	93.6%	78.2%	84.8%	92.4%	94.1%	93.7%	95.3%	92.8%	89.9%	88.0%	88.0%	91.0%
Number of EWS Patients (Adults)		474	512	634	465	474	426	478	235	360	553	483	581	443

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NHS
St George's University Hospitals
NHS Foundation Trust

Meeting Title:	Trust Board		
Date:	29 July 2021	**Agenda No**	**2.3**
Report Title:	COVID / Surge update - planning for Wave 3		
Lead Director/ Manager:	Anne Brierley, Chief Operating Officer		
Report Author:	Anne Brierley, Chief Operating Officer		
Presented for:	Assure		
Executive Summary:	**This paper comprises of the Trust's plans to respond to a 3rd wave of COVID whilst sustaining emergency and (as much as possible) elective work** This plan refines the learning from the second COVID surge and combines this with the possible lower intensity and volumes for acute and ITU COVID beds due to population vaccination. We have worked with our partner Trusts in South West London to minimise the impact of future COVID ITU surges here at St George's on our tertiary work and to sustain so far as is possible even more of our elective work. There are challenges regarding whether emergency activity will reduce through a third wave, as well as the risk of paediatric respiratory cases starting to increase as children are allowed to socialise more as lockdown measures have been relaxed. Therefore, the Wave 3 Plan is configured differently to the Wave 2 Plan in two key aspects: a. The plan looks across emergency, urgent and elective work (cancer, non-cancer and COVID) so support managing the clinical risk across all our patient cohorts b. The plan is modular rather than linear, giving the Trust options on COVID response to allow us to flex to a range of possible situations		
Recommendation:	The Board are asked to note the contents reported in this briefing.		
Supports			
Trust Strategic Objective:	Care, collaboration		
CQC Theme:	Safe, effective care		
Single Oversight Framework Theme:			
Implications			
Risk:	This Surge Plan is designed to respond to and mitigate the likely risk of COVID admissions during the summer / autumn, to both acute and ITU beds. Dependent on the volume of COVID inpatient, this may require a slowing down of elective recovery to accommodate and staff the COVID response.		
Legal/Regulatory:			

Resources:	Staff across the NHS are still recovering from previous COVID surges – the plan is designed to minimise the impact of staff as well as business as usual emergency, urgent and elective activity for as long as possible. A further challenge is that any COVID surge is likely to coincide with a surge in children's respiratory disease, putting additional pressure on resources. The Trust has developed a network plan with partner acute hospitals in South West London to manage the clinical and resources challenged this presents by equalising demand pressure across South West London wherever clinically appropriate.		
Equality and Diversity:			
Previously Considered by:	Board Part 2 (June) QSC (July)	**Date**	
Appendices:			

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Flexing The Plan: Recovery and Surge Planning

July-September 2021
St George's NHSFT

Rob Bleasdale, Chief Nurse
Anne Brierley, Chief Operating Officer
Richard Jennings, Chief Medical Officer

18th June 2021

Current COVID Position

Verbal Update from Dr Richard Jennings, Chief Medical Officer

Flexing the Plan: Key Objectives and Guiding Principles

Managing Clinical Risk across all Patient Cohorts

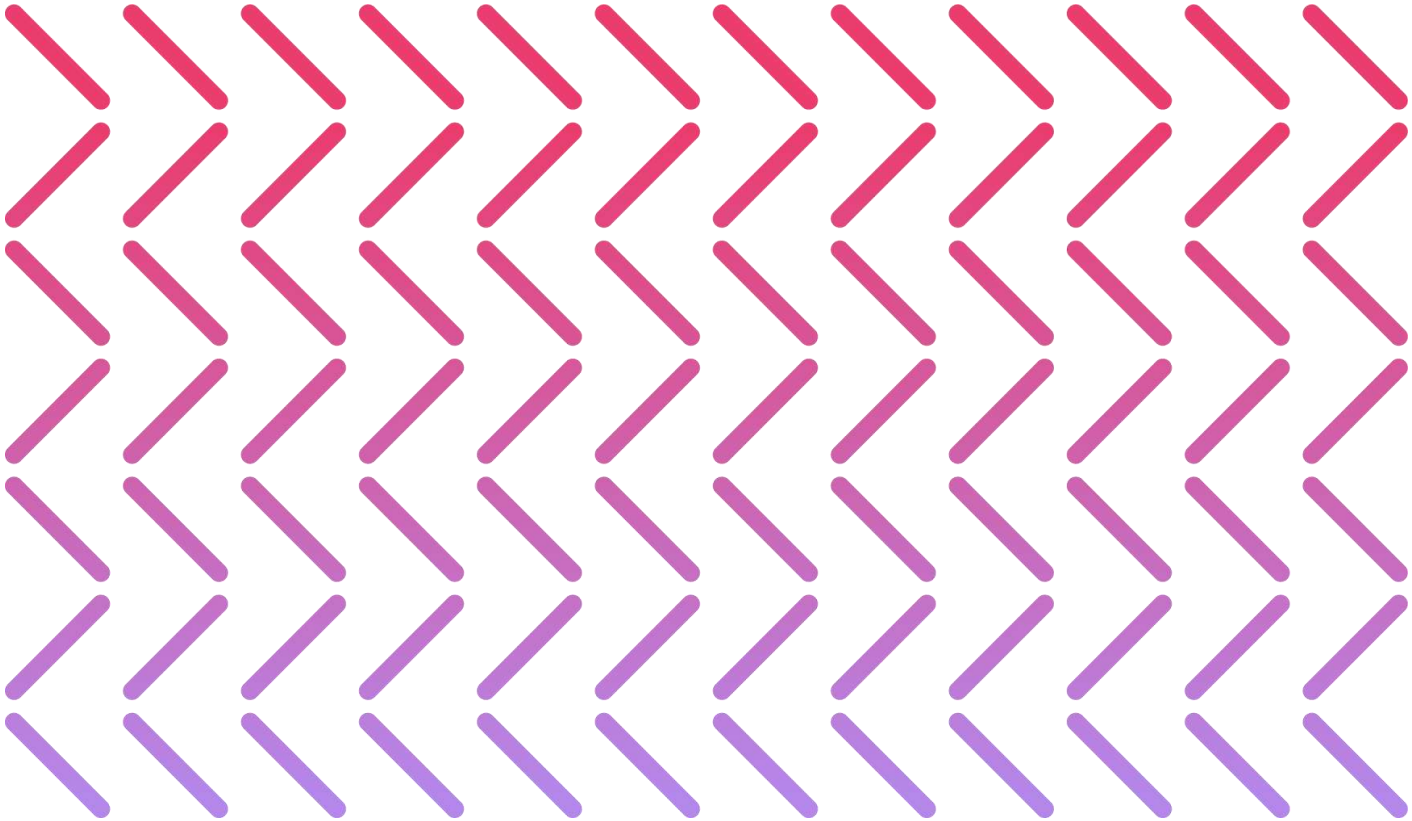
1. **Minimise COVID transmission**
   a. Vaccination (patients and staff)
   b. Extend dedicated ‘Green’ Elective pathways
   c. Explore new technologies for Point of Care Testing (PoCT)

1. **Sustain BAU for as long as possible**
   a. Manage initial ITU surge across all 4 SWL Trusts
   b. Maximise daycase surgery (23 hour recovery, QMH theatres)
   c. Planned uplift in elective activity (July & September / October)

2. **Manage the new dynamic; urgent / emergency, elective and COVID demand**
   a. ITU-surge areas for St George’s not in specialist tertiary wards
   b. Develop the L2 COVID+ step-down pathway in enhanced support G&A ward
   c. Children’s network to manage RSV (local and acute)
   d. Redeploy staff (ITU and COVID wards) in Pods

1. **Staff Support**
   a. Build on good practice / staff feedback from second surge
   b. Build A/L for all staff into surge and recovery planning

Delivery Plan: Surge and Recovery



Working Assumptions about Wave 3

South West London Health & Care Partnership

1. **Timing –** anticipated to be August/September but low confidence about this

2. **Scale/overall bed pressure –** two scenarios in circulation:
   - A. **SPI-M scenario:** 11,000 hospital beds occupied at peak (295 for SWL)
   - B. **Regional ITU planning scenario:** half 2nd wave at peak (539 for SWL)

3. **Composition/ITU pressure –** almost impossible to anticipate impact of vaccination on severity of illness.

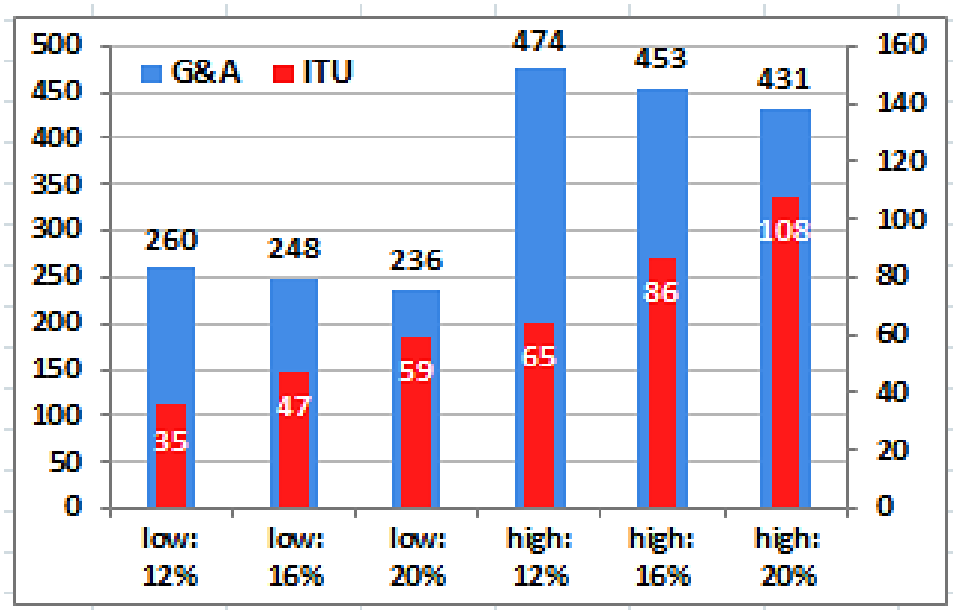
   Previously ITU occupancy has been 17% on average of total COVID patients. London assumption is 500 beds regionally, so 86 beds for us

   Our modelling anticipates 'gearing' of 12, 16 or 20%

4. **Impact on other demand**

   Emergency G&A demand dropped 70% in wave 1, 50% in wave 2; We were therefore assuming a 30% drop in wave 3

   Also concern about a significant RSV wave with similar timing that may stretch paediatric ICU/G&A and impact adult capacity



In almost all of these scenarios we will need to re-escalate into dedicated COVID ITU and G&A capacity

Proposed Sequencing of the SWL ITU plan

South West London Health & Care Partnership

Phase 1: optimise BAU footprint

- Up to 30 cohorted Blue patients in ITU:
  - SGH 11, St Helier 7, Epsom 0 - 1, Croydon 6, Kingston 5
- Transfers to smooth demand between sites
- BAU ITU staffing ratios should be deliverable but reliant on lower Amber demand

Phase 3: extend ITU footprint

- All sites except ESTH surge outside ITU footprint to meet London requirement
- Detail to be tested but up to 81 Blue, flexing up based on where surge occurs:
- Staffing ratios likely to be 1:2 CCN at max and more general redeployment to backfill nursing + anaesthetists ➔ ITU
- Significant transfer/retrieval activity

= total ITU beds

Phase 2: maximise ITU footprint

- Expand St Helier as site with excess ITU space and no Green flow. Epsom HDU ➔ Blue
  - Requires staffing and on-site support from all 4 Trusts
- 44 Blue beds across 4 Trusts
- Staffing ratios to be harmonised to support ESTH – likely 1:1.5 CCN with limited redeployment to backfill
- Significant transfer/retrieval activity

St George's COVID Surge Plan

Managing Clinical Risk across all Patient Cohorts

General & Acute Beds

Sustaining BAU

1. 10 beds across McKentee (side rooms) & ADU
2. Marnham

TOTAL = 38 beds

Full Surge

Medical & Surgical wards flipped to COVID+

- Flex order based on case-mix in hospital

ITU

Sustaining BAU

1. 11 beds - 6 side rooms CITU + Brodie HDU
2. 20 beds – CITU + Brodie HDU

TOTAL = 20 beds

Full Surge

2 Surge wards on Level 5, St James' Wing

- Extend step-down L2 COVID into G&A ward
- Enhance and support PACU ('Green' ITU capacity)

- Cannot assume that non-COVID emergency demand will reduce to 50% (as in Wave 2)
- Risk of Paediatric respiratory 'surge' concurrently with COVID
- Surge will impact elective activity beyond 'Sustaining BAU' depicted above pro-rata (clinical areas AND particularly staffing)

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St George's University Hospitals
NHS Foundation Trust

Meeting Title:	Trust Board Meeting		
Date:	29 July 2021	**Agenda No.**	**3.1**
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:	This Report sets out a summary of the matters reviewed by the Committee at its meetings on 15th June and 15th July. From an assurance perspective, there are no matters which require re-assessment of any of the ratings of risks assigned to the Committee for monitoring. However, in reviewing the risk assurance rating for Strategic Risk 8 (culture) the Committee concluded that that rating could be raised from partial to good. This is not to say the risk itself has been reduced, rather that with the work undertaken around this area (notably D&I and FSU, we have stronger risk assurance. One point that needs continuing emphasis is the scale of activities under way within the 'Culture' domain. There is a set of activities which have been under way for some time which support our wider ambitions for improving the workplace experience of our staff. This includes leadership development and training activities, staff wellness initiatives, staff network groups, freedom to speak up, diversity and inclusion, team development and a number of other initiatives. These all contribute to the broad programme of cultural change, and are already being actively undertaken. When we hear about specific elements of the culture work which have yet to be implemented, it is important to bear in mind that much is already under way. The Committee was briefed on the shift of focus over the last 12 months for the well-being initiatives from physical to psychological support. One implication was that post-Covid there may be higher levels of distress being experienced by staff, as evidenced by the increasing use being made of talking therapies. Although not an immediate risk, the Committee has asked for the position to be monitored and any adverse trends identified.		
Recommendation:	The Board is asked to note this report and approve the change to regular attendees of the Committee, namely that the COO become a regular attendee and the Divisional Directors of Operations stand down from the Committee.		
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

Since my last report to Board in May we have had two further meetings of the Committee. The focus in both has been on the culture at the Trust, and the workplace experience of our staff. It is clear that progress is being made in a number of areas and whilst this will require continued hard work, the initial assessment and subsequent planning will start to pay back as we move the programme as a whole into action mode.

In addition, there is a set of activities which have been under way for some time which support our wider ambitions for improving the workplace experience of our staff. This includes leadership development and training activities, staff wellness initiatives, staff network groups, team development and a number of others. These all contribute to the broad programme of cultural change, and are being actively undertaken and will continue to be.

In parallel, we have continued to monitor the impact of the pandemic, and whilst the Trust is much more secure in its operational rhythm it is clear that the follow-on consequences of the pandemic are still with us, and being addressed and managed.

Freedom to Speak up, Diversity and Inclusion, and Staff Wellness are all areas which we have reviewed in detail and there are positive indications from these reviews, not least a greater sense of assurance on the management of two of the risks facing the Trust, and on which the Committee sees good progress being made.

The Committee reflected on its membership and agreed that, following the appointment of a substantive Chief Operating Officer (COO), the COO should be added as a regular attendee at the Committee. Consequently, the Committee agreed that it was no longer necessary for the Divisional Directors of Operations to be regular attendees; DDOs would be invited for specific Committee business as required.

2. Key points:-

Theme 1 - Engagement

Culture Programme – we received updates at both meetings from Humaira Ashraf and Daniel Scott. A simplified structure to the programme has been agreed, with a set of targets and a delivery timeline. The 'Patient' domain of the programme had yet to be finalised, but this was proceeding well and there was a strong confidence from the executive that it would be agreed and finalised shortly, together with the delivery mechanism and the associated resourcing.

The Culture, Equity and Inclusion Programme Board had re-initiated its meetings following the reduction in Covid cases, and expanded its membership. Chaired by the Trust CEO this is the driving force on the wider culture programme, and the forum for agreeing on targets and checking progress. The Committee noted the impact measures being proposed and endorsed the mix of : staff survey; workforce statistics and participation metrics being used, as these had been the areas where we had asked to see real progress. In our view, the targets set are stretching, but potentially achievable. The Committee was pleased to hear that funding has been agreed and allocated to the implementation of the next 18 months of the Culture Programme.

Freedom to Speak Up Report, Q1 – Karyn Richards-Wright joined the July meeting to report on the level and nature of concerns being raised in Q1. The number of concerns raised had, in line with the experience at other London trusts, fallen (to 17, from 51 in Q1 Prior Year), but the fall was in large part because the prior year had seen a high number of Covid-related concerns. Of the 17 concerns, all had been resolved informally which was regarded as a positive step forward – but the basis of the concerns remained largely leadership, team functioning, and behavioural. Karyn was clear that informal resolution, whilst preferred as an outcome, still

needed to be carefully managed with full reporting back to the person raising the concern, otherwise the credibility of the process could be impacted.

Karyn was working directly with the divisions, and her assessment was that more recent mandatory training for managers on Speaking Up had proved helpful and improved the credibility of the Speaking Up function. This might also be part of the reason behind the Trust's improving performance. Karyn referred us to recent analysis of one specific question (Q.18f) which had been asked for the first time in the last NHS Trust Survey, assessing staff confidence about raising concerns. The Trust had scored 61.3% which was regarded as being a reasonable position to start from. The objective over time was to increase this score. The Trust was edging upwards (from a very low starting point) in the overall NHS ratings of Freedom to Speak Up. As Karyn reported, "..*whilst there is still immense work to be done, St George's is showing consistent improvement year by year*".

Diversity and Inclusion – ***Update***. We received an update from Joseph Pavett-Downer at the July meeting. Appointments were being made to the vacancies on the various staff networks, and their terms of reference were being updated.

The Committee noted the participation of a number of senior staff in a 'White Allies' programme. The background to this programme (sponsored by NHSE/I) was noted, and whilst there were some reservations about the programme title, its content and objectives were clear and regarded as helpful to the Trust's objectives. A 'Positive Action' programme was in place to improve diversity across AfC bands 6, 7, and 8a. The initial results of this were encouraging, although there was further to go.

Staff Support and Wellbeing – Dr Rhia Gohel updated the July meeting on progress of the Trust's initiatives to meet the health and wellbeing needs of staff. The immediate point that was clear is the scale at which this is being undertaken, and the generally high uptake from staff. The exception to the high uptake was after-work classes, which had been discontinued due to relatively low attendance. Staff wellbeing had been on of the 'Big 5' subject areas in June, and its profile raised. The introduction of Long-Covid and menopause support initiatives had been very well received. There was a current shortage of available 'REACT' trainers which it was hoped could be addressed over the next few months. The Committee will monitor this situation.

Rhia briefed the Committee on the shift of focus over the last 12 months for the well-being initiatives from physical to psychological support. The year-on-year referral data for 1:1 talking therapies was reviewed (see Appendix A). One implication was that post-Covid there may be higher levels of distress being experienced by staff, as evidenced by the increasing use being made of talking therapies. Paul daGama agreed to monitor the situation for any adverse trends.

Theme 2 – Leadership and Progression

Workforce Update – we received an update report at our June meeting, based on data to the end of April. There were no matters required to be drawn to the attention of the Board.

We received a comparison undertaken between the Trust and 5 other London Trusts on a number of workforce metrics, and this helped calibrate our overall performance. Staff turnover continues to fall, and currently still stands at c15% (measured on a trailing 12 month basis). Covid vaccine uptake stood at 84% (1st dose) and 71% (2nd dose) as at 1 June. The number of disciplinary cases involving BAME staff has been reducing steadily since November 2020, attributed to the use of the new pre-investigation checklist and process.

Leadership Development – we received a comprehensive update at our June meeting from Humaira Ashraf on current and proposed initiatives around leadership development training,

something which the Trust has (rightly) identified as critical in order to secure supported and systematic progression of staff, notably those in under-represented groups. The linkage between this and the wider culture programme was clear, as was its focus on the strategic golden threads as part of a more planned approach to this particular aspect of organisational development.

Theme 3 - Workforce Planning and Strategy

Education Strategy – Humaira Ashraf provided a helpful update to the July meeting on progress made with the Implementation Plan for the 21-22 fiscal year. The key message was that the Trust is on track at the end of Q1, in spite of the impact of the pandemic.

Undergraduate Medical Education Update - we were joined by Dr Indranil Chakravorty, the Trust's Director of Medical Education. Indranil laid out how, since August 2020, the Trust had returned its clinical placements from the Covid mega-rota to a more normal set of undergraduate clinical placements. There would be a catch-up requirement over the summer for the current year cohort who had missed out on some ICU and surgical experience. Medical staff and students were showing great flexibility to help achieve this. Indranil agreed to keep us updated.

People Management Group Report. The PMG is the executive committee that oversees all HR and culture issues within the Trust. We had a helpful update on its activities, which provided a good line of sight on emerging issues.

Theme 4 – Compliance.

Bank Staff Holiday Pay – for report at Board.

Gender Pay Gap Report (19-20) – A small sub-Committee has met and reviewed the draft Gender Pay Gap Report and expanded this to include four-year trend data, and a summary of how the calculations are made. The revised text is being checked, and once this has been done an updated version will be circulated for wider comment.

Other – we sought and received assurance from Paul that so far as he was aware there were no areas where there had been or was any non-compliance by the Trust.

Stephen J Collier

Committee Chair, 22 July 2021

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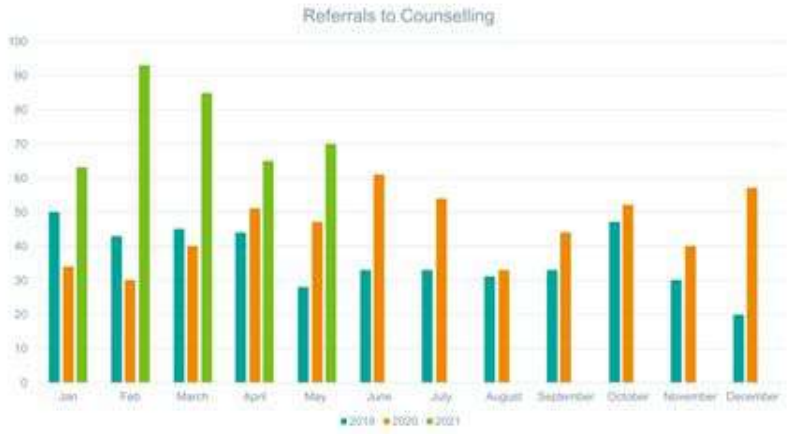
Appendix A

Staff Support Service
Referrals for 1:1 talking therapy



Supporting our staff: Health and Wellbeing

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St George's University Hospitals NHS Foundation Trust

Meeting Title:	**Trust Board**		
Date:	29 July 2021	**Agenda No**	**3.2**
Report Title:	**Freedom to Speak Up Report: Q1 2021/22**		
Lead Director/ Manager:	Stephen Jones, Chief Corporate Affairs Officer & Executive Lead for Freedom to Speak Up		
Report Authors:	Karyn Richards-Wright, Freedom to Speak Up Guardian		
Presented for:	Assurance		
Executive Summary:	This reports provides an update from the Freedom to Speak Up Guardian on raising concerns cases received during Q1 2021/22. It sets out current activity and themes emerging and areas in which concerns are being raised. Although a small proportion of the total cases, the report provides an update on current formal investigations / reviews, all of which relate to 2020/21 cases. The report also provides an update on the activities undertaken by the Freedom to Speak Up Guardian during the Big 5 "Let's Talk" month in June 2021. The National Guardian for Freedom to Speak Up recently published the National Freedom to Speak Up Index 2021, which provides a ranked listing of NHS organisations by the healthiness of their speaking up culture. This report provides an overview of the 2021 results, and the Trust's position on the Index.		
Recommendation:	The Trust Board is asked to: • Note the number of concerns raised with the FTSU Guardian in Quarter 1 2021/22 and the themes which emerge from this; • Note the key themes emerging from the 2021 National FTSU Index and the Trust's improved position on this, recognising that there is significant further improvement required; • Note that a report on progress in implementing the FTSU vision and strategy will be presented to the Committee and Board along with the Q2 2021/22 FTSU report, a year on from the Board's approval of the strategy.		
Supports			
Trust Strategic Objective:	Champion Team St George's		
CQC Theme:	Well Led		
NHS 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.		

Resources:	As set out in the report.		
Equality and Diversity:	As set out in the report.		
Previously Considered by:	Workforce and Education Committee	**Date**	15 July 2021
Appendices:	N/A		

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Freedom to Speak Up

Freedom to Speak Up Report Q1 2021/21 to the Trust Board of Directors

Report author:
Karyn Richards-Wright
Freedom to Speak Up Guardian

Executive Lead:
Stephen Jones
Chief Corporate Affairs Officer

29 July 2021

1. Executive Summary

Purpose

This reports provides an update from the Freedom to Speak Up Guardian on raising concerns cases received during Q1 2021/22. It sets out current activity and themes emerging and areas in which concerns are being raised. Although a small proportion of the total cases, the report provides an update on current formal investigations / reviews, all of which relate to 2020/21 cases.

The report also provides an update on the activities undertaken by the Freedom to Speak Up Guardian during the Big 5 “Let’s Talk” month in June 2021.

The National Guardian for Freedom to Speak Up has recently published the National Freedom to Speak Up Index 2021 which provides a ranked listing of NHS organisations by the healthiness of their speaking up culture. This report provides an overview of the 2021 results, and the Trust’s position on the Index.

Background

The Trust Board approved the Trust’s new Freedom to Speak Up Vision and Strategy at its meeting in September 2020. As part of this, a new approach to reporting through the Workforce and Education Committee (WEC) and Board was agreed; quarterly reports on Freedom to Speak Up are now presented to the WEC and to the Board. The Board received the Q4 2020/21 Freedom to Speak Up report at its meeting in May 2021.

As part of its response to the 2020 NHS Staff Survey, the Trust has launched its Big 5, which focuses on the key themes and feedback provided by staff in their responses to the survey. In June, the focus of the Big 5 was on raising concerns.

Every year, the National Guardian publishes a national Freedom to Speak Up Index which ranks Trusts of all types across England by the healthiness of the speaking up culture. This measure is determined by a range of data, including the most recent NHS Staff Survey Results. The 2021 Index reflects the position in the Staff Survey undertaken in October – November 2020. The Trust has improved its position by nine places from 204 to 195.

Key themes in Q1 2021/22

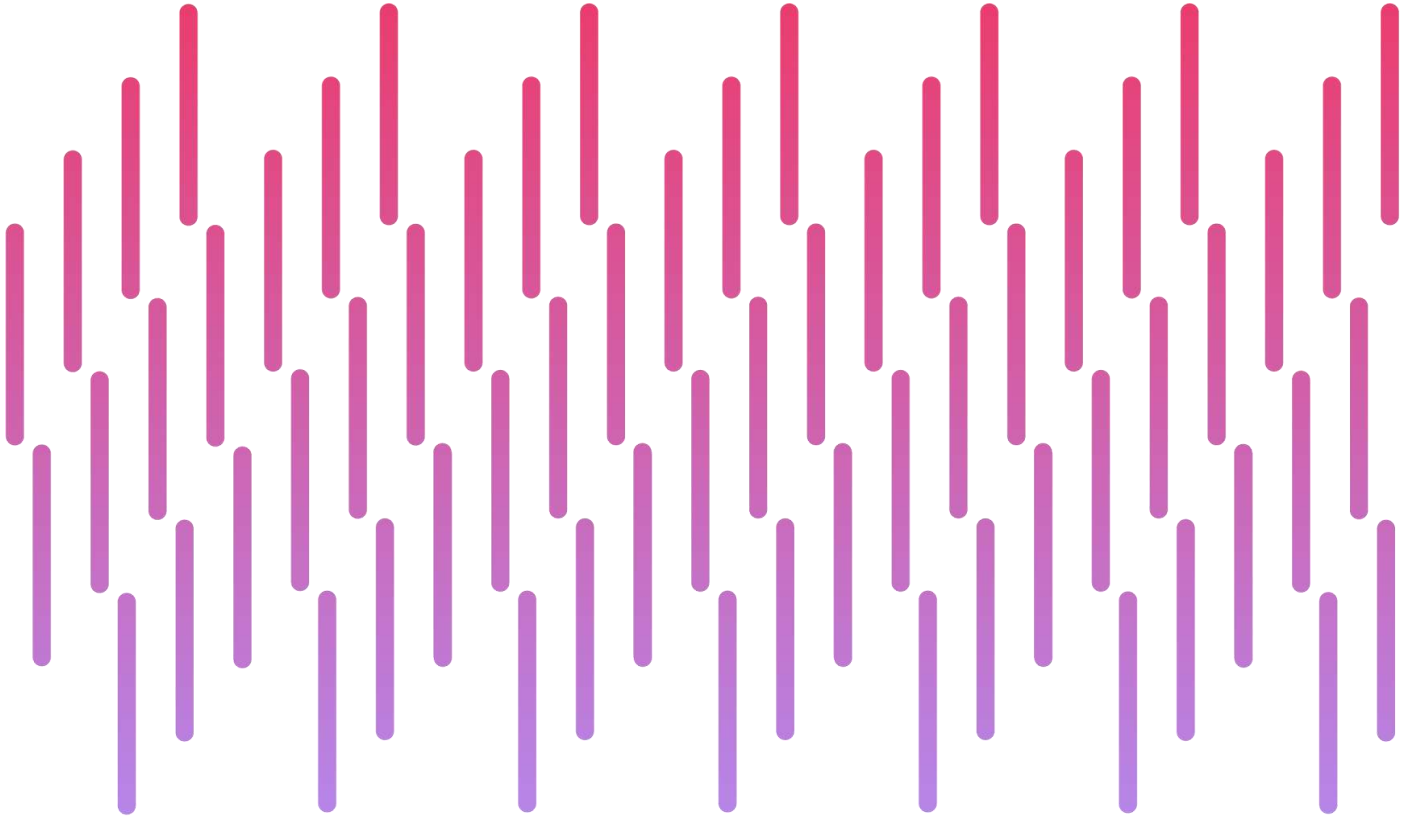
- A total of 17 concerns have been raised with the Trust’s Freedom to Speak Up Guardian in Q1 2021/22. This represents a significant drop in the volume of concerns raised in the same quarter last year (52), which is consistent with the London-wide trust position in relation to the volume of FTSU cases this year to date.
- In Q1 2021/22, nurses were the staff group which had raised the most concerns (7), followed by administrative and clerical staff (5). The Medicine and Cardiovascular Division has recorded the greatest number of concerns this quarter (8), followed by Surgery, Neurosciences, Cancer and Theatres Division (5).
- None of the concerns raised in Q1 2021/22 related directly to patient safety. The vast majority of concerns related to concerns about leadership and team functioning (53%), bullying and harassment (29%) and concerns about Trust processes (18%). Leadership and team functioning concerns related in particular to issues around staff not feeling supported by managers, feeling that managers are not present for advice and / or assistance, and that support after returning to work from sickness is an issue.
- All 17 of the concerns raised to the Guardian in Q1 2021/22 have been resolved informally; none have required formal investigation. Two appreciative inquiries were launched as a result of concerns raised to the FTSU Guardian in 2020/21 and these are ongoing and are being managed separately from the FTSU process.

Recommendation

The Trust Board is asked to:

- Note the number of concerns raised with the FTSU Guardian in Quarter 1 2021/22 and the themes which emerge from this;
- Note the key themes emerging from the 2021 National FTSU Index and the Trust’s improved position on this, recognising that there is significant further improvement required;
- Note that a report on progress in implementing the FTSU vision and strategy will be presented to the Workforce and Education Committee and Board along with the Q2 2021/22 FTSU report, a year on from the Board’s approval of the strategy.

2. Current Freedom to Speak Up activity and themes



Freedom to Speak Up

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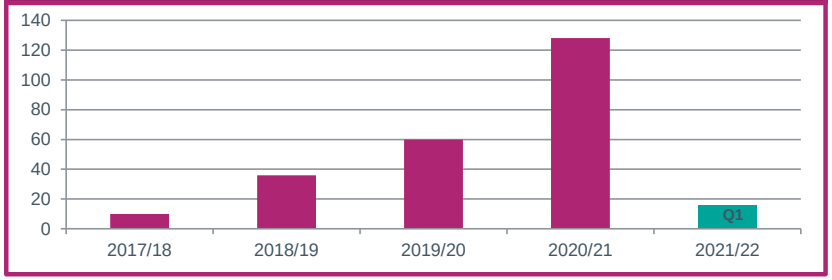
2. Current activity and themes

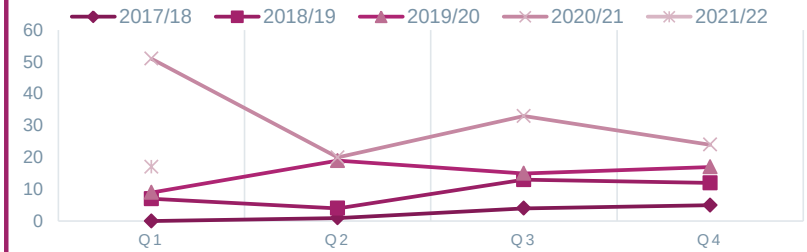
Number of concerns raised with FTSU Guardian 2021/22

Quarter (2021/22)	Number of concerns raised with the FTSU Guardian
Q1	17
Q2	-
Q3	-
Q4	-
Year-to-date	17

Total number of concerns raised to the FTSU Guardian 2017/18 – Present



Total number of concerns raised to the FTSU Guardian 2017/18 – Present: Quarter by Quarter comparison



- A total of 17 concerns have been raised with the Trust's Freedom to Speak Up Guardian in Q1 2021/22.
- This is a sharp decrease from the same period in Q1 2020/21 where the Guardian had 51 concerns raised, however nearly double that of the same period in 2019/20 which had 9 concerns raised and also that of 2018/19 where there were 7 concerns raised.
- This drop in cases is however consistent with other London organisations who report that cases have dropped slightly in Q1 2021/22. And the rise in cases in Q1 2020/21 were attributed to the start of COVID-19 whereby concerns were being raised in relation to PPE and working from home/shielding issues.

Freedom to Speak Up

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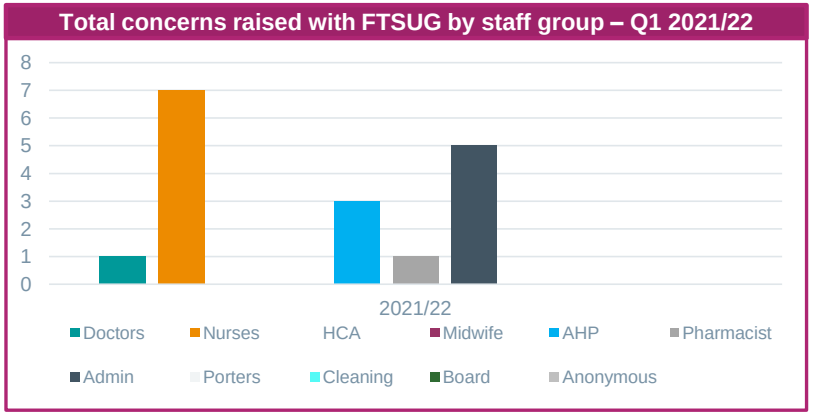
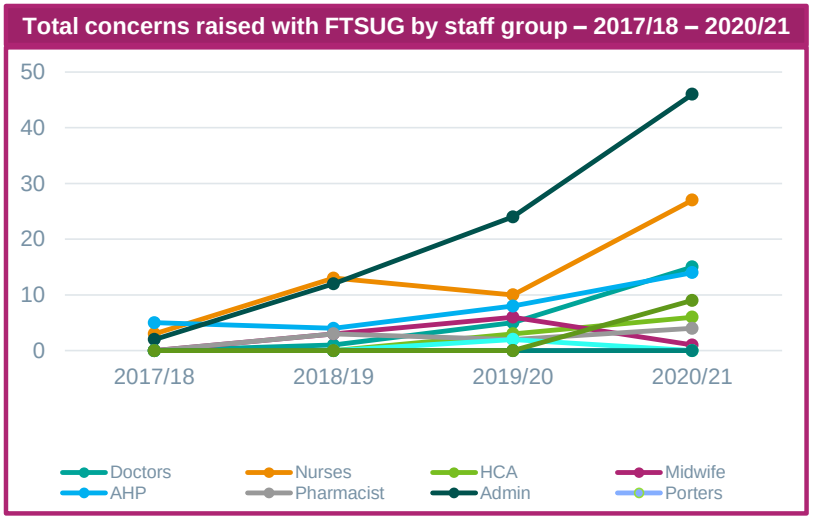
2. Current activity and themes

Concerns raised by staff groups





- In the first quarter of 2021/22, nurses are the staff group raising the most concerns with 7 out of the 17 concerns coming from nurses. In the same quarter last year nurses accounted for 13 out of the 51 concerns raised in Q1 2020/21.
- Nurses accounted for 21% of the total concerns raised in 2020/21. This is lower than the 24% of the total number of concerns raised (26 of a total of 106) for nurses in the period 2017/18 to 2019/20.
- The number of concerns raised by nurses in Q4 2020/21 (11) was significantly higher than in previous quarters this year (5 in Q1, 2 in Q2 and 9). It is however to be noted that one of the concerns raised was by 4 nurses from the same area. Managers from the area are receiving management support and some staff are going through mediation with a view to resolving the issues of concern.
- Administrative and clerical staff account for 5 out of the 17 cases raised this quarter, with one pharmacist and 3 AHPs raising concerns.

Freedom to Speak Up

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2. Current activity and themes

Concerns by Division and themes Q1 2021/22

Concerns by Division 2021/22						
Division	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**	**Themes in concerns**
CWDT (3,265 staff)	3				**3**	Bullying and harassment Conflict within teams Conflict with line manager/Leadership
MedCard (2,194 staff)	8				**8**	Bullying and harassment Conflict within teams Leadership concerns Process Concerns
SNCT (2,016 staff)	5				**5**	Bullying and harassment
Corporate (inc Estates & Facilities) (1,036 staff)	1				**1**	Process
Total concerns	**17**				**17**	

- The Division with the most concerns raised in Q1 is Medcard with 8 concerns raised.
- SNCT then have 5 concerns
- CWDT with 3 concerns
- Corporate had 1 concern raised
- It is to be noted that there were **no direct patient safety concerns raised during Q1** .
- The Guardian will continue to feed through current themes also at a divisional level and provide support to divisions moving forward as to how to address some of the issues being raised to ensure that learning from concerns is reflected throughout divisions. Further, the Guardian is encouraging all managers to encourage their staff to complete the FTSU e-learning programme.

Freedom to Speak Up

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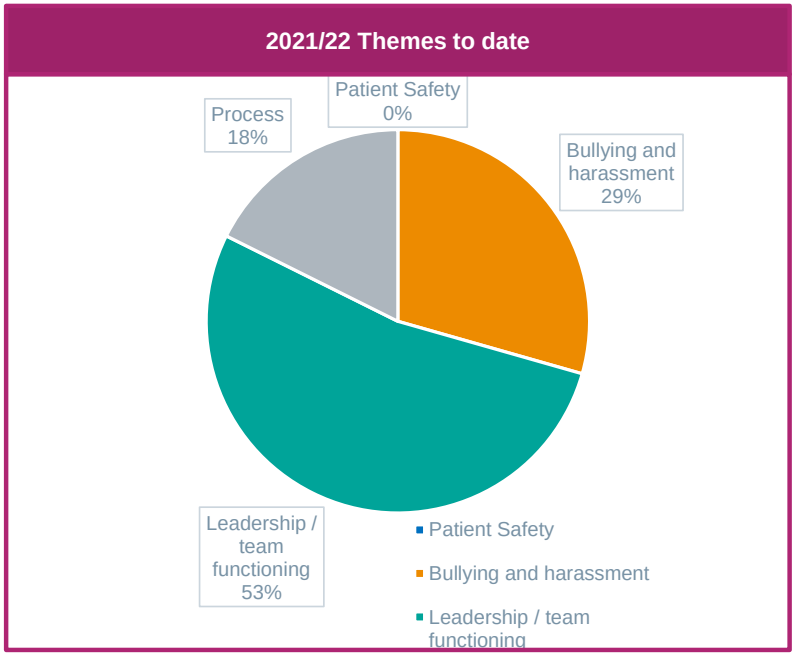
2. Current activity and themes

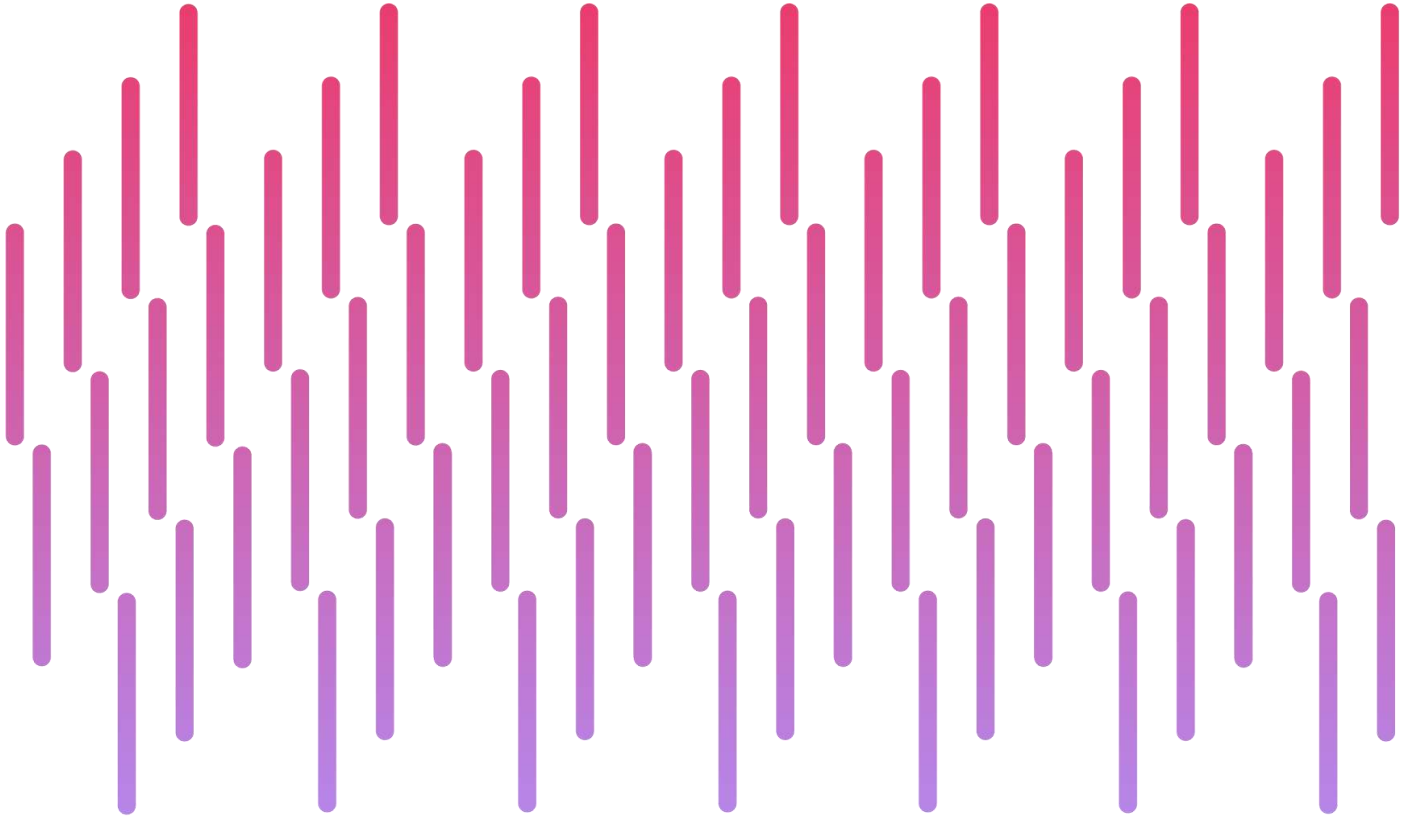
Concerns by Division and themes arising 2020/21 (2 of 2)



** "Other" category includes principally what might be termed pure signposting – where a staff member has sought advice from the FTSU Guardian but which does not fall within these categories*

- **Leadership concerns during Q1 constitute the greatest proportion of concerns, staff are reporting not feeling support by managers, feeling that managers are not present for advice and or assistance and that support after returning to work from sickness is an issue.**
  - Bullying and harassment still remains a recurrent theme in concerns being raised to the Guardian across all divisions, both clinical and non-clinical.
  - Broader behavioural and leadership issues are also prevalent – for example, conflict with line managers, conflict within teams.
- The Guardian has recently started attending Divisional management meetings to further share data and themes at divisional level and to provide Divisions with high level information, themes and learning from FTSU cases within each Division.

3. Current Freedom to Speak Up investigations / reviews



Freedom to Speak Up

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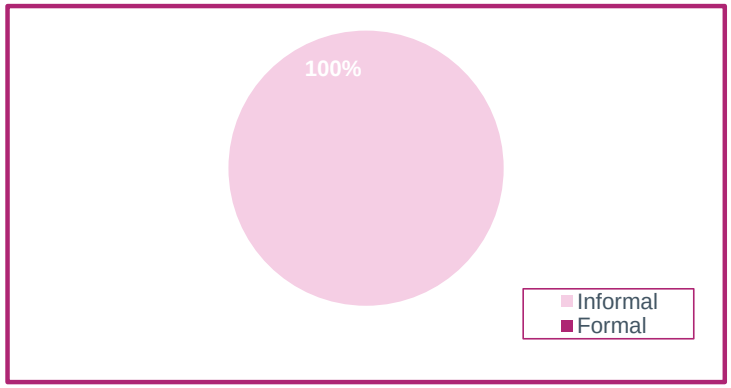
3. Current FTSU investigations / reviews

Current investigations – 2021/22 (1 of 2)



Division	Q 1	Q 2	Q 3	Q 4	YT D	Resolution
CWDT	3					3 resolved informally
MedCard	8					8 resolved informally
SNCT	5					5 resolved informally
Corporate (inc. Estates & Facilities)	1					1 resolved informally

- **The vast majority of concerns raised with the FTSU Guardian are resolved informally and rapidly; concerns raised with the Guardian that are formally investigated are a very small proportion of the total number of concerns raised.**
  - Out of the 17 concerns raised in Q1 – 100% have been resolved informally .
  - The Guardian is able to resolve the majority of concerns informally and rapidly, typically through signposting to the appropriate route for handling the issue (e.g. a relevant HR process) or through raising with the relevant team to enable prompt action to be taken to address the concern raised.
  - The Guardian works closely with Staff Support and is also a trust mediator so is also able to facilitate resolution of concerns.
- **Timeliness of formal investigations and / or responses remains an issue.**
  - One formal investigation open from Q4 2019/20 has been recently closed and following investigation a further “cultural” piece of work with the team has recently started. The Guardian and Executive Lead have reviewed their processes for escalation in line with reflective learning from this and other cases.
- **Staff training, including training of managers, will help with addressing timeliness of investigations but further training for those who take forward investigations / reviews raised under FTSU may also be needed.** The FTSU Guardian and Executive Lead are exploring how best to address this including potentially the training of a pool of staff who in investigating concerns raised to the Freedom to Speak Up Guardian.

Freedom to Speak Up

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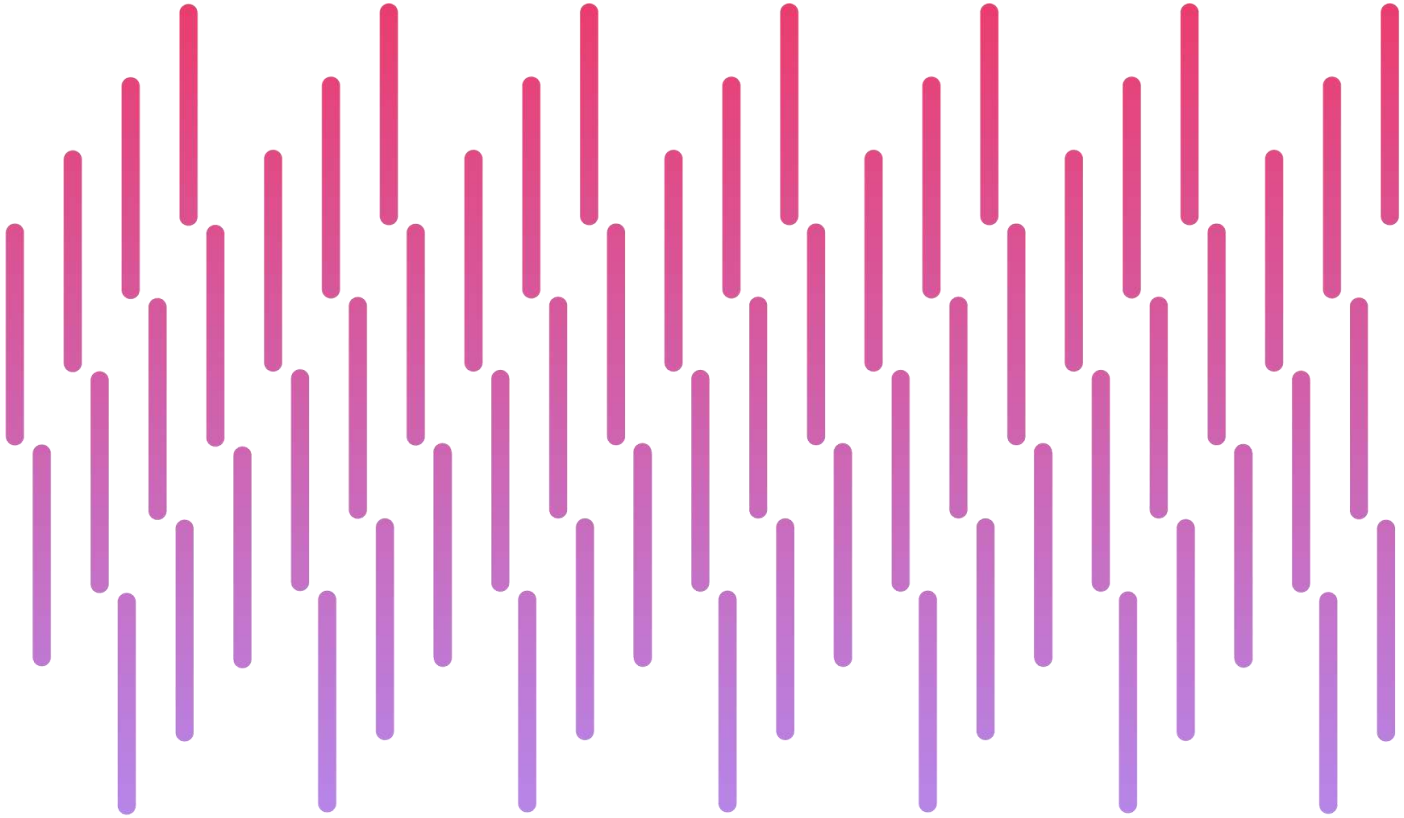
3. Current FTSU investigations / reviews

Current investigations – 2020/21 (2 of 2)

Division	Area	Status
CWDT	Pharmacy	Appreciative enquiry underway
MedCard	Haematology	Appreciative enquiry underway

- There are currently no formal FTSU investigations underway.
- The table opposite sets out the processes underway following the raising of issues with the FTSU Guardian. The appreciative inquiries were launched as a result of concerns raised to the Guardian, but are being managed separately from the FTSU process.
- Due to the confidentiality of the concerns raised, the table sets out the areas, divisions and the status of the investigations / reviews only.
- Cases are maintained on the FTSU Guardian case management tool. High level summaries of the cases are shared with the Executive Lead for Raising Concerns, the Non-Executive Lead for Raising Concerns and the Chief Executive.
- Investigations / reviews which risk or breach the 12-week timeline set out for the investigation of concerns are escalated to the Executive Lead for Raising Concerns.

5. Freedom to Speak Up Index 2021



Freedom to Speak Up

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5. Freedom to Speak Up Index 2021 (1 of 4)
Overall themes from 2021 FTSU Index

The full FTSU Index 2021 is available at: https://nationalguardian.org.uk/wp-content/uploads/2021/05/FTSU-Index-Report-2021.pdf

- The Freedom to Speak up Index (FTSU) is one of the indicators which can help build a picture of what the speaking up culture feels like for workers. It is a metric for NHS trusts, drawn from four questions in the NHS staff survey, asking staff whether they feel knowledgeable, encouraged and supported to speak up.

- The FTSU index is calculated as the mean average of responses to the following four questions from the 2020 NHS Staff Survey:
  - % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 16a)
  - % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 16b)
  - % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 17a)
  - % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 17b)

- Since the introduction of Freedom to Speak Up Guardians in 2016 following the Francis Freedom to Speak Up Review, the FTSU Index has improved and risen 3.7 percentage points nationally from 75.5 per cent in 2015 to 79.2 per cent in 2020. While there has been an upward trajectory nationally during this time, the National Guardian has expressed concern with the continued disparity between the highest performing organisations and the lowest, with a 21-percentage point difference between the highest and lowest scoring trusts. The National Guardian has, in particular, highlighted the fact that this disparity has increased this year, with the lowest performing trust showing a 2.9 per cent decrease in its scores.

- In 2021, the FTSU Index continues to be positively correlated with Care Quality Commission ratings. Ambulance trusts remain the lowest performing organisation type, though they were also the most improved from last year. The South East region saw the greatest improvement (1.3 percentage points) in FTSU Index score from 79.6% to 80.9% this year.

- Since the introduction of the FTSU Index St George's have shown a consistent increase year upon year from 74% in 2019, 75.6% in 2020 to 76.1% in 2021. Of the 230 Trusts on the FTSU Index, ST George's now ranks at 195th on the list. This is an improvement on the position in 2020 where the Trust ranked 204th, and on 2019 where the Trust was 211th.

5. Freedom to Speak Up Index 2021 (2 of 4)

Overall themes from 2021 FTSU Index

FTSU Index Scores – By Region (England)					
Region	2016	2017	2018	2019	2020
South East	76.3%	77.1%	78.6%	79.6%	80.9%
South West	76.9%	77.4%	78.7%	79.7%	80.1%
North West	77.3%	77.1%	78.6%	79.2%	79.9%
Midlands	76.4%	76.5%	78.0%	78.7%	79.6%
North East and Yorkshire	76.7%	76.6%	78.5%	78.9%	79.5%
London	77.1%	77.5%	78.3%	78.6%	78.9%
East of England	76.5%	77.0%	78.5%	78.7%	78.6%

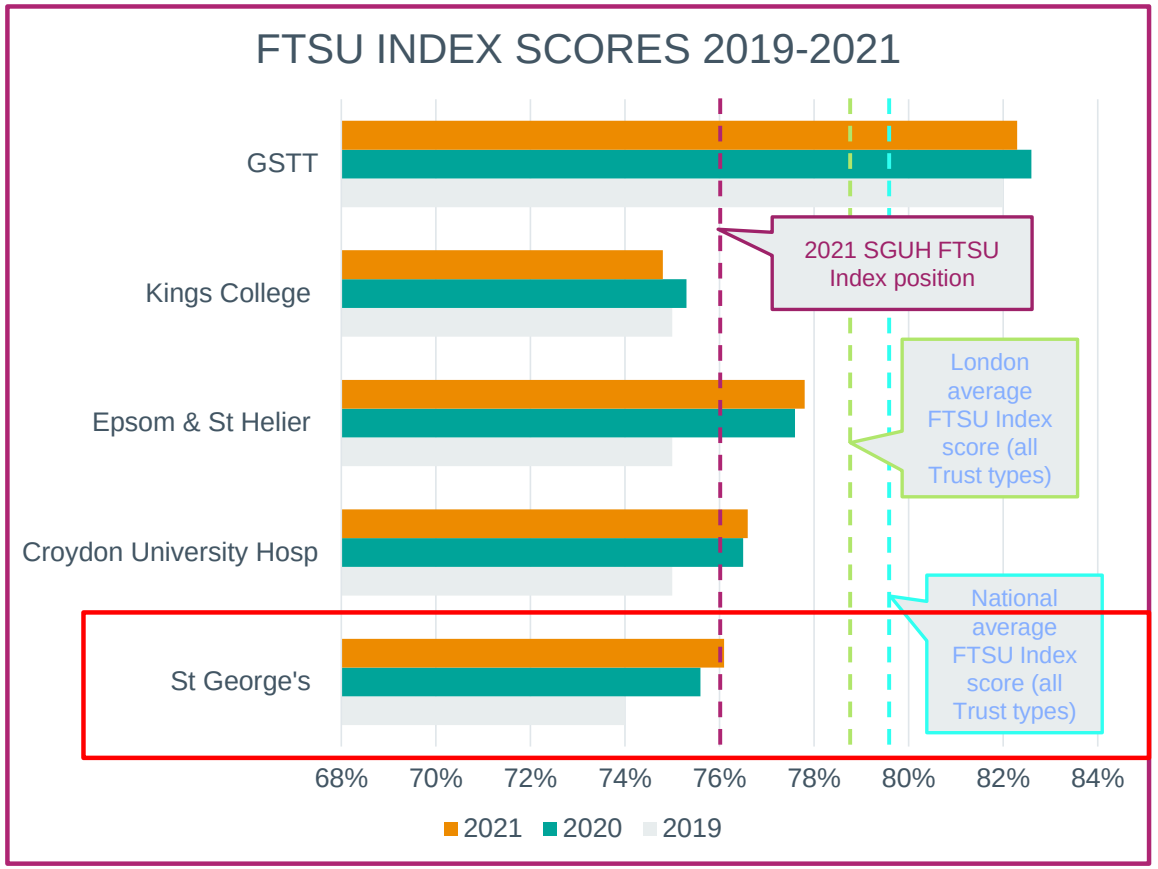
- The region with the highest index score was the South East (80.9 per cent), followed by the South West (80.1 per cent).
- The region with the lowest index score was East of England (78.6 per cent). The East of England was also the only part of the country which did not see an improvement in its regional index score from 2019 to 2020.
- The South East saw the biggest improvement in their index score over the last year (1.3 percentage points), followed by the Midlands (0.9 percentage points).
- The London score increased by 0.3%.

FTSU Index Scores – By Region (England)					
Trust Type	2016	2017	2018	2019	2020
Community Trusts	80.6%	81.5%	82.7%	83.9%	84.6%
Acute Specialist Trusts	79.2%	79.4%	81.7%	81.2%	82.0%
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	77.3%	77.8%	79.3%	79.5%	80.8%
Acute and Acute & Community Trusts	76.4%	76.5%	78.1%	78.5%	79.0%
Ambulance Trusts	68.7%	68.8%	73.7%	73.7%	75.9%

- Index scores varied by trust type and these variations were more pronounced than the regional differences.
- Community trusts had the highest score (84.6 per cent), with ambulance trusts scoring the lowest at 75.9 per cent. These two trust types were also the highest and lowest scoring trust types in 2019.
- All trust types saw an improvement in their index score over the last year. The biggest improvement was for ambulance trusts (2.1 percentage points). Ambulance trusts have also seen the largest improvement over the five-year period (7.2 percentage points).

5. Freedom to Speak Up Index 2021 (3 of 4)
FTSU Index 2021: Local benchmarking

- Since the introduction of the FTSU Index St George's has shown a consistent increase year upon year from 74% in 2019, to 75.6% in 2020 and 76.1% in 2021.
- The Trust's position is still some way off the national average FTSU Index score of all types of trusts, and is also some way off the London average (across all trust types).
- As a point of comparison, Guy's and St Thomas' continues to exceed both the national and London average Index scores by some margin. King's College Hospital has encountered some recent challenges and this is reflected in the 2021 reduction in score, and St George's has now recorded a higher Index score in each of the last two years. Epsom and St Helier and Croydon continue to record Index scores higher than St George's.
- Overall, of the 230 Trusts on the FTSU Index, St George's now ranks at 195th on the list. This is an improvement on the position in 2020 where the Trust ranked 204th, and on 2019 where the Trust was 211th.



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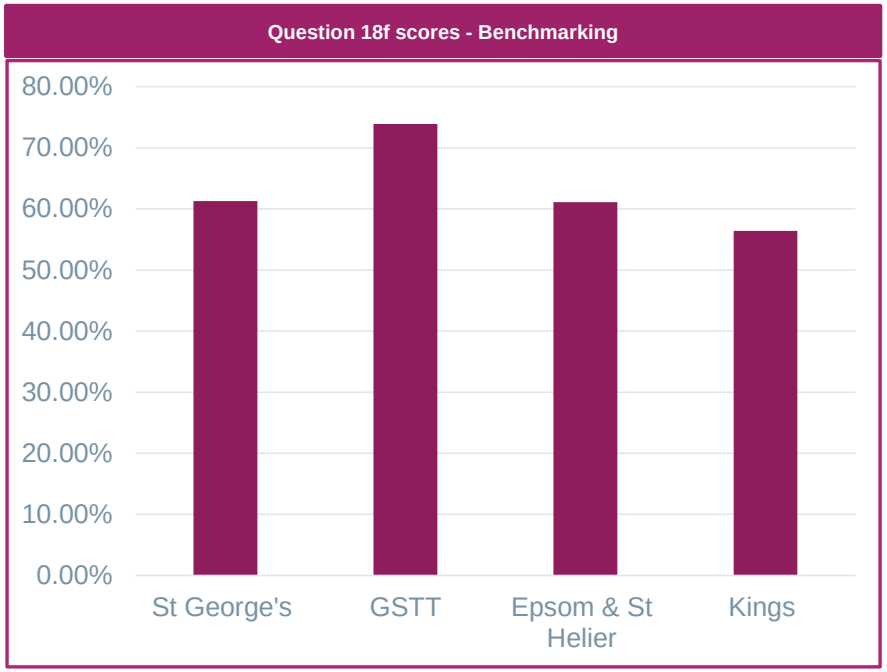
5. Freedom to Speak Up Index 2021 (4 of 4)
Question 18f

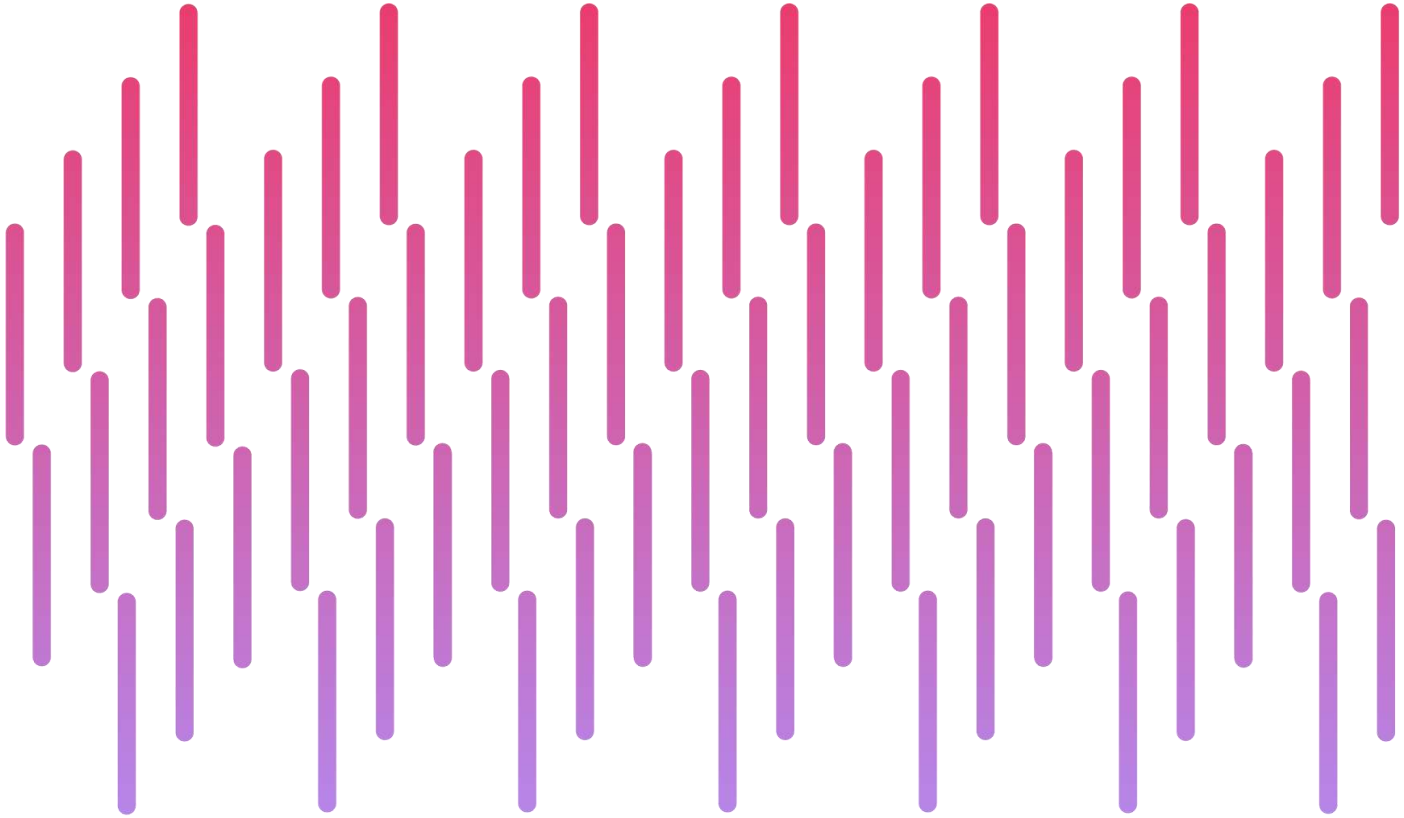
- This year, a new question (Question 18f) was included in the NHS Staff Survey, asking workers if they feel safe to speak up about anything that concerns them within their organisation. The National Guardian for FTSU welcomed the inclusion of this question, because Freedom to Speak Up is about more than the ability to raise concerns about patient safety; it is about being able to speak up about anything which gets in the way of doing a great job, whether that's an idea for improvement, ways of working or behaviour. The question focuses on workers feeling safe to speak up more generally and it measures the percentage of staff "agreeing " or "strongly agreeing" that they would feel safe to speak up about anything that concerns them in their organisation.

- The answers to this question show a very strong positive correlation with the FTSU Index, with 66 per cent of staff "agreeing" or "strongly agreeing" that they feel safe to speak up about anything that concerns them in their organisation. The NGO has not included the results of this question in its Index scores for 2021 and will be publishing further analysis of the results of this later in the year (the St George's position on Question 18f is set out below, along with some local benchmarking).

- St George's scored 61.3% in this question, second highest out of GSTT (73.9%), Epsom & St Helier (61.1%), Croydon (59.3%) & Kings (56.4%). Whilst there is still immense work to be done St George's is showing consistent improvement year by year.



6. “Let’s Talk” month – the Big 5



Freedom to Speak Up

Outstanding care every time

6. “Let’s Talk” month June 2021
Speak up month update (1 of 2)

Throughout the month of June the FTSU Guardian worked to continue raising awareness of FTSU and how the organisation supports staff wishing to speak up. In addition to attending divisional meetings with managers, to discuss how managers could support their staff in speaking up, the Guardian spoke with staff in the following areas

- ED
- Estates and Facilities
- Security
- Gwynne Holdford Ward
- Theatres
- Brodie Ward
- Staff bank

Plans are in hand to attend meetings with our

- Outpatients teams
- Maternity
- Paediatrics
- Senior Health team

6. “Let’s Talk” month June 2021
Speak up month update (2 of 2)

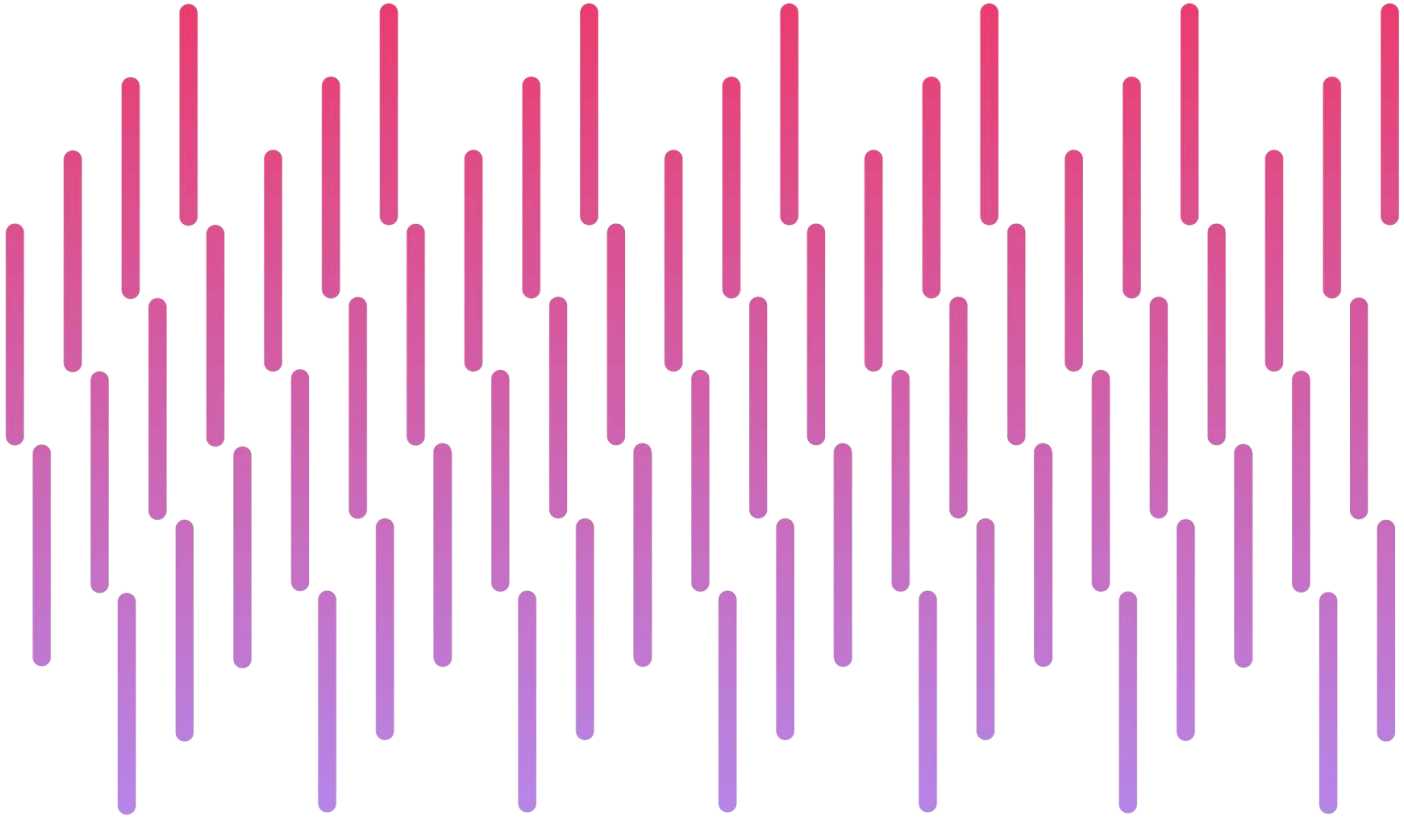
The Guardian has also worked closely with our induction and mandatory training teams throughout the month to ensure that the Speak up e-learning module is now offered to all new starters. Over 150 new starters have now completed the e-learning programme.

The Guardian also offered 8 MS teams information speak up information sessions throughout the month which were popular and as a result of these sessions 3 staff members have indicated an interest in becoming FTSU Champions.

Moving forward the Guardian aims to continue attending teams to discuss speaking up and will also be running monthly sessions via MS teams to raise awareness of speaking up. The next 3 months we will be focusing on:-

- Recruiting further champions with a view to having 20 champions in place by the end of September 2021.
- Releasing the updated Raising Concerns policy
- Releasing the FTSU charter

Appendix 1: FTSU Index 2021 – Full Index Scores



Freedom to Speak Up

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Appendix 1: FTSU Index 2021
Full Index Scores (1 of 4)

FTSU Index including CQC Overall and Well Led Ratings[12]

The Care Quality Commission (CQC) regulates and inspects many of the organisations where FTSU Guardians support workers to speak up and challenge barriers to speaking up.

There are four ratings the CQC give health and social care services they regulate and inspect: outstanding, good, requires improvement and inadequate.

Outstanding	
Good	
Requires improvement	
Inadequate	

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
87.6%	77.9%	Cambridgeshire Community Services NHS Trust		
87.0%	76.4%	Kent Community Health NHS Foundation Trust		
86.9%	78.3%	Solent NHS Trust		
85.9%	70.4%	Hounslow and Richmond Community Healthcare NHS Trust		
85.5%	74.3%	Lincolnshire Community Health Services NHS Trust		
85.5%	75.8%	Northamptonshire Healthcare NHS Foundation Trust		
85.0%	76.9%	Hertfordshire Community NHS Trust		
84.9%	72.1%	Leeds Community Healthcare NHS Trust		
84.9%	74.5%	Sussex Community NHS Foundation Trust		
84.7%	73.3%	Liverpool Heart and Chest Hospital NHS Foundation Trust		
84.6%	75.1%	Isle of Wight NHS Trust (ambulance sector)		
84.6%	75.0%	Derbyshire Community Health Services NHS Foundation Trust		
84.3%	74.7%	Berkshire Healthcare NHS Foundation Trust		
84.2%	69.6%	Wirral Community Health and Care NHS Foundation Trust		
84.2%	74.7%	Norfolk Community Health and Care NHS Trust		
84.1%	72.9%	The Clatterbridge Cancer Centre NHS Foundation Trust		
83.7%	68.4%	Central London Community Healthcare NHS Trust		

[12] Ratings correct as of 4 May 2021

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
83.7%	70.6%	Royal Surrey County Hospital NHS Foundation Trust		
83.6%	74.1%	Midlands Partnership NHS Foundation Trust		
83.4%	71.6%	Hertfordshire Partnership University NHS Foundation Trust		
83.2%	72.2%	Surrey and Borders Partnership NHS Foundation Trust		
83.1%	74.2%	The Walton Centre NHS Foundation Trust		
83.1%	71.6%	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust[13]		
83.1%	70.3%	The Royal Marsden NHS Foundation Trust		
83.1%	73.6%	Oxford Health NHS Foundation Trust		
83.0%	71.5%	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust		
82.9%	72.3%	Mersey Care NHS Foundation Trust		
82.9%	70.9%	Isle of Wight NHS Trust (mental health sector)		
82.9%	72.8%	North Staffordshire Combined Healthcare NHS Trust		
82.8%	77.6%	Northumbria Healthcare NHS Foundation Trust		
82.7%	73.1%	Somerset NHS Foundation Trust		
82.7%	68.1%	Bridgewater Community Healthcare NHS Foundation Trust		
82.7%	71.0%	Southern Health NHS Foundation Trust		
82.7%	68.8%	Herefordshire and Worcestershire Health and Care NHS Trust		
82.6%	71.3%	Northern Devon Healthcare NHS Trust		
82.5%	68.3%	Gloucestershire Health and Care NHS Foundation Trust		
82.4%	72.9%	Lincolnshire Partnership NHS Foundation Trust		
82.3%	74.9%	St Helens and Knowsley Teaching Hospitals NHS Trust		
82.3%	72.8%	Surrey and Sussex Healthcare NHS Trust		
82.3%	65.8%	Royal Brompton and Harefield NHS Foundation Trust[14]		
82.3%	71.1%	Yeovil District Hospital NHS Foundation Trust		
82.3%	73.9%	Guy's and St Thomas' NHS Foundation Trust		
82.3%	70.9%	Cambridgeshire and Peterborough NHS Foundation Trust		
82.2%	71.5%	Sherwood Forest Hospitals NHS Foundation Trust		
82.2%	72.3%	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust		
82.1%	68.2%	Royal Papworth Hospital NHS Foundation Trust		
82.1%	69.5%	Cambridge University Hospitals NHS Foundation Trust		

[13] Merged in October 2020 to form University Hospitals Dorset NHS Foundation Trust
[14] Merged in February 2021 to form Guy's and St Thomas's NHS Foundation Trust

Outstanding care every time

Appendix 1: FTSU Index 2021
Full Index Scores (2 of 4)

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
82.0%	73.4%	Dorset Healthcare University NHS Foundation Trust		
81.9%	73.2%	Derbyshire Healthcare NHS Foundation Trust		
81.9%	69.8%	North West Boroughs Healthcare NHS Foundation Trust		
81.8%	70.0%	Shropshire Community Health NHS Trust		
81.8%	72.1%	Queen Victoria Hospital NHS Foundation Trust		
81.8%	72.8%	Airedale NHS Foundation Trust		
81.7%	71.3%	Alder Hey Children's NHS Foundation Trust		
81.6%	70.8%	Cheshire and Wirral Partnership NHS Foundation Trust		
81.6%	68.3%	North East London NHS Foundation Trust		
81.6%	68.2%	Portsmouth Hospitals University NHS Trust		
81.5%	70.9%	South Warwickshire NHS Foundation Trust		
81.5%	69.8%	Rotherham Doncaster and South Humber NHS Foundation Trust		
81.4%	66.4%	Gateshead Health NHS Foundation Trust		
81.3%	71.7%	Mid Cheshire Hospitals NHS Foundation Trust		
81.3%	66.7%	Devon Partnership NHS Trust		
81.2%	68.0%	Bolton NHS Foundation Trust		
81.2%	66.4%	North Tees and Hartlepool NHS Foundation Trust		
81.1%	67.0%	Isle of Wight NHS Trust (community sector)		
81.1%	70.3%	Sheffield Children's NHS Foundation Trust		
81.1%	65.1%	Central and North West London NHS Foundation Trust		
81.1%	67.8%	Bradford District Care NHS Foundation Trust		
81.0%	70.9%	Royal Berkshire NHS Foundation Trust		
81.0%	75.4%	Chesterfield Royal Hospital NHS Foundation Trust		
81.0%	68.0%	Royal National Orthopaedic Hospital NHS Trust		
81.0%	72.4%	The Christie NHS Foundation Trust		
80.9%	71.3%	University Hospital Southampton NHS Foundation Trust		
80.9%	66.9%	Coventry and Warwickshire Partnership NHS Trust		
80.9%	68.4%	Birmingham Women's and Children's NHS Foundation Trust		
80.8%	69.1%	East Lancashire Hospitals NHS Trust		
80.8%	67.1%	Oxleas NHS Foundation Trust		
80.8%	70.1%	Sussex Partnership NHS Foundation Trust		
80.8%	68.2%	University College London Hospitals NHS Foundation Trust		
80.8%	72.5%	Leeds and York Partnership NHS Foundation Trust		
80.7%	66.9%	Frimley Health NHS Foundation Trust		
80.5%	66.1%	Camden and Islington NHS Foundation Trust		
80.5%	68.0%	Great Ormond Street Hospital for Children NHS Foundation Trust		

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
80.5%	63.4%	Birmingham Community Healthcare NHS Foundation Trust		
80.4%	69.6%	University Hospitals Bristol and Weston NHS Foundation Trust		
80.4%	69.3%	Warrington and Halton Teaching Hospitals NHS Foundation Trust		
80.4%	68.0%	Leicestershire Partnership NHS Trust		
80.3%	67.1%	Ashford and St Peter's Hospitals NHS Foundation Trust		
80.3%	68.2%	Oxford University Hospitals NHS Foundation Trust		
80.3%	64.3%	Moorfields Eye Hospital NHS Foundation Trust		
80.3%	70.1%	Poole Hospital NHS Foundation Trust[15]		
80.2%	65.4%	Cornwall Partnership NHS Foundation Trust		
80.2%	67.1%	Humber Teaching NHS Foundation Trust		
80.2%	68.7%	The Newcastle upon Tyne Hospitals NHS Foundation Trust		
80.2%	69.4%	Pennine Care NHS Foundation Trust		
80.2%	66.5%	East London NHS Foundation Trust		
80.2%	70.7%	Tees, Esk and Wear Valleys NHS Foundation Trust		
80.1%	69.4%	Leeds Teaching Hospitals NHS Trust		
80.0%	64.1%	South Tyneside and Sunderland NHS Foundation Trust		
80.0%	61.7%	County Durham and Darlington NHS Foundation Trust		
80.0%	66.9%	East Sussex Healthcare NHS Trust		
79.9%	68.5%	Nottinghamshire Healthcare NHS Foundation Trust		
79.9%	68.2%	Nottingham University Hospitals NHS Trust		
79.9%	66.7%	Essex Partnership University NHS Foundation Trust		
79.9%	71.1%	Barnsley Hospital NHS Foundation Trust		
79.8%	66.5%	Kent and Medway NHS and Social Care Partnership Trust		
79.8%	61.8%	Isle of Wight NHS Trust (acute sector)		
79.8%	67.2%	South West Yorkshire Partnership NHS Foundation Trust		
79.8%	68.2%	Salisbury NHS Foundation Trust		
79.7%	66.8%	Blackpool Teaching Hospitals NHS Foundation Trust		
79.7%	64.3%	West London NHS Trust		
79.7%	66.2%	Hampshire Hospitals NHS Foundation Trust		
79.7%	69.3%	Milton Keynes University Hospital NHS Foundation Trust		

[15] Merged in October 2020 to form University Hospitals Dorset NHS Foundation Trust

Outstanding care every time

Appendix 1: FTSU Index 2021
Full Index Scores (3 of 4)

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
79.7%	68.5%	Sheffield Teaching Hospitals NHS Foundation Trust		
79.7%	67.0%	Buckinghamshire Healthcare NHS Trust		
79.7%	67.0%	Kingston Hospital NHS Foundation Trust		
79.7%	68.6%	Royal Devon and Exeter NHS Foundation Trust		
79.6%	65.1%	Great Western Hospitals NHS Foundation Trust		
79.6%	62.3%	University Hospitals Coventry and Warwickshire NHS Trust		
79.5%	60.3%	Homerton University Hospital NHS Foundation Trust		
79.5%	67.3%	Wye Valley NHS Trust		
79.4%	66.4%	Calderdale and Huddersfield NHS Foundation Trust		
79.4%	63.7%	Chelsea and Westminster Hospital NHS Foundation Trust		
79.4%	64.4%	Countess of Chester Hospital NHS Foundation Trust		
79.4%	67.0%	Greater Manchester Mental Health NHS Foundation Trust		
79.3%	64.1%	Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust		
79.3%	64.6%	Black Country Healthcare NHS Foundation Trust		
79.2%	62.9%	Royal Cornwall Hospitals NHS Trust		
79.2%	66.7%	University Hospitals Plymouth NHS Trust		
79.2%	67.5%	Lancashire Teaching Hospitals NHS Foundation Trust		
79.2%	65.9%	Dorset County Hospital NHS Foundation Trust		
79.1%	66.7%	The Royal Orthopaedic Hospital NHS Foundation Trust		
79.1%	65.9%	Hull University Teaching Hospitals NHS Trust		
79.1%	63.5%	Kettering General Hospital NHS Foundation Trust		
79.1%	68.2%	Western Sussex Hospitals NHS Foundation Trust		
79.0%	65.4%	Bradford Teaching Hospitals NHS Foundation Trust		
79.0%	68.2%	Maidstone and Tunbridge Wells NHS Trust		
78.9%	67.2%	Lancashire and South Cumbria NHS Foundation Trust		
78.9%	67.9%	The Rotherham NHS Foundation Trust		
78.9%	67.7%	Royal United Hospitals Bath NHS Foundation Trust		
78.8%	68.1%	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust		
78.8%	65.0%	Avon and Wiltshire Mental Health Partnership NHS Trust		
78.8%	68.6%	Salford Royal NHS Foundation Trust		
78.7%	65.3%	Torbay and South Devon NHS Foundation Trust		
78.6%	65.0%	Worcestershire Acute Hospitals NHS Trust		

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
78.5%	67.6%	North Bristol NHS Trust		
78.4%	70.0%	The Royal Wolverhampton NHS Trust		
78.4%	62.2%	The Mid Yorkshire Hospitals NHS Trust		
78.4%	62.9%	Gloucestershire Hospitals NHS Foundation Trust		
78.4%	61.6%	Harrogate and District NHS Foundation Trust		
78.3%	63.6%	Manchester University NHS Foundation Trust		
78.3%	60.4%	South London and Maudsley NHS Foundation Trust		
78.2%	62.3%	Tameside and Glossop Integrated Care NHS Foundation Trust		
78.2%	62.9%	Stockport NHS Foundation Trust		
78.0%	61.7%	Birmingham and Solihull Mental Health NHS Foundation Trust		
78.0%	63.8%	Brighton and Sussex University Hospitals NHS Trust		
78.0%	64.4%	Dartford and Gravesham NHS Trust		
78.0%	64.8%	East Cheshire NHS Trust		
78.0%	59.0%	George Eliot Hospital NHS Trust		
77.9%	60.1%	Sandwell and West Birmingham Hospitals NHS Trust		
77.9%	64.4%	South Central Ambulance Service NHS Foundation Trust		
77.9%	63.8%	South Tees Hospitals NHS Foundation Trust		
77.8%	61.1%	Epsom and St Helier University Hospitals NHS Trust		
77.8%	63.9%	South West London and St George's Mental Health NHS Trust		
77.8%	66.7%	Liverpool Women's NHS Foundation Trust		
77.8%	63.9%	University Hospitals of Leicester NHS Trust		
77.7%	60.1%	Whittington Health NHS Trust		
77.7%	59.8%	The Dudley Group NHS Foundation Trust		
77.7%	65.4%	University Hospitals of Derby and Burton NHS Foundation Trust		
77.6%	60.8%	Norfolk and Norwich University Hospitals NHS Foundation Trust		
77.5%	61.8%	Imperial College Healthcare NHS Trust		
77.4%	59.0%	Lewisham and Greenwich NHS Trust		
77.4%	63.3%	West Suffolk NHS Foundation Trust		
77.4%	61.7%	Bedfordshire Hospitals NHS Foundation Trust		
77.4%	62.0%	North West Anglia NHS Foundation Trust		
77.3%	61.3%	Royal Free London NHS Foundation Trust		
77.3%	62.1%	Northampton General Hospital NHS Trust		
77.3%	61.7%	Pennine Acute Hospitals NHS Trust		
77.2%	59.0%	Barnet, Enfield and Haringey Mental Health NHS Trust		
77.2%	63.1%	York Teaching Hospital NHS Foundation Trust		

Outstanding care every time

Appendix 1: FTSU Index 2021
Full Index Scores (4 of 4)

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
77.0%	61.6%	Southport and Ormskirk Hospital NHS Trust		
76.9%	60.8%	East Midlands Ambulance Service NHS Trust		
76.8%	63.6%	University Hospitals of North Midlands NHS Trust		
76.8%	65.0%	Liverpool University Hospitals NHS Foundation Trust		
76.7%	61.7%	University Hospitals of Morecambe Bay NHS Foundation Trust		
76.7%	60.3%	Tavistock and Portman NHS Foundation Trust		
76.7%	56.3%	London Ambulance Service NHS Trust		
76.6%	59.3%	Croydon Health Services NHS Trust		
76.6%	60.8%	East Suffolk and North Essex NHS Foundation Trust		
76.5%	55.5%	London North West University Healthcare NHS Trust		
76.5%	61.5%	James Paget University Hospitals NHS Foundation Trust		
76.3%	57.6%	Mid and South Essex NHS Foundation Trust		
76.2%	59.1%	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust		
76.1%	59.2%	West Hertfordshire Hospitals NHS Trust		
76.1%	61.3%	St George's University Hospitals NHS Foundation Trust		
76.0%	62.3%	South Western Ambulance Service NHS Foundation Trust		
75.9%	59.3%	Barts Health NHS Trust		
75.9%	61.3%	University Hospitals Birmingham NHS Foundation Trust		
75.9%	59.1%	West Midlands Ambulance Service University NHS Foundation Trust		
75.7%	60.5%	Wirral University Teaching Hospital NHS Foundation Trust		
75.7%	59.7%	Norfolk and Suffolk NHS Foundation Trust		
75.4%	58.7%	Northern Lincolnshire and Goole NHS Foundation Trust		
75.4%	57.4%	North Cumbria Integrated Care NHS Foundation Trust		
75.3%	57.6%	North East Ambulance Service NHS Foundation Trust		
75.3%	58.8%	Yorkshire Ambulance Service NHS Trust		
75.1%	56.1%	Medway NHS Foundation Trust		
75.1%	60.7%	East and North Hertfordshire NHS Trust		
75.0%	59.6%	Sheffield Health and Social Care NHS Foundation Trust		
74.9%	57.7%	South East Coast Ambulance Service NHS Foundation Trust		
74.8%	56.4%	King's College Hospital NHS Foundation Trust		

FTSU Index	Q18f	Trust Name	CQC Overall	Well Led
74.8%	55.8%	North Middlesex University Hospital NHS Trust		
74.6%	56.2%	The Princess Alexandra Hospital NHS Trust		
74.4%	55.3%	East Kent Hospitals University NHS Foundation Trust		
74.4%	59.0%	Walsall Healthcare NHS Trust		
74.3%	54.4%	Barking, Havering and Redbridge University Hospitals NHS Trust		
74.2%	58.3%	North West Ambulance Service NHS Trust		
73.8%	53.6%	The Hillingdon Hospitals NHS Foundation Trust		
73.6%	54.3%	United Lincolnshire Hospitals NHS Trust		
71.9%	53.4%	The Shrewsbury and Telford Hospital NHS Trust		
66.6%	43.7%	East of England Ambulance Service NHS Trust		

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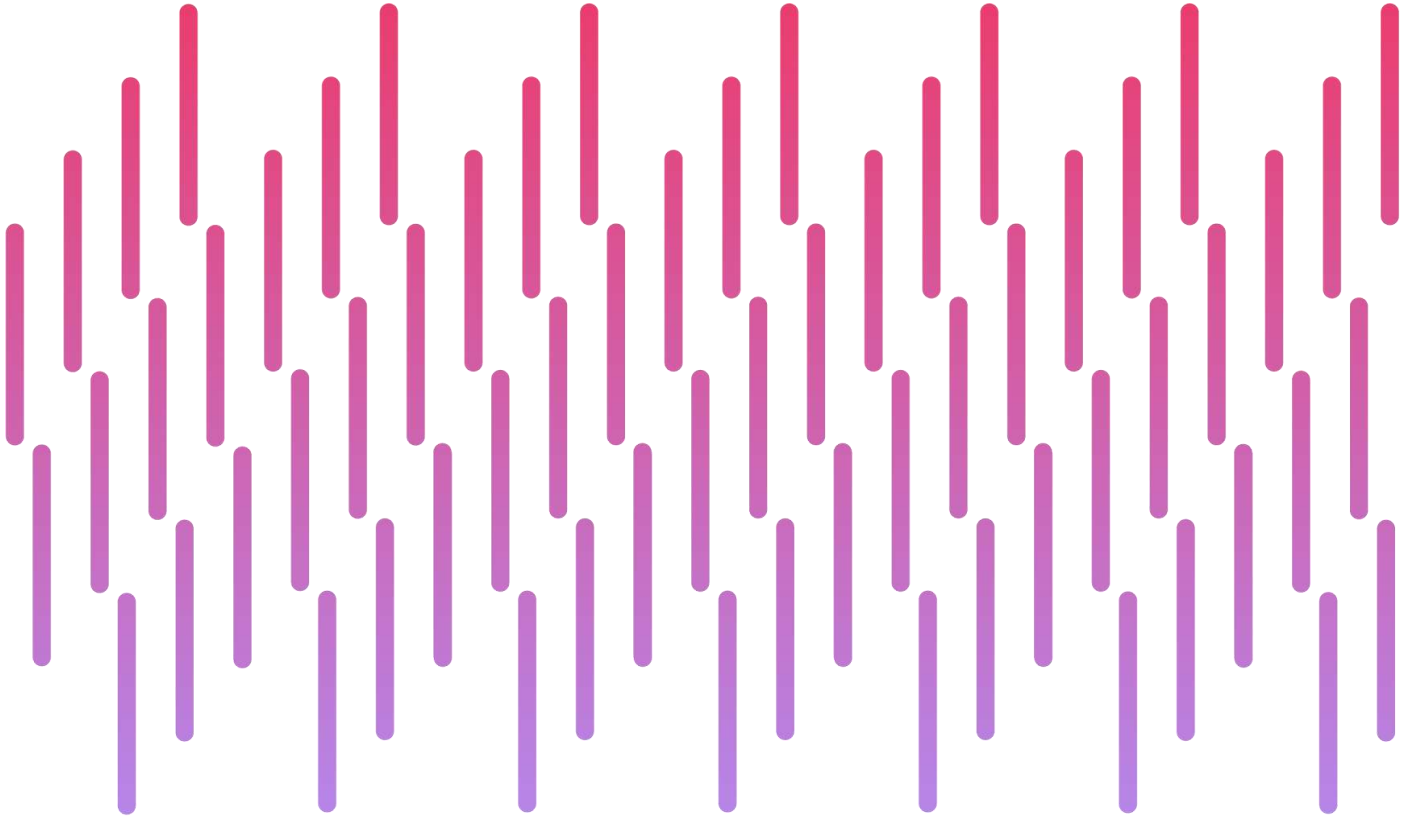

Freedom to Speak Up: Q1 2021/22 Report
St George's University Hospitals NHS Foundation Trust

Freedom to Speak Up

Outstanding care every time

Meeting Title:	**Trust Board**		
Date:	29 July 2021	**Agenda No**	**4.1**
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:	Approval		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on 14 July 2021.		
Recommendation:	**The Board is asked to consider and note the contents of the report.**		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Finance and use of resources, Leadership and Improvement capability (Well Led)		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	**Date:**	N/A
Appendices:	N/A		

Outstanding care every time

St George's University Hospitals NHS Foundation Trust

Audit Committee Report
14 July 2021

Matters for the Board's attention

The Audit Committee met on 14 July 2021 and agreed to bring the following matters to the attention of the Board.

1. External Auditors Update and Value for Money Draft Report

The External Auditors advised the Committee that the audit was successfully completed on the 25 June 2021 within the statutory deadline and there were no issues arising to report.

The Committee also received the draft report of the value for money report and noted the following key points:

- As previously reported the three key areas the report would cover relate to governance, financial sustainability and improving economy, efficiency and effectiveness.
- External auditors have found no evidence of weaknesses in the Trust's systems of governance and mechanisms for improving economy, efficiency and effectiveness.
- With the uncertainty related to funding from NHS England/Improvement for the second half (H2) of the financial year (2021/22) external auditors were unable to draw a conclusion and this work would continue over the coming weeks.
- Whilst there were a number or recommendations made the management team had not yet been given the opportunity to comment however the current recommendations in the draft report where not considered material/significant.
- The management team would work with external auditors to finalise the report and offer comments on the recommendations.

The deadline for submitting the final value for money report to the National Audit Office is 22 September 2021. The Committee would consider setting up a special meeting to approve the final document in the event of any material changes/conclusion in the final version.

The Committee noted that the CEO would be the executive lead for the review and that it would be a useful report.

2. Internal Compliance and Assurance

2.1. Breaches & Waivers

The Committee considered the breaches and waivers report for quarter one (2021/22). It was reported there was an increase in the number of breaches in the quarter with reasons such as staff returning from redeployment to normal work areas and resourcing issues in teams cited as the key reasons. The Committee was reassured to learn that management would put in additional training and refresher procurement modules for staff to ensure that they understood and complied with the required procurement processes. Similarly whilst the numbers have waivers had decreased it was still higher than in the same quarter in the previous year (2020/21). The predominate reason for the increase in waivers related to the urgent work and provisions to managing the risk around the Trust's cardiology catheter laboratories which the Board was well versed. Steps have been taken to improve the contracts register and logging of waivers to ensure that there was transparency and effective management recurring or future waivers.

The Committee also heard that the new South West London joint procurement venture was being embedded and new staffs were being trained to understand the nuances of each organisation and whilst this would take a little while good progress was being made.

2.2. Counter Fraud Quarterly Report

The Committee noted that there was good progress being made against the proactive counter fraud action plan. Whilst there had been new cases opened in the quarter these did not pose a significant risk to the Trust. These related to timesheet fraud or issues of people attempting to claim expenses related for hospital appointments that were not in their names. Work was being progressed against open cases and completed investigations had not identified any material gaps in the Trust's control mechanisms. The management team would continue to promote the work of counter fraud to ensure that staff continued to engage and report any issues of suspicion of fraud.

The Committee was assured that the Trust had reviewed the self-assessed '*red rating'* against the counter fraud standard related to invoicing/accounts payable process. The standard related to counter fraud risks in three areas, namely, mandate fraud, supplier fraud and insider fraud. The management team commissioned a peer review of its self-assessed '*red-rating'*. The peer organisation considered the proactive counter fraud work and actions taken against the Trust's mandate and supplier processes, the '*substantial'* rating from internal auditors for the Trust's financial controls and systems and planned proactive work on internal accounts payable systems and rated the Trust as 'amber' against the standard.

The Committee also noted that there was proactive work planned around timesheet fraud.

2.3. Information Governance Compliance Update & Annual Report

The Committee considered the information governance compliance report and annual update. The Trust had completed and submitted its compliance assessment against the 110 standards in the data security and protection toolkit (DSP) in time to meet the 30 June 2021 deadline taking on board the recommendations and findings from the internal auditors reviews. The Trust had begun the process to demonstrate compliance with the standards of the DSP toolkit for 2021/22. In addition, whilst the Trust was able to confirm it '*met'* the requirements in the DSP toolkit related to the training (95% of staff completed the information governance training in a number of months) management recognises that more work was required to improve and embed consistent performance. It was noteworthy that the number of subject access requests had increased significantly with the Trust receiving over 5000 and similarly the Trust had processed 1000 information governance incidents none of which were reportable to the Information Commissioner Office. Information governance breaches have related to the integrity and availability of information as opposed to breaches of confidentiality. The Trust recognised that more work was required on improving is Cyber Security provisions and this work was underway with the overarching aim to achieve Cyber Essentials Plus accreditation before the end of 2021/22. Cyber Security remains an area of challenge for the Trust but management had worked with NHS Digital to develop a comprehensive action plan and there were robust counter measures and controls put in place to continue to protect the organisation from cyber-attacks.

The full information governance report has been made available to the Board in the Diligent Reading Room.

3. Internal Auditors Reports

The Committee considered the following reports from internal auditors:

- Internal Auditors Progress Reports and Recommendation Tracker
- Cyber Security (Limited Assurance)
- Information and Communications Technology (ICT) Data Security and Protection (DSP) Toolkit Follow-up Assurance Review (Moderate)
- Diagnostics (Limited Assurance)

- Data Quality – Patient Ethnicity (Limited Assurance)
- Learning from Complaints (Reasonable Assurance)
- Trust Ward Accreditation (Reasonable Assurance)
- Workforce Issues – Recruitment to Band 8+ (Limited Assurance)
- Trust Policies Management (Reasonable Assurance)

With teams deployed to manage the pressures related to Covid-19 surges the Committee understood that focus was on managing the operational priorities which had impacted on completing the internal audit programme for 2020/21 and quarter 2021/22. At its May 2021 meeting the Committee tasked the management team through the relevant management governance forums to ensure that progress was being made on completing internal audit recommendations and progressing internal audit reviews. As a result the Committee considered six internal audit reports and the results of the follow-up review of the evidence for the DSP Toolkit.

The Committee was also pleased to note that a substantive number of the outstanding and overdue recommendations had either been reviewed and due date revised (41) or implemented and closed (25 recommendations). The Committee also asked the Risk Assurance Group to pick up the longstanding overdue (3) recommendations.

Of the six internal audits conducted three (*ward accreditation, trust policies and learning from complaints*) were rated as '*reasonable assurance'* and the management had reasonable plans in place to address any outstanding issues. Of particular was the recognition of the good continued work on the Trust's successful ward accreditation programme.

Conversely the Committee was disappointment that so many audits received a *'limited assurance'* and raised concerns that a number of the recommendations from these audits related to actions not effectively implemented by the Trust from previous audits and that some of the issues related to non-adherence to Trust policies and procedures. The Committee conducted rigorous scrutiny/interrogation of these reports and heard about the steps the management team were taking to address the key control issues and received reassurances that progress had been made in some of the areas. Accordingly the Committee requested that the following reports be considered and followed-up by the relevant Board Committees to ensure that actions were progressed:

- Workforce Issues – Recruitment to Band 8+: Workforce & Education Committee
- Diagnostics: Finance and Investment Committee & Quality and Safety Committee
- Data Quality – Patient Ethnicity: Quality & Safety Committee

Recommendation

The Board is asked to consider and note the contents of the report.

Elizabeth Bishop
Audit Committee Chair, NED
July 2021

St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	**Trust Board**		
Date:	29 July 2021	**Agenda No**	**4.2**
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 meetings on the 17th June 2021 and 22nd July 2021.		
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		

St George's University Hospitals NHS
NHS Foundation Trust

Finance and Investment Committee – June & July 2021

The Committee met on 17th June and 22nd July. In addition to the regular items on strategic risks, operational performance and financial performance, it also considered papers on:

- Estates Strategy,
- Annual Planning for 2021/22,
- Financial Policies updates,
- Costing update, and
- Procurement report.

Committee members discussed the Board Assurance Framework (BAF) risks on Finance and Operations via their respective 'deep dives'. The Committee acknowledged the strong operational performance as non-elective activity was increasing at the Trust. The Committee discussed current financial performance, cash management and capital expenditure as the Trust reported the M3 YTD financial performance of 2021/22. **The Committee wishes to bring the following items to the Board's attention:**

1.1 Finance, ICT and Operational Risks – the Deputy Chief Financial Officer (DCFO), the Chief Information Officer (CIO) and the Chief Operations Officer (COO) gave updates on their respective BAF risks. The committee discussed the ICT Risks including the challenges of WIFI on the main site, as well as Telephony strategy. Finance risks were proposed to remain unchanged, in the deep dive update, although a functional risk score has increased related to capital funding as we move into a new financial year (and funding is less certain). The Operational Risk deep dive noted challenges with Cardiac Catheter Laboratories not being operational in recent weeks, as well as the staffing risk from tiredness after 18 months since the beginning of the pandemic.

1.2 Estates Report and Risks –the Director of Estates & Facilities (DE&F) introduced the normal monthly update and a paper on the Estates Strategy. The committee discussed benchmarking and some of the metrics used in the paper, whilst welcoming the document as a key paper for the future of the site. In the July meeting, the BAF risk update noted the potential risk reduction from 20 to 16, in Q2, as well as a further review of the Premises Assurance Model (PAM). The Committee noted the potential final approval of the Estates Strategy may need to be done remotely.

1.3 Activity Performance – the Chief Operations Officer (COO) noted the expected positive performance against activity trajectories in May and June, where Daycase/Elective and Outpatient performance are expected to be ahead of submitted trajectories.

1.4 Emergency Department (ED) Update – the performance of the Emergency Care Operating Standard was recorded at 93.2% in May and 91.4% in June. The Committee noted the good performance in May, and discussed the increased mental health patient pressure in both adults and paediatric areas. In June it was noted that ED attendances on some days was a much as 80 more than other days, which made ED performance less predictable.

1.5 Diagnostics Performance – the COO noted that the six-week diagnostic standard performance was 5.0% in June compared to 5.6% in May. The COO also noted the number of patients waiting over 13 weeks had reduced by 65%.

1.6 Cancer Performance – the COO noted Cancer performance in June where 2 of the 7 targets were met. The committee discussed the booking processes being carried out to improve performance in the coming months.

St George's University Hospitals NHS
NHS Foundation Trust

1.7 Referral to Treatment (RTT) Update – the performance against the RTT target was discussed, where performance in May of 74.2% had improved against the previous month's value of 70.0%, with the number of 52 week waits of 1,597 being less than the previous month's 2,174. The size of the waiting list (including QMH patients) was 45,156 patients.

1.8 Financial Performance– the DCFO noted performance at M3 YTD for 2021/22, where a £5.9m surplus was in line with the phased plan submitted on 21st June. This included the income and expenditure impact associated with the Elective Recovery Fund (ERF).

He noted the cash balance as at 30th June 2021 was £55.3m (higher than at year end), including additional receipts where payments will be made in the future (such as for annual leave carry forward), and payments made in advance at year end which have since returned to normal payment dates.

1.9 Planning 21-22 – the DCFO noted the progress being made on planning for 2021/22, including a detailed financial pack for the new financial year, which included only minor changes from June's pack. Discussions at committee focussed on changes to ERF and a potential CIP target in H2. The Committee noted that external planning guidance has yet to be produced and so figures noted in the paper were estimates at present.

1.10 Financial Policies Update– the DCFO noted no changes proposed to the Business Expenses, Petty Cash, Private and Overseas patient and Anti-Fraud, Bribery and Corruption Policies (the latter of which was already approved at March's Audit Committee. He noted that changes for Brexit and COVID may impact on these policies in due course, and the committee would be made aware of these proposed changes when known.

1.11 Costing Update– the DFP noted the improved reference costing index score, which was assessed to be 96 in 2020/21 as opposed to 101 in 2019/20, which the committee welcomed.

1.12 Procurement Update– the AD-P noted some of the highlights from the last quarter in the Procurement department.

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 2021

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St George's University Hospitals NHS Foundation Trust

Meeting Title:	**TRUST BOARD**		
Date:	**29 July 2021**	**Agenda No**	**4.3**
Report Title:	**M3 Financial Performance**		
Lead Director/ Manager:	Andrew Grimshaw, Chief Financial Officer		
Report Author:	Tom Shearer, Deputy Chief Financial Officer		
Presented for:	Update		
Executive Summary:	The Trust is reporting a surplus of £5.9m at the end of June, which is on plan. This includes £6.0m of ERF income and £1.8m of ERF costs, both of which are £0.6m higher than plan (and so offset). Excluding ERF, income is reported at £0.4m adverse to plan at Month 3. This is due to a shortfall in COVID testing income, which is offset in non-pay. Excluding ERF, expenditure is reported at £0.4m favourable to plan at Month 3. This is due to lower COVID testing and Commercial Pharmacy costs, partially offset by higher staffing costs related to COVID. Capital expenditure of £11.5m has been incurred year to date. This is to £0.5m favourable to a plan of £12.0m. At the end of Month 3, the Trust's cash balance was £55.3m, which is £52.3m higher than the £3m minimum cash balance required by NHSE&I. The Trust is actively ensuring suppliers are paid in good time.		
Recommendation:	The Trust Board is asked to note the M3 financial position for 2021/22.		
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		
Equality and Diversity:	There are no equality and diversity impact related to the matters outlined in the report.		
Previously Considered by:	Finance & Investment Committee	**Date**	22/7/21
Appendices:	N/A		

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St George's University Hospitals NHS Foundation Trust

Financial Report Month 3 (June 2021)

Andrew Grimshaw

Chief Financial Officer

29th July 2021

Executive Summary – Month 3 (June)

Area	Key Issues	Current Month (YTD)	Previous Month (YTD)
Financial Position	The Trust is reporting a surplus of £5.9m at the end of June, which is on plan. This includes £6.0m of ERF income and £1.8m of ERF costs, both of which are £0.6m higher than plan (and so offset).	On Plan	On Plan
Income	Excluding ERF, income is reported at £0.4m adverse to plan at Month 3. This is due to a shortfall in COVID testing income, which is offset in non-pay.	£0.4m Adv to plan	£0.5m Adv to plan
Expenditure	Excluding ERF, expenditure is reported at £0.4m favourable to plan at Month 3. This is due to lower COVID testing and Commercial Pharmacy costs, partially offset by higher staffing costs related to COVID.	£0.4m Fav to plan	£0.5m Fav to plan
ERF	The Trust has received £6.0m of ERF income, which is £0.6m over plan. The Trust has incurred £1.8m of associated costs, which is £0.6m over plan.	On Plan	On Plan
Capital	Capital expenditure of £11.5m has been incurred year to date. This is to £0.5m favourable to a plan of £12.0m.	£0.5m Fav to plan	
Cash	At the end of Month 3, the Trust's cash balance was £55.3m, which is £52.3m higher than the £3m minimum cash balance required by NHSE&I. The Trust is actively ensuring suppliers are paid in good time.	£52.3m Fav to plan	£55.2m Fav to plan

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1. Month 3 Financial Performance

			Full Year Budget (£m)	M3 Budget (£m)	M3 Actual (£m)	M3 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	SLA Income	848.4	70.5	70.8	0.2	213.1	212.6	(0.5)
		Other Income	135.7	11.5	11.3	(0.1)	32.9	33.0	0.2
	Income Total		**984.1**	**82.0**	**82.1**	**0.1**	**246.0**	**245.7**	**(0.4)**
	Expenditure	Pay	(582.5)	(48.5)	(48.8)	(0.3)	(145.6)	(146.2)	(0.6)
		Non Pay	(366.1)	(30.2)	(30.0)	0.2	(92.6)	(91.6)	1.0
	Expenditure Total		**(948.6)**	**(78.7)**	**(78.8)**	**(0.1)**	**(238.2)**	**(237.8)**	**0.4**
	Post Ebitda		(44.1)	(4.0)	(4.0)	(0.0)	(10.5)	(10.5)	(0.0)
	Grand Total		**(8.6)**	**0.2**	**0.2**	**(0.0)**	**1.6**	**1.6**	**(0.0)**
ERF	**Income**		14.8	1.8	2.4	0.6	5.4	6.0	0.6
	Expenditure		(7.4)	(0.9)	(1.5)	(0.6)	(1.2)	(1.8)	(0.6)
	Total		**7.4**	**0.9**	**0.9**	**0.0**	**4.3**	**4.3**	**0.0**
	Reported Position		**(1.2)**	**1.2**	**1.2**	**(0.0)**	**5.9**	**5.9**	**(0.0)**

Trust Overview

The in month reported position at **M3 is a £1.2m surplus, which is on plan. The YTD position is a £5.9m surplus, which is on plan**.

Excluding ERF income and costs:

- **Income** is £0.4m under plan, due to a shortfall in COVID testing income.
- **Pay** is £0.6m overspent across Junior Doctor and Nursing staff groups due to additional costs related to COVID, such as sickness.
- **Non-pay** is £1.0m underspent due to lower COVID testing costs and Commercial Pharmacy.

The Trust has received £6.0m of ERF income, which is £0.6m over plan. The Trust has incurred £1.8m of associated costs, which is £0.6m under plan.

2. Balance Sheet as at 30th June 2021

Statement of Financial Position	M12 March-21 FY 20-21 Actual Audited (£m)	M03 June-21 FY21-22 YTD Actual (£m)	Movement YTD June-21 (£m)
Fixed assets	**470.7**	**475.4**	**4.7**
Current assets			
Stock	**13.2**	14.3	1.1
Debtors	**83.3**	72.3	(11.0)
Cash	**36.6**	55.3	18.7
Total Current Assets	**133.1**	**141.9**	**8.8**
Current liabilities			
Creditors	**(110.8)**	(140.7)	(29.9)
Capital creditors	**(36.0)**	(15.5)	20.5
PDC div creditor	**0.0**	(3.0)	(3.0)
Provision<1 Year	**(0.9)**	(0.9)	0.0
Borrowings< 1 year	**(5.1)**	(5.5)	(0.4)
Int payable creditor	**(0.1)**	0.0	0.1
Total current liabilities	**(152.9)**	**(165.6)**	**(12.7)**
Net current assets/-liabilities	**(19.8)**	**(23.7)**	**(3.9)**
Provisions> 1 year	**(3.3)**	(2.9)	0.4
Borrowings> 1 year	**(57.4)**	(57.1)	0.3
Total Long-term liabilities	**(60.7)**	(60.0)	0.7
Net assets	**390.2**	**391.7**	**1.5**
Taxpayer's equity			
Public Dividend Capital	**531.9**	531.9	(0.0)
Retained Earnings	**(225.2)**	(223.8)	1.4
Revaluation Reserve	**82.4**	82.4	0.0
Other reserves	**1.2**	1.2	0.1
Total taxpayer's equity	**390.2**	**391.7**	**1.5**

M03 FY21-22 YTD Statement of Financial Position

- Fixed assets increased by £4.7m since March-21. This includes the impact of depreciation £6.9m, capital expenditure £11.5m and Grove reversionary interest of £49k.
- Inventory value increased by £1.1 compared to Mar-21. This is due to increase in central store stocks.
- Debtors has decreased by £11.0m since March 2021, this is due to high accounts receivables turnover by the Trust from NHS debtors. Significant reduction in NHS prepayments, VAT and NHS Debtors.
- The cash position is £18.7m higher than reported at year-end in March-21. The increase in cash is due to the £37.3m and £26.2m received from NHS England and SWL CCG respectively which is for May-21 SLA, Covid-19 top-up, NCA and other invoices. Trust received £2.1m of VAT refund for May-21 in June-21. Trust also received £1.0m from Smartway and £1.4m from Croydon Hospital for SWL pathology and other services.
- Cash resources are tightly managed monthly to meet the £3.0m minimum cash target at the end of the year.
- Creditors are £29.9 higher than the figures reported at year-end in March-20. There is an increase in NHS and Non-NHS accruals. March-21 creditors were low due to HMRC, and NHS Pension liability was paid in advance compared to June-21.
- Capital creditors are £20.5m lower than March-21. This decrease is due to FY 20-21 capital creditors paid in FY21-22.
- Provision is decreased by £0.4m which is due to the utilisation of early retirement provision.
- No new borrowing since March-21, except increase in capital finance lease borrowing of £1.2m YTD.
- PDC creditor increased to £3m since March-21. This is due to M03 YTD accrued PDC of £12.2m for the FY21-22 based on M12 FY21-22 forecasted net asset. No PDC received between April-21 and June-21.
- No significant movement in taxpayers equity except M02 YTD I&E reserve of £1.4 which is due to the YTD M03 I&E Surplus.

3. Month 3 Cash Flow Statement

Statement of Cash Flow	M03 YTD FY 21-22 Actual £m
Opening Cash balance	**36.6**
Income and expenditure deficit	1.4
Depreciation	6.9
Impairment	0.0
Interest payable	0.6
PDC dividend	3.1
Other non-cash items	0.0
Operating surplus/(deficit)	**12.0**
Change in stock	(1.1)
Change in debtors	11.0
Change in creditors	29.9
Change in provisions	(0.3)
Net change in working capital	**39.5**
Capital spend	(11.6)
Capital Creditors	(20.5)
Capital additions Finance leases	1.3
Interest paid	(0.8)
PDC dividend charge paid	0.0
Interest Received	0.0
Net change in investing activities	**(31.6)**
PDC Capital Received	0.0
DH Loan converted to PDC	(0.3)
Accrued Interest YTD (DH & LEEF)	0.0
DH Capital £14.747m Loan repaid	0.0
LEEF Loan (Other Loan)	0.0
PFI	(0.3)
Finance lease payments	(0.6)
Net change in financing activities	**(1.2)**
Cash balance as at 30.06.2021	**55.3**

M03 FY21-22 YTD cash movement

- The cumulative M03 21-22 I&E surplus is £1.4m. (*NB this includes the impact of donated grants and depreciation which is excluded from the NHSI performance total).
- Within the I&E surplus of £1.2m, depreciation (£6.9m) does not impact cash. The charges for interest payable (£0.7m) and PDC dividend (£3.0m) 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 12.0m.
- The net change in working capital has increased to £39.5m in May-21 compared to £27.3 in March-20. This is due to major movement in creditors of £29.9m, which is due to the increased NHS and Non-NHS accruals, HMRC and NHS Pension liability in May-21 compared to March-21.
- Stock value increased by £1.1m in June-21 compared to March-21. This is due to increase in central stores stock in June-21.
- DH Capital loan repayment of £0.3m was paid in May-21. As at June the Trust has made a repayment of £0.3m and £0.6m for PFI and Finance leases respectively.
- Capital creditors reduced by £20.5m compared to £36m in March-21 and new capital finance lease addition of £0.8 made YTD May-21.
- No capital or revenue support PDC was received between April-21 and June-21.

June-21 cash position

- The Trust achieved a cash balance of £55.3m on 30th June-21, £52.3m higher than the £3m minimum cash balance required by NHSI. This is due to the June-21 contracts income including Covid-19 top-up received from CCG and NHS England, and May-21 VAT refund of £2.1m received from HMRC.

4. M3 Capital

- The Trust is planning to spend £56.579m on capital expenditure this financial year, including £3.5m on finance leases.
- This spend is to be funded by Internal capital of £20.497m, leases of £3.5m and new PDC allocation of £32.582m.
- The spend is planned to cover a number of spending initiatives this year covering IT Medical Equipment and estate infrastructure.
- The Trust has spent £11.494m YTD as at M03.
- Trust continues to exert tight control over capital expenditure, approving requisitions for all projects.

Spend category	FY Budget £000	YTD budget £000	YTD exp £000	*YTD var £000*
MRI	8,700	4,950	4,422	528
Cath Labs	6,300	3,348	2,097	1,251
Estates	7,800	921	2,470	-1,549
IT	6,600	1,026	1,445	-419
Lease Renewals	3,500	1,749	1,060	689
SWLP BAU Capital	500	0	0	0
SWLP 4TTP	700	0	0	0
Total St George's Schemes	**34,100**	**11,994**	**11,494**	**500**
SWL Schemes				
Critical Care Expansion	27,400	0	0	0
SGH Emergency Floor	3,070	0	0	0
SWL LCHR (host TBC)	2,000	0	0	0
SWL PACs	1,300	0	0	0
Community Diagnostics Hub	2,000	0	0	0
Total SWL Schemes	**35,770**	**0**	**0**	**0**
Total Expenditure	**69,870**	**11,994**	**11,494**	**500**

Mitigations required in year	-15,700	0	0	0
SWL contingency held at STG	2,400	0	0	0
Expenditure as per PFR	**56,570**	**11,994**	**11,494**	**500**

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NHS
St George's University Hospitals
NHS Foundation Trust

Meeting Title:	Trust Board		
Date:	29 July 2021	**Agenda No**	4.4
Report Title:	Estate Strategy		
Lead Director/ Manager:	Andrew Grimshaw, Chief Financial Officer/Deputy Chief Executive Officer		
Report Author:	Andrew Asbury, Director of Estates and Facilities		
Presented for:	Approval		
Executive Summary:	We are now presenting the final version of the Estate Strategy & Green Plan, having reviewed the document at all stakeholder groups and receiving approval and generally positive feedback. Approving these documents will allow work to continue on developing and operationalising the strategies.		
Recommendation:	The Board is asked to approve the Estates Strategy and Green Plan		
Supports			
Trust Strategic Objective:	Build a better St George's		
CQC Theme:	Safe / Well Led		
NHS Oversight Framework Theme:	Operational Performance		
Implications			
Risk:	Directly aligns with SR7 'We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure'		
Legal/Regulatory:	Health & Safety at Work Act / The Lifting Operations and Lifting Equipment Regulations		
Equality, Diversity & Inclusion	n/a		
Attachments			

Main Estate Strategy:
https://www.dropbox.com/s/hayfxwx2u60rlkp/St%20George%27s%20University%20Hospitals_%20Estate%20Strategy_FINAL.pdf?dl=0

Appendices (including Green Plan):
https://www.dropbox.com/s/qaan2ysaouazcqo/Appendices%20Combined%20%281%29.pdf?dl=0

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Estate Strategy

Having an approved Estate Strategy in line with NHSE/I guidelines is a vital first step to securing investment into the estate. We have developed an Estate Strategy with a strong professional team with a particular focus on clinical engagement. In tandem, we have developed a Sustainable Development Plan ('Green Plan') which ties together development of the estate with achieving Net Zero Carbon by 2040.

We are now presenting the final version of the Estate Strategy.This strategy has been reviewed at key governance groups such as Operational Management Group, Risk & Assurance Group, by Trust Executives and by Finance and Investment Committee. There has also been a great deal of informal consultation with clinical divisions.

In response to concerns on the document's length, we have more clearly structured the document in line with the three stages required by the NHS guidelines:

1. Where are we now?
2. Where do we want to be?
3. How will we get there?

A summary of the documents has also been produced which is attached to this paper, together with download links for the full documentation suite.

We are seeking formal approval of the Estate Strategy & Green Plan.

Next Steps

Should the strategy be approved we would look to undertake more public communication of the strategy in the Autumn together with sharing more widely with stakeholders. The Green Plan contains a clear action plan for the next 12-36 months which will further develop the plan and its associated governance, together with defining specific targets and objectives.

When discussing the strategy with NHSE/I colleagues a strong recommendation was to proceed with a Strategic Outline Case for the entire masterplan, rather than the first phase building as had been discussed further. This was debated at FIC and agreed to be a sensible approach.

Since agreeing this, we have now received details from DHSC on the process for applying for a place as one of the final eight hospitals to gain HIP funding. A relatively straightforward Expression of Interest pro-forma has been produced that we must complete by 9th September. Much of the estates input needed is already complete as part of the estates strategy. We will need to give some more thought to clinical benefits and savings that our scheme could produce. This will need close working with clinicians to look at the decant scenarios and associated benefits. Our benchmarking against our peer group using the model hospital will provide evidence based savings for Estates & Facilities costs.

DHSC have asked for EoI returns by 9th September, then that they intend to give trusts initial first stage outcomes during autumn 2021, creating a long list to continue to stage 2 with final decisions by Spring 2022.

We are therefore proposing to commence work immediately on the EoI submission, returning to the development of a Strategic Outline Case when feedback on first stage outcomes is received.

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Estate Strategy

Summary Slide Deck

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Contents

Estate Strategy
Introduction

St George's University Hospitals NHS Foundation Trust

We have developed an Estate Strategy to set an investment and management framework to deliver our estate vision; setting the direction to transform the estate, and developing the evidence based to access funding.

Over the last 6 months we have followed the process as described in "Modernising the NHS –Developing an Estate Strategy", which is based on the following 3 steps:

1. **Where are we now? -** understanding corporate and clinical objectives, local and national policy, supported by an evidence based review of the performance of the estate.
2. **Where do we want to be?** - engaging and involving key personnel, clinicians and stakeholders in the process of analysing and quantifying the future needs of the estate, and identifying key performance objectives and measures.
3. **How do we get there?** - developing a plan to fulfil future need including a site masterplan, with initial capital and delivery plans.

Estate Strategy

Estate performance (summary of)

St George's University Hospitals NHS Foundation Trust

To illustrate the poor performance of our estate, we compared ourselves to our Model Hospital, London Peer Group, which includes:

- Royal Free London NHS Foundation Trust
- University College London NHS Foundation Trust
- Chelsea & Westminster NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust.

Size of the estate – **185,000sqm**	Total E&F expenditure per annum - **£18,507,000**	Total Backlog Maintenance **>£100m** for Trust Estate	Backlog Maintenance for Tooting **>£90m**	**Worst** Quartile for Backlog Maintenance (National)	**PLACE -** Underperforming
CQC – Requires Improvement	**PAM** – Variations between 'Outstanding' to 'Inadequate'	Vacant and Empty Space @ **8.76%.** Carter target is **2.5%**	E&F Cost @ **£463.75m2** compared to peer group **£380.24**	Amount of empty space @ **7.78%** compared to peer group **0.93%**	Energy & Water consumption per m2 / per person@ **£1,016** compared to peer group **£537**
Energy Consumption per kwh/m2 @ **1,106** compared to peer group **537**	Carbon Emissions (waste) per kgCO2e @ **751.04** compared to peer group **493.90**	**35%** of our total Space is not **Functionally Suitable**	**25%** of our Space is over **30+years old**	Lanesborough Wing - Total Backlog **£13m**	St James Wing - Total Backlog **£12m**

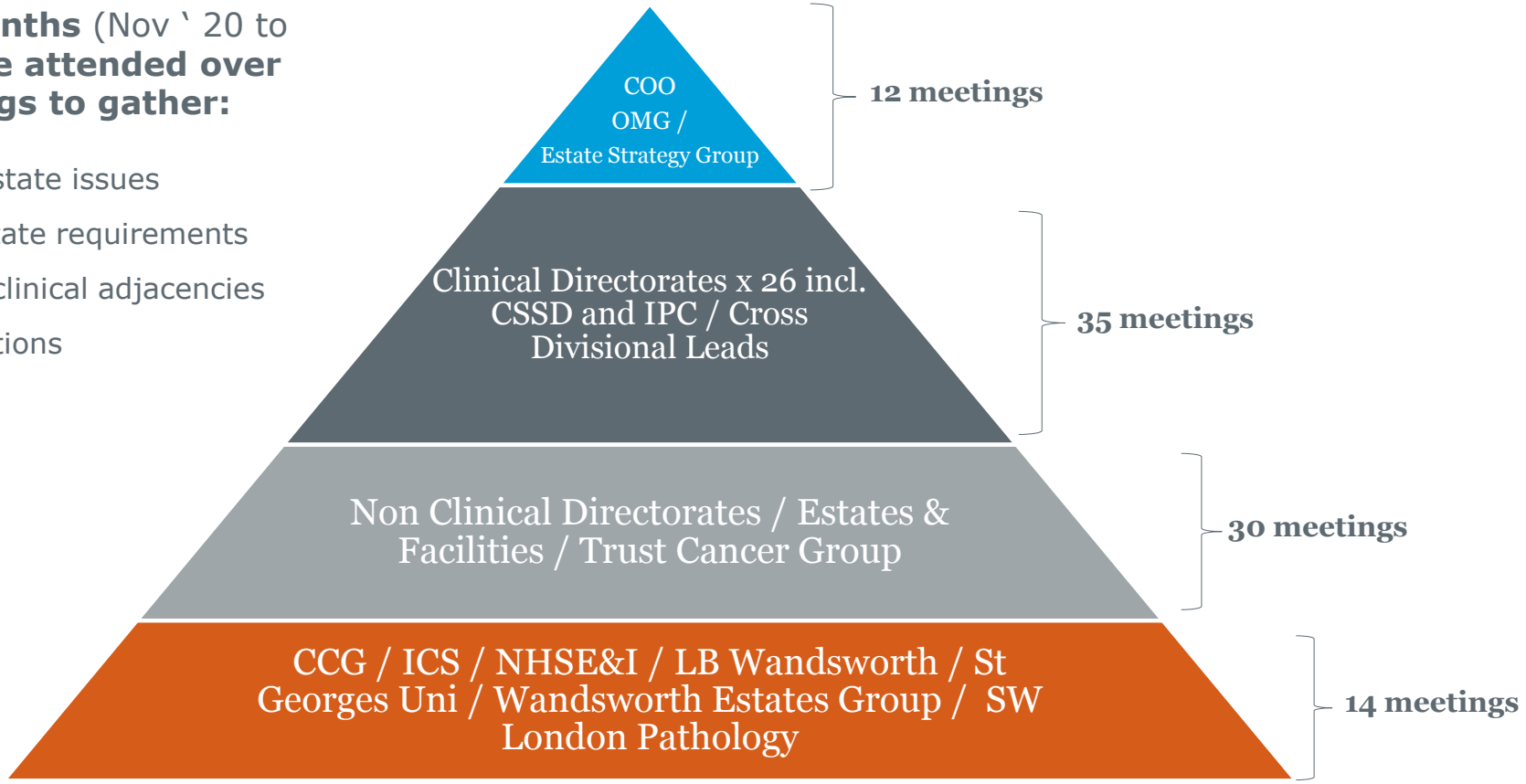
Estate Strategy

Engagement

St George's University Hospitals NHS Foundation Trust

Over 5 months (Nov ' 20 to Mar '21) **we attended over 90 meetings to gather:**

- Current estate issues
- Future estate requirements
- Essential clinical adjacencies
- Future options



Estate Strategy
Clinical Engagement

NHS
St George's University Hospitals
NHS Foundation Trust

Our Clinical Engagement included the following Departments:

Women's	Children's	Outpatients	Diagnostics	Pharmacy	Therapies	Critical Care
Central Booking Service	Theatres and Anaesthetics	Day surgery	Hand Unit	Surgery	Renal	Cancer
Neuro	Day Treatment	ED	Cardiology	Acute Med and Senior Health	Renal / Haematology / Oncology - Palliative	Specialist Medicine
Nursing	Spinal	Pathology	Genetics	Major Trauma	CSSD	IPC

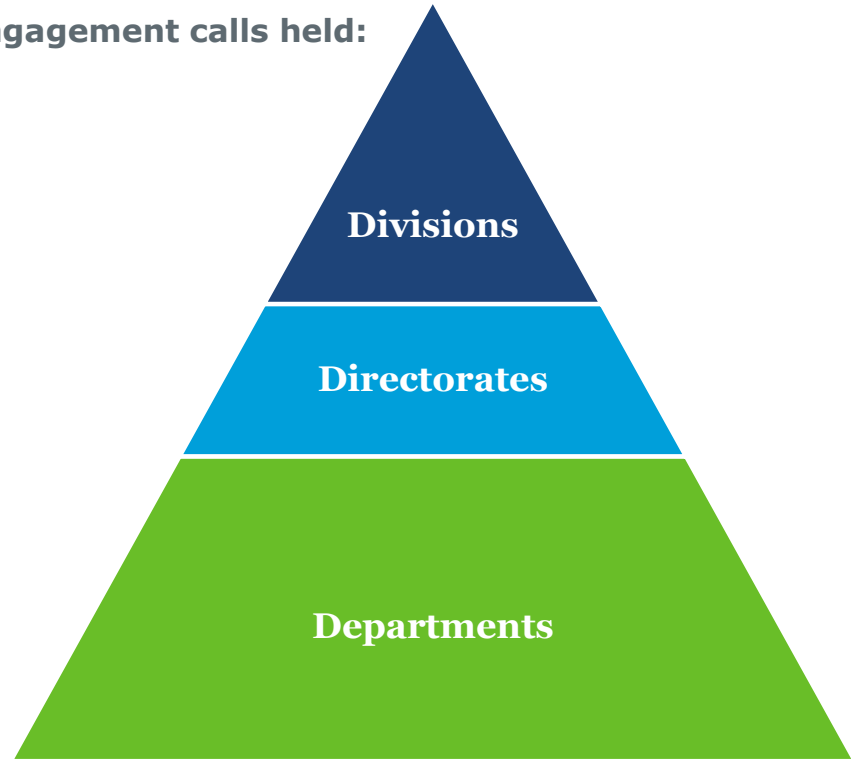
Estate Strategy
Clinical Engagement

St George's University Hospitals NHS Foundation Trust

The clinical engagement identified several consistent themes:

- Zones / centres e.g. cancer centre (ambulatory), women & children's centre…
- Separation of planned care from emergency/ urgent as far as possible
- Central hub/ spine of hospital based around diagnostics plus main theatres & general CCU
  - Specialty theatres & CCU to be kept separate (CCU view not universal)
- Single outpatient block (specialties & therapies)
- Partial co-location of infusion suites, maybe not chemo (in cancer centre)
- Significant willingness to consider QMH for ambulatory services
- A number of other departments don't need to be on-site – much of pharmacy & pathology, plus some office accommodation.

Engagement calls held:



Estate Strategy

Activity & capacity modelling

St George's University Hospitals NHS Foundation Trust

We completed a clinical service activity and capacity modelling exercise to project service growth requirements.

Key points:

- A **whole Trust** specialty level activity and capacity model was built covering admitted patients (IP & DC), outpatients, day attenders and theatres to represent the **main 'blocks' of capacity**.
- ED and Renal capacity taken as per relevant business cases.
- Separate critical care bed model has been built
- **Forecast is to 2033 (+15 years from pre-Covid base)**
- Clearly you will **'do something',** but the critical question is whether doing something will mitigate all of the growth.

The model identified High-Level unmitigated growth driven outputs:

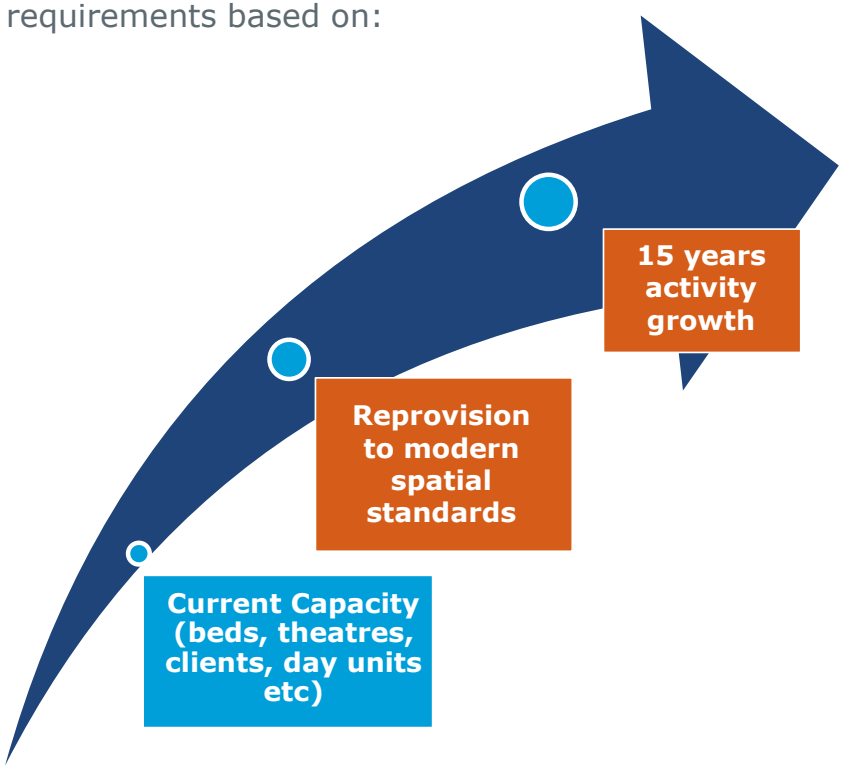
+14% Theatres by 2033	Significant variants between specialties
+25% beds	No W&C growth vs +30% MedCard
Diagnostic capacity more than doubling	IP (+26%) and DC (+7%)

Estate Strategy

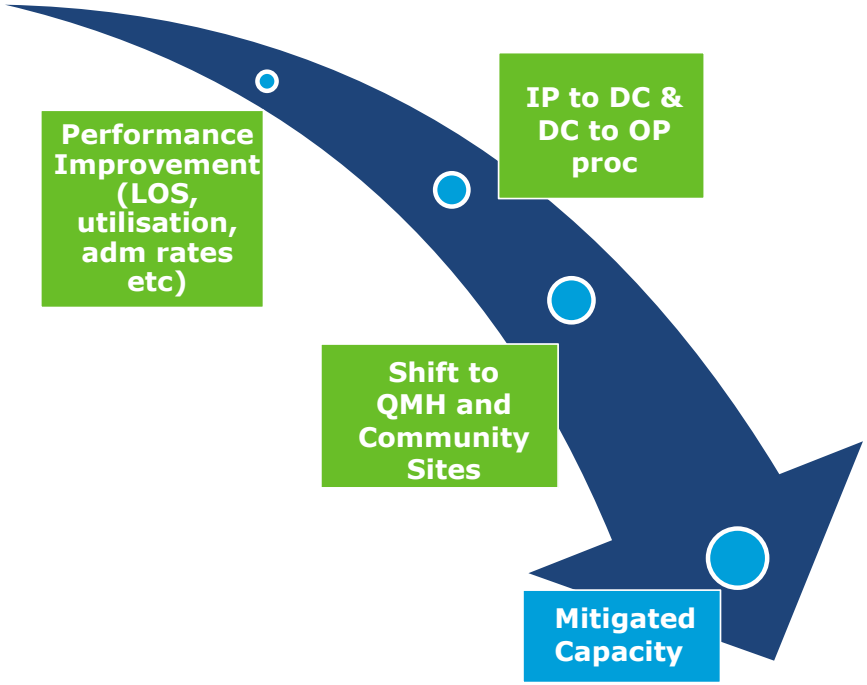
Growth projections and mitigation

St George's University Hospitals NHS Foundation Trust

We calculated our future, **unmitigated** capacity requirements based on:



We balanced the unmitigated capacity requirements against the following, to calculate our **future spatial** requirements:



Turner & Townsend

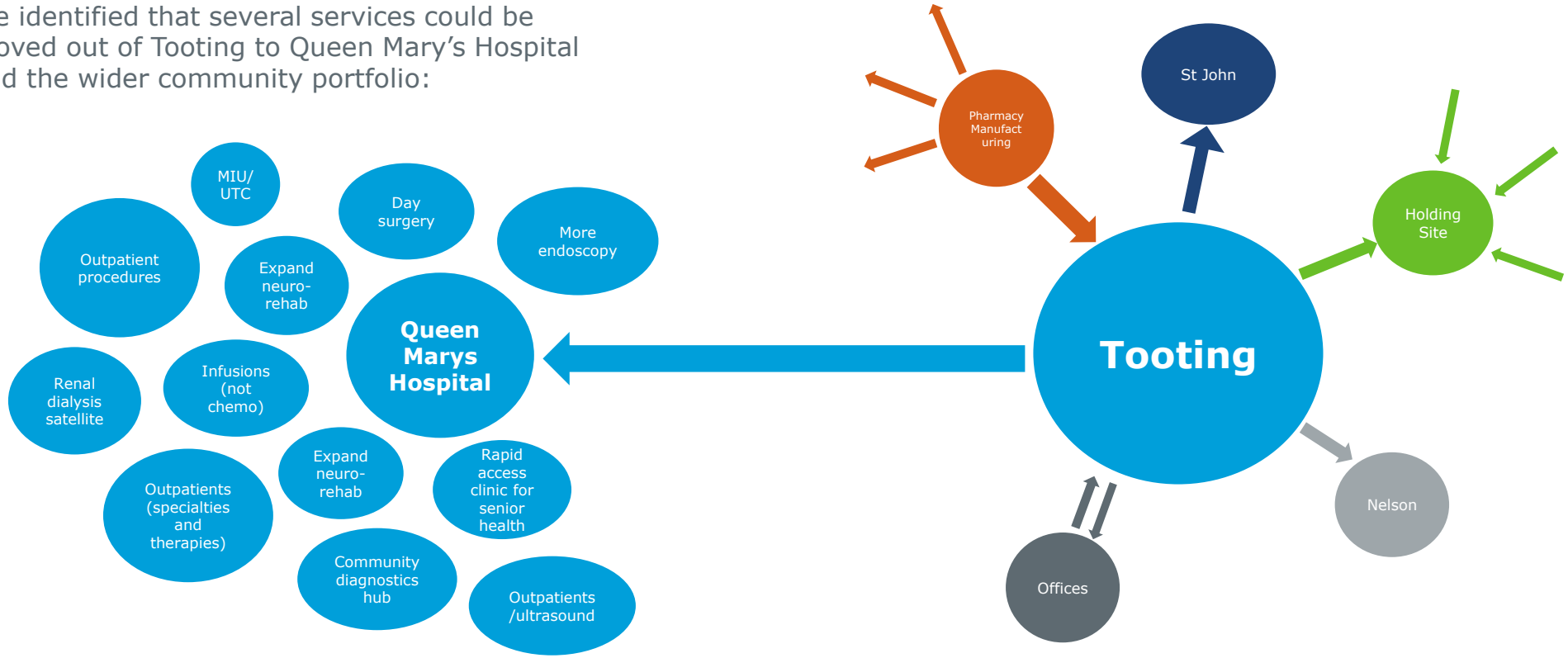
SGUH Estate Strategy - Summary May 2021

Estate Strategy

Services to move out of Tooting

St George's University Hospitals NHS Foundation Trust

We identified that several services could be moved out of Tooting to Queen Mary's Hospital and the wider community portfolio:



Turner & Townsend

SGUH Estate Strategy - Summary May 2021

Estate Strategy (opt 1)

Vision Statement and Strategic Objectives

St George's University Hospitals NHS Foundation Trust

We used our findings to agree a vision statement and objectives for the Estate Strategy:

The Trust's vision for the estate is to ***"develop and maintain an efficient, high quality, sustainable and flexible estate which meets the operational demands and objectives of the Trust and the wider South West London healthcare system and promotes long-term collaboration with our health and education partners."***

Our objectives are:

1 - Efficient and effective asset management

2 - High-quality, fit-for-purpose and compliant

3 - Environmentally friendly and low carbon solutions

4 - Flexible, future-proofed and sustainable

5 - Collaborative, evidence-based and standardised delivery

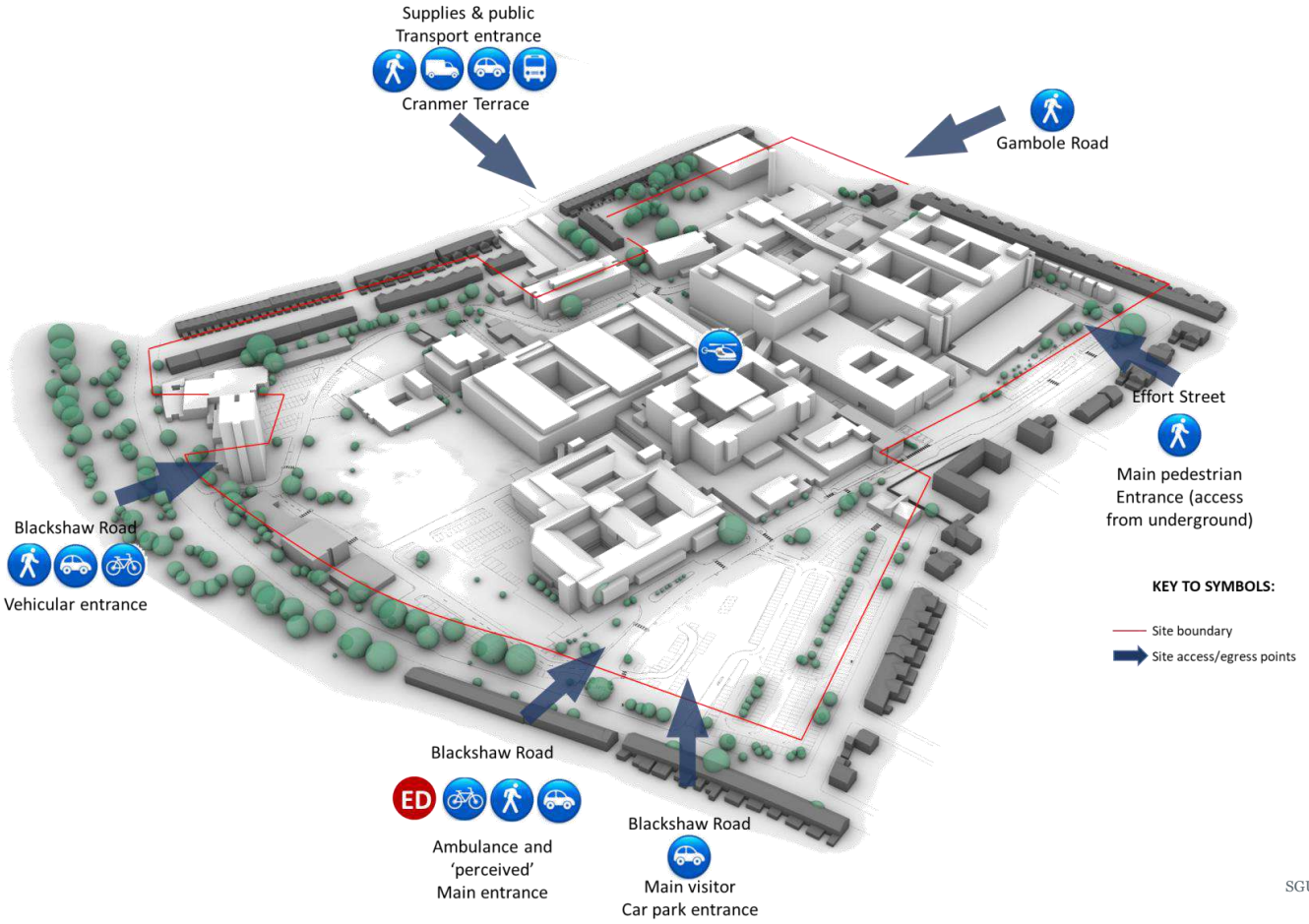
Masterplan

SGUH Estate Strategy - Summary May 2021

Estate Strategy

Masterplan Proposal – Current State

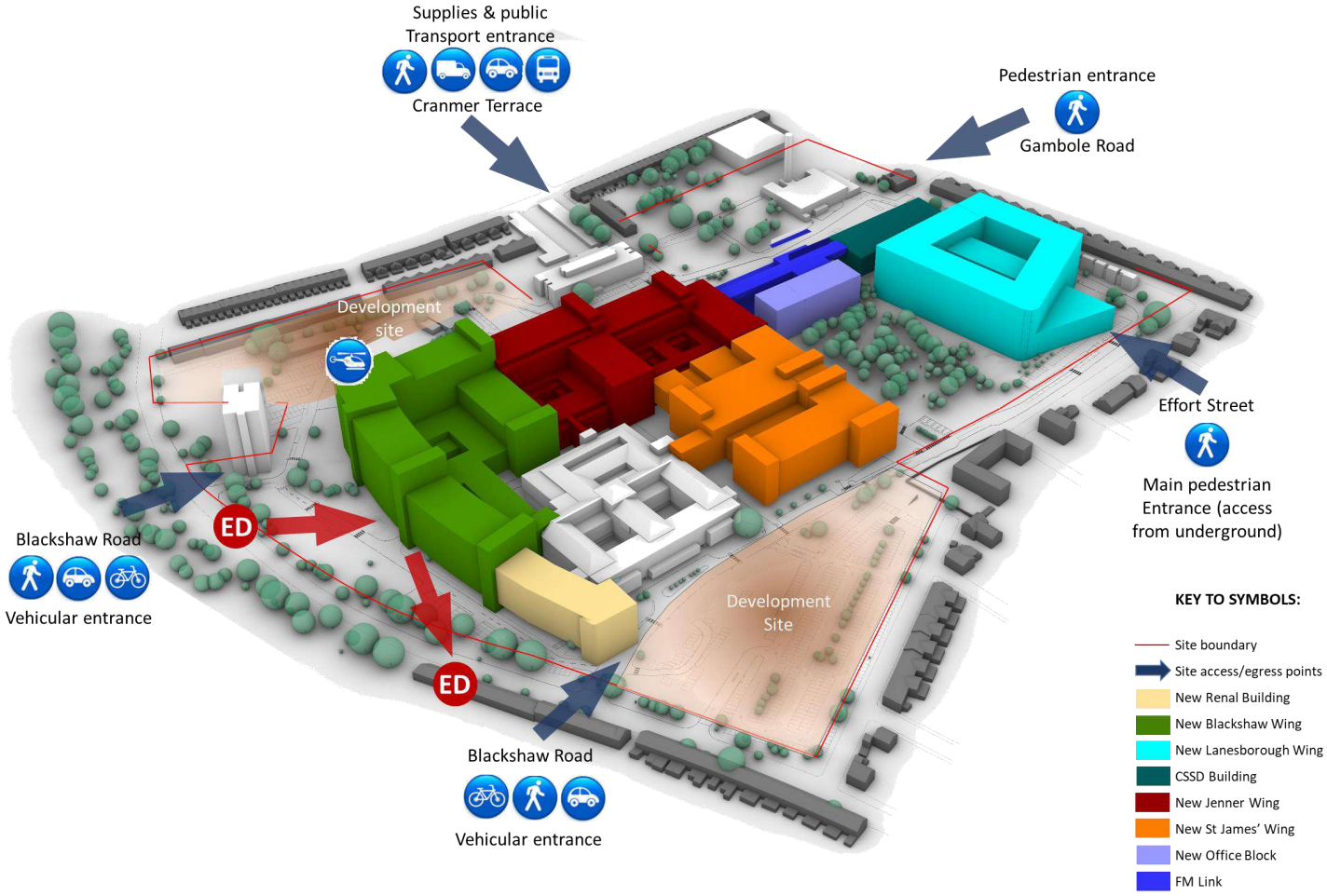
St George's University Hospitals NHS Foundation Trust



Estate Strategy

Masterplan Proposal – Final State

St George's University Hospitals NHS Foundation Trust



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Estate Strategy

High Level Benefits

St George's University Hospitals NHS Foundation Trust

Quality of Estate – the Trust premises will be fit for purpose and functionally suitable with appropriate and effective maintenance arrangements to meet the required HBN / Stat. Compliance standards.

Enhanced patient experience – we will provide state of the art facilities that enable clinicians to deliver treatment in a comfortable, caring, safe and uplifting environment, which enhances patient experience.

Effectiveness – the estate will be fully utilised and will have appropriate measures in place to ensure business resilience and continuity

Health & Safety – the estates will provide a safe environment to high standards of Health & Safety and statutory compliance

Environmental – the Green Plan principles will be embedded into the core values of the Estates & Facilities team and new developments and refurbishment employ sustainable methods and techniques, making use of low and renewable energy sources

Value for Money - the estate will offer the NHS value for money

Partnerships and stakeholders – we work with our public sector partners and key stakeholders to deliver a cohesive approach to strategic estate management through our investment programmes

Staff Welfare – we provide, in all its estate provision, fit for purpose and cost-effective facilities and amenities for staff.

Capital Investment - improved functionality for service delivery with better adjacencies which generate better efficiencies, improved access & enhanced support facilities, respond to privacy & dignity, disability discrimination legislation & security and safety.

Backlog Maintenance – a reduction in the Trust's overall estates backlog with improved mitigation of critical service infrastructure risk.

Space Utilisation - maximising clinical/non clinical ratios enhancing the target performance of the Lord Carter recommendations.

Net Zero Carbon – we will continue to recognise the importance of the sustainable development within the design and build process. Ensuring standards continue to improve we will fully reinforce this through HTM 07-07 sustainable health and social care buildings, Green Plan, BREEAM and achieving sustainability in Construction procurement.

Social & Corporate Citizenship - we will provide significant benefits to our local communities through local supply chain partners and local labour to help reduce unemployment, to support apprenticeship programmes and overall enhancements in value for money.

Spatial - Improving clinical adjacencies so that support and diagnostic services are close to where they are needed, promoting closer team working and providing a better patient experience

Estate Strategy

Phase 1b – Construction of new Blackshaw Wing

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NHS Foundation Trust

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SGUH Estate Strategy - Summary May 2021

Estate Strategy

Phase 1b – timescales & cost

NHS
St George's University Hospitals
NHS Foundation Trust

	2021		2022		2023		2024		2025		2026		2027		2028	
	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2
New 35,050m2 hospital building - Women & Children, OPD (part), Restaurant (temp location), Pharmacy, Diagnostics, Wards, FM																
Internal Trust approvals, estates strategy update, NHS E&I & NHP consultation																
SOC / RIBA 0 to 2																
OBC / RIBA 2 to 3																
FBC / RIBA 3 to 4																
RIBA 5- 7 construction, use																

£607.2m

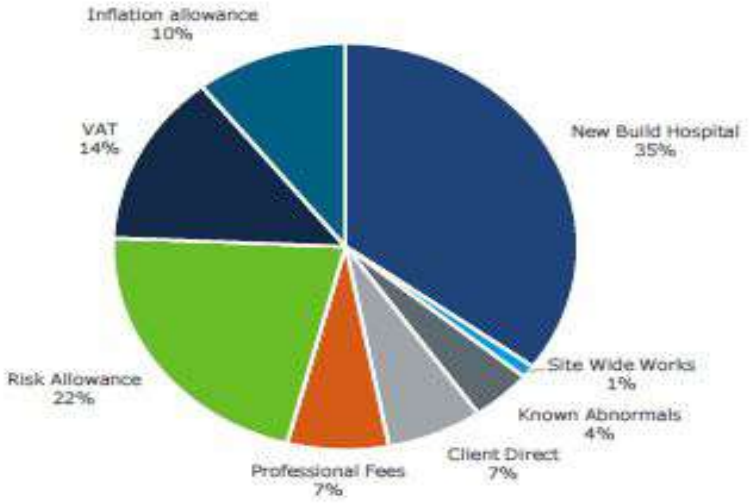
£12,832 sqm

First new-build to follow Renal

Approval to procced with SOC by end 2021

7 year design and construction programme

Build completion mid-2028



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Estate Strategy

Do Nothing Consequence

St George's University Hospitals NHS Foundation Trust

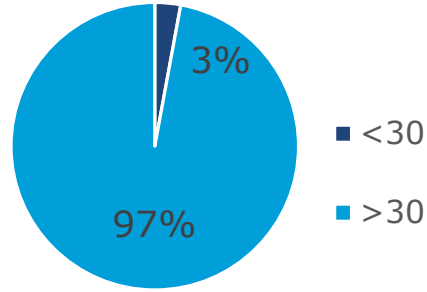
The consequence of 'doing nothing':

- Do nothing is not cost free
- The estate is costing ~20% more than our peers per square metre. This is only going to increase without significant investment in the current estate
- We are unlikely to meet our carbon net-zero / Green Plan targets
- Within 5-years the entirety of the estate, (excluding AMW and temporary structures), will be condition C or worse, meaning major repair or investment required to become operationally safe
- The Emergency Floor will need complete redevelopment within 5-years
- Inability to meet clinicial requirements and service improvements
- PAM, CQC and PLACE scores are likely to continue to decline
- No improvement in patient pathways

The estate is aging. Over 97% of the estate is more than 30 years old (excluding AMW), and has over £74.5m outstanding 'significant backlog' maintenance:

Significant Backlog	
HTM Compliance	**£39m**
Condition	**£17.5m**
Fire Safety upgrades	**£18m**
Total	**£74.5m**

Age profile (excl AMW:



Estate Strategy

Phase 1b – Benefits & Risks

St George's University Hospitals NHS Foundation Trust

Benefits

- Flexibility
- Enhanced patient experience
- Health, Safety & Compliance
- Quality of Estate
- Up to £20m Backlog Maintenance
- Space Utilisation
- Net Zero Carbon
- Delivers ED

Risks

Programme

The design and construction programme at this stage is estimated to be delivered over 7 years. This creates a significant window for changes in the environment such as NHS priorities, clinical service requirements of the Trust, and risks to programme extension which would increase costs and disruption on the site.

Cost

Due to the size and scale of the scheme, and a substantial amount of risk, contingency and unknowns incorporated into the cost plan, there is a current cost estimate of over £600m. Whilst this is highly likely to be reduced significantly through the development of detailed design and business cases, a figure in this reason will create budgetary and funding complexities.

Deliverability

The first hospital building to be delivered in Phase 1b will be the largest and most complex building proposed within this estate strategy. There will be, therefore, a substantial design period required to mitigate the risks of large-scale development on a currently utilised and operational acute hospital site.

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Estate Strategy

Key decisions & activities post Estate Strategy

St George's University Hospitals NHS Foundation Trust

Key Activities – Phase 1b:

Key Decisions

- Take a multi-phase, multi-user approach
- Commitment to self-fund and commence SOC (full masterplan)
- Begin process to apply for HIP / NHP funding
- Within SOC, review options for Lanesborough - first building to demolish
- Regenerate whole site in 20 years

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St George's University Hospitals NHS Foundation Trust

The Green Plan

Executive Summary

Enhancing the Environment, Protecting People, Cutting Costs

Introduction

WSP were instructed by Turner & Townsend to develop St George's Green Plan following NHS Green Plan guidance and covering aspects such as carbon, energy, resources, people and more.

Sustainable Development is at the centre of the plan, both focussing upon the United Nations Sustainability Goals; how these could be prioritised and achieved through consideration of St George's triple bottom line, and which ones were relevant to the St George's.

Introduction

Key drivers for change:

Legislation

- Various Acts of Parliament
- The Environment Bill (pending 2021)
- The London Plan (2021)
- The Environment Bill (pending 2021)
- Wandsworth Local Plan (due 2023)
- NHS Net Zero Carbon (by 2040)

The Climate & Ecological Emergency

- All of the top 10 warmest years for the UK have occurred since 2002.
- There has been a 12% increase in rainfall with significant flooding events since 2010.
- 60% of wild animals and 83% of river/lake wildlife have been lost.

Demographic Trends

- 67% of men and 50% of women are overweight or obese (2020).
- Over 400,000 people in the UK were admitted to hospital with COVID-19 between March 2020 and March 2021.

Cost Savings & Efficiency

- Energy usage from all NHS estate energy sources amounted to 11.3 billion kWh (2019/2020).
- Invest total cost in building restorations (backlog) was £9.0 billion in 2019/2020.

Introduction

We identified that to St George's, being a sustainable simply means:

- Effectively managing resources;
- Having a positive impact on the environment, society and the economy;
- Providing the best possible patient care through inclusion of a positive workplace environment and long-term financial sustainability.

The Green Plan was developed through consideration of:

- Key drivers
- Global and local trends
- Informal semi-structured workshops
- Telephone conferences with Trust representatives
- Publicly available information

In order to properly embed the targets and objectives defined within the plan, we have emphasised the importance of **behaviours, communications** and **workplace culture** so Sustainable Development becomes a business as usual approach moving forward.

The targets, objectives and key priorities identified have been developed through the lens of **short-term** 'easy wins' and **long term** ambition to develop a roadmap which spans from 2021 to 2040.

Key Findings

Carbon, Energy & Utilities

- Imported 9.9 million kWh of grid electricity, produced 35.6 million kWh and exported 2.7 million kWh CHP electricity during 2019/20.
- Gas emissions account for more than 90% of total emissions.
- Benchmark indicates fossil fuel consumption is above typical practice whereas electricity consumption is better than typical practice.
- BMS and smart meters in place.

Capital Projects

- Following a number of frameworks
- Sustainability and social value aspects are considered within the tendering process.

Sustainable Travel & Logistics

- Majority of staff walk or travel by car to work
- 30% of staff live within 5km
- Existing infrastructure for active travel is limited and not pedestrian or cycle friendly
- Roads and public transport congested and a lack of wayfinding.

Sustainable Use of Resources

- 17% of the total waste recycled
- Signed NHS pledge
- Waste signage is provided

Key Findings

Green Space and Biodiversity
- Diverse array of gardens and green space

Climate Change Adaption
- Heatwave and cold weather plan exist and are updated annually
- Key personnel are signed up to the Met Office alerts
- Emergency Preparedness Manager

Our People
- Health and wellbeing policies and initiatives
- Online resources, training programmes and site support
- Sports and leisure facilities

Communication and Engagement
- Sustainability aspects communicated through posters, information boards or through email correspondence

Sustainability Governance
- "plan-do-check-act" cycle
- Reports via the Model Hospital Benchmarking tool

Sustainable Care Models
- Quality is at the heart of the Strategy 'Delivering outstanding care every time'
- Patient Partnership and Experience Group
- The Wandsworth Crime and Disorder Reduction Partnership

Opportunities

Carbon, Energy & Utilities

- Review the BMS
- Energy efficiency programme & Smart energy management system
- DEC or EPCs for buildings

Sustainable Use of Resources

- Aim to go paperless
- Eliminate avoidable single use plastic & consider Circular Economy principles
- Mandatory training for staff
- Increase recycling rate 50% by 2025

Capital Projects

- Prioritise maintenance
- Refurbishment and retrofit
- Instil sustainability, consider Circular Economy and BREEAM

Sustainable Travel & Logistics

- Upgrade the travel plan and develop patient and operational strategy to promote a modal shift
- Identify associated emissions and improve education.
- Provision for working from home and virtual/digital appointments.

Green Space and Biodiversity

- Green Space and Biodiversity Strategy
- New developments compliant with UK biodiversity policy and incorporate biophilic design.

Climate Change Adaption

- Undertake Flood Risk Assessment
- 'Summer / Winter Plan - Staff Awareness Programme'
- Climate Change Risk Assessment and a Climate Change Adaptation Plan.

Opportunities

Our People

- Audits and assessments with staff
- Environmental monitoring and measurements to improve air quality and thermal comfort.
- Review existing resources and facilities which future developments to consider Fitwel Standards.

Sustainable Care Models

- Upgrade non-clinical systems
- Increase utilisation of Microsoft Office functionalities
- Communications and telephony improvements

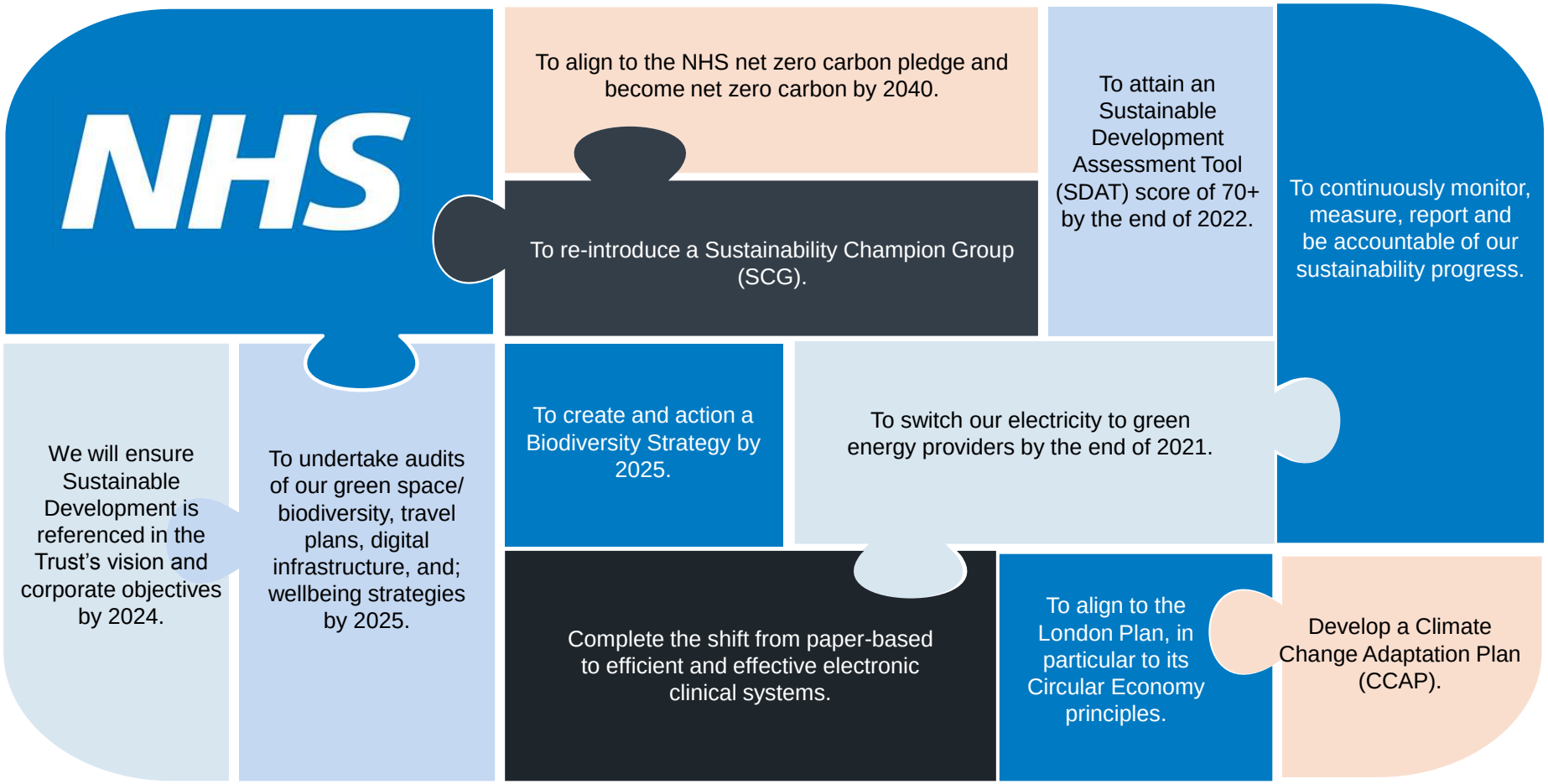
Communication and Engagement

- Focus on awards, campaigns, digital media, and consultations
- Designated Sustainability notice board, share positive stories on social media and share with local community

Sustainability Governance

- Report to SRP and attain an SDAT score, report on sustainability aspects annually and ensure sustainability is included in spending.
- Sustainability Champion

Summary of our key commitments and targets



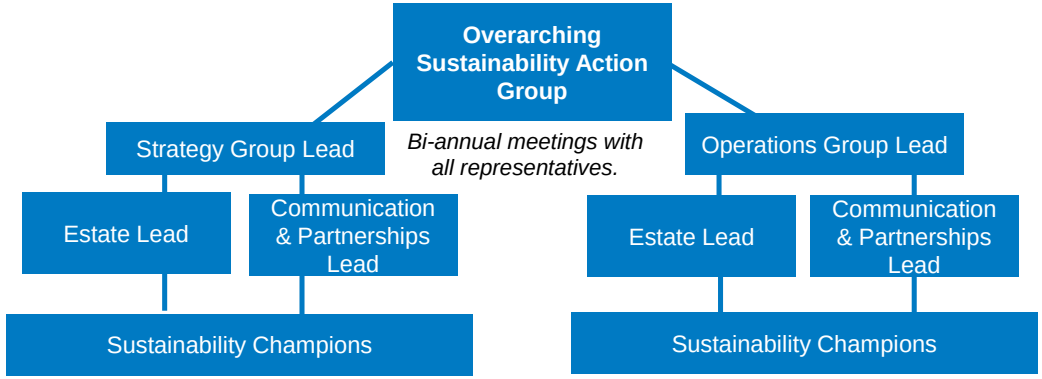
Governance

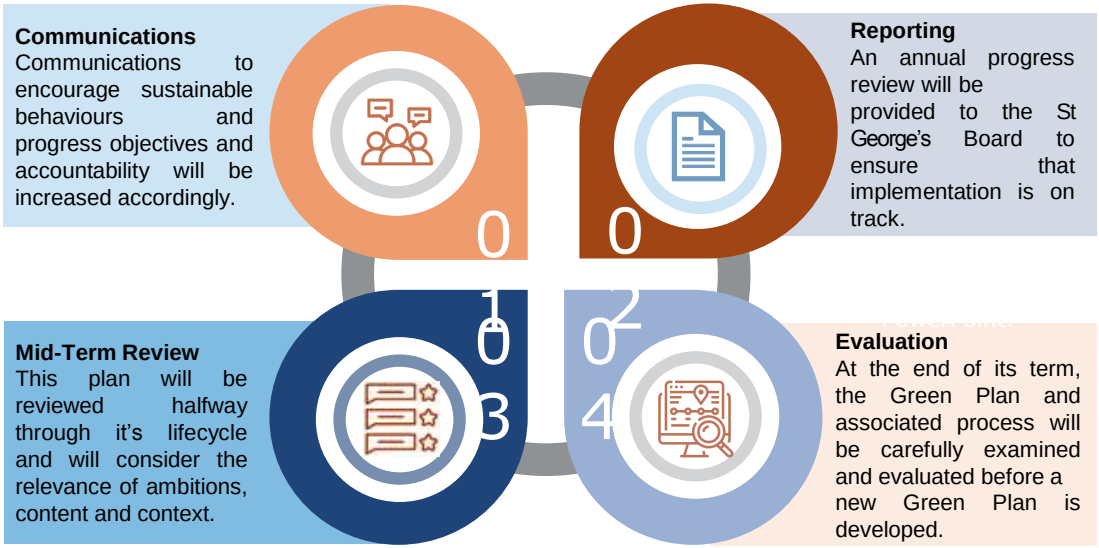
14.2 St George's Sustainability Governance

St George's currently follows the **"plan-do-check-act" (PDCA) cycle**, also known as the Deming Cycle, which is an iterative management process used to assist with the continuous improvement of our processes, people, products, and services. The PDCA cycle is a simple but powerful framework for fixing issues and has a positive impact on productivity and efficiency. Additionally, this method aligns to the International Organisation for Standardisation (ISO).

St George's does not currently report to the Board lead on Sustainability and a formalised Sustainable Governance Structure has not yet been established.

Sustainability Champions Group





Roadmap

Turner & Townsend Confidential

- ✓ SGUH Green Plan implemented.
- ✓ Attain DEC and EPCs.
- ✓ Update Travel Plan.
- ✓ Instruct a Sustainable Transport Lead.
- ✓ Procure energy from green providers.

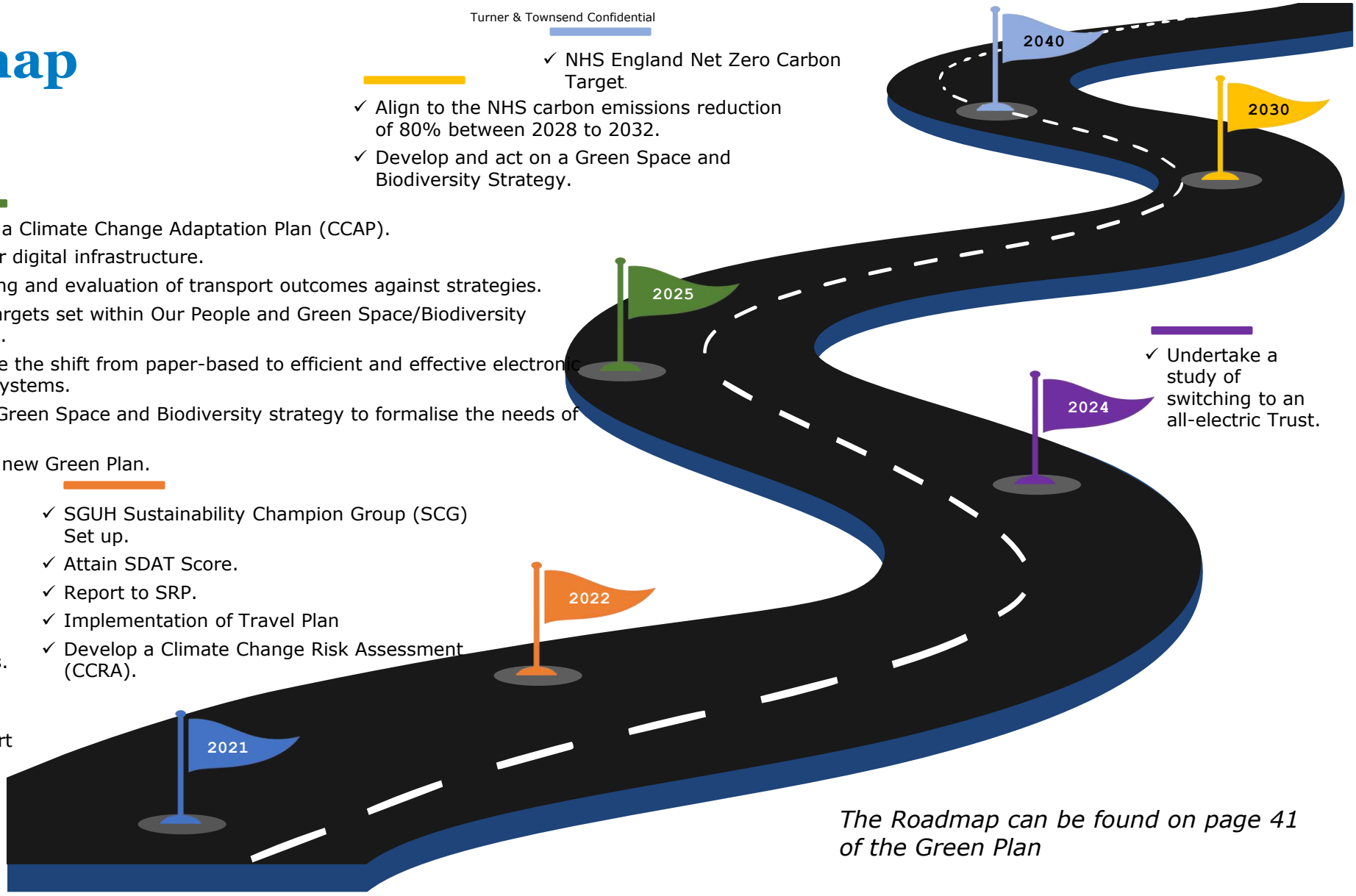
- ✓ SGUH Sustainability Champion Group (SCG) Set up.
- ✓ Attain SDAT Score.
- ✓ Report to SRP.
- ✓ Implementation of Travel Plan
- ✓ Develop a Climate Change Risk Assessment (CCRA).

- ✓ Develop a Climate Change Adaptation Plan (CCAP).
- ✓ Audit our digital infrastructure.
- ✓ Monitoring and evaluation of transport outcomes against strategies.
- ✓ Action targets set within Our People and Green Space/Biodiversity chapters.
- ✓ Complete the shift from paper-based to efficient and effective electronic clinical systems.
- ✓ Write a Green Space and Biodiversity strategy to formalise the needs of SGUH.
- ✓ Develop new Green Plan.

- ✓ Align to the NHS carbon emissions reduction of 80% between 2028 to 2032.
- ✓ Develop and act on a Green Space and Biodiversity Strategy.

- ✓ NHS England Net Zero Carbon Target.

- ✓ Undertake a study of switching to an all-electric Trust.



The Roadmap can be found on page 41 of the Green Plan

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Turner & Townsend

Outstanding care every time

NHS
St George's University Hospitals
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Meeting Title:	**Trust Board**		
Date:	29 July 2021	**Agenda No**	**4.5.1**
Report Title:	**Horizon Scanning Report, April – July 2021: Emerging Policy, Legislative and Regulatory Issues**		
Lead:	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Noting		
Executive Summary:	This report provides a quarterly update to the Trust Board on emerging political, legislative, policy and regulatory issues that have relevance to the Trust. This report focuses on key developments between April 2021 and July 2021, highlighting particular developments relating to: • The political and legislative environment; • Developments in the NHS policy and institutional landscape • System and professional regulation • Reports from key stakeholders • Key appointments The report is intended to support the Board in providing a regular and systematic review of national political, policy and regulatory developments. It is distinct from the local and regional horizon scanning work which is reported in a separate report on the agenda. The Board receives a quarterly report on horizon scanning of emerging political, policy, legislative and regulatory issues, alongside a horizon scanning report on regional and local issues.		
Recommendation:	The Board is asked to note the update.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well-led		
NHS Oversight Framework Theme:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	Horizon scanning is a key element in assisting the Board to understand emerging risks that could impact on the Trust's strategy and its operation.		
Legal/Regulatory:	N/A		
Equality, Diversity and Inclusion	N/A		
Resources:	N/A		
Previously Considered by:	N/A	**Date**	N/A
Appendices:	N/A		

Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Horizon Scanning report

Emerging policy, political, legislative and regulatory issues, April – July 2021

Stephen Jones
Chief Corporate Affairs Officer

29 July 2021

1. Executive Summary

This report provides a quarterly update to the Trust Board on emerging political, legislative, policy and regulatory issues that have relevance to the Trust. This report focuses on key developments between April 2021 and July 2021, highlighting particular developments relating to: the political and legislative environment; developments in the NHS policy and institutional landscape; system and professional regulation; reports from key stakeholders; and key appointments. The report is intended to support the Board in providing a regular and systematic review of national political, policy and regulatory developments. It is distinct from the local and regional horizon scanning work which is reported in a separate report on the agenda

Key issues to highlight in the period April to July 2021

- The Health and Care Bill, which represents the biggest reform of the NHS in the past decade, has been introduced to Parliament and has had its Second Reading in the House of Commons. Royal Assent is anticipated in Q4 2021/22. Among the most significant elements of what is a wide-ranging piece of legislation, the Bill will place Integrated Care Systems on a statutory footing and give the Secretary of State for Health enhanced powers over the NHS.

- NHS England and NHS Improvement's plans for the delegation of specialised commissioning tom ICSs have been published. Subject to the passage of the Health and Care Bill, NHSEI plans to delegate to Integrated Care Boards responsibility for commissioning primary medical services, dental, general ophthalmic services and pharmaceutical services. By 2023, NHSEI expects that ICBs will have taken on delegated commissioning responsibility for a proportion of specialised services (subject to system and service readiness) with national standards and access policies remaining at a national level. Commissioning healthcare for serving members of the Armed Forces and their families registered with defence medical services, veterans' mental health and prosthetic services will remain with NHS England and Improvement. The details also set out those functions that will be retained by NHSEI: responsibility for some specialised services that need to be centrally commissioned; identifying national priorities, setting outcomes, and developing national contracts or contractual frameworks; maintaining national policies and guidance that will support ICBs to be effective in their delegated functions; and delivering support services.

- The Care Quality Commission has published details of how it is developing its monitoring approach in the context of the Covid-19 pandemic. Having suspended its routine inspection programme in response to Covid-19, it has developed its ability to monitor services using a mix of on-site and off-site methods. Further changes have been announced about how it monitors services in three key areas by: improving its ability to monitor risk to help it be more targeted in its regulatory activity; bringing information together in one place for inspection teams, presented in a way that supports inspectors with their decision making; and testing elements of how it wants to work in the future, including how it provides a more up-to-date view of risk for people who use services. In cases where it suspects issues with quality of care, the CQC may undertake an immediate on-site inspection and it may update the rating for a service.

- A number of key appointments which will have a wide-ranging impact on the NHS have recently been made and will be announced shortly. Rt Hon Sajid Javid MP has been appointed Secretary of State for Health and Social Care, taking over from Rt Hon Matt Hancock MP. Sir Simon Stevens steps down at the end of July 2021, and a successor is expected to be named as NHS England Chief Executive in the coming days.

2. Purpose

The NHS Leadership Academy identifies three essential 'building blocks' in helping NHS boards to exercise their roles of formulating strategy, ensuring accountability and shaping a healthy culture effectively. Effective boards are informed by the external context within which they operate. They are informed by and shape the intelligence on understanding local needs, trends and comparative information on organisational performance, and give priority to engagement with stakeholders and opinion formers. This report provides the Board with a regular update on key developments in the Trust's external environment at the national level, particularly in relation to:

- **Political and legislative developments**: Current and emerging political and parliamentary developments at a national level with direct or indirect implications, or potential implications, for the Trust; key changes, or potential future changes, to primary legislation and regulations.
- **NHS policy and institutional landscape**: Changes and developments in relation to significant new national policy as determined by the central NHS organisations, and changes to the national architecture and structures of the NHS and those organisations with which the Trust interacts.
- **System and professional regulation**: Changes and prospective changes to the regulatory landscape, of both system regulators and relevant professional regulators with potential relevance to the Trust.
- **Reports and updates from key stakeholders**: Topical reports from key national bodies and other stakeholders of relevance to the Trust, and highlights of recent Board meetings of key system partners.
- **Current inquiries**: Summary of key inquiries that are underway.
- **Appointments**: Key appointments to national bodies and other key stakeholders.

This report is intended to help ensure the Board receives a comprehensive quarterly update on key issues relating to these areas. It is distinct from the strategy horizon scanning report which focuses on regional and local issues.

3. Political and legislative developments

Health and Care Bill

- On 6 July 2021, the new Health and Care Bill was introduced to Parliament. The Health and Care Bill builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while also incorporating valuable lessons learnt from the pandemic that will benefit both staff and patients. The Bill is intended to build on the proposals for reform from NHS England and NHS Improvement to make the NHS less bureaucratic, more accountable, and more integrated in the wake of Covid-19. The Bill provides that each part of England will have an Integrated Care Board and an Integrated Care Partnership responsible for bringing together local NHS and local government, such as social care, mental health services and public health advice, to deliver joined up care for its local population. The Bill will also introduce measures to tackle obesity and improve oral health.

- The majority of the Bill is focused on developing system working, with integrated care systems (ICSs) being put on a statutory footing. It also formally merges NHS England and NHS Improvement, and gives the secretary of state a range of powers of direction over the national NHS bodies and local systems and trusts. Other measures proposed include putting the Healthcare Safety Investigation Branch (HSIB) on a statutory footing; a new legal power to make payments directly to social care providers; the development of a new procurement regime for the NHS; and a new duty on the secretary of state to report on workforce responsibilities. The bill, which is structured in six parts, focuses largely on the detail on how a new health and care system based on integration rather than competition will be structured. This includes specifications on how integrated care systems (ICSs) are to be set up and the distinct statutory functions for the integrated care board (ICB) and integrated care partnership.

- The first primary legislation and the biggest NHS reforms since the 2012 Health and Social Care Act, the Bill has been largely welcomed, including by NHS Providers, the NHS Confederation and the Legal Government Association. Key areas of discussion and contention during the Bill's Parliamentary passage are expected to focus on:

    - The granting of significant new powers to Ministers which some see as jeopardising the clinical and operational independence of the NHS, as well as over processes such as procurement, treatment, drug funding, and appointments of frontline NHS leaders.
    - The enhanced role of Ministers in decisions over how local services are configured, with the proposal granting of wide-ranging powers to the Secretary of State for Healtyh to direct local service reconfigurations
    - The shape and nature of Integrated Care Systems, and the importance of these being developed in response to local needs, rather than a one-size-fits-all approach and the need to create a permissive framework for the development of ICSs.
    - How potential new controls on capital spending are applied to NHS Foundation Trusts.
    - Whether the provision in the Bill placing a duty on the Secretary of State for Health to set out how workforce planning responsibilities are to be discharged goes far enough given the challenges facing the NHS workforce.
    - Whether the measures to create the independence of the Health Services Safety Investigations Body (HSSIB) go far enough to enable HSSIB to undertake its role effectively.

- The Bill has received its Second Reading in the House of Commons and is expected to proceed to Committee Stage in September. Passage of the Bill is anticipated in Q4 2021/22.

- The new legislative framework, particularly as it relates to the creation of the new ICS architecture, relates to Strategic Risk 4 (system working) on the Trust's Board Assurance Framework.

3. Political and legislative developments

House of Commons Health and Social Care Committee Report on Safety in Maternity Services

- On 6 July 2021, the House of Commons Health and Social Care Committee published the report of its inquiry into the safety of maternity services in England.
- The report noted that there "remains worrying variation in the quality of maternity care" across England and referenced the failings in care identified at University Hospitals Morecambe Bay, Shrewsbury and Telford Hospital, and East Kent Hospitals. The report highlighted the Committee's concern that 8 out of 10 midwives reported that they did not believe that there were enough staff on their shift to be able to provide a safe service and that every unit has rota gaps for doctors. It said that appropriate staffing levels are a prerequisite for safe care and it recommended the Government commit "to funding the maternity workforce at the level required to deliver safe care to all mothers and their babies".
- The Committee also found that after a patient safety incident too often families are not provided with the appropriate, timely and compassionate support they deserve. The Committee's report maintained that "the current approach to patient safety incidents is resulting in rising clinical negligence costs without sufficient learning and perpetuating a culture of blame" and the Committee urge the Government "to reform the clinical negligence system in a way that better meets the needs of families and establishes a less adversarial process which instead promotes learning". The Committee's report also examined the issue of inequalities in maternal and neonatal outcomes. It found that "despite disparities being well documented for many years there has been little progress in closing the gap" and the Committee called on the Government as a whole to introduce a target with a clear timeframe to address the disparity.
- Relates to Strategic Risk 1 (patient safety) on the Trust's Board Assurance Framework.

House of Commons Health and Social Care Committee Report on Workforce Burnout in the NHS and Social Care

- On 8 June 2021, the Health and Social Care Committee published the report of its inquiry into workforce burnout and resilience in the NHS and social care.
- The Committee concluded that "workforce burnout across the NHS and social care has reached an emergency level and poses a risk to the future functioning of both services". The Committee observed that "the Covid-19 pandemic had increased workforce pressures exponentially". The Committee noted that 92% of trusts told NHS Providers they had concerns about staff wellbeing, stress and burnout following the pandemic, and that witnesses to the inquiry spoke of their worry about the "exhaustion of large groups of staff", and that staff were going above and beyond in the face of their own trauma, with an "unimaginable" impact on those who had to return to busy hospital wards after supporting people through the death of their loved ones over the phone. The Committee concluded that "only a total overhaul of workforce planning can provide a solution" and that although Covid-19 has a huge impact on workforce pressures, there were staff shortages across the NHS and social care prior to the pandemic, with such shortages identified as ultimately the biggest driver of workforce burnout. The Committee noted that "NHS workforce planning was at best opaque and at worst was responsible for unacceptable pressure on staff". Its report concluded that available funding was the driver behind planning, rather than the level of demand and staffing capacity needed to service it. The report further cited the absence of any 'accurate, public projection' of workforce requirements in specialisms over the next five to ten years. The Committee's Chair, Rt Hon Jeremy Hunt MP, said: "Workforce burnout across the NHS and care systems now presents an extraordinarily dangerous risk to the future functioning of both services. An absence of proper, detailed workforce planning has contributed to this, and was exposed by the pandemic with its many demands on staff. However, staff shortages existed long before covid-19."
- Relates to Strategic Risk 9 (workforce) on the Trust's Board Assurance Framework.

3. Political and legislative developments

Joint Committee on Vaccination and Immunisation on giving Covid-19 vaccine to younger vulnerable people

- On 19 July 2021, the Department of Health and Social Care announced that it had accepted advice from Joint Committee on Vaccination and Immunisation to offer vaccines to vulnerable young people. Young people aged 12 to 15 with severe neuro-disabilities, Down's Syndrome, immunosuppression and multiple or severe learning disabilities, as well as people who are household contacts of individuals who are immunosuppressed, will be eligible for vaccination soon. The Medicines and Healthcare products Regulatory Agency (MHRA) has approved the Pfizer/BioNTech vaccine for people aged 12 and over as it meets their robust standards of safety, effectiveness and quality.
- The advice does not recommend vaccinating under-18s without underlying health conditions at this point in time. But the JCVI will continue to review new data, and consider whether to recommend vaccinating under-18s without underlying health conditions at a future date.
- Relates to Strategic Risk 1 (patient safety) and Strategic Risk 3 (access to care) on the Trust's Board Assurance Framework.

Reform of the Mental Health Act

- On 15 July 2021, the Government published its response to the Department of Health and Social Care consultation on reforming the Mental Health Act.
- Earlier this year, the Department ran a 14-week public consultation and received 1,700 responses. Overall, DHSC reported that there had been an "overwhelmingly positive response" to the proposals. Respondents generally approved of the guiding aims behind the reform agenda, and agreed with key proposals for change including changes to the detention criteria, replacing the Nearest Relative role with the Nominated Person role, and considering A&E holding powers. Some respondents raised particular concerns around how the reforms to the Act will apply to children and young people. In a small number of areas, the consultation response did not support the direction of travel set out in the White Paper. For example, the Department's engagement made clear there is very limited support for the proposal to change the interface between the Mental Health Act and the Mental Capacity Act in the context of detention. In light of the feedback received, DHSC does not intend to take forward the reform for the interface, as set out in the White Paper, as this time.
- As set out in the White Paper, the proposals that require additional funding, continue to be subject to future funding decisions, including at Spending Review 2021. The Department has said it will continue to work on a Bill to reform the Act, taking into consideration the valuable feedback received at consultation. It intends to bring forward a Mental Health Bill, which will give effect to many of the planned changes, when Parliamentary time allows.
- Relates to Strategic Risk 1 (patient safety) on the Trust's Board Assurance Framework.

3. Political and legislative developments

Establishment of new Office for Health Promotion

- On 29 March 2021, the Department of Health and Social Care announced the establishment of a new Office for Health Promotion, responsible for leading national efforts to improve and level up the health of the nation by tackling obesity, improving mental health and promoting physical activity. The Office will recruit an expert lead who will report jointly into the Health Secretary and the Chief Medical Officer, Chris Whitty.
- The Office's remit will be to systematically tackle the top preventable risk factors causing death and ill health in the UK, by designing, implementing and tracking delivery policy across government. It will bring together a range of skills to lead new public health polices. The Office for Health Promotion will sit within the Department of Health and Social Care and will lead work across Government to promote good health and prevent illness, building on the work of Public Health England. It is intended to enable more joined-up, sustained action between national and local government, the NHS and cross-government, where much of the wider determinants of health sit.

Restriction of unhealthy food promotions from October 2022

- On 21 July 2021, the DHSC announced that promotions on food and drinks high in fat, sugar and salt (HFSS) in retailers will be restricted from October 2022. Regulations will be laid in Parliament that will require medium and large businesses, including those with 50 or more employees, to phase out their offering of multibuy promotions such as 'buy one get one free' or '3 for 2' offers on HFSS products. Less healthy promotions will also no longer be featured in key locations, such as checkouts, store entrances, aisle ends and their online equivalents. Free refills of sugary soft drinks will also be prohibited in the eating-out sector. The announcement followed Government consultation with industry, which resulted in a decision to extent the implementation date for the policy from April 2022 to October 2022.

Calorie labelling in cares, restaurants and takeaways

- On 12 May 2021, the Government announced that calories will be labelled on menus and food labels in out-of-home food businesses from April 2022. Regulations were laid in parliament on 13 May that will require large businesses with 250 or more employees in England, including cafes, restaurants and takeaways, to display the calorie information of non-prepacked food and soft drink items that are prepared for customers. Calorie information will need to be displayed at the point of choice for the customer, such as physical menus, online menus, food delivery platforms and food labels. The measures are part of the Government's wider plans to tackle obesity and help to ensure people are able to make more informed, healthier choices when it comes to eating food out or ordering takeaways.

3. Political and legislative developments

Establishment of United Kingdom Health Security Agency and 2021-22 Priorities

- On 1 April 2021, the new UK Health Security Agency (UKHSA) was formally established, with Dr Jenny Harries taking on the role of Chief Executive. The new agency will work to protect the country from future health threats and ensure the nation can respond to pandemics quickly and at greater scale. It will also work with global partners, becoming a mainstay of "a more robust international health architecture that will protect future generations." The primary focus for UKHSA in its initial phase of operation will be the continued fight against the COVID-19 pandemic. It will bring together the country's health security science capabilities, data analytics and genomic surveillance with at scale testing and contact tracing capability – combining key elements of Public Health England with NHS Test and Trace including the Joint Biosecurity Centre. The UKHSA is chaired by Ian Peters, currently Chair of Barts Health NHS Trust.

- The priorities for the UKHSA in 2021-22 were set out in a letter from Lord Bethel, Parliamentary Under Secretary of State for Innovation, to the UKHSA CEO on 13 July 2021. The letter states that The government has established UKHSA with a global-to-local reach to protect the health of the nation from infectious diseases and other external threats to health by combining leading-edge science and analytics, insightful planning and responsive operational excellence. As the nation's expert national health security agency, UKHSA will:
    - Prevent: anticipate threats to health and help build the nation's readiness, defences and health security
    - Detect: use cutting-edge environmental and biological surveillance to proactively detect and monitor infectious diseases and threats to health
    - Analyse: use world-class science and data analytics to assess and continually monitor threats to health, identifying how best to control and mitigate the risks
    - Respond: take rapid, collaborative and effective actions nationally and locally to mitigate threats to health when they materialise
    - Lead: lead strong and sustainable global, national, regional and local partnerships designed to save lives, protect the nation from public health threats, and reduce inequalities

Public Health England Priorities 2021-22

- On 13 July 2021, the Department of Health and Social Care set out the priorities for Public Health England in 2021-22, setting out the role the Government expects PHE to play in the system in the next year. The priorities, set out in a letter from Jo Churchill MP, Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care to the Chief Executive of PHE, acknowledges the role of PHE in responding to the Covid-19 pandemic and references the changes to the new public health arrangements with the establishment of the UK Health Security Agency (UKHSA), which PHE is tasked with supporting during the transition. It also references the changes introduced with the establishment of a new Office for Health Promotion, whose role it is to lead national efforts to improve and level up the public's health. The key priorities for PHE in the year ahead are defined as:
    - Demonstrating how it is acting to reduce health inequalities, for example by deprivation, ethnicity or vulnerable groups, across its programmes
    - Supporting the Government's target of reducing the number of adults living with obesity, halving childhood obesity by 2030 and reducing inequalities
    - Identifying and providing evidence and advice to support the alleviation of the impacts of Covid-19 on the public's mental health
    - Contributing to the Government's ambition for the population to obtain five extra healthy years of life by 2035, and provide evidence and advice on addressing significant harms to health
    - Support the Government's commitment to eliminate HIV transmission by 2030 and reduce the burden and inequalities in sexual and reproductive health more widely
    - Support the Government's work to alleviate the impacts that the Covid-19 pandemic has had on children's health and development
    - Supporting the Government's wider public health reforms to ensure a public health system that it fully fit for the future.

4. NHS policy and institutional landscape

Delegation of NHS England Specialised Commissioning functions (1 of 2)

- On 22 July 2021, Amanda Pritchard, Deputy Chief Executive of NHS England, write to Integrated Care System, Trust and Clinical Commissioning Group leaders to set out the intention of NHS England and NHS Improvement to delegate direct commissioning functions to Integrated Care Boards (ICB) as soon as operationally feasible. The letter explained that giving ICSs responsibility for direct commissioning is a key enabler for integrating care and improving population health. It gives the flexibility to join up key pathways of care, leading to better outcomes and experiences for patients, and less bureaucracy and duplication for clinicians and other staff.

- The letter explained that, subject to the Parliamentary passage of the Health Bill, the expectation of NHS England and NHS Improvement is that by April 2022 ICBs will:
    - assume delegated responsibility for primary medical services (currently delegated to all clinical commissioning groups [CCGs], and continuing to exclude Section 7A Public Health functions)
    - be able to take on delegated responsibility for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors
    - establish mechanisms to strengthen joint working between NHS England and NHS Improvement and ICSs, including through joint committees, across all areas of direct commissioning (in systems where they are not already delegated).

- By April 2023, NHSEI expects that ICBs will have:
    - taken on delegated responsibility for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services
    - taken on delegated commissioning responsibility for a proportion of specialised services (subject to system and service readiness) with national standards and access policies remaining at a national level
    - worked collaboratively with NHS England and NHS Improvement to determine whether some Section 7A Public Health services will be delegated, with decisions on the appropriate model and timescale
    - worked collaboratively with NHS England and NHS Improvement to determine whether some health and justice, sexual assault and abuse service commissioning functions will be delegated, with decisions on the appropriate model and timescale.

Commissioning healthcare for serving members of the Armed Forces and their families registered with defence medical services, veterans' mental health and prosthetic services will remain with NHS England and Improvement.

- Functions retained by NHS England and NHS Improvement nationally will include:
    - responsibility for some specialised services that need to be centrally commissioned
    - identifying national priorities, setting outcomes, and developing national contracts or contractual frameworks
    - maintaining national policies and guidance that will support ICBs to be effective in their delegated functions
    - delivering support services.

4. NHS policy and institutional landscape

Delegation of NHS England Specialised Commissioning functions (2 of 2)

- Over the coming months – for those services to be delegated from April 2022 and April 2023 (subject to the passage of the relevant legislation) – NHSEI will work to establish the following and communicate them to ICS leaders, patients, stakeholders and affected NHS England and NHS Improvement staff:

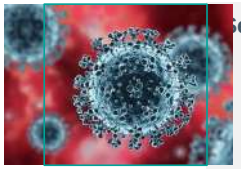
    1. A pre-delegation assessment process, to determine which ICBs will receive delegated responsibilities for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services in April 2022.

    2. The full, detailed scope of what will be delegated and what will be retained nationally and regionally, and the conditions that will apply to the exercise of delegated functions.

    3. What the specific enablers will be in each region – including how staff will be deployed safely, effectively and considerately to support the functions (either when the functions are delegated or on the path to delegation) and the short and long-term regional and national support frameworks relating to these functions. Please note: there are different staffing models that we already use across NHS England and NHS Improvement, including arrangements where teams are aligned or embedded; local circumstances will determine which model will be the most appropriate.

    4. The financial framework for ICBs that are taking on delegated responsibility for functions from April 2022 (including the approach to allocations).

- Relates principally to Strategic Risk 4 (system working), Strategic Risk 5 (financial sustainability) on the Trust's Board Assurance Framework, though has wider implications across all strategic risks.



Self isolation rules for healthcare workers in England

On 19 July 2021, the Department of Health and Social Care announced that double-vaccinated frontline NHS and social care staff in England who have been told to self-isolate will be permitted to attend work in exceptional circumstances and replaced by testing mitigations. This will include staff who have been contacted as a close contact of a case of COVID-19 by NHS Test and Trace, or advised to self-isolate by the NHS COVID-19 app. The Government has said that this measure is being introduced to alleviate pressure on NHS and social care services and that it will be contingent on staff members only working after having a negative PCR test and also taking daily negative lateral flow tests for a minimum of 7 days, and up to 10 days or completion of the identified self-isolation period. The change applies only to frontline NHS and social care staff where their absence may lead to a significant risk of harm. The decision to allow NHS and social care staff to attend work after being told to self-isolate is to be made on a case-by-case basis, and only after a risk assessment by the organisation's management. This must be authorised by the organisation's local director of infection prevention and control, the lead professional for health protection, or the director of public health relevant to the organisation.

- Relates to Strategic Risk 1 (patient safety) and Strategic Risk 9 (workforce) on the Trust's Board Assurance Framework.

4. NHS policy and institutional landscape

New research into treatment of Long Covid

- On 18 July 2021, the Department of Health and Social Care announced the establishment of 15 new studies across the UK will expand research into long Covid, with the programmes supported by funding of £19.6m, and are intended to better understand the condition, improve diagnosis and find new treatments. A programme of 15 new research studies, backed by government funding through the National Institute for Health Research (NIHR), will allow researchers across the UK to draw together their expertise from analysing long COVID among those suffering long-term effects and the health and care professionals supporting them. The projects will focus on:
    - better understanding the condition and identifying it
    - evaluating the effectiveness of different care services
    - better integrating specialist, hospital and community services for those suffering with long COVID
    - identifying effective treatments, such as drugs, rehabilitation and recovery, to treat people suffering from chronic symptoms
    - improving home monitoring and self-management of symptoms, including looking at the impact of diet
    - identifying and understanding the effect of particular symptoms of long COVID, such as breathlessness, reduced ability to exercise and ‘brain fog’
- Relates to Strategic Risk 1 (patient safety) and Strategic Risk 9 (workforce) on the Trust’s Board Assurance Framework.

Flu Vaccination Programme 2021/22

- On 17 July 2021, the Government announced the “biggest flu programme in history” would roll out for winter 2021. From September 2021, providers will offer the flu vaccine to over 35 million people during the upcoming winter season, including all secondary school students up to year 11 for the first time. This builds on the last year’s expanded flu programme, which saw a record number of people get their jab. Last year, 4 in 5 (80.9%) people aged 65 and over in England received their flu vaccine – exceeding the World Health Organization uptake ambition of 75%. Working with the NHS, the Government has said it is preparing to deliver the expanded flu programme alongside any booster programme for Covid-19 vaccines as part of wider autumn and winter planning, which centres around protecting as many lives as possible. During the 2021 to 2022 season, which starts in September, the flu jab will be available to:
    - all children aged 2 and 3 on 31 August 2021
    - all children in primary school and all children in school years 7 to 11 in secondary school
    - those aged 6 months to under 50 years in clinical risk groups
    - pregnant women
    - those aged 50 years and over
    - unpaid carers
    - close contacts of immunocompromised individuals
    - frontline health and adult social care staff
- Relates to Strategic Risk 1 (patient safety), Strategic Risk 3 (access to care), and Strategic Risk 9 (workforce) on the Trust’s Board Assurance Framework.

4. NHS policy and institutional landscape

NHS Pay Award

- On 21 July 2021, the Government announced a 3% pay rise for NHS staff, backdated to April 2021, having accepted the recommendations of the Doctors and Dentists Review Board. The rise does not apply to Specialty and Assoociate Specialist (SAS) doctors who have transferred over to the new SAS contract, or to doctors and detists in training, on the basis that these groups already have multi-year cay and contract deals in place. Likewise, the deal does not cover GPs which are subject to a five-year investment agreement between NHSEI and the British Medical Association. The decision to exclude doctors in training has been criticised by the BMC junior doctors committee, and the BMA has indicated that it is engaging with members on whether to ballot consultants for strike action.
- Relates to Strategic Risk 5 (financial sustainability) and Strategic Risk 9 (workforce) on the Trust's Board Assurance Framework.

New Hospital Programme

- On 15 July 2021, the Government announced the launch of a selection process for eight new hospitals in England. The Department of Health and Social Care is inviting expressions of interests from mental health, community and acute NHS trusts who wish to be considered for inclusion in the next wave of the new hospitals programme. This is the first of a 2-stage selection process, starting with an 'expression of interest' phase which is open to all trusts. It will be followed by a more detailed process for long-listed schemes later in the year. The Department has said it aims to make final decisions in Spring 2022. At this stage, all NHS trusts who consider their proposals to meet the criteria for a 'new hospital' (acute, mental health or community) are invited to submit a short expression of interest (EOI) if they would like to be considered in the programme. Trust EOIs will be considered alongside a broader range of evidence to support longlisting and to pave the way for more detailed discussion and feedback during the later selection stage. EOIs will provide the headlines on the scheme aims and benefits. This will then be combined with analysis of estates, financial and quality metrics from existing official datasets – as signed off by trust leaders – and information from regional leaders on local system priorities, in order to identity a longlist for consideration in the second phase of the selection. This is a process for new hospitals only. It does not cover upgrade schemes which do not meet new hospital definition.
- Relates to Strategic Risk 6 (capital) and Strategic Risk 7 (estates) on the Trust's Board Assurance Framework.

Health Education England Review of Strategic Framework for Workforce Planning

- In July 2021, HEE was commissioned to lead on review long term strategic trends for the health and social care workforce. The Long-Term Strategic Framework for Health and Social Care Workforce Planning will review, renew and update HEE's framework published in 2014, to help ensure we have the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of patient care. The work will look at the key drivers of workforce demand and supply over the longer term and will set out how they may impact upon the required shape of the future workforce, to help identify the main strategic choices. HEE is leading this programme of work in close collaboration with NHS England and NHS Improvement, DHSC, Skills for Care and key stakeholders across the health and social care sectors. HEE is currently undertaking a Call for Evidence to identify the factors that may have the greatest impact on demand for the health and social care sector over the next fifteen years, and what this means for the workforce supply, to support patients and the population of the future. A series of virtual engagement events will be held during 2021-2022.
- Relates to Strategic Risk 8 (culture) and Strategic Risk 9 (workforce) on the Trust's Board Assurance Framework.

5. System and professional regulation

Care Quality Commission approach to regulation

- On 22 July 2021, the CQC published its response to its consultation, held earlier in the year, on changes for more flexible and responsive regulation, which in turn followed its consultation on its new strategy in January 2021. The proposals were designed to allow CQC to assess and rate services more flexibly, so it can update its ratings more often in a more responsive and proportionate way, and make ratings easier to understand for everyone.

- The CQC received 566 responses from people who use services, health and care providers and commissioners, and other stakeholders. Responses indicated broad overall support across the CQC's proposals:
    - Strong support for using a wider range of regulatory approaches to assess quality, and not just rely on full on-site inspections
    - Strong support for reviewing and updating ratings (or judgements of quality in service types that we don't rate) in a more flexible way, rather than following a fixed schedule of inspections
    - Many respondents also thought the CQC's proposed approaches would have a positive impact on CQC's relationship with service providers. Respondents told the CQC that they valued the way it engaged with them during the pandemic and welcomed opportunities for more collaborative working in the future.

- There were also concerns or queries in some areas, for example on the importance and role of on-site inspections now and in its future assessment approach, and relating to the reliability and availability of data that the CQC use to change ratings. The CQC has said it will shortly publish further information to explain what the changes mean in practice, and how and when the CQC will implement them.

Care Quality Commission approach to developing its monitoring approach

- On 14 June 2021, the CQC published details of how it was developing its monitoring approach in the context of the Covid-19 pandemic. In March 2020, the CQC suspended its routine inspection programme in response to Covid-19 and developed its ability to monitor services using a mix of on-site and off-site methods. It is now further evolving its monitoring approach to ensure the public have assurance about the safety and quality of the care they receive, while still focusing on risk. The CQC started piloting changes in how it monitors services in late June 2021 and has been rolling these out to more services from July. The developments the CQC announced build on the steps taken earlier in the pandemic in how it monitors services in three key areas by:
    - improving its ability to monitor risk to help it be more targeted in its regulatory activity
    - bringing information together in one place for inspection teams, presented in a way that supports inspectors with their decision making
    - testing elements of how it wants to work in the future, including how it provides a more up-to-date view of risk for people who use services.

- The CQC plans to carry out regular reviews that will help support its ability to monitor risk. Where the information it has does not find evidence it needs to re-assess the rating or quality at a service, it plans to publish a short statement on the profile page on its website for these services. In cases where the information review indicates that the CQC may need to re-assess a rating or the quality of care, its inspectors may want to gather more evidence. For services where it believes people may be at an increased risk of poor quality care, the CQC may undertake an immediate on-site inspection and this may happen at any time. In these cases, the CQC may update the rating for a service. To ensure the CQC it making consistent and robust decisions it will also carry out some sampling of services by carrying out an inspection. In this way, the CQC plans to be able to check that its monitoring activity is consistent with its inspectors' findings when they gather evidence either by telephone or by making an on-site visit.

- Links to all strategic risks on the Board Assurance Framework.

5. System and professional regulation

New Care Quality Commission online resources to support culturally appropriate care

- On 20 May 2021, the CQC announced the publication of new online resource to support culturally appropriate care. Launching the new resources, the CQC stated that holistic, person-centred care has always been important, but during the Coronavirus pandemic it has become even more critical that we are all aware of culturally appropriate care. This is because people using services may have less contact with people that understand and affirm their culture - for example, family and friends. They may have spent more time over the course of the pandemic and lockdown with people who do not share their culture - for example in a care home. Culturally appropriate care is about being sensitive to people's cultural identity or heritage. It means being alert and responsive to people's beliefs or conventions that might be determined by a person's culture. The CQC online resources updates guidance for providers on culturally appropriate care. It contains examples and good practice to help care providers think about different ways people's culture might affect the way they wish to receive their care and support. The CQC's new web resource contains important guidance on:
    - Why culturally appropriate adult social care is more important during the Covid-19 pandemic
    - How culturally appropriate care is relevant to the regulations and their key lines of enquiry
    - Key points for everyone working in adult social care
    - More key points for registered managers
    - More key points for senior staff and keyworkers
    - More key points for care staff
    - Examples of culturally appropriate care
    - Cultural values

Care Quality Commission and NICE joint working agreement

- On 20 May 2021, the CQC and the National Institute for Health and Care Excellence (NICE) published a Memorandum of Understanding (MoU) setting out a framework to support joint working between the two organisations. The MoU sets out the framework to support the working relationship and nature of the joint working between CQC and NICE, to safeguard the wellbeing of the public receiving health and social care in England. The agreement describes how both organisations will work together, in a coordinated way, to inform and accelerate improvement in the quality and safety of care. It covers the guidance, advice and other products that NICE provides for the health and care system and the support CQC provides for the development and implementation of NICE guidance, quality standards and indicators. It also covers the support NICE provides to CQC for it to fulfil its role in the regulation of health and social care services and the circumstances in which CQC and NICE will engage and cooperate when carrying out their respective functions.

- Links to all strategic risks on the Board Assurance Framework.

Outstanding care every time

5. System and professional regulation

Open Statement to Healthcare Providers from the NHS Race and Health Observatory

- On 28 May 2021, the NHS Race and Health Observatory (an independent body hosted by the NHS Confederation and supported by NHS England and NHS Improvement charged with providing evidenced recommendations with regards to long-standing health inequalities affecting ethnic minority patients and communities, including maternity and neonatal outcomes, mental health, data and digital access to healthcare – as well as the immediate challenges of the impact of the coronavirus pandemic) called on healthcare leaders to ensure that policies and processes are fair, inclusive and in line with the 2010 Equality Act. In doing so, it was supported by the CQC, the Nursing and Midwifery Council, and the General Medical Council. Dr Habib Naqvi, Director of the Observatory, commented that "the NHS Race and Health Observatory will work with the healthcare regulators, and all other parts of the wider healthcare system, to identify and tackle structural inequalities that lead to differential experience and outcome for our healthcare workforce, diverse communities and patients. The Observatory operates by shining a light on discriminatory policies and practices, and by gathering evidence that supports healthcare organisations to progress in a way that eradicates, rather than exacerbates, inequality."

- Links to Strategic Risk 8 (culture) on the Board Assurance Framework.

New Nursing and Midwifery Test of Competence

The NMC's new Test of Competence (ToC) will be introduced on Monday 2 August 2021. The ToC seeks to make sure professionals who trained overseas, and some professionals who want to re-join the register after time away from practice, have the right skills and knowledge to practise safely. The new ToC reflect the NMC's new Future Nurse and Future Midwife standards, ensuring that all those delivering care in the UK will meet the same high standards, regardless of where they are trained or how long they've been out of practice. Other changes the NMC are introducing include:

Splitting the computer-based test (CBT) into two parts - Part A will cover numeracy and Part B will cover nursing or midwifery theory

The new practical part of the test, the objective structured clinical examination (OSCE) will have ten stations rather than six. It will assess additional skills as well as the candidate's values and behaviours, and evidence-based practice.

- Links to Strategic Risk 1 (patient safety) and Strategic Risk 9 (workforce) on the Board Assurance Framework.

Medical Licensing Assessment

- The General Medical Council (GMC) has approved a proposal from UK medical schools – coordinated by the Medical Schools Council (MSC) – to collaborate on a national, university-led applied knowledge test (AKT). The test will form one component of the new MLA for students at UK medical schools and will need to comply with the requirements published by the GMC in March in Assuring readiness for practice: a framework for the MLA. All students graduating from UK medical schools from 2024–25 onwards will be required to pass the MLA as part of their degree before they can join the medical register. It will have two components: the AKT and the clinical and professional skills assessment (CPSA). For students at UK medical schools, the AKT will be set and administered by medical schools working together, through the MSC, with their work overseen and regulated by the GMC. The CPSA for these students will be set by individual schools and quality assured by the GMC.

- Links to Strategic Risk 1 (patient safety) and Strategic Risk 9 (workforce) on the Board Assurance Framework.

6. Reports and updates from key stakeholders

Freedom to Speak Up Index 2021

- On 27 May 2021, the National Guardian's Office published its latest Freedom to Speak Up Index, which tracks and ranks the healthiness of NHS organisations' speaking up culture. The 2021 Index, which is described in more detail in the Trust's Q1 2021/22 FTSU Report, continued to show an overall improvement in workers' perceptions of the speak up culture in NHS trusts, but also highlighted that the disparity between the highest performing organisations and the lowest in increasing.
- Links to Strategic Risk 8 (culture) on the Board Assurance Framework.

Professional Standards Authority Report on Learning from Covid-19

- On 15 April 2021, the Professional Standards Authority (PSA), which regulates the ten healthcare professional regulators, publishes a study of the actions taken by regulators I the first phase of the Covid-19 pandemic, to July 2020. The report identifies the new ways of working introduced by regulators, such as online fitness to practise hearings and course accreditation. Some established temporary registration, and all used their websites to publish guidance on how professional standards apply in the unprecedented circumstances. The report identifies where there is potential for changes in practice to become the new normal, while also identifying where further planning, research and discussion will be needed. It contains 28 case studies provided by the regulators, looking in detail at the changes they made in specific areas. It also includes summary comments from a sample of stakeholders who responded to a call for views.

NHS Confederation, Strengthening NHS Board diversity

- On 15 June 2021, the NHS Confederation published a new report on strengthening NHS Board diversity. In 2020, to support the diversity ambition of the NHS People Plan, NHS England and NHS Improvement asked the NHS Confederation to identify ways to increase chair and non-executive director diversity in the NHS, with an independent taskforce commissioned to conduct a review. Key findings:
    - Chairs and NEDs are an important NHS leadership group. As independent board members, they hold the executive to account and in doing so, build patient, public and stakeholder confidence in the NHS. Yet a 2019 NHS Confederation report found that there was insufficient diversity in those appointed to these roles in the NHS.
    - A more equal and diverse leadership among chairs and NEDs will mean patients, communities and staff will have leadership that is more reflective and sensitive of the communities the NHS serves. Such a diversification is more likely to transform culture for the benefit of patients and champion patient and staff engagement.
    - An independent taskforce commissioned to review how to strengthen NHS board diversity has found that the NHS appointments process is not independent or transparent; diversity in NHS board roles is often hampered by the rigid candidate criteria; NHS roles are often considered to be unattractive to candidates from underrepresented groups; 'chemistry and fit' tend to override diversity, which results in 'more of the same'.
    - If NHS organisations are to create a sustainable pipeline of chairs and NEDs that reflect the staff and communities they serve, current non-standard appointment processes need to be refreshed and be independent.
- The taskforce has put forward a set of recommendations to support a step change in the composition of NHS boards. Measures include establishing an independent appointment process; setting up a confidential feedback mechanism for NED candidates to raise concerns about a recruitment process; publishing data on the protected characteristics of those who applied, are longlisted, shortlisted, interviewed and are appointed; negotiating a compact with executive search firms; and ensuring succession planning arrangements are in place for replacing an organisation's chair and non-executives.

7. Key appointments

New Secretary of State for Health and Social Care

- Rt Hon Sajid Javid MP was appointed as Secretary of State for Health and Social Care on 26 June 2021, following the resignation of Rt Hon Matt Hancock MP. He was previously Chancellor of the Exchequer from 24 July 2019 to 13 February 2020. He was Home Secretary from 30 April 2018 to 24 July 2019. He was Secretary of State for Housing, Communities and Local Government from 8 January 2018 to 29 April 2018, and Secretary of State for Communities and Local Government from July 2016 to January 2018. From May 2015 until July 2016 he served as Secretary of State for Business, Innovation and Skills. He was Secretary of State for Culture, Media and Sport from April 2014 to May 2015 and previously he was both the Economic and Financial Secretary to the Treasury. He was a member of the Work and Pensions Select Committee from June to November 2010 and was elected as Conservative MP for Bromsgrove in 2010. There have been no changes to the junior Ministerial team at the Department of Health and Social Care following Mr Javid's appointment.

Departure of Sir Simon Stevens and appointment of new NHS England Chief Executive

- On 29 April 2021, Sir Simon Stevens announced that he would step down as Chief Executive of NHS England at the end of July 2021, after more than seven years in post. The Board of NHS England has been running the process for selecting Sir Simon's successor. The appointment of the Board's chosen candidate is then subject to ratification by the Secretary of State for Health and Social Care. At the point at which Sir Simon announced his decision to step down, NHS England said that the aim was to have a successor appointed before Sir Simon steps down on 31 July. It has been reported that an announcement on the new NHS England Chief Executive is likely in the coming days.

Appointment of Head of Vaccine Task Force

- The UK government has appointed Sir Richard Sykes as the new chair of the Vaccine Taskforce. Sir Richard has a background in biotechnology and pharmaceuticals and will lead the programme of work to find, procure and deliver vaccines to support the Covid-19 vaccination programme. He has previously held senior positions in a number of internationally recognised scientific, pharmaceutical and medical organisations, within both public and private sectors.

Appointment of Head of Antivirals Task Force

- The UK government has appointed Eddie Gray as the new chair of the Antivirals Taskforce. Mr Gray has experience in the pharmaceuticals industry, having worked in senior positions at GlaxoSmithKline, Dynavax Technologies and Pharmaceuticals UK. He has been involved in the field of antivirals throughout his career for a number of different diseases, including flu.

7. Key appointments

Interim Deputy Chief Medical Officer for England

- The Department of Health and Social Care has appointed Dr Thomas Waite as interim deputy chief medical officer for England. Dr Thomas Waite will support Chief Medical Officer (CMO) Professor Chris Whitty, Deputy Chief Medical Officer (DCMO) Professor Jonathan Van Tam and the UK government on tackling coronavirus (COVID-19) related issues for the next year. Dr Waite is a consultant epidemiologist. After his medical and public health training in Wales, he held posts in infectious disease and environmental health protection at Public Health England and was Director of the UK Field Epidemiology Training Programme and worked in Global Public Health with the PHE National Infection Service.

Chief Scientific Adviser to Department of Health and Social Care

- Professor Lucy Chappell has been appointed as the next Chief Scientific Adviser for the Department of Health and Social Care. As Chief Scientific Adviser, Professor Chappell will lead the National Institute for Health Research (NIHR), working in partnership with the Director of DHSC's Science Research and Evidence directorate. She will have responsibility for research policy, research management and delivery of the £1.3 billion research budget. Reporting to the Chief Medical Officer, the Chief Scientific Adviser provides science advice and analysis to ministers across the range of health topics and is involved in cross-government science policy. Professor Chappell is Professor of Obstetrics at King's College London, Honorary Consultant Obstetrician at Guy's and St Thomas' NHS Foundation Trust and an NIHR Senior Investigator.

Appointment of new Chair of Nursing and Midwifery Council

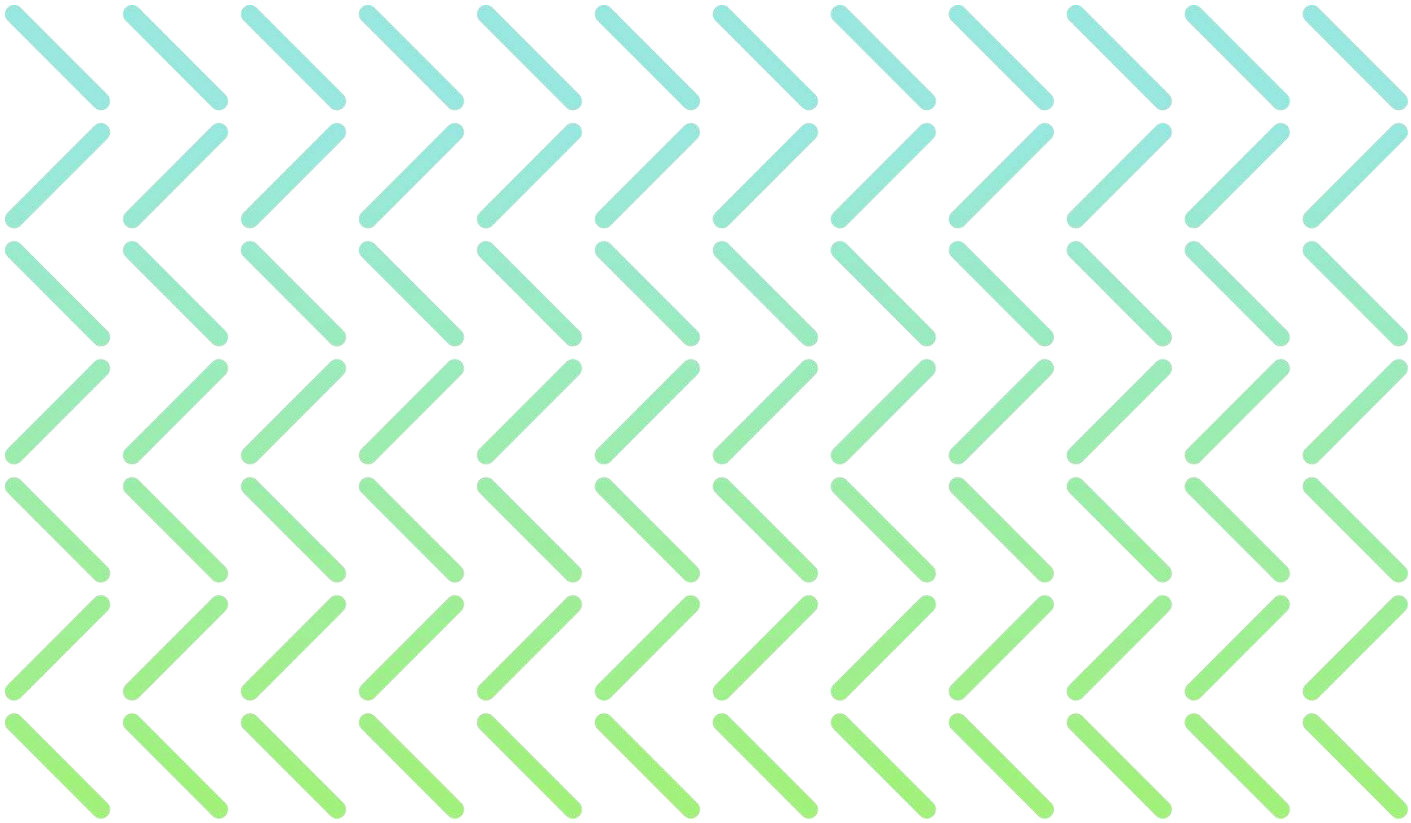
- On 21 June 2021, Sir David Warren was appointed as Chair of the Nursing and Midwifery Council. Sir David succeeds Philip Graf, who stepped down as Chair of the NMC in December 2020 due to ill health and takes over from Acting Chair, Karen Cox. Sir David was previously British Ambassador to Japan from 2008 to 2012, after a career in the British Diplomatic Service focused on East Asian affairs, and a period on the Foreign and Commonwealth Office's Board of Management (2004 to 2007). He was Chair of the Council at the University of Kent from 2014 to 2020, and is a non-executive Director of Aberdeen Japan Investment Trust.

Dame Clare Marx to stand down as Chair of the General Medical Council

- On 21 July 2021, it was announced that Dame Clare Marx would step down as Chair of the General Medical Council at the end of July 2021 following a diagnosis of pancreatic cancer. Dame Clare has served as GMC Chair since the start of 2019 and is the first woman to hold the post since the GMC was established in 1858. A formal process to select the GMC's next Chair is expected to be announced shortly. In the interim the GMC Chair's duties will be carried out by Council member Dame Carrie MacEwen.

Death of Professor Peter Kopelman

- On 13 July 2021, it was announced that Professor Peter Kopelman had died. Professor Kopelman served as Principal of St George's University of London from 2008 to 2015, and was an honorary consultant and Non-Executive Director at St George's University Hospitals NHS Foundation Trust. Professor Kopelman was chair or deputy chair of several national university committees and a member of NHS national policy and workforce committees.



Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Meeting Title:	Trust Board		
Date:	29 July 2021	**Agenda No**	**4.5.2**
Report Title:	**Horizon Scanning Q1, 2021-22 Report**		
Lead Director/ Manager:	Suzanne Marsello, Chief Strategy Officer		
Report Author:	Laura Carberry, Strategy and Partnership Manager Phoebe Foster, Strategy Projects Manager		
Presented for:	Update		
Executive Summary:	This Horizon Scanning Quarterly Report is intended for Trust Board; apprising the Board of the latest Local and Regional Updates, based on CCG Governing Body and Health and Wellbeing Board papers in south west London. It should be considered alongside the Corporate Office's Horizon Scanning Q1, 2021-22 Report on National Policy. Areas of interest/ particular relevance to the Trust, include the discussions at the CCG Governing Body and Health and Wellbeing Boards on: • The recent NHS White Paper and its implications for South West London Integrated Care System (ICS) • Covid-19 • Mental Health		
Recommendation:	Board is asked to note the latest Local and Regional Updates.		
Supports			
Trust Strategic Objective:	Treat the patient, treat the person; Right care, right place, right time; Balance the books, invest in our future; Build a better St. George's; Champion Team St. George's; Develop tomorrow's treatments today		
CQC Theme:	1. **Safe**: you are protected from abuse and avoidable harm. 2. **Effective**: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence. 3. **Responsive**: services are organised so that they meet your needs. 4. **Caring**: staff involve and treat you with compassion, kindness, dignity and respect. 5. **Well Led**: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.		
Single Oversight Framework Theme:	Leadership and Improvement Capability (well-led)		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Equality and Diversity:	N/A		
Previously Considered by:	Executive Management Team	**Date**	19.07.21
Appendices:	N/A		

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NHS
St George's University Hospitals
NHS Foundation Trust

Horizon Scanning Report Q1 2021-22

Local and Regional Updates

This Horizon Scanning Quarterly Report is intended for Trust Board; apprising the Board of the latest Local and Regional Updates, based on CCG Governing Body and Health and Wellbeing Board papers in South West London (SWL).

It should be considered alongside the Corporate Office's Horizon Scanning Q1, 2021-22 Report on National Policy.

Suzanne Marsello, Chief Strategy Officer
Laura Carberry, Strategy and Partnership Manager
Phoebe Foster, Strategy Projects Manager

July 2021

Contents

Highlights and themes

Below are the Headlines/ Highlights discussed at the CCG Governing Body and Health and Wellbeing Board meetings in South West London that are of particular relevance to the Trust.

NB: Areas covered in the Main Body of this Report are not fully replicated or summarised in this Table.

Item discussed at CCG Governing Body / Health & Wellbeing Boards	Notes	Likely to be of particular interest to…
NHS White Paper – SWL Integrated Care System (ICS)	• The CCG Governing Body and the Health and Wellbeing Boards have reviewed this paper and considered the impact it would have on local arrangements • In particular, local committees considered the impact of new 'placed based' NHS leadership structures at borough level. As part of the new arrangements, a transition team has been established with place-based leaders from the acute sector, community services, primary care and mental health. The place-based leadership groups are currently reviewing priorities in the local health and care plans and there is ongoing discussions in all boroughs on how the creation of Place Based Teams will interface with Health and Well Being Boards at borough-level • Health and Wellbeing Boards have emphasised the need for clear communication throughout transition • Ensuring patient and public voices continue to be heard, particularly during transition to SWL ICS, was raised by the SWL CCG Governing Body	• Executive Management Team
Covid-19	• The Health and Wellbeing Boards across South West London have continued focus on the resilience and recovery with a community focus and a need for ongoing engagement with hard to reach groups • The Health and Wellbeing Boards, as well as the CCG Governing Body, also discussed updates on the Covid-19 vaccination programme • Covid-19 has highlighted health inequalities across South West London, and Health and Wellbeing Boards recognised tackling these will require collaborative working with local communities	• Executive Management Team
Mental Health	• The Health and Wellbeing Boards, discussed the increase in mental health referrals (including paediatrics) and presentations to ED causing bottle-necks in the acute Trusts including St George's	• Chief Operating Officer • Chief Nursing Officer

South West London CCG: Q1, 2021-22
Governing Body Meeting Papers Summary

Bi-monthly meetings

CCG Governing Body Meeting: 12 May 2021

The CCG Governing Body received the following reports for information

Chair and Accountable Officer Reports Key points:

- SWL/ Surrey Renal Service Configuration: proposed joint renal unit between Epsom and St Helier Hospitals and St George's Hospital is under consideration and it has been agreed that the existing Improving Healthcare Together: 2020-2030 Committees in Common (SWL CCG & Surrey Heartlands CCG) governance model and membership could be used to support collaborative decision making
- Community Engagement Steering Group (CESG) Update: discussed the transition to the ICS and commitment to ensuring there is strong patient and public voice running throughout.

Covid-19 Vaccination Programme Update:

- All patients in cohorts 1-9 have been offered a vaccine and second dose is underway and aim to offer vaccine to all adults in SWL by July 2021 – 1.7 million vaccines will need to be administrated
- Lower uptake has been identified in some geographical areas and in BAME communities. On-going work to address hard to reach populations including community vaccination teams
- Workforce compromises 1,000 recruited and trained individuals and there is exploration of retention strategies for non-registered staff who have not previously worked in the NHS
- Key findings from the community and engagement online survey of younger cohorts (18-50) have prompted the consideration of continued need for pop-up, outreach and mobile vaccination lorries with a community focus, as well as addressing concerns regarding effectiveness and safety; fertility, breastfeeding and pregnancy; and side effects and long-term health impacts

Personal Independence Commissioning Coordinator – Age UK Croydon

- The contract with Age UK Croydon for the Personal Independence Coordinators (PIC) services in Croydon expires on 31st July 2021 – annual contract value is £910k. Total contract value (including extension year is £1.8m)
- The CCG is proposing awarding an interim contract to the incumbent provider for 12 months with the option to extend for a further 12 months using a Direct Award route.
- The Board was asked to approve the recommendation to award an interim contract to Age UK Croydon for 12 months with the option to extend for up to an additional 12 months, for the Personal Independence Coordinator Service, whilst a review of the requirements is undertaken.

The CCG Governing Body received the following **Committee Updates and Reports** for approval. Key points:

- Audit Committee
- Finance Committee
    - Approval of the SWL CCG Interim budget for 2021/22
    - Approval of the full business case for the Brocklebank Health Centre
    - Approval of the SWL CCG/ICS contribution to the Health London Partnership (of £2,773,912)
    - Approval of the recommendation for the Procurement of London Purchased Healthcare AQP for Care Homes and Domiciliary Care
- Finance report month 12
    - CCG has a control total deficit set at £218k overspent but has now improved to £60k underspend – a near break-even position
    - Mental health standard and running cost target has been met
    - Service Development Funding will be fully committed at year end.

South West London CCG: Q1, 2021-22
Governing Body Meeting Papers Summary

Bi-monthly meetings

- Primary Care Commissioning Committee
  - Over the coming months the governance arrangements for both Place and ICS will be worked through
  - Approved the renewal of the current Locally Commissioned Services (LCS) for a further 12 months covering 1st April 2021 – 31st March 2022 in light of the impact of the Covid-19 pandemic.
- Quality, Performance Oversight Committee
  - Updates on the CQC Provider Collaborative Review of cancer pathways and an update on the positive CQC review on cardiac services at SGH.
  - Significant improvement in performance in February particularly in ED and Ambulance handover times in Month 10
  - Plans to develop a sustainable SWL 111 service going forward
  - Learning disability (LD) and serious mental illness (SMI) annual health checks: target in February reported 71% against a target of 67% - some variation in local boroughs. Discussion on challenges in achieving SMI Annual Health Check – assurance of support being offered to primary care colleagues to increase update.
- Performance report month 11. Improvements:
  - Improvements in cancer: SWL ICS was highest performing sector in London for performance against 2 Week Wait standard (98.2%) and third highest performing for the 62 day Treatment (76.2%), recovery plan to increase capacity in breast screening service to address backlog and new demand; and diagnostics: 81.99% of patients received a diagnostic within 6 weeks – an increase of 6.8% on the last month. SWL performance exceeds London and National performance. Also improvements in A&E: increased performance of 89.5% (2.21% increase on previous month)
  - Areas for improvement: patients treated within 18 weeks (73.93%); patients waiting over 52 weeks for treatment (3,700); IAPT (Psychological Therapy Services) – likely SWL will not meet standard at end of this financial year; and NHS 111 challenged with an increase in calls since reopening of schools

SWL OD and Workforce Strategy

- The Governing body was asked to agree/approve the strategic approach.
- Overall aim of strategy is to make SWL CCG a great place to work. The strategy outlines that the CCG will:
  - Care for our people
  - Support our people to develop
  - Have the very best employment practices in place
  - Recognise the work and commitment of our people
  - Work to ensure our people are representative and inclusive of the populations we serve
  - Involve our people in what we do
  - Develop compassionate and inclusive leaders
  - Have appropriate staffing levels

Equality Diversity & Inclusion

- Governing body asked to agree the action plan to address race as first phase of addressing equality, diversity and inclusion in SWL CCG using a Road Map for Racial Equality consisting of 5 key principles: Problem Awareness; Root-Cause Analysis; Empathy; Strategy; Sacrifice

Board papers can be found at: https://swlondonccg.nhs.uk/previous-governing-body-meetings/may-2021-governing-body-meeting/

DONM: 7 July 2021

Health & Wellbeing Boards: Q1, 2021-22
Board Papers Summary

Quarterly meetings

Croydon HWB: 31 March (POSTPONED) and 17 June 2021 (MOVED)

- The Board received a presentation and discussed an update on the Integrated Care System (ICS) Update, with a focus on the context in Croydon
  - In Croydon, Place-based working is already well-advanced through the One Croydon Alliance
  - SWL colleagues have suggested continuing work on Transformation of health and care on the ground; and refreshing/ clarifying the outcomes Croydon wants to achieve as these will form the basis of the contract with the ICS in the future
  - As part of the new arrangements, a transition team has been established with place-based leaders from the acute sector, community services, primary care and mental health
  - The transition team is to review and develop revised Local Health and Care plans; set clear expected outcomes for place priorities; and engage in the Strengthening Communities Programme Group
- The Board received a presentation and discussed the Health and Care Plan refresh Update which is due to be refreshed by October 2021including an engagement event on 27th July
- Highlights from the progress report included:
  - Integrated Community Networks (ICN+): Following the success of the early adopter North East ICN+ site, the ICN+ model is being rolled out across the remaining five localities in the borough in 2021.
  - GPs/ Primary Care Networks: Found an area that needed significant input which was the number of patients requiring SMI health check
  - Mental health: Implementation of the mental health community hub and spoke model Co-produced design phase complete and the pilot Mental Health Wellbeing Hub at the Whitgift Centre to be operational Q2 2021
  - Covid-19 Resilience and Recovery/ Public Health: a community trauma training programme is currently in development (working with the buying team) for implementation by September 2021; and supporting children at risk of food poverty: school programmes include - food vouchers, breakfast club and schools grant
  - Integration: Croydon Borough Committee of SWL CCG and Croydon Health Services have fully aligned governance and leadership; and transition planning in place for ICS
- The Board also received presentations and updates on One Croydon – Integrated Community Networks Update and Croydon Mental Health Transformation update

Board Papers can be found at:
https://democracy.croydon.gov.uk/ieListDocuments.aspx?CId=172&MId=2674&Ver=4

DONM: 20 October 2021

Health & Wellbeing Boards: Q1, 2021-22
Board Papers Summary

Quarterly meetings

Kingston HWB: 16 March 2021

- The Board received the following Partners Updates:
  - SWL CCG: Funding has been allocated at STP (Sustainability and Transformation Partnership) level covering the CCG and all providers within STP; CCG planning for £0.2m deficit as part of overall plan
  - Public Health
  - Outbreak Control Plans
  - Public health campaigns and updates on health lifestyles
  - Tackling inequalities/ reaching undeserved and socially excluded groups
  - Public Health commissioned services
  - Achieving for Children (AfC): confirmation that referrals into the single point of access, where mental health was a factor, had significantly increased
  - Adult Social Care
  - Healthwatch Kingston
  - Kingston Voluntary Action: has been awarded £100,000 by the National Lottery Community Fund to develop a programme to benefit Kingston residents disproportionately affected by Covid-19

- The Board received a presentation on the timeline, key milestones, and refresh of the Focus on Carers strategy and how different partners can get involved and contribute to the process
- Key points to note:
  - 1,100 registered as a carer with their GP practice in July 2020, however numbers of young carers remained unclarified – action to improve identifying and recognising all carers
  - The refresh of carers strategy has focus on young carers including checking progress on the Health and Care Plan priorities.
  - Kingston Carers' Network was restarting the Carers' Board on 29th March 2021

- The Board was asked to consider the Kingston becoming a Marmot Borough: Tackling Inequalities and Development of a Health and Care Plan (2021-2023) report
- It was resolved that:
  - A whole-system Marmot approach across Kingston be supported with the aim of creating a fairer society & healthy lives in the Borough: reducing inequalities, with a focus on healthy weight and mental health in the first instance
  - Health & Wellbeing Board member organisations commit to the work they will deliver over the next two years to achieve the recommendation using a proportionate universalism approach, and which will form the Local Health & Care Plan for Kingston (2021-2023)
  - An outcomes framework be developed and reported to demonstrate the progress being made

- The Board considered the Kingston Safeguarding Adults Board Annual Report 2019/20
- Key points to note:
  - Research on people with learning difficulties and mortality review
  - Review was overseen by CCG and run by Bristol University
  - Accepted that greater partnership working would provide a strengthening in this crucial area

- The Board received the Kingston and Richmond Safeguarding Children Partnership (KRSCOP) Annual Report
- It was resolved that:
  - The KRSCP annual report 2019/20 be accepted and local agencies be supported in safeguarding children in Kingston
  - The CAMHS Transformation plans be supported as part of the KRSCP priority area of Mental Health, in light of local increased need
  - The Health and Wellbeing Board agencies actively support the "Think Family" agenda in identifying children in families with vulnerable adults, who are parents and carers.

Board Papers can be found at:
https://moderngov.kingston.gov.uk/ieListDocuments.aspx?CId=488&MId=8968&Ver=4

DONM: 22 July 2021 (MOVED)

Health & Wellbeing Boards: Q1, 2021-22
Board Papers Summary

Quarterly meetings

Merton HWB: 23 March (CANCELLED) and 22 June 2021

- It has been confirmed that Hannah Doody has been appointment as the new CEO for The London Borough of Merton
- The Board received the Safeguarding Adults Board – Annual Report which highlighted the learning from the pandemic on safeguarding that can support people, and that although strategically important for safeguarding to be considered at ICS level, it is really about local place and there needs to be ongoing discussion to ensure this focus
- The Board received an update on Covid-19 in Merton and the Situation assessment report/ Vaccination update which highlighted the bottleneck in A&E with high levels of paediatric and mental health cases; and the potential for vaccinating 16-17 year olds after summer holidays
- The Board received the Health and Wellbeing Sub-group Report and it was emphasised insights from both BAME Voice and Merton Mencap feed into future plans for recovery
- The Board received the Local Outbreak Management Plan (LOMP) as part of national Covid-19 resilience arrangements which outlined ten priorities including reducing health inequalities, community testing, and vaccination. Next steps for Merton include recruitment of additional resource to relieve staff for business as usual and recovery work, and Covid Outbreak Management Fund (COMF) allocation for 2021/22 aligned to other Covid-19 budgets across the council
- The Board received an NHS Update which outlined partnership vaccine success to date; the East Merton Model and Health and Wellbeing; planning towards the ICS; and Better Care Fund
- Key points to note included:
  - The voice of children and young people to be included in consideration of patient voice
  - The Merton Health and Care Together to be a conduit for the work towards the ICS, helping to refresh priorities and reporting to HWBB
  - Emphasis on the need for clear communication throughout transition
  - The importance of continued support for the voluntary sector to thrive
- The Board agreed the Better Care Fund Plan 2020-21 in which the total joint pooled contribution for Merton Local Authority and SWL CCG is £20m with funding allocation to support social care maintenance; NHS commissioned out of hospital services; and managing transfers of care mirroring the Merton Health and Care Together Programme
- The Board was presented the LBM Recovery and Modernisation Programme which included the Your Merton engagement programme (largest ever undertaken in Merton)
- Members were asked to consider the longer term health and wellbeing impacts for communities in Merton, what priorities are likely to emerge from Your Merton; and how the Health and Wellbeing Board shape and contribute to the ambition

Board Papers can be found at:
https://democracy.merton.gov.uk/ieListDocuments.aspx?CId=184&MId=3964&Ver=4

DONM: 28 September 2021

Health & Wellbeing Boards: Q1, 2021-22
Board Papers Summary

Quarterly meetings

Richmond HWB: 18 March (ADJOURNED) and 21 April 2021

- The Board was recommended to note the following Covid-19 partners response updates:
  - Adult social care: hospital discharge to remain a key focus; social care had fully staffed teams; shielding residents registered on the council database and were being supported; and ongoing vaccination in nursing and residential homes
  - Communities and partnerships: demand for essential financial assistance was steady; the foodbank had continued to provide support; community conversations had continued online successfully e.g. dialogue with tenants of housing associations; and consistent good working between local authority, voluntary groups and the CCG
  - Achieving for children: transition to face-to-face rather than virtual; higher number of SEN pupils and those who had a social worker had attended school; and continued food/ activity support to continue in summer holidays
  - Voluntary, Community and Faith Sector (VCFS): strong partnership working; however, pressure on voluntary organisations re funding; and a hope for a greater focus on unpaid carers going forward
  - Richmond Healthwatch: large demand for information – around 80,000 residents had viewed website
  - CCG: White Paper to embed ICS as a statutory organisation; interim lead for Richmond place appointed
  - Public Health: Lateral flow tests rolled out across pharmacies

- The Board was asked to note delivery progress and agree for the Health & Wellbeing Board Partnerships Manager to lead the road map for Health & Care governance during 2021/22
  - Start well: delay to some planned activities due to impact of Covid-19, achievements included launch of Mental Health Teams in Schools trailblazer programme, and restart of programme to support transition of young people with SEND to adult services
  - Live well: SMI target of 60% had not been met post pandemic – hoped that mental health workers embedded in GP practices could support this. Health inequalities across the Primary Care Network being reviewed, particularly to improve outcomes for adults with learning difficulties
  - Age well: demand for individual and group therapy for carers to be addressed through a systems approach. The Joint Strategic Needs Assessment (JSNA) to be published shortly and will inform the next version of the Health & Care Plan.

- The Board asked to note draft updated SEND Futures Plan, key points included:
  - Plan initially agreed in Summer 2019 to improve outcomes for children with SEND
  - Key areas of progress include the establishment of parent/ carer forum; and age 16-25 transitions to adult social care
  - Key areas to focus on going forward include reducing emotional and mental health waiting lists
  - Schools which did not implement a whole school approach were being targeted for support
  - Richmond Healthwatch to engage in the ongoing work and the Board welcomed its involvement in the governance of the plan

- The Board agreed the Better Care Fund (BCF) funding contributions for 2020-21 as £15.1m

Board Papers can be found at:
https://cabnet.richmond.gov.uk/ieListDocuments.aspx?CId=643&MId=4963&Ver=4

DONM: 15 July 2021

Health & Wellbeing Boards: Q1, 2021-22
Board Papers Summary

Quarterly meetings

Sutton HWB: 18 May 2021

- The Board was asked to discuss and note the next steps for the future Development of the Sutton Integrated Care Plan, which will allow council and partners to accelerate delivery of local Sutton Health and Care Plan leading to joined up and improved care services for local people. It was noted the success of new arrangements will be key to ensuring continued improvement of services for local people

- The Board was asked to approve the Better Care Fund (BCF) Budget for 2021/22 and to note work is under way to develop the 2022/23 budget. Key points to note included
    - A carry forward of funding for identified programmes and expected pressures to support further response to Covid-19 – this is reflected in the budget for 2021/22
    - Sutton's BCF Plan in 2021/22 is a continuation of previously agreed work that supports Sutton residents to remain at home
    - National measures and planning guidance for 2021/22 are still awaited
    - Performance: delayed Transfers of Care will not be captured in 2020/21 due to Covid-19
    - Based on draft outturn position for 2020/21 a £2.6m underspend for pooled BCF is expected to be available for carry forward into future years to mitigate financial impact of ongoing pandemic and likely needs that will arise from it (£1.4m moved into 2021/22, and £1.2m moved into 2022/23) – even though funding is due to cease in 2021Council has secured additional Disabled Facilities Grant of £0.2m for 2020/21 – will be carried forward to 2022/23 underspend bringing the total to £1.4m
    - The total 2021/22 pooled BCF budget is £22.6m of which £22.4m is revenue budget which will be funded by the council (35%) and the CCG (65%)
    - Increased spend in 2021/22 are due to Mental Capacity Act Responsibilities, and Community Equipment

- The Board was asked to note and provide feedback on Sutton Place Estates Strategy prior to final ratification by the SWL ICS Board. Key points to note included:
    - Priority capital projects emerged from the strategy include a new primary care development on the St Helier Hospital site and a health and wellbeing hub in Cheam
    - Ratification of the strategy is required to ensure further NHS investment in improving the local capital estate
    - Key issues with current estate: building conditions, shortage of primary care space, inefficiency (high amount of separate sites), analysis of 10-year population growth forecast indicates the estate would require an additional 3,000m2 of space requiring approx.. £16m of capital investment
    - Estates Strategy produced for the SWL ICS and outlines strategic intent to improve and develop the quality of local health facilities and is aligned with the ambitions of all local partners to deliver the Sutton Health and Care Plan

Board Papers can be found at:
https://moderngov.sutton.gov.uk/ieListDocuments.aspx?CId=471&MId=5588&Ver=4

DONM: 27 September 2021

Health & Wellbeing Boards: Q1, 2021-22
Board Papers Summary

Quarterly meetings

Wandsworth HWB: 24 June 2021

- The Board was asked to review and repositioning of the Health and Wellbeing Board, and recommended to note changes at SWL ICS level including creation of Place Based teams and how they interface with HWBs. The recent publication of NHS White Paper indicates future legislative proposals for the health and care bill with SWL ICS to be fully implemented in 2022. There is ongoing work to agree how Place Based Teams will work or interface with Health and Wellbeing Boards at borough level.

- The Board was asked to review the progress made on the Joint Strategic Needs Assessment (JSNA) and to consider, comment and agree the production of the JSNA chapters of which there are 7

- The Board was recommended to note the position on The SWL CCG Commissioning Intentions - no changes to existing contracts are taking place and any financial variations to existing contracts are currently minimal

Board Papers can be found at:
https://democracy.wandsworth.gov.uk/ieListDocuments.aspx?CId=508&MId=7067&Ver=4

DONM: 30 September 2021

Outstanding care every time

St George's University Hospitals NHS Foundation Trust

Meeting Title:	**Trust Board**		
Date:	29 July 2021	**Agenda No**	**4.6**
Report Title:	**Board Assurance Framework (BAF) – Quarter 1 2020/21**		
Lead Director/ Manager:	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Maria Prete, Risk Manager Alison Benincasa, Director of Quality Governance and Compliance		
Presented for:	**Approval, Assurance**		
Executive Summary:	This paper presents the Trust Board with the Board Assurance Framework as at Q1 2021/22 and sets out the proposed risk scores and assurance ratings, as well as the actions being taken to address identified gaps in control and assurance. With the exception of Strategic Risk 4, which is reserved to the Board, the information set out for each strategic risk has been reviewed by the relevant Board Committee, following review by the responsible sub-Group of the Trust Management Group and by the Trust Management Group and Executive Management Team. **Risk scores:** There are 7 extreme risks, 2 high risks and 1 moderate risk. Since the Board reviewed the BAF at quarter 4 in May 2021, there has been no change to the headline strategic risk scores. Following review by the relevant Board Committees, no changes to the risk scores are proposed at Q1. **Quarter 1 Assurance ratings:** 7 of the 10 strategic risks have a 'partial' assurance rating; one has a 'limited' assurance rating; and three have a 'good' assurance rating (see appendix for detail and annex for definitions), which includes the proposal to increase the assurance rating for SR8 (culture) from partial to good. **Strategic Risks for the Board – SR4:** The Board is asked to review and agree the risk score and assurance level for this risk. In May 2021, the Board set the risk score at 12 (4 consequence x 3 likelihood), with an increased assurance rating of 'good' from 'partial' on the basis of the progress achieved in-year. When the Board reviewed the risk score at Q4, it considered that while the Trust had made significant progress in working as part of the SWL ICS, the inherent risks around system working that went beyond the Trust's control warranted the risk score being maintained at 12. At Q1, a risk score of 12 and assurance rating of "good" is also proposed as there have been no material changes in Q1. **Strategic Risks in 2021/22** At the start of each new financial year, the Board typically reviews its strategic risks to ensure these remain appropriate and comprehensive given developments within the organisation and in light of changes in the Trust's external environment alongside assessing whether the overarching strategy remains valid. This year, the Trust has embarked on a review of its corporate objectives and, linked to this, is also considering its strategic priorities. As a result, it is proposed that the existing strategic risks on the BAF for 2020/21, which were set against the Trust's five-year strategy, are carried forward and reviewed at the point at which the revised corporate objectivesare developed.		
	The Board is asked:		

	a) For the Strategic Risk reserved to itself (SR4) to: • Agree the proposed score of 12 (4c x 3l) (no change) • Agree the proposed assurance rating of 'good'. b) For the 9 risks assigned to its assuring Committees to: • Agree the proposed risk scores, assurance ratings and statements from the relevant assuring committee, including the increase in assurance rating for SR8 from partial to good • Note the progress achieved in year in mitigating identified gaps in control and assurance c) To note that a review of the strategic risks on the BAF will be undertaken alongside the work currently in progress to review the Trust's corporate objectives, and implement the 'patient first' approach.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well led		
Single Oversight Framework Theme:	Quality of Care Leadership and Improvement Capability		
Implications			
Risk:	The strategic risk profile		
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:	N/A		
Previously Considered by:	Quality and Safety Committee Finance and Investment Committee Workforce and Education Committee Trust Management Group	**Date**	22.07.2021 22.07.2021 15.07.2021 14.07.2021
Equality and diversity:	The BAF reflects agreed risks in relation to quality and diversity and the actions being taken to address these.		
Appendices:	Board Assurance Framework Q1 2021/22		

Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Board Assurance Framework 2020/21

Trust Board
July 2021 BAF Report – Q1 update

Stephen Jones
Chief Corporate Affairs Officer

29 July 2021

Executive Summary

1. Purpose

This paper presents the Trust Board with the Board Assurance Framework as at Q1 2021/22 and sets out the proposed risk scores and assurance ratings, as well as the actions being taken to address identified gaps in control and assurance.

With the exception of Strategic Risk 4, which is reserved to the Board, the information set out for each strategic risk has been reviewed by the relevant Board Committee, following review by the responsible sub-Group of the Trust Management Group and by the Executive Management Team.

2. Background

The Board Assurance Framework (BAF) brings together in one place all of the relevant information on the risks to the delivery of the Board's strategic objectives as set out in its five-year clinical strategy, Delivering Outstanding Care, Every Time. The BAF acts as the source of evidence the Board can rely on to be confident that risks are being managed and controlled effectively. The BAF provides a structured approach for identifying and mapping the main sources of assurance and coordinating them to best effect. It also highlights where there are gaps in assurance and / or ineffective controls that need to be addressed. The BAF provides a framework through which the Board can understand the sources and levels of assurance relevant to the management of its strategic risks, and it provides an evidence-base of effective oversight of risks to the organisation and its strategic objectives.

The Board approved the new Strategic Risks on the Board Assurance Framework (BAF) at its meeting in May 2020. In July 2020, the Board agreed a set of "stretching but realistic" year-end target risk scores, which were proposed by the Executive Director responsible for each individual strategic risk and endorsed by the relevant Board Committee. The Board Committees are assigned the Strategic Risks as follows, with Strategic Risk 4 (system working) reserved to the Board:

- Quality and Safety Committee: Strategic Risks 1 (patient safety and learning), 2 (clinical governance), and 10 (research)
- Finance and Investment Committee: Strategic Risks 3 (operational performance and access), 5 (financial sustainability), 6 (capital), and 7 (estates)
- Workforce and Education Committee: Strategic Risks 8 (culture) and 9 (workforce)

At Executive level, the sub-groups of the Trust Management Group oversee the following risks:

- Patient Safety and Quality Group: SR1, SR2, SR10
- Operations Management Group: SR3, SR5, SR6
- People Management Group: SR8, SR9
- Risk and Assurance Group: SR4, SR7

In line with the decision of the Board in May 2020, the impact of Covid-19 has been measured against each strategic risk on the BAF. The Board considered including a stand alone Covid-19 strategic risk, but considered that given that the pandemic had implications across the BAF it would be more appropriate to track the impact of the pandemic against the existing strategic risks. Defined Covid-19 risks are set out on the Corporate Risk Register.

Executive Summary

3. Quarter 1 Update 2021/22:

- **Strategic Risks in 2021/22**: In May 2021 the Board agreed to review its corporate objectives and, linked to this, agreed to consider its priorities. In view of this, the existing strategic risks on the BAF for 2020/21, which were set against the Trust's five-year strategy, are carried forward and will be reviewed along with the revisions to the corporate objectives.
- **Risk scores:** There are seven extreme risks, two high risks and 1 moderate risk. No changes to headline risk scores are proposed in Q1, however it is anticipated that the risk scores for SR7 (estates) and SR9 (workforce) could realistically be reduced in Q2.
- **Assurance Ratings**: Seven of the ten strategic risks currently have a 'partial' assurance rating; one has a 'limited' assurance rating; and two have a 'good' assurance rating. It is proposed to increase the assurance rating for SR8 (sculture) from "partial" to "good".
- **Target risks:** Target risks were initially defined by the Board in September 2020. Performance against the target risks was reviewed by the Board Committees prior to submission of the Q4 BAF to the Board. The target risks are proposed for Q1 2021/22 (slide 15) as recommended by the relevant Committees.
- **Supporting risks:** A review of the supporting risks on the corporate and divisional risk registers is regularly undertaken, and these are considered by the relevant Sub-Groups of the Trust Management Group. This process identified that a number of supporting risks documented on the BAF are not documented in datix (see as highlighted for SR2 slide 56, for SR3 slide 57-58 and for SR 5 and 6 slide 60). This compromises the integrity of the BAF as the information from datix should populate the BAF. Risk owners are in the process of updating these risks.
- **Progress in mitigating risks:** Included in the summaries of each strategic risk are overviews of the actions completed in-year to address identified gaps in control and assurance. This is intended to demonstrate the progress achieved in mitigating the strategic risk even where this has not progressed to the point where a change in the risk score can be recommended. Since the Board reviewed the BAF at quarter 4 in May 2021, a number of gaps in control have been addressed across the BAF but are not considered sufficiently material at this point to justify a change in the headline risk score, but a change in the assurance rating for SR8 is recommended.

Strategic Risk 4 (system working) is reserved to the Board. The Board is asked to review and agree the risk score and assurance level for this risk. In May, the Board set the risk score at 12 (4 consequence x 3 likelihood), with an increased assurance rating of 'good' from 'partial' on the basis of the progress achieved in-year. When the Board reviewed the risk score at Q4, it considered that while the Trust had made significant progress in working as part of the SWL ICS, the inherent risks around system working that went beyond the Trust's control warranted the risk score being maintained at 12. At Q1, a risk score of 12 and assurance rating of "good" is also proposed as there have been no material changes in Q1, though progress to continues to be made in working collaboratively with system partners and with Epsom and St Helier in particular. An in-year target risk score of 12(4x3) was set in May 2021 to reflect a realistic year end position for this risk to reflect the risk that other members of the Acute Provider Collaborative in SWL will pursue clinical/ commercial relationships with other tertiary NHS providers that pose a strategic threat to SGUH.

4. Recommendation

The Board is asked:

1. For the strategic risk reserved to itself (SR4) to:
   - Agree the proposed score of 12 (4c x 3l) (no change)
   - Agree the proposed assurance rating of 'good'.
2. For the nine risks assigned to its assuring committees to:
   - Agree the proposed risk scores, assurance ratings and statements from the relevant assuring committee, including approving the increase in assurance rating for SR8
   - Note the progress achieved in year in mitigating identified gaps in control and assurance

Outstanding care every time

Executive Summary

Strategic Risk 1: 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.

SR1 position at Q1 2021/22: Summary		
Proposed risk score at Q1:	**16** (4 consequence x 4 likelihood)	The current risk score for SR1 of 16 continues to reflect the level of risk around patient and staff exposure to the SARS-CoV-2 virus and delays in patient treatment and the elective backlog due to Covid-19. Reviewed and endorsed by Quality and Safety Committee on 22 July 2021.
Proposed year-end target risk score	**12** (4 consequence x 3 likelihood)	In 2020/21, a target risk score of 12 was agreed by the Board. Although not met, it is proposed that the target risk score of 12 is retained for 2021/22. Absent Covid, our calculation is that the risk score would be 12 (4x3).
Initial risk score – July 2020 (unmitigated score)	**20** (4 consequence x 5 likelihood)	The Board recognised the initial (unmitigated) risk score of 20 for SR1 at its meeting in July 2020.
Proposed assurance rating at Q1:	**Partial**	No current actions to address identified gaps in control were due for completion in this quarter, and a Q1 risk assurance rating of partial is therefore proposed. Four of the six actions to address gaps in control are scheduled to be completed in Q2, and completion of these actions may enable an increase in the assurance rating in Q2. The assurance rating also reflects the fact that there continue to be significant unknowns related to the future development of the pandemic, and controls the Trust can put in place either individually or together with partners can only go some way to addressing the level of risk associated with Covid-19.
Change from last quarter:	⟷ **No change**	No changes are proposed to the overall risk score or to the assurance rating at Q1. Risk score: Given the level of risk in relation to Covid-19, the impact on waiting times and elective care, it is not considered possible to reduce this risk further at this stage. Assurance rating: Given that a number of gaps in control and assurance remain which are due for completion in Q2, the assurance rating remains partial but may be revised upwards in Q2 with the completion of actions to address gaps in control.
SR1 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	There are six actions to address identified gaps in control and assurance. Following a re-basing of delivery times, agreed in Q3 2020/21, none of these actions were due for completion in Q1 2021/22. Four of the six actions are due to be completed in Q2 2021/22. This month a new gap in control has been identified in relation to life support training, and a corresponding action has been added, with a completion date of September 2021.

Executive Summary

Strategic Risk 2: We are unable to provide outstanding care as a result of weaknesses in our clinical governance

SR2 position at Q1 2021/22: Summary		
Proposed risk score at Q1:	**12** (4 consequence x 3 likelihood)	The current risk score for SR2 of 12 continues to reflect the level of risk around our clinical governance in the context of the continuing implementation of integrated clinical governance improvement plan, which is scheduled for implementation by March 2022. Reviewed and endorsed by Quality and Safety Committee on 22 July 2021.
Proposed year-end target risk score	**8** (4 consequence x 2 likelihood)	In 2020/21, a target risk score of 8 was agreed by the Board. Although not met, it is proposed that the target risk score of 8 is retained for 2021/22 on the basis that full implementation of the clinical governance improvement plan is scheduled for completion by March 2022, which is expected to materially mitigate the risk and lower the risk score. A Quality and Safety Committee deep dive into SR2 is scheduled for November 2021 along with a review of progress in the implementation of the clinical governance improvement plan; progress at that point may enable the risk score to be lowered.
Initial risk score – July 2020 (unmitigated score)	**16** (4 consequence x 4 likelihood)	The Board recognised an initial (unmitigated) risk score of 16 for SR2 at its meeting in July 2020.
Proposed assurance rating at Q1:	**Partial**	As assurance rating of partial is proposed. Further implementation of the clinical governance improvement plan will be material to increasing the assurance rating. Subject to this, it is expected that an increase in the assurance rating will be possible in Q3 2021/22.
Change from last quarter:	⟺ **No change**	No changes are proposed to the overall risk score or to the assurance rating at Q1. Risk score: Unchanged due to ongoing actions to mitigate risk and address gaps. Assurance rating: Unchanged due to slippage in actions to address gaps
SR2 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	During 2021/22, this risk has been mitigated by the completion of a number of identified gaps in control: ➢ The recommendations from the third phase clinical governance review have been considered and an action plan to address these has been developed, integrated with the wider clinical governance improvement plan, and has been presented to the Board. Delivery of all aspects of the clinical governance improvement plan is scheduled for March 2022.

Executive Summary

Strategic Risk 3: Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives

SR3 position at Q1 2021/22: Summary		
Proposed risk score at Q1:	**20** (5 consequence x 4 likelihood)	It is proposed that a risk score of 20 continues to reflect the level of risk in relation to both access to treatment and ICT.
Year end target risk score	**15** (5 consequence x 3 likelihood)	The Board agreed a target risk score of 15 at year-end 2020/21 and the Finance and Investment Committee agreed to roll forward this target risk into 2021/22.
Initial risk score – July 2020 (unmitigated score)	**25** (5 consequence x 5 likelihood)	Absent the mitigations currently in place, the risk score would be 25.
Proposed assurance rating at June 2021:	**Limited**	It is proposed that this remains unchanged until the following controls are fully in place and reporting – external audit of RTT validation processes; audit of non-RTT and DM01 waiting lists. These actions are expected to be completed by September 2021
Change from last month:	⟷ **No change**	The change from 20 to 16 is proposed to the overall risk score. No change is proposed for the assurance rating at June 21. Risk score: Small change due to ongoing actions to mitigate risk and address gaps due for completion later in the year. Assurance rating: There has been a slippage in actions.
SR3 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	No new controls have been delivered in Q1. However, the Trust has demonstrated consistent delivery for Priority 1 patients (cancer and non-cancer, treat within 72 hours) and Priority 2 patients (cancer and non-cancer, treat within 28 days) which the Trust has sustained throughout the second COVID surge to date. This means that we are treating patients with urgent clinical needs in a timely way. We have also made good progress on reducing long waiters for first outpatients, and are ahead of our trajectory to achieve this. This delivery also reduces the delivery of unknown clinical risk on our waiting lists.

Executive Summary

Strategic Risk 4: As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London

SR4 position at Q1 2021/22: Summary		
Proposed risk score at Q1:	**12** (4 consequence x 3 likelihood)	The current risk score for SR4 of 12 continues to reflect the significance and importance of system working, and attendant risks.
Year end target risk score	**8** (4 consequence x 2 likelihood)	The target risk score of 12 was achieved at year end 2020/21. The Board is asked to consider the target risk for year end 2021/22, and it is proposed that a target risk of 8 be set on the basis that the Trust is making good progress in working collaboratively with system partners and specifically in its collaboration with Epsom and St Helier.
Initial risk score – July 2020 (unmitigated score)	**16** (4 consequence x 4 likelihood)	Absent the mitigations currently in place, the risk score would be 16.
Proposed assurance rating at Q1:	**Good**	The Board increased its assurance rating for SR4 from "partial" to "good" at Q4 2020/21, and a continuation of this position is proposed.
Change from last month:	⟷ **No change**	No changes are proposed to the overall risk score or to the assurance rating at Q1. Risk score: Unchanged due to strategy long term plan for implementation of all mitigations Assurance rating: There has been slippage in actions.
SR4 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	During 2021/22, this risk has been mitigated by the establishment of new controls : ➢ The opening of the new modular surgery unit at Queen Mary Hospital as a centre for elective surgery which will assist the Trust and the wider SWL system reduce the elective backlog. ➢ The appointment of the Trust Chief Executive as Lead CEO for the SWL Acute Provider Collaborative ➢ Further progress in collaboration with Epsom and St Helier

Executive Summary

Strategic Risk 5: We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities

SR5 position at Q1 2021/22: Summary		
Proposed risk score at Q1:	**20** (5 consequence x 4 likelihood)	The current risk score for SR5 of 20 continues to reflect the level of financial uncertainty and risk the Trust faces in year, particularly in relation to the H2 position. Reviewed and endorsed by Finance and Investment Committee on 22 July 2021.
Year end target risk score	**12** (4 consequence x 3 likelihood)	The Board agreed a target risk score of 12 at year-end 2020/21 and the Finance and Investment Committee agreed to roll forward this target risk into 2021/22.
Initial risk score – July 2020 (unmitigated score)	**25** (5 consequence x 5 likelihood)	Absent the mitigations currently in place, the risk score would be 25.
Proposed assurance rating at Q1:	**Partial**	The Finance and Investment Committee endorsed an assurance rating of "partial" at its meeting on 22 July 2021.
Change from last month:	⟷ **No Change**	No changes are proposed to the overall risk score or to the assurance rating at Q1. Risk score: Unchanged due to ongoing actions to mitigate risk and address gaps. Assurance rating: Unchanged due to slippage in actions to address gaps
SR5 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	During 2021/22, this risk has been mitigated by the completion of actions to address identified gaps in control and assurance: ➢ Plan in place for financial balance in 21/22, or in line with NHSI/E control total and the plan has been submitted to NHSE/I Further actions to address gaps in control and assurance are being implemented.

Executive Summary

Strategic Risk 6: We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds

SR6 position at Q1 2021/22: Summary		
Proposed risk score at Q1:	**20** (4 consequence x 5 likelihood)	The current risk score of 20 reflects the challenges the Trust faces in relation to capital funding, which remains materially short of requirements in 2021/22 while the capital funding position beyond the current year is uncertain. Reviewed and endorsed by Finance and Investment Committee on 22 July 2021.
Year end target risk score	**12** (4 consequence x 3 likelihood)	The Board agreed a target risk score of 12 at year-end 2020/21 and the Finance and Investment Committee agreed to roll forward this target risk into 2021/22.
Initial risk score – July 2020 (unmitigated score)	**25** (5 consequence x 5 likelihood)	Absent the mitigations currently in place, the risk score would be 25.
Proposed assurance rating at Q1:	**Partial**	The Finance and Investment Committee endorsed an assurance rating of "partial" at its meeting on 22 July 2021.
Change from last month:	⟺ **No change**	No changes are proposed to the overall risk score or to the assurance rating at Q1. Risk score: Unchanged due to ongoing actions to mitigate risk and address gaps. Assurance rating: There has been a slippage in the completion of actions.
SR6 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	No new controls have been put in place in Q1 2021/22 to date, but the Trust is pursuing emergency funding through the ICS to NHSEI and alternative methods of financing the current programme are being developed by the DCFO.

Executive Summary

Strategic Risk 7: We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure

SR7 position at Q1 202122: Summary		
Proposed risk score at Q1:	**20** (4 consequence x 5 likelihood)	The current risk score for SR7 of 20 reflects the current level of risk in relation to the Trust's estate. It is anticipated that a reduction in the risk score to 16 will be achievable in Q2 2021/22 following the approval of the estates strategy, strengthening of estates governance groups, and the updating of the Premises Assurance Model. Reviewed and endorsed by Finance and Investment Committee on 22 July 2021.
Year end target risk score	**16** (4 consequence x 4 likelihood)	The target risk score at year-end has not been met, however it is anticipated that this reduction will occur reasonably soon within the next year. A number of key gaps remain, particularly in relation to capital planning and the need for a more sustainable approach for year-on-year investment for the long term. This will be mitigated by the approval of a new estate strategy There has been a slight slippage in the originally identified timetable due to COVID pressures such as oxygen supply to the Trust which has been largely successful and offered opportunities for shared learning across other compliance areas.
Initial risk score – July 2020 (unmitigated score)	**25** (5 consequence x 5 likelihood)	Absent the mitigations currently in place, the risk score would be 25.
Proposed assurance rating at Q1:	**Partial**	The Finance and Investment Committee endorsed an assurance rating of "partial" at its meeting on 22 July 2021.
Change from last month:	⟷ **No change**	No changes are proposed to the overall risk score or to the assurance rating at Q1. Risk score: Unchanged pending agreement of estates strategy, green plan, and PAM review Assurance rating: the assurance rating will be re-assessed once actions to close gaps in control are completed
SR7 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	No new controls were put in place in Q1 2021/22. However, significant new controls are scheduled for delivery during Q2 2021/22 which are forecast to impact positively on both the overall risk score and assurance rating. During Q1 the focus has been on finalising the estates strategy and green plan, which is presented to the Board for approval in July. This will put in place considerable control measures against a number of our strategic risks. We are continuing to review reductions in our risk levels to be agreed by our strategic assurance groups across key areas such as water and electrical compliance. We are also working with the Chief Nurse to look at streamlining the structure of these groups. We will target to complete all of this work within Q2. We are now meeting with clinical governance leads monthly to ensure that the clinical risk registers and E&F risk registers align on the scope of assessment of risks, which will be critical in ensuring that correct data is used in capital allocations. All of the above will need to be reflected in a major update to our Premises Assurance Model, which will be undertaken in Q2.

Executive Summary

Strategic Risk 8: We fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity because our staff are not empowered to deliver to their best and do not feel safe to raise concerns

SR8 position at Q4 2021/22: Summary		
Proposed risk score at Q1:	**16** (4 consequence x 4 likelihood)	The current risk score for SR8 of 16 reflects the level of risk in relation to culture across the organisation. The strengthening culture action plan has been developed and implementation has begun, but until this progresses further the Trust continues to face challenges around culture, diversity and inclusion, and raising concerns. Reviewed and endorsed by Workforce and Education Committee on 15 July 2021.
Proposed year-end target risk score	**12** (4 consequence x 4 likelihood)	Notwithstanding the lead-time required for actions designed to impact on the culture of any organisation, the WEC provisionally endorsed a proposal to set a stretching year-end target risk score of 12 (4 x 3) on the basis that the culture action plan, D&I action plan, and FTSU action plan are scheduled to make significant progress over the next year. The Committee will consider this further at its next review of the BAF.
Initial risk score – July 2020 (unmitigated score)	**20** (4 consequence x 5 likelihood)	The Board set an initial risk score of 20 for SR8 at its meeting in July 2020.
Proposed assurance rating at Q1:	**Good**	An increase in the assurance rating from "partial" to "good" is proposed at Q1 2021/22. This is based on the following: • A clear strengthening culture action plan was agreed by the Board in May 2021, and a delivery governance structure is in place • Progress has been made in delivering the D&I action plan to date • Progress has been made in implementing the FTSU strategy to date • Leadership development programmes are being put into place • There is clear governance and reporting around this work through the Culture Diversity and Inclusion Programme Board, which has commenced its meetings.
Change from last quarter:	↑ **Improvement**	Risk score: No change proposed (4 consequence x 4 likelihood) Assurance rating: Proposed increase from "partial" to "good"
SR8 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	During 2021/22 to date, this risk has been mitigated by the completion of a number of identified gaps in controls: ➢ Board agreed the culture programme action plan ➢ Culture Diversity and Inclusion Programme Board has been constituted and held its first full meeting ➢ Launch of Big 5 to respond to staff feedback in 2020 NHS Staff Survey ➢ Pulse survey tool finalised in June ahead of launch in July 2021 ➢ Held "Let's Talk" month in June 2021 to raise awareness of speaking up

Outstanding care every time

Executive Summary

Strategic Risk 9: We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels

SR9 position at Q4 2021/22: Summary		
Proposed risk score at Q1:	**16** (4 consequence x 4 likelihood)	The current risk score for SR9 of 16 continues to reflect the current level of risk in relation to recruitment, retention, education and development. However, significant progress has been made in mitigating this risk and we are now at the cusp of being able to reduce the risk score to 12. This will be reviewed in July and August and a recommendation will be brought to WEC in September 2021 on whether to change the overall risk score. Reviewed and endorsed by Workforce and Education Committee on 15 July 2021.
Proposed year-end target risk score	**12** (4 consequence x 3 likelihood)	A target risk score of 12 at year-end is proposed on the basis that significant progress has already been made in mitigating this risk, and a number of supporting risks have been closed. Further progress is envisaged in the coming months, potentially with a reduction of the risk to 12 in Q2 2021/22, so on balance a year end position of 12 is considered appropriate.
Initial risk score – July 2020 (unmitigated score)	**20** (4 consequence x 5 likelihood)	Absent the mitigations in place, the risk score would be 20.
Proposed assurance rating at Q1:	**Partial**	An assurance rating of 'partial' was agreed by WEC for Q1 2021/22.
Change from last quarter:	⟷ **No change**	No changes are proposed to the overall risk score or to the assurance rating at Q4. Risk score: Unchanged due to slippage in completion of actions to mitigate risk and address gaps Assurance rating: Given that a significant number of gaps in control and assurance remain, and the slippage in completion of actions, it is not considered the appropriate time to increase the assurance rating.
SR10 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	Eight of the 10 actions to address identified gaps in control and assurance are scheduled to be completed in Q2 2021/22 (with some of these having been deferred from earlier in the year). It is considered that should these be delivered as planned, it will be possible at that point to revisit the risk score and assurance rating.

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Executive Summary

Strategic Risk 10: 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

SR10 position at Q1 2021/22: Summary		
Proposed risk score at Q1:	**9** (3 consequence x 3 likelihood)	The current risk score for SR10 of 9 continues to reflect the level of risk in relation to research, which balances the strong progress on Covid research against the impact of the pandemic on non-Covid research and the continuing absence of clarity on funding. Reviewed and endorsed by Quality and Safety Committee on 22 July 2021.
Proposed year-end target risk score	**6** (3 consequence x 2 likelihood)	In 2020/21, a target risk score of 6 was agreed by the Board. Although not met, it is proposed that the target risk score of 6 is retained for 2021/22 on the basis that the actions to address remaining gaps in control are scheduled to be delivered by December 2021.
Initial risk score – July 2020 (unmitigated score)	**12** (3 consequence x 4 likelihood)	Absent the mitigations currently in place, the risk score would be 12.
Proposed assurance rating at Q1:	**Good**	We have considered whether the assurance rating can be upgraded. While the assurance rating is "good", it is not considered to yet meet the requirements of "substantial" given the impact of Covid and the limitations on the Trust's control environment to mitigate to the risk to non-Covid research.
Change from last month:	⟺ **No change**	No changes are proposed to the overall risk score or to the assurance rating at Q1. Risk score: Unchanged due to ongoing actions to mitigate risk and address gaps due for completion later in the year. Assurance rating: Actions to address gaps on track but not yet due. There has been no slippage in actions.
SR10 In year-risk mitigation – actions taken to address gaps in control and assurance		
In year progress in mitigating risks	**Gaps in assurance and control closed in-year to date**	No actions to address identified gaps in control and assurance were due for completion in Q1 2021/22. All remaining actions are due for completion in December 2021.

Strategic Risks: High Level Summary – Assurance Rating and Risk Score

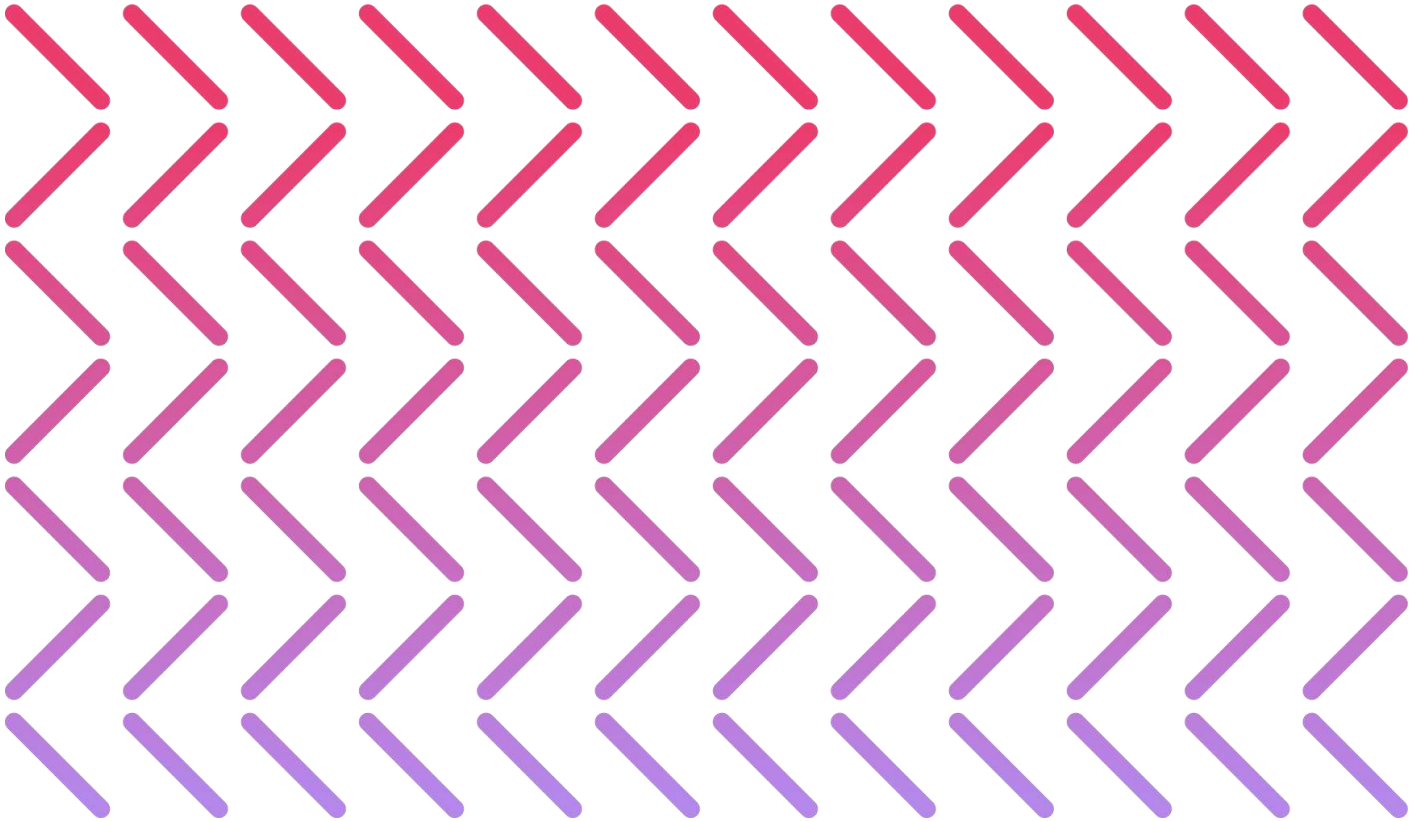
Strategic Objective	Corporate Objective	Risk Reference	2021/22 Strategic Risks	Assurance Rating	Risk Score Q1 2021/22	Proposed Target Risk Score for 21/22
1. Treat the patient, treat the person	Care	SR1	Our patients do not receive safe and effective care built around their needs because we fail to build and embed a culture of quality improvement and learning across the organisation	Partial	Extreme - 16	High - 12
	Care	SR2	We are unable to provide outstanding care as a result of weaknesses in our clinical governance	Partial	High - 12	Moderate - 8
2. Right care, right place, right time	Care	SR3	Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives	Limited	Extreme - 20	Extreme - 16
	Collaboration	SR4	As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London	Good	High-12	High-12
3. Balance the books, invest in our future	Collaboration	SR5	We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities	Partial	Extreme - 20	High-12
	Collaboration	SR6	We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds	Partial	Extreme - 20	High-12
4. Build a better St George's	Care	SR7	We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure	Partial	Extreme - 20	Extreme - 16
5. Champion team St George's	Culture	SR8	We fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity because our staff do not feel safe to raise concerns and are not empowered to deliver to their best	↑ Good	Extreme - 16	High - 12
	Culture	SR9	We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels	Partial	Extreme - 16	High - 12
6. Develop tomorrow's treatments today	Collaboration	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.	Good	Moderate - 9	Low - 6

Outstanding care every time

Strategic Objective 1: Treat the Patient, Treat the Person
Strategic Risks SR1 and SR2

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



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Strategic Objective	**Treat the patient, treat the person**		***Corporate Objective 2021/22:***	***Care***
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 improvement and learning across the organisation**			

Risk Appetite / Tolerance	**LOW**	Patient safety is our highest priority and we have a **low appetite** for risks that impact on patient safety. Our appetite for risks affecting patient experience is also low, but is higher than for risks impacting on patient safety. If patient experience conflicts with patient safety, the safety of services will always be our highest priority.	**Assurance Committee**	**Quality and Safety Committee**
			Executive Group	Patient Safety and Quality Group
			Executive Lead(s)	Chief Nurse & DIPC Chief Medical Officer
			Date last Reviewed	22 July 2021

Current risk and assurance assessment

Strategic Risk 1 sets out the risk to the delivery of the Trust's clinical strategy of a failure to ensure that patients receive safe and effective care due to a failure to build and embed a culture of quality improvement and learning across the Trust. Key contributing elements to this risk are risks on the Corporate Risk Register relating to Covid-19, waiting times, infection prevention and control, treatment escalation, and learning from deaths.

During 2020/21, this risk has been mitigated by the completion of a number of identified gaps in control:

- Development and approval of the implementation plan for year 1 of the Quality and Safety Strategy
- Established a standardised process for distributing key messages for learning from complaints throughout the divisions
- Friends and Family Test – SMS surveys for inpatient surveys set up. The Trust has also implemented a SMS feedback method for virtual and face to face outpatient appointments
- Electronic sepsis screening tool live on iClip
- Procurement of PPE is more stable as the Trust deals with UK manufacturing and suppliers
- Covid-19 testing is carried out on day 1, 3 and 7 of admission
- Mask wearing introduced for in-patients
- Emergency floor development has increased the number of single room isolation facilities

The current risk score of 16 (Extreme) highlights the level of risk the Trust is balancing with particular reference to infection control and avoidable harm across nine supporting risks (five of which relate to Covid-19). The assurance strength is rated as partial to reflect the gaps in controls and the sources of assurance outlined above and overleaf which means there are weaknesses related to controlling this strategic risk.

Overall SR Rating – Quarterly Scores

Period 2021/ 2022	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 2021/22
Q1	Extreme 16 = 4(C) x 4(L)	Partial		20 = 4(C) x 5(L)	12 = 4(C) x 3(L)
Q2					
Q3					
Q4					

Summary COVID-19 Impact

The Covid-19 pandemic has had a significant impact on this strategic risk, in terms of both the overall risk score and the risk profile. Mapped against this strategic risk are five risks on the Corporate Risk Register related to Covid-19 (risk of exposure to Covid-19; risk of non-Covid patients – both those know and those not known to the Trust – waiting too long for treatment; risk of availability of personal protective equipment; risk of lack of fit testing for FFP3 masks). Absent the pandemic, and the associated risks on the Corporate Risk Register, a risk score of 12 would be possible.

The Trust developed a Covid-winter and Flu plan which was approved by Board in September 2020, implemented this flexibly in wave two, and has planned with partners in SWL for a further surge. Infection Prevention and Control guidance continues to be implemented and revised as and when required directed by Public Health England.

Strategic Objective	Treat the patient, treat the person	*Corporate Objectives 2021/22:*	*Care*
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 improvement and learning across the organisation**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of assurance (positive/ negative)		
	Q1	Q2	Q3	Q4		1	2	3
Quality and Safety Strategy in place and approved by the Trust Board (January 2020) supported by an implementation plan	S				-Trust removed from Quality Special Measures in March 2020 following improvements documented in CQC inspection report published in Dec 2019 -Treatment Escalation Plan (TEP) in place and implementation tracked in IQPR Quarterly progress delivery reports to committee		X X	X
Serious Incident reporting and Investigation Policy including electronic incident reporting system (Datix) in place	S				-Weekly review of serious incidents at serious incident declaration meeting and monthly report to PSQG and QSC (Note the Trust is currently awaiting the new - Patient Safety Incident Reporting Framework) Internal Audit report/internal management action plan: rated substantial assurance		X X	X X
Complaints Policy in place	G				-Quarterly complaints report to Patient Safety Quality Group identifying emerging themes and learning -Internal Audit report including internal management action plan: rated reasonable assurance -Learning from complaints included in divisional governance reports		X X X	X
Friends and Family Test – *SMS feedback method in place for virtual and face to face outpatient appointments* - Text messaging – SMS surveys for inpatient surveys set up	G				Friends and Family Test: provides a measure of how we learn from our complaints		XX	XX
Infection Control Policy including Root Cause Analysis (RCA) for all C. Diff cases to ensure learning in place	S				-Infection control audit reports identifying emerging themes and improvement actions -Ward round monitoring to ascertain that infection control requirements are in place and followed and periods of increased Surveillance and Assessment (PISA)	X X	X X	
Early Warning Score training in place	G				-nEWS assurance audit completed over August/September 2020: Complete set 83%; Correctly scored 88%; Appropriate response 60%; Frequency 82%	X	X	
Sepsis tool live on iClip	G					X		
COVID-19 measures: patient testing, masks, and facilities	G				-Covid testing carried out on day 1, 3 and 7 of admission; Masks wearing for in-patients; Emergency floor development increased number of single isolation facilities	X		
Governance structure – new appointed positions: Deputy CMO, Head of Patient Safety and Clinical Effectiveness, all new posts in legal services, Team leader M&M and MDT Co-ordinator, M&M and MDT Co-ordinators commenced and Head of Risk and Compliance recruited to	R					X		

Strategic Objective	Treat the patient, treat the person	*Corporate Objectives 2021/22:*	*Care*
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 improvement and learning across the organisation**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Newly recruited staff in corporate governance to embed a culture of quality improvement and learning	• Embed new posts within the corporate and divisional teams supported by individually agreed objectives • Ensure consistent application of standardised processes for incident reporting	Mar 2022	
Seven day clinical services standards (also see SR3)	**Implementation of Divisional action plans to achieve seven day clinical service standards compliance.** *All Care Groups have updated their risk assessment. Directorates have defined plans to address all non-compliance.* *Provision of MRI has an action plan which depends on re-tendering for the expansion, which has been paused. In the meantime, the Trust is planning to mitigate the impact by expanding the staffing of the current MRI capacity.*	~~Sep 2020~~ Sep 2021	
Critical Care Outreach team not recruited to full establishment	**Deliver recruitment plan to Critical Care** *Critical Care recruitment plan reviewed and revised as partial recruitment only achieved due to Covid-19. The multidisciplinary make-up of the team is being reassessed which may involve recruiting more senior nurses B7. Re-costing models currently being finalised*	~~July 2020~~ Aug 2021	
Early Warning Score electronic devices not reliable due to IT issues as patient observations are not visible by the bedside. Lack of handheld devices to facilitate nurses' awareness of vital signs	**Improve Early Warning Score electronic device availability in the wards through Wi-Fi and address cold spot** *Wi-Fi will be addressed through the ICT Network improvement Project which is expected to run until the end of 2021*	~~Jan 2021~~ Dec 2021	
Divisional reporting by ward to PSQG on the number of Treatment Escalation Plans in place for all non-elective adult patients within 24 hours of admission	**Commencement of divisional reporting on TEPs** Divisional reports to Patient Safety and Quality Group amended to ensure reporting from Quarter 1 2021/22 onwards. Reporting schedule to commence in August 2021	Jul 2021	
Life support training is below target across advanced, intermediate and basis levels.	Programme to increase the numbers of staff who have undertaken required life support training is in place and the targets are scheduled to be met in (or potentially before) September 2021.	Sept 2021	

Strategic Objective	Treat the patient, treat the person	*Corporate Objectives 2021/22:*	*Care*
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 improvement and learning across the organisation**		

Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
All adult inpatients to have a Treatment Escalation Plan in place within 24 hours of admission					June 2021 - TEP completion rates at 26.5% continued to show special cause improvement *
Compliance with appropriate response to Early Warning Score (adult)					June 2021 - Compliance with appropriate response to EWS (adults) was 91%
Severity of reported incidents					May 2021 - Severity of adverse incidents – 97% No harm/ Low harm
Number of declared serious incidents					5 serious incidents were declared in June 2021
Open serious incident investigations > 60 days					All serious incident investigations continue to be completed within the 60 day timeframe
Number of declared Never Events per month (0)					No Never Event declared in June 2021
Infection Control (MRSA, C. Diff, MSSA, E-Coli)					MRSA 0, Hospital Acquired CDiff 2; MSSA 3; and E-Coli 5 reported in June 2021
Number of hospital acquired pressure ulcer category 3 and above					4 category 3 pressures ulcers in June 2021
Safety Thermometer percentage of patients with Harm Free Care (new harm)	**N/A**				*National reporting paused since April 2020*
Friends and Family Test					In June 2021 one services did not meet their target for positive FFT response

Emergent / future risks	Future opportunities
• Culture shift to embed quality improvement and learning does not happen, or does not happen quickly enough • Reputation of speciality services and impact on business • System working related to hospital specific clinical pathways may mean that we cannot manage our own activity • Impact of any future surge of Covid-19 on the Trust's ability to provide care to all patients in a timely way and on its capacity to learn from incidents • Unable to ensure effective patient engagement as a result of the impact of Covid-19 • Quality Improvement Academy does not have traction to effectively promote a culture of learning across the Trust	• We can utilise the data we hold related to our patients and the activity across our services to improve our learning in the organisation and how we plan and/ or deliver our services. We can also develop, adopt and promote key safety measurement principles and use culture metrics to better understand how safe our care is • The new National Patient Safety Incident Reporting Framework with its enhanced focus on learning will enable us to work together with our patients and their families to improve our investigation of incidents • Covid-19 provides opportunities to think differently about how we engage with patients, service users and their families

Outstanding care every time

Strategic Objective	Treat the patient, treat the person	*Corporate Objectives 2021/22:*	*Care*

SR2	We are unable to provide outstanding care as a result of weaknesses in our clinical governance

Risk Appetite / Tolerance	**LOW**	We have a **low appetite** for risks that affect the robustness of our clinical governance structures, systems and processes as these can impact directly on the quality of care patients receive.	**Assurance Committee**	**Quality and Safety Committee**
			Executive Group	Patient Safety and Quality Group
			Executive Lead(s)	Chief Nurse & DIPC Chief Medical Officer
			Date last Reviewed	22 July 2021

Current risk and assurance assessment

Improving clinical governance is a key priority in the Trust's Quality and safety Strategy 2019-24. The independent governance reviews undertaken in 2019 show that there is a need for significant strengthening of clinical governance. The Trust is in the process of implementing the recommendations from the reviews, but progress has been impacted by Covid-19.

Following the publication of the Independent Mortality Panel's Review and Independent Scrutiny Panel's Review on 26 March 2020 Trust Board reviewed the comprehensive sources of assurance that the cardiac surgery service at St George's is safe, and the Trust Board also reviewed the assurance that all the recommendations of these reports had been or were being acted upon. The CMO and the Associate Medical Directors continue to progress improvement actions and drive engagement. The Board has requested a comprehensive report on cardiac surgery one year on from the publication of the review.

The Trust has key controls and sources of assurance in place, for example the implemented Medical Examiner service and weekly care Group Leads meeting led by the Chief Medical Officer. There are number of gaps in controls and sources of assurance in particular the work to strengthen clinical governance as highlighted above by reducing variation in our processes for Mortality and Morbidity monitoring at care group level.

The current risk score of 12 (High) highlights the level of risk the Trust is balancing across seven supporting risks including failure to act on diagnostic findings, to comply with the Mental Capacity Act and to improve clinical governance. The assurance strength is rated as partial to reflect the gaps in the controls and sources of assurance outlined and above overleaf which means there are weaknesses related to controlling this strategic risk.

Overall SR Rating – Quarterly Scores

Period 2021/ 2022	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 2021/22
Q1	High 12= 4(C) x 3(L)	Partial		20 = 4(C) x 5(L)	8 = 4(C) x 2(L)
Q2					
Q3					
Q4					

Summary COVID-19 Impact

Covid-19 resulted in a temporary suspension of improvement work in particular relating to the Must and Should do actions within the Trust CQC action plan and the actions associated with the phase 1 and 2 governance reviews. The CNO and CMO reviewed and revised the delivery dates for the improvement actions in the integrated clinical governance improvement plan with the agreement of the CQC. The CQC action plan was closed in April 2021.

There were delays in implementing recommendations from phase 1 and 2 governance review and a delay in delay in receipt of the outcome of the phase 3 governance review and the Trust engagement with the review.

Other plans have also been delayed due to resources being diverted to other Covid-19 priorities.

Strategic Objective	Treat the patient, treat the person	*Corporate Objectives 2021/22:*	*Care*
SR2	**We are unable to provide outstanding care as a result of weaknesses in our clinical governance**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of assurance (positive/ negative)		
	Q1	Q2	Q3	Q4		1	2	3
Action plan to deliver improvements identified by the CQC	S				• CQC inspection report December 2019: negative references to accuracy and safe storage of records and documentation of consent; positive references to services managing safety incidents well; and improved CQC rating for well led and a number of core services • Trust exiting Quality Special Measures • CQC reviewed progress against the CQC action plan at the Trust engagement meeting on 13 October 2020	X	X	X X X
Board agreement to invest in identified improvements to clinical governance	S				• Phase 1 and phase 2 external governance reviews • Phase 3 report and Board approved analysis of outstanding recommendations		X	X X
Improvement plan for Cardiac Surgery services	S				• Independent external mortality review • CQC inspection report December 2019: recognised improvements in Cardiac Surgery governance processes • NICOR: The Trust is out of alert and is within the expected mortality range	X	X	X X X
Risk management framework in place	R				• CQC inspection report December 2019: negative references to documentation of risks on risk registers • Internal audit report 2021 gives reasonable assurance		X X	X X
Mental Capacity Act (MCA) and Liberty Protection Safeguards (LPS) strategy in place	S				• MCA Steering Group reports to PSQG demonstrating progress against MCA strategy		X	
MCA level 1 and level 2 training programme in place	R				• MCA level 1 and 2 training levels across all staff groups reported	X X	X X	
Electronic templates for the recording of Capacity Assessment and best interest decisions	G				• Electronic templates for the recording of Capacity Assessment launched on 2 November 2020	X		
Medical Examiner System in place	S				• Medical Examiner office reviewed all non-coronial inpatient deaths in May 2020		X	X
Mortality Monitoring Committee and Learning from Deaths lead in place	G				• Learning from Deaths report including SHMI and sources of individual mortality alerts e.g. NICOR		X	
Updated IT technical system to support eDischarge summary	R				• Trust does not comply with NHSE Standard Contract for Discharge Summary			X
Governance structure – new appointed positions	R					X		
Agreed methodology for Consent	R				• Bi-annual Consent audit included in Audit Committee agreed Clinical Audit Programme 2021/22 • Consent Audit undertaken December 2020	X	X	

Strategic Objective	Treat the patient, treat the person	*Corporate Objectives 2021/22:*	*Care*
SR2	**We are unable to provide outstanding care as a result of weaknesses in our clinical governance**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Areas for improvement identified by the three phases of the external clinical governance review	Delivery of the Clinical Governance Improvement Programme 2021/22, which incorporates all agreed recommendations from the three phases of the external clinical governance review.	Mar 2022	
Full implementation of the Cardiac Surgery action plan to address all recommendations from the reviews	**Implement the Cardiac Surgery action plan** *Full implementation of the remaining two recommendations from the reports published by NHSEI in March 2020.*	~~Jan 2021~~ ~~Mar 2021~~ Oct 2021	
MCA level 3 training module not developed	**Develop and implement MCA level 3 training module. Level 3 / Champions programme** *There is limited resource to develop and implement the level 3 MCA training module. However, the module development is underway and will be implemented in Quarter 1 2021/22.*	Mar 2021	
OrderComms catalogue not kept up to date therefore not all results are reported via Cerner	**Update Cerner OrderComms catalogue:** *Delayed as resources diverted to set up COVID vaccine hub*	TBC	
eDischarge Summary Form not available on iClip	**Finalise the eDischarge form to be included onto iClip:** *Awaiting Cerner solution. The Trust is mitigating this risk by sending discharge documentation electronically via DOCMAN*	TBC	

Strategic Objective	Treat the patient, treat the person	*Corporate Objectives 2021/22:*	*Care*

SR2	We are unable to provide outstanding care as a result of weaknesses in our clinical governance

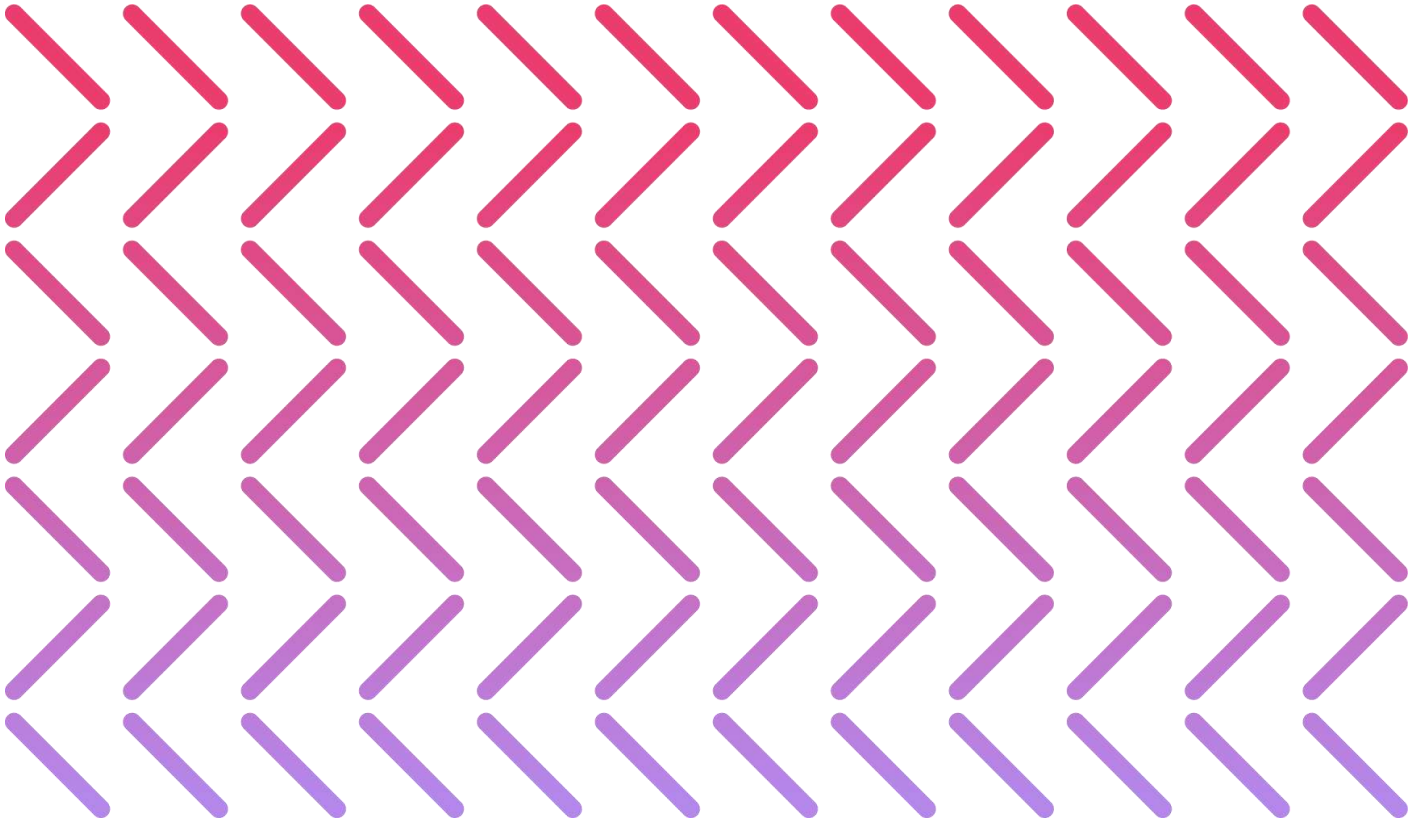
Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
Progress against phase 1 and phase 2 governance reviews					Learning from Deaths lead in place. Successful recruitment to all 14 posts in the original business case
Maintaining the SHIMI within the confidence level (<0.1)					SHMI is 0.83 for the year February – January 2021
Open serious incident investigations > 60 days					All serious incident investigations continue to be completed within the 60 day timeframe
Readmission within 30 days (linked to failure in discharge planning)					10% readmission rate in May 2021, compared with 9.7% in April 2021
Number of open actions on CQC Trust wide action plan (2 Must dos: 44 should dos)					40 actions now completed, 5 actions to be carried forward as business as usual in the Trust's Operational Recovery Plan and Capital Programme for 2021/22, 1 action remains open whilst further improvement work is undertaken. CQC action plan close report to QSC on 20 May 2021
MCA level 1 and level 2 training performance					June 2021 - Level 1 MCA training compliance is 85.6%, level 2 compliance is 79.8%
Diagnostic indicators – DM01					In June 2021 performance against the six-week diagnostic standard was 5% compared to 5.6% in May. In the month the number of patients waiting for more than six weeks has reduced by 13%. The number of patients waiting for more than 13 weeks reduced by 65%

Emergent / future risks	Future opportunities
• A further surge in summer 2021 may impact on the delivery of the Integrated Clinical Governance review action plan	• Implementation of the integrated clinical governance improvement programme is expected to deliver significant improvements in the Trust's clinical governance from ward to Board. • IT developments to support new ways of working e.g.care group meetings and communication

Strategic Objective 2: Right Care, Right Place, Right Time
Strategic Risks SR3 and SR4

SR3:
Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives

SR4:
As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London



Strategic Objective	Right care, right place, right time	*Corporate Objectives 2021/22:*	Care

SR3	Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives

Risk Appetite / Tolerance	**LOW**	We have a low appetite for risks that impact on operational performance as this can impact on patient safety, but our appetite here is higher than for risks that directly affect the safety of our services	
Assurance Committee	**Finance and Investment Committee**		
Executive Lead(s)	Chief Operating Officer		
Date last Reviewed	22 July 2021		

Current risk and assurance assessment

Improvements have been made in our technology and the Trust has key controls and sources of assurance in place, for example the continued roll out of Windows10 and Microsoft teams has facilitated the provision of virtual clinical services and the video conferencing system for patients (Attend Anywhere) is now in use with supporting laptops, webcams and headsets installed.

However, there are a number of gaps in controls and sources of assurance as given the significant increase in the number of virtual users, the existing infrastructure now requires significant investment to ensure its stability and functionality.

In addition, although some progress has been made the Trust has not achieved the clinical standards for seven day services.

The assurance strength is rated as limited to reflect the impact of Covid-19 and the gaps in controls and the sources of assurance outlined above and overleaf which means there are weaknesses related to the control of this strategic risk.

Overall SR Rating – Quarterly Scores

Period 2020/ 2021	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 2021/22
Q1	Extreme 20= 5(C) x 4(L)	Limited		25 = 5(C) x 5(L)	15= 5(C) x 3(L)
Q2					
Q3					
Q4					

Summary COVID-19 Impact

During the winter 2020 COVID surge, the Trust has sustained timely treatment for Priority 1 and urgent Priority 2 cancer and non-cancer activity. ED performance was compromised against the 4 hour standard during January and February, reflecting the challenges of flow through in-patient beds prompted by the complexities of managing infection prevention pathways across acute beds; however, as surge pressures have reduced then ED performance has strongly recovered, and is at or near the 95% standard consistently once more. The Trust continued with far more diagnostics during this most recent surge, although we reduced endoscopy activity by 45% during January and February to create the 3rd ITU surge area. Diagnostic recovery of long waiters continues to make steady progress across all modalities. The Trust ring-fenced paediatric elective capacity through this surge, recognising that the clinical prioritisation from the Royal Colleges does not always factor in the impact on a child's developmental milestones caused by safe delay in some surgical interventions; this has meant that the elective position for paediatrics currently is in a strong position.

Strategic Objective	Right care, right place, right time	*Corporate Objectives 2021/22:*	Care
SR3	**Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of assurance (positive/ negative)		
	Q1	Q2	Q3	Q4		1	2	3
Clinical Safety Strategy	S				Clinically driven plan agreed at Operational Management Group and approved at Quality and Safety Committee		X	
Insourced company to manage adult and paediatric ECHO.	R				Performance included in Integrated Quality and Performance Report (IQPR)	X	X	
Digital strategy - ICT Work plan aligned to Digital strategy	G				Digital strategy aligned to clinical strategy and outpatient strategy			XX
VDI	G				Improvement noticed by users Q4 of 2019/20 and reported to IGG but then Covid-19 pandemic increased homeworking/remote working and further improvements are now necessary to meet the 'new normal' with the improvement project in flight	XX		
Virtual clinics – video conferencing system with patients (Attend Anywhere) in use with supporting laptops, webcams and headsets installed; operational management by Corp OPD	R				Informatics Governance Group		X	
New workflow in iClip for Referral Assessment Service clinics as part of Covid19 changes	S				ICT Outpatient Project Steering Group and the Trust Communications news story published in Staff Bulletin 26 June 2020	X		
Provision of iCLIP clinic documentation for physical or virtual OPA available.	S				Trust Communications news story published in Staff Bulletin 26 June 2020	X		
Provision of Office365 and Microsoft Teams to support MDT cancer and orthopaedic meetings and further roll out in progress	S				ICT Covid-19 Service Management Report presented to IGG in April 2020 10,000 staff migrated to Office 365 with access to teams presented to IGG Oct 2020		X X	
ED rapid assessment and triage process in place	G				Clinical pathway and Standard Operating Procedure (SOP)	X		
Direct access pathways	G				Clinical Pathway and SOP	X		
Partnership working between ED and local Mental Health organisations to improve care and waiting time for patients attending the ED with mental health needs	R				Clinical Pathway, Memorandum of Understanding/ COMPACT, and local service performance metrics	X		
UCC direct pathways	G				Clinical Pathway and SOP	X		
Clinical Decision Outcome Form (CDOF) not incorporated within iClip	R					X		

Strategic Objective	Right care, right place, right time	*Corporate Objectives 2021/22:*	Care
SR3	**Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Availability of paediatric trained physiologist / ECHO technicians to carry out ECHO	Recruitment of vacant post within the new cardiac physiology structure Band 7 with experience in paeds ECHO however no accreditation. Recruitment process continues for band 8a lead with accreditations	Dec 2021	
Seven day clinical services standards	Implementation of Divisional action plans to achieve seven day clinical service standards compliance All Care Groups have updated their risk assessment. Directorates have defined plans to address all non- compliance. Capital works to install 2 static MRIs has commenced, with the equipment expected to go-live in January 21. Budget setting and job planning for 2021/22 will address a number of gaps in 7 day services. Further assurance sought of residual non-compliance areas due end of July 2021.	~~Sep 2020~~ June 2021	
Cyber security	Implement recommendation to improve cyber security - 2020/21 Project Plan – completed after penetration test. The network is segmented via VLAN, migration from N3 to HSCN done, password policy implemented. Forcepoint and IPS in place. Cyber Essentials task and finish group underway to provide assurance for end December 2021	~~Mar 2021~~ Dec 2021	
ICT disaster recovery (DR) plan – require solution for 2nd data centre	Design ICT disaster recovery (DR) plan to include provision for second data centre Draft plan for hybrid model approved by IGG in Dec 2020; Site for a 2nd physical onsite data centre will be longer term depending on internal build such a renal unit, or availability in community or sites in SW London. Cloud solution for partial DR now purchased and available. Current phase is implementation, moving suitable systems across to cloud solution with view to reducing score when complete so due date modified	~~Mar 2021~~ Mar 2022	
Outpatient virtual clinic, RAS and Attend Anywhere projects not fully implemented yet	Complete the ICT outpatient projects that are in flight - project re-scoped post-Covid and re-prioritised. Virtual clinics and Attend anywhere completed 2020 and BAU; 90% of specialties live with RAS aiming to complete Apr 21 - due date modified with 2nd Covid surge	~~Sep 2020~~ Sep 2021	
MDT teleconferencing for SWLP, equipment not yet provisioned; workflows changed due to Covid-19	ICT Project Plan 2020/21 to improve hardware and workflow for MDT teleconferencing. 4 rooms installed at end of 20/21 financial year and 2 re-planned for 2021/22 due to Covid	~~Sep 2020~~ Sep 2021	
Data warehouse capacity - not built to deal with current volume of data / continue use of paper based records. Cerner nightly extracts being terminated.	Project to improve data warehouse in capital plan 20/21 delayed due to Covid and now in 21/22 plan. Improvement project identifying alternative models of data management, with requirements developed to consider other organisations in SW London. Implementation following selection.	~~Mar 2021~~ Apr 2022	
Multiple clinical systems which do not interoperate leading to fragmented clinical records (use of standalone systems not using patient MRN as single identifier)	Projects for Outpatients and Theatres in 2020/21 ICT Project plan - DSU has gone live with updated content; QMH DCU and STG Obstetric theatres now live. Project paused due to Covid19 surge but expected to complete during 2021, Covid-permitting.	~~Dec 2020~~ Dec 2021	
Sufficient availability of VDI upgrade to support remote working	VDI Horizon upgrade to Win10 is now out to pilot groups in the trust; hardware replacement programme for outpatient areas; new remote access solution (Swivel) being rolled out – expect to complete end Q1 21/22	~~Oct 2020~~ Jul 2021	
ICT network infrastructure is old and not sufficiently resilient or able to meet today's demands for Wi-Fi and video-conferencing	Replacement of network core in Q1 21/22 followed by campus network and Wi-Fi completing Q4 2022/23. Phased improvement over this time period.	Mar 2022	

Strategic Objective	Right care, right place, right time	*Corporate Objectives 2021/22:*	Care
SR3	**Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives**		

Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
ED attendances					June 2021 – 13,910 ED Attendances. 2.63% lower than June 2019
Inpatient – non elective					June 2021 – 3,653 Non Elective Spells. 22.72% lower than June 2019
Inpatient – elective and day case					June 2021– 5,135 Day case / Elective activity. 4.78% lower than June 2019
Outpatient attendances					June 2021 – 52, 356 Attendances. 6.27% higher than June 2019
RTT					May 2021 the Trust reported 1,597 patients waiting for more than 52 weeks to receive treatment. This is a decrease of 577 patients compared to May and ahead of trajectory.
6 week Diagnostic Performance					June 2021 performance against the six-week diagnostic standard was 5% compared to 5.6% in May.
ED 4hr operating standard					June 2021 performance was 91.4%. Throughout June the Trust continued to see an increase in emergency demand with daily patient attendances to front end Emergency Services exceeding 470 on 17 days of the month
Cancer 14 Day Standard					May 2021 Performance against the 14 day standard was below the target of 93% reporting 88.8% compared to 86.9% in March.
Cancer 62 Day referral to Treatment Standard					May 2021 Performance was at 67.1% against the 85% target

Emergent / future risks	Future opportunities
Cerner nightly extracts being terminated so need to rebuild reporting in data warehouse to meet SUS/SLAM etc requirements	The restructure of the Genomics services will increase the demand on ECHO

Strategic Objective	Right care, right place, right time		*Corporate Objectives 2021/22:*	Collaboration
SR4	**As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London**			
Risk Appetite / Tolerance	**MODERATE**	Because we recognise that significant changes are necessary across the South West London system, we have a moderate appetite for risks that impact on system transformation and cross-system working in order to facilitate changes that will improve care for patients across South West London.		

Assurance Committee	**Trust Board**
Executive Lead(s)	Chief Strategy Officer
Date last Reviewed	27 May 2021

Current risk and assurance assessment

The SWL Integrated Care System's five year plan sets out how it will deliver the priorities within the NHS Long Term Plan. The Trust is a member of the SWL ICS and contributed to developing the five year plan. As the Trust works towards SWL system priorities there is a risk that these may not directly link with St George's. The Trust is an active member of the various forums across the SWL ICS and has opportunity to influence the future direction which also provides opportunity for the Trust to better understand its role in delivery. The Trust's CEO is a chair of the Acute Provider Collaborative which has a focus on developing standardised clinical pathways. The Trust is also represented on the SWL 'enabler' workstreams such as workforce, digital , estates and finance. The Trust's workforce strategy which was approved by Trust Board in November 2019 will support the Trust to develop the future workforce models required to deliver the ambitions. The management and clinical capacity within the Trust does pose a challenge going forward to enable sufficient engagement with the clinical priorities at SWL and Borough level.

COVID-19 has had an impact on this risk. There is a risk the Trust will not meet the stretching recovery trajectories set on elective care ,cancer and urgent/emergency care, and a risk to delivery of pre –COVID strategic priorities due to the required focus on COVID recovery plans. These risks and mitigations are set out in more detail under 'summary COVID-19 impact'. However COVID-19 has also accelerated some areas of collaborative transformational work across the system.

An in-year target risk score of 12(4x3) was considered by the Board to be a realistic year end position for this risk to reflect the significant and impact of system working changes. There remains an inherent tension between the statutory framework which places accountability on individual organisations and the move to greater system working, and this tension will continue pending legislative change.

Overall SR Rating – Quarterly Scores

Period 2020/ 2021	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 20/22
Q1	High 12= 4(C)x3(L)	Good		16 = 4(C) x 4(L)	12= 4(C)x3(L)
Q2					
Q3					
Q4					

Summary COVID-19 Impact

There is a risk to delivery of pre-Covid strategic priorities due to the required focus on Covid recovery plans. The Trust is continuing to work with system partners to integrate Covid recovery activity / governance arrangements with pre-existing plans/governance structures. The SWL ICS has established a Covid-19 Recovery Board which has overseen the development of, and will oversee delivery of, the SWL ICS Covid-19 recovery plan. The Trust CEO is a member of the SWL ICS Covid-19 Recovery Board. The collaborative approach adopted across SWL in the response to Covid-19 has accelerated cross boundary working and the integration and transformation of services albeit barriers to further integration exist due to existing legal/ statutory frameworks.

Strategic Objective	Right care, right place, right time	*Corporate Objectives 2021/22:*	Collaboration
SR4	**As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of Assurance (positive / negative)		
	Q1	Q2	Q3	Q4		1	2	3
The SWL ICS Programme Board on which the Trust CEO is a member	R				• CEO representation on the Board • Quarterly SWL ICS Updates to Trust Board		X	X
The Trust is a member of the SWL Acute Provider Collaborative	S				• The APC is chaired by the Trust CEO and has a focus on clinical pathway standardisation		X	X
SWL Covid-19 Recovery Structure has been established	R				• Trust representation on key workstreams • CEO is a member of the Recovery Board and chair of the Elective Recovery Programme		X	X
SWL Clinical Senate - set the clinical priorities for SWL	R				• The Trust is represented on the Clinical Senate by the CMO		X	X
SWL ICS Five Year Plan - the Trust contributed to developing the five year plan which set the priorities for SWL	R				• The Trust is represented at all SWL Integrated Care System meetings • The SWL ICS and Acute Provider Collaborative Forums allow general oversight of commissioner and provider plans to develop relationships outside the sector • The Trust is an active contributor to the key 'enabling' workstreams across the SWL ICS e.g. Workforce, Digital, Finance		X	X
A Wandsworth and Merton Provider Partnership Board is in place	R				• The Trust is represented on this Board and is a forum for agreeing the approach to place-based transformation		X	X
SWL Covid-19 Recovery Plan - driving greater collaboration	R				• The Trust CEO is a member of the SWL ICS Covid-19 Recovery Board , Steering Group and is chair of the Acute Cell		X	X
The Trust Workforce Strategy approved by Trust Board in November 2019 – a key driver being delivery of the SWL five year plan as well as the Trust's clinical strategy	R				• Implementation plans are in place and being delivered against		X	
Annual review of Trust Strategy	S				• The review of Trust strategy undertook in June confirmed that the priorities are still relevant taking account the changes in the external environment.		X	
Trust contribution to the Wandsworth and Merton Local Health and Care Plans	R				• The CSO is a member on both of the Borough Health and Care Partnership Boards • The CSO chairs the Wandsworth Borough Estates Strategy Working Group which will reflect any changes in clinical priorities		X	X
Exploration of opportunities for closer collaboration between St George's and Epsom and St Heliers Hospitals	S				• Programme Board established and Strategic Committees in Common set up, with ToR approved by both Boards		X	

Strategic Objective	Right care, right place, right time	*Corporate Objectives 2021/22*	Collaboration
SR4	**As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Limited clinical and management capacity within the Trust to engage with and deliver the clinical priorities for Wandsworth and Merton as set out in their respective Local Health and Care Plans	Both Wandsworth and Merton Health and Care Partnership Boards have reviewed the priorities in the LCHP in light of Covid-19 and this will provide an opportunity to re-assess the Trust's role in delivering these (The Trust is represented on both Boards) Future business planning activities to take account of the Trust's contribution to delivering the key priorities in the LHCP. NHSE/I have delayed business planning due to COVID, so this will be completed later than March 2021	March 2021	
With Covid-19 recovery being planned at SWL ICS level there is potential for Wandsworth and Merton Borough level priorities to be over-looked	Wandsworth and Merton Provider Board meetings which are attended by the Trust CEO are to identify any particular issues and so to act as the bridge between borough and system level planning	March 2021	
Arrangements for reducing collectively the elective backlog in SWL	Construction of modular theatres in QMH to provide elective day case procedures to assist in reducing elective backlog for the Trust and wider SWL.	Complete	
Impact of specialised commissioning devolution on the Trust's clinical service income	Engagement with the SWL system to shape arrangements for spec com devolution in SWL.	March 2022	

Strategic Objective	Right care, right place, right time	*Corporate Objectives 2021/22:*	Collaboration
SR4	**As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London**		

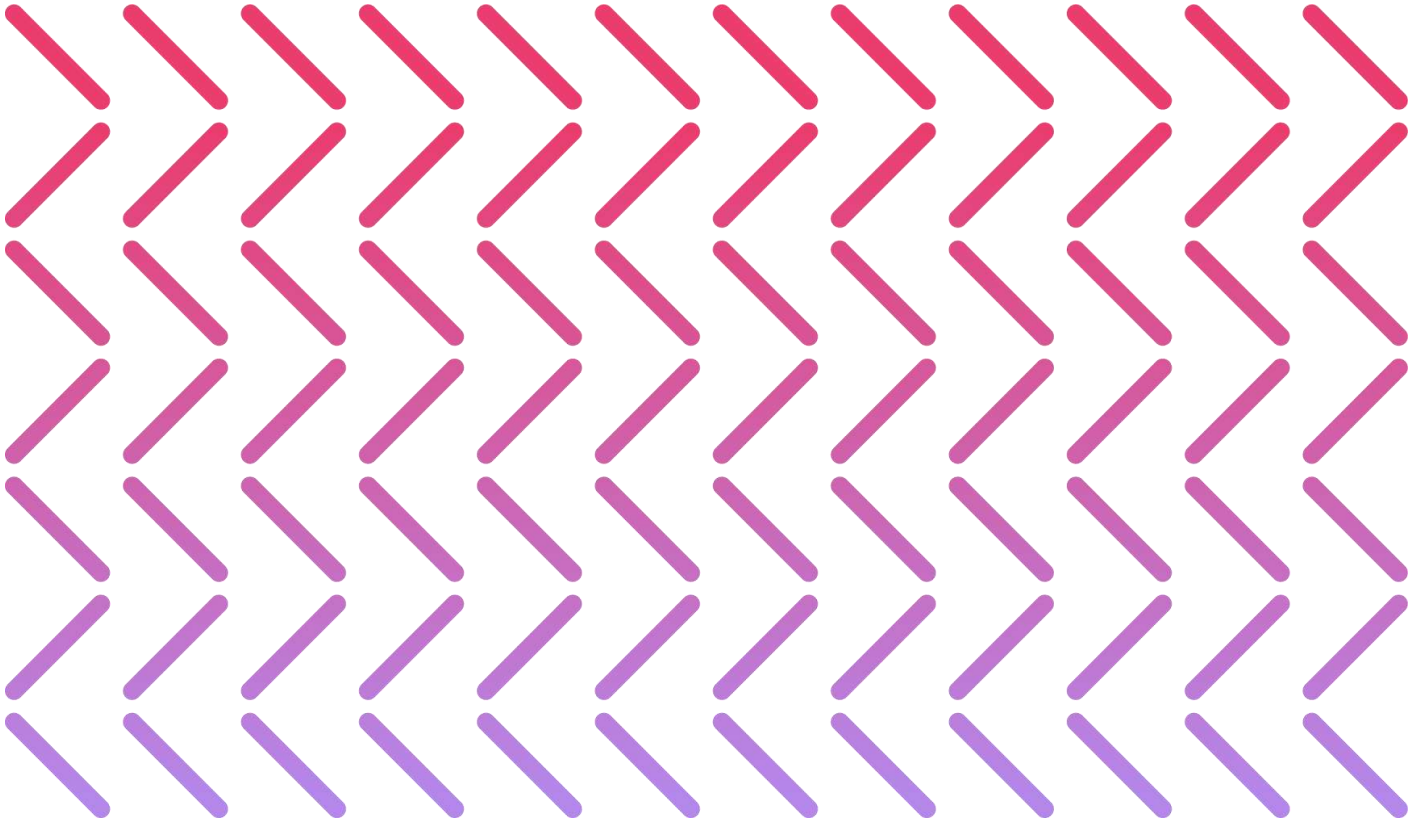
Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
A SWL Covid19 recovery plan in place					The Trust is represented on the SWL Recovery Board and associated workstreams leading the development of the Covid-19 recovery plan, which has now been agreed.
Clinical Safety Strategy in place and has identified revised clinical pathways across SWL					14 SWL clinical networks have now been established – though some elements of their work programmes have been paused due to COVID
The number of clinical networks which are fully established for which SGUH is the lead provider					SGUH clinicians have leadership roles in 8 of the 14 networks
The number of key SWL meetings that have appropriate representation from SGUH					The CEO is a member of the SWL ICS Programme Board and SWL Recovery Board , chair of the Elective Recovery Programme and APC. Borough level meetings are represented by the Chief Strategy Officer.
Delivery of Clinical Strategy implementation plans					Plans have been revised during Q2 to reflect any implications of Covid-19 and first progress report was presented to Trust Board in September 2020
Delivery of Corporate Support Strategy implementations plans					Implementation plans have been developed and approved during Q2. First progress report was presented to Trust Board September 2020

Emergent / future risks	Future opportunities
The continued focus on the response to Covid-19 may put additional pressure on the clinical and management capacity within the Trust to focus on SWL five year plan priorities The outcome of the Building Your Future Hospitals (BYFH, previously Improving Healthcare Together or IHT) programme may present some risks to the Trust's ability to manage the potential increase in demand. The Trust has set out the capital investment it would require from the programme, as well as enabling investment in ED required from other sources, but these have not yet been confirmed.	The SWL Covid-19 Recovery Programme Board and associated recovery plan will provide an opportunity for enhanced collaborative working to achieve greater integration and transformation of services The outcome of the Improving Healthcare Together programme may provide an opportunity for greater collaboration between St George's, Epsom and St Helier and the Royal Marsden The consultation on the future of Integrated Care Systems may support closed system working and provide a statutory framework on which to build closer collaboration and integration.

Strategic Objective 3: Balance the books, invest in our future
Strategic Risks SR5 and SR6

SR5:
We do not achieve financial sustainability due to under-delivery of cost improvement plans and failure to realise wider efficiency opportunities

SR6:
We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds



Strategic Objective	Balance the books, invest in our future	*Corporate Objective 2021/22:*	Collaboration

SR5	We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities

Risk Appetite / Tolerance	**LOW**	We have a low appetite for risks that will threaten the Trust's ability to deliver services within our financial resources	
Assurance Committee	**Finance and Investment Committee**		
Executive Lead(s)	Chief Finance Officer		
Date last Reviewed	22 July 2021		

Current risk and assurance assessment

- Financial planning for within the NHS is currently operating to revised timetables and frameworks due to the pandemic. A financial plan is due to be submitted through the ICS, to NHSI, at the end of June. Whilst this is expected to show financial balance, there are a number of material risks associated with this plan.
- Elective Recovery Fund income is required, based on activity trajectories produced by the Trust. There is limited clarity about how these payments are going to be calculated and made during the first half if 21/22. The Trust requires £7.4m of ERF income to achieve financial balance within the ICS position. The payment of this income is also reliant on other Trusts in the ICS achieving their activity recovery trajectories, which is outside of direct control of the Trust.
- The plan required delivery of 1.2% CIP in the first six months. The Trust has continued pursuing limited delivery of CIPs with procurement, led by the CFO and Director of Procurement. Engagement has been challenging due to operational & clinical focus on response to COVID and elective recovery.
- There is no provision in the plan for a 3rd COVID surge, as per guidance.
- Divisional financial performance is being picked up through the Operational Management Group, through to Trust Management Group. Divisions are being met on a monthly basis by the Deputy CFO to review overspends, and underspends. Equal attention is being given to both as ensuring underspends on areas of lower activity due to the pandemic will form a material part of the financial recovery plan.
- The year end, unaudited financial position is consistent with the forecast presented through to NHSI by the Trust. Financial envelopes for 21/22 are yet to be confirmed for H2, with some risks existing in the H1 envelope (non-NHS income funding, CIPs). For this reason, it is felt prudent to keep the risk score at 20, but the Trust is assured that the new envelopes and frameworks move this risk score.

Overall SR Rating – Quarterly Scores

Period 2020/ 2021	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score
Q1	Extreme 20 = 5(c) x 4(L)	Partial		25= 5(c) x 5(L)	12= 5(c)x3(L)
Q2					
Q3					
Q4					

Summary COVID-19 Impact

- New financial framework in place for 21/22aimed at addressing elective recovery following COVID 19, as well as managing business as usual demand.
- Monthly reporting will review spend to ensure costs are stepped down where expected, and cost increases due to COVID are reasonable and justified.
- An interim block arrangement for NHS income continued through M1-6 of 21/22.

Strategic Objective	Balance the books, invest in our future	*Corporate Objective 2021/22:*	Collaboration
SR5	**We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of Assurance (positive / negative)		
	Q1	Q2	Q3	Q4		1	2	3
Monthly divisional finance meetings with in place with DCFO to discuss areas for escalation (underspends/overspends)	S				Monthly divisional finance reports	xx	xx	
Monthly reporting of financial issues through to OMG, TMG, FIC and Trust Board	S				Monthly Trust finance reports	xx	xx	
Monthly external review of Trust position by NHSE/I as part of monthly top-up payment review	S				Top up payment made to Trust		x	x
Financial plan in place, with monthly performance being scrutinised vs budget	S				Monthly report to Finance and Investment Committee			
South West London FAC continued to develop system financial management processes in support of delivery of control totals.	G				SWL Monthly Finance Report			x
Plan in place for financial balance in 21/22 , or in line with NHSI/E control total	P				Plan agreed as part of SWL for financial balance in 21/22.			x

Strategic Objective	Balance the books, invest in our future	*Corporate Objective 2021/22:*	Collaboration
SR5	**We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
South West London financial performance management structure in place to drive and ensure financial performance and best practise within sector	- Trust to lead development of financial governance with SWL ICS - Framework agreed by CFOs and CEOs - Further work required to ensure full benefit realised from SWL working.	Sept 20	
Capacity plan not fully developed inline with new working environment post COVID	- Capacity plan to be agreed in line with financial forecasts and performance trajectories through OMG - Capacity plan agreed as part of activity trajectory's. Still a work in progress - Whilst complete for theatres and inpatient beds, further work required on outpatients.	Sept 20	
Lack of accountability within services for financial performance and delivery	- Finance to be included within objectives of all leadership posts with financial responsibility within the organisation	Nov 20	
Plan for 21/22 currently year still in infancy, with no clarity in level of income the Trust will be in receipt of for H2	- Work up plans for H2, as much as practically possible with no planning guidance. - Await planning guidance for H2, and funding enveloped so scale of challenge, and action required can be confirmed.	Mar 21	

Strategic Objective	Balance the books, invest in our future	*Corporate Objective 2021/22:*	Collaboration

SR5	We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities

Lead indicators	RAG Rating				Lead indicators: Progress update
	Q1	Q2	Q3	Q4	
Financial balance achieved YTD					Financial balance reported at M2
Financial balance forecast through to year end					Significant uncertainty remains around H2, and risk around ERF remains for H1.
CIP/improvement plan to be agreed and delivered					Further work required on stepping back up recurrent efficiency programme for 21/22 required.
SWL plan to be developed to remain within control total					SWL position remains balanced, although risks in some providers being offset by favourable positions in others, with a sector risk around ERF remaining.

Emergent / future risks	Future opportunities
- Financial envelopes for 21/22 risk not being at the level the Trusts needs for recovery. - Non-NHS income recovery will continue to be challenged. - Competing priorities within divisions meaning finance isn't prioritised	- Financial improvement/mitigation through further collaboration within the SWL ICS

Strategic Objective	Balance the books, invest in our future	*Corporate Objective 2021/22:*	Collaboration

SR6	We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds

Risk Appetite / Tolerance	LOW	Due to the importance of securing investment in the Trust's ageing estates infrastructure, we have a low appetite for risks that could impact on the availability of capital

Assurance Committee	Finance and Investment Committee
Executive Lead(s)	Chief Finance Officer
Date last Reviewed	22 July 2021

Current risk and assurance assessment

- Current capital funding available (CDEL) to SWL remains materially short of requirements (c£40m) for 21/22.
- Monthly reviews taking place with DCFO to ensure limited funds are prioritised and risks articulated from funding shortfalls.
- Mitigations currently being worked through including reviewing timings of projects between years, as well as revenue funding sources for some projects.
- In addition, Trusts capital plans for 22/23 and beyond do not have sources of funding confirmed against them.
- SWL prioritisation continues for 21/22 schemes.
- Significant shortfall currently in existence across South West London when comparing essentially plans to CDEL allocation. Mitigation being worked through in the ICS, but has a material impact on St George's.

Overall SR Rating – Quarterly Scores

Period 2020/ 2021	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score
Q1	Extreme – 20 4(c) x 5(L)	Partial		20 = 4(c) x 5(L)	12= 4(c)x3(L)
Q2					
Q3					
Q4					

Summary COVID-19 Impact

Strategic Objective	Balance the books, invest in our future	*Corporate Objective 2021/22:*	Collaboration
SR6	**We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of Assurance (positive / negative)		
	Q1	Q2	Q3	Q4		1	2	3
Monthly reporting to FIC and Trust Board on key areas of risk, both financially, and due to non-investment.	S				Monthly finance reports		X	
Weekly Capital funding update and discussion, to review clinical urgency of requests.	S				Weekly update to OMG on status of COVID capital bids		X	
Evolution and development of capital prioritisation at SWL level through CFO meeting (FAC)	S				SWL Capital Plan report		X	

Strategic Objective	Balance the books, invest in our future	*Corporate Objective 2021/22:*	Collaboration
SR6	**We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Confirmation of emergency financing to fund essential programme of capital works within CDEL allocation	Pursue emergency funding through the ICS through to NHSI/E London through CFO As there is some external delay in confirmation of national funding regime, it is expected that this action will be completed by September 2020	Aug 21	
No alternative means of financing identified to fund programme	Alternative methods of financing current programme to be developed by DCFO Further work is ongoing to ensure all options are explored between now and the end of the year.	Mar 22	
Confirmation of funding for 21/22 programme in place	Further work required through ICS to ensure funding for 21/22 in place.	Mar 21	
Confirmation of funding for 22/23 programme and beyond in place	Further work required through ICS to ensure funding for 22/23 in place.	Mar 22	

Strategic Objective	Balance the books, invest in our future	*Corporate Objectives 2021/22:*	Collaboration

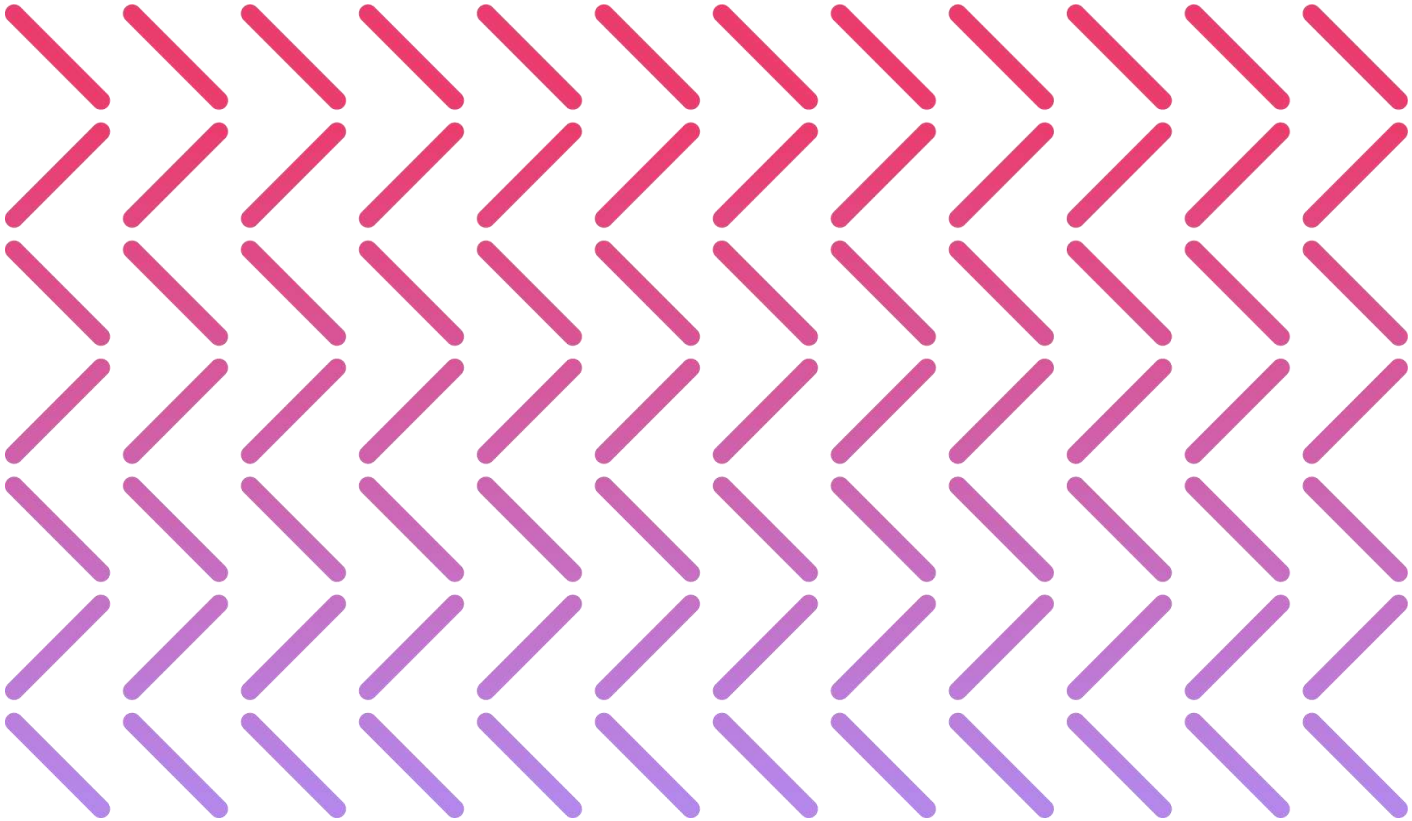
SR6	We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds

Lead indicators	RAG Rating				Lead indicators: Progress update
	Q1	Q2	Q3	Q4	
Funding confirmed for full 21/22 capital programme					Funding confirmed for 21/22 plan.
Funding confirmed for 5 year capital plan					No further clarification on additional sources of finance for 21/22 and beyond.
Reduction of clinical risk resulting from old equipment estate infrastructure and IT					Additional risks emerging due to COVID. Spending continuing at risk to mitigate risks.,
Capital spend at full value of plan in 21/22					Full spend forecast, although risks and mitigations in place for higher spend forecast in Q4

Emergent / future risks	Future opportunities
- Funding for 21/22 BAU and projects still to be identified/confirmed. - Funding relating to the Trusts key strategic priorities, and the estates strategy is still to be confirmed	- Emergency capital funding made available from NHSE/I - Further prioritisation within SWL to move money to address material and urgent risk at St George's, as well as ITU expansion.

Strategic Objective 4: Build a better St George's
Strategic Risk SR7

SR7:
We are unable to provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure



Strategic Objective	Build a better St George's	*Corporate Objective 2021/22*	*Care*

SR7	We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure

Risk Appetite / Tolerance	LOW	We have a low appetite for risks that affect the safety of our patients and staff

Assurance Committee	**Finance and Investment Committee**
Executive Group	Risk and Assurance Group
Executive Lead(s)	Chief Finance Officer
Date last Reviewed	22 July 2021

Current risk and assurance assessment

Our current risk assessments indicate that this continues to be an extreme risk for the Trust.

We are currently going through a process of reassessing our strategic risks with the relevant strategic compliance groups to agree a number of areas where risk ratings can be reduced, as was presented and agreed at previous Risk and Assurance Group and Finance and Investment Committee meetings. We are also using the opportunity to look at streamlining governance processes for estates reporting and assurance groups.

In Q1 2021/22, we have been sharing the draft Estate Strategy and Green Plan with a number of key governance and stakeholder groups and received good feedback. This is a key control measure for a number of our risks. We are finalising the strategy for full approval at the Trust Board in July 2021.

With all of the above in place, a major update of our Premises Assurance Model will be required in Q2.

Our 2021/22 capital plan has been set and is heavily constrained by available funding. We have used a risk based approach to prioritise capital projects, to ensure our risk assessments align with clinical risks we are beginning to meet monthly with clinical governance leads.

Overall SR Rating – Quarterly Scores

Period 2021/ 2022	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 2021/22
Q1	**Extreme 20 = 4(c) x 5(L)**	Partial		**25 = 5(c) x 5(L)**	**16 = 4(c) x 4(L)**
Q2					
Q3					
Q4					

Summary COVID-19 Impact

- Our operational teams are well versed in dealing with COVID-19 and are prepared for future requirements
- There are two potential impacts on capital project delivery:
  - Availability of spaces within the Trust to deliver capital projects
  - Impact on construction industry with increased lead times, resource constraints etc.

Strategic Objective	Build a better St George's	*Corporate Objective 2021/22*	*Care*
SR7	**We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of Assurance (positive / negative)		
	Q1	Q2	Q3	Q4		1	2	3
Risk adjusted backlog maintenance programme informed by Authorised Engineer reports and independent condition surveys	S				Independent surveys and AE reports provide assurance on key issues but their renewal has been delayed due to COVID Safety working groups have been postponed during COVID, but are now running again PAM now provides enhanced assurance, this has now been assessed externally and improvements being implemented.. CQC report 2019 - technical assurance has been provided on the key areas of concern where reactive maintenance could potentially impact patient care		X X XX X	
Investment profile provides plans to manage backlog maintenance investment	W				The new capital plan provides additional funding to undertake work on high risk maintenance backlog areas and will prioritise the key corporate estates risks.		XX	
Governance systems in place to provide oversight on critical estates issues	P				We now have an independently verified application of PAM			X
Estate Assurance Group to review all key assurance and activities	P				The Group will review PAM data together with assurance reports prepared for working groups.		XX	

Strategic Objective	Build a better St George's	*Corporate Objectives 2021/22:*	Care
SR7	**We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
No centralised data management system in place to ensure all required information is available and coordinated	Data and Systems review within E&F to be undertaken, New post being created to manage data and systems across the team, post advertised, interviews held, but preferred candidate declined so will need re-advertising. This is being advertised shortly	Jan 2021	
Governance groups are not aligned with new wider assurance arrangements	All groups are meeting, but a review of governance arrangements is now being undertaken to improve effectiveness	Feb 2021	
Lack of an estates strategy for the Trust's sites	Develop Estates Strategy and present to Trust Board in July	July 2021	
Absence of a Green Plan for the site	Develop Green Plan and present to Trust Board in July 2021	July 2021	
Premises Assurance Model requires updating	Delivery of plan to update PAM	Sept 2021	

Strategic Objective	Build a better St George's	*Corporate Objectives 2021/22:*	Care
SR7	**We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure**		

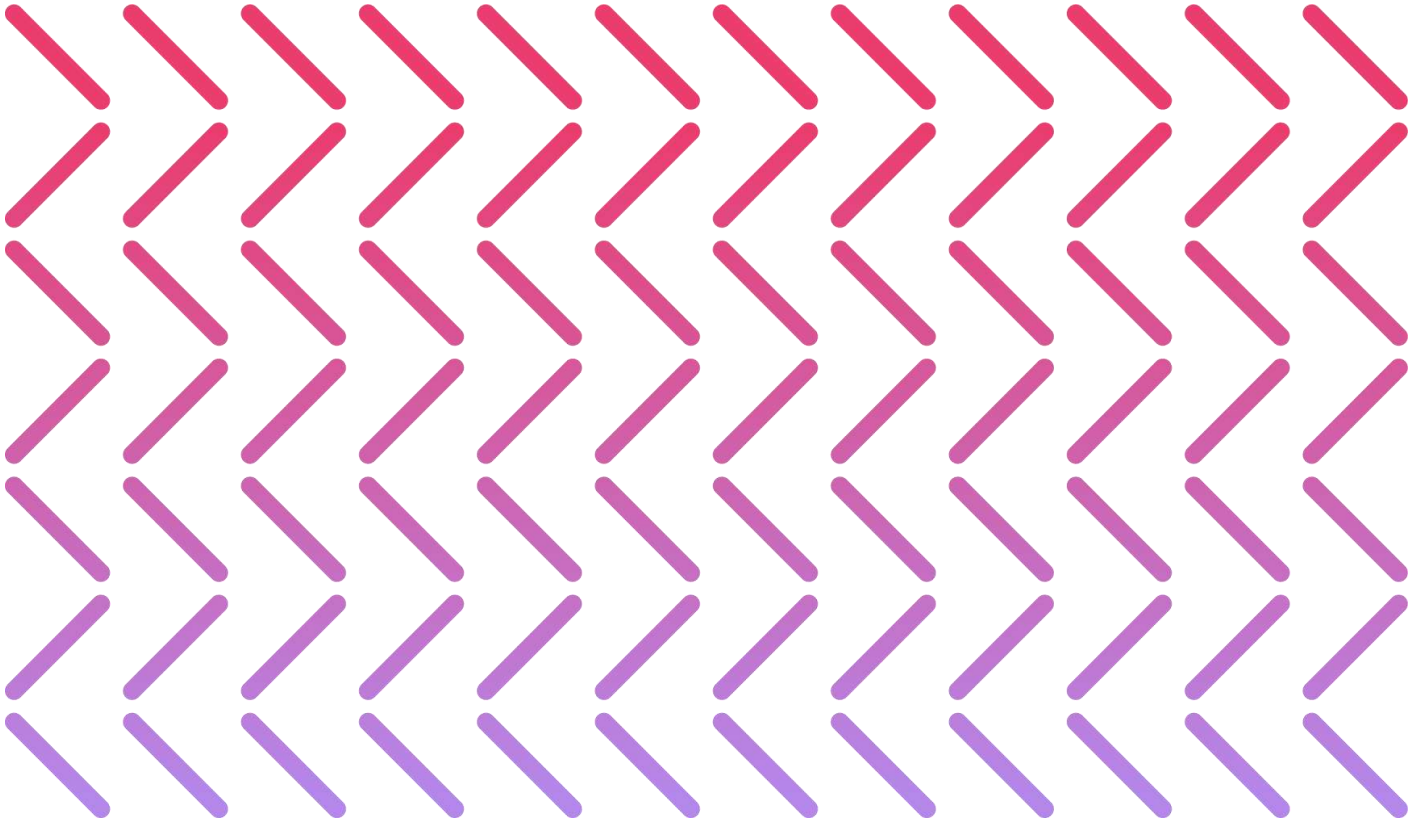
Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
% of reports on items of statutory compliance completed to required timescales					Current progress good in completing statutory compliance works
% of backlog maintenance tasks (reactive / planned) undertaken in line with plan					Currently over 80% of planned works being undertaken
Capital expenditure spend profile against agreed plan					Some delays due to prolonged time to agree plan, but will be caught up over year
% of PAM compliance					PAM reporting will need to be updated significantly to reflect progress

Emergent / future risks	Future opportunities
Lack of sustainable investment leads to further deterioration, therefore Trust is unable to deliver its wider strategic objectives Failure to secure HIP funding as first building block of estate strategy Relationship with University blocks future development of the site	Process for HIP application now announced Improving relationship with University may unlock future development opportunities Identification of development sites provide commercial opportunities for alternative capital investment

Strategic Objective 5: Champion Team St George's
Strategic Risks SR8 and SR9

SR8:
We fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity because our staff do not feel safe to raise concerns and are not empowered to deliver to their best

SR 9:
We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels



Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture

SR8	Our staff are not empowered to deliver to their best and do not feel safe to raise concerns because we fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity

Risk Appetite / Tolerance	**LOW**	Due to concerns around bullying and harassment and the ability of staff to speak up without fear, we have a low appetite for risks that could impact on the culture of the Trust	**Assurance Committee**	**Workforce and Education Committee**
			Exec Review Group	People Management Group
			Executive Lead(s)	Chief People Officer
			Date last Reviewed	27 May 2021 (Board)

Current risk and assurance assessment

The Board has identified the need to strengthen organisational culture as a key strategic priority. The are a number of significant risks that impact on this. The Trust continues to face significant challenges in relation to diversity and inclusion, staff do not always feel able to raise concerns without fear of detriment, and the culture diagnostics work, while highlighting a number of positive elements, set of the scale and significance of the work to strengthen our culture.

During 2020/21, this risk has been mitigated by the completion of a number of identified gaps in control and assurance:

- A new D&I action plan was agreed by the Board in July 2020
- Plans to ensure all interview panels for Band 8a and above implemented
- A new Freedom to Speak Up Strategy was agreed by Board in September 2020, and the Guardian has seen greater numbers of staff speaking up, and
- New central databases for recording FTSU concerns and bullying and harassment concerns have been launched
- Dignity at Work and Equality, Diversity and Inclusion policies updated
- Training programme has been established for staff supporting disciplinary investigations, with standardised documentation also developed
- The diagnostics phase of the culture change programme has been delivered with wide-ranging input from staff
- A Culture Diversity and Inclusion Programme Board has been established to oversee and drive forward work to strengthen our culture

A number of key risks and gaps in assurance remain, particularly in relation to the development of the culture change action plan, seeing further progress in improving D&I, improving staff confidence in speaking up. While the Trust has approved a range of new plans and strategies to strengthen areas associated with this risk, the Trust remains in the early phases of delivery.

Overall SR Rating – Quarterly Scores

Period 2021/ 2022	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 2020/21
Q1	Extreme 16= 4(C) x 4(L)	Good	↑ Improved assurance	20 = 4(C) x 5(L)	TBC
Q2					
Q3					
Q4					

Summary COVID-19 Impact

Covid-19 has had a significant impact on staff health and wellbeing, which is an increasingly significant area of focus for the Trust, and on the original timescales for developing our programme of work to strengthen our organisational culture. Covid-19 has also highlighted underlying issues in relation to diversity and inclusion, particularly in relation to the experience of our BAME staff, which the Trust is now working to address through its new D&I action plan. A number of engagement events have been paused (Go Engage pilot; TeamTalk). At the same time, the pandemic has highlighted and helped foster elements of a Team St George's spirit and staff network groups have continued to meet (and faith calendar days have been celebrated), it has also revealed issues relating to diversity and inclusion and the willingness of staff to speak up which has enabled the organisation to develop plans for addressing these long-standing issues.

The most pressing impact of Covid-19 at present is its impact on staff health and wellbeing. Winter is historically a challenging period for staff, but the added pressures of a second Covid-19 surge has put extraordinary pressure on staff.

Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture
SR8	**We fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity because our staff are not empowered to deliver to their best and do not feel safe to raise concerns**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of Assurance (positive / negative)		
	Q1	Q2	Q3	Q4		1	2	3
Workforce strategy in place and approved by the Trust Board	S				Workforce Strategy approved by Trust Board.		X	
Culture change programme established with clear timelines for delivery	S				Culture diagnostics findings reported to Board in Nov 2020; action plan being developed; Culture, Diversity and Inclusion Programme Board established. Initial plan in place and business case for resource being considered.		X	
Culture, Diversity and Inclusion Programme Board established	S				First meeting held of CDI programme board, and governance established	X	X	
The Diversity and Inclusion action plan agreed by the Trust Board in July 2020	S				Progress of D&I action plan delivery reviewed at PMG fortnightly -	X	X	
Trust D&I lead recruited and in place	S				D&I Lead in post.	X	X	
Staff networks in place to support particular groups	R				Networks in place and meeting regularly. Positive early engagement from staff in staff network groups. Some gaps in network leadership positions	X	X	
Big 5 launched in order to address issues raised by staff in NHS Staff Survey 2020	S				Staff survey. Engagement with Big 5 plans, and feedback from this. Pulse surveys		X	
Freedom to Speak Up Strategy and Vision in place	S				FTSU vision and strategy approved by Trust Board. Trust is rated 195 out of 230 Trusts in England on FTSU Index 2021 – Improvement on 2020 position.		X	
Freedom to Speak Up function established with dedicated Guardian in place	R				Additional resource in place, but further support through Deputy and Champions required		XX	
IT software package to record FTSU concerns	R				Case management solution in place to support FTSU case tracking and reporting	X		
Policy framework in place (EDI, Dignity at Work, Raising Concerns)	S				Approved by PMG and available on intranet.		X	
Leadership and Management Development Programmes in place (paused during COVID-19 and challenges in organising new meetings	P				Kings Fund and Matron Development programme now in place.		X	
Board visibility through Board visits and Chairman and CEO monthly TeamTalks	S				Executive and Board visibility assessed through staff survey and Culture diagnostic review.		X	
Inclusion of BAME Recruitment Inclusion Specialists (RIS) on panels at Bands 8a+	P				Percentage of 8a+ panels that include a RIS monitored DI Dashboard (79% in March)	X		
Software system (Selenity) in place to manage employee relations data	S				Selenity implemented on 22 February 2021	X	X	
Covid surge plan and Health and Well-being plan available on the Intranet	S				Plan reviewed by PMG, OMG. Surge plan includes initiatives in place to support staff about the physical and emotional well-being of staff		X	

Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture
SR8	**We fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity because our staff are not empowered to deliver to their best and do not feel safe to raise concerns**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Survey pulse tool yet to be agreed	We have now launched the NHS Pulse Survey tool and first roll out begun in July	Completed	
Positive shift in culture whereby staff feel engaged, safe to raise concerns and are empowered to deliver outstanding care	Complete culture diagnostics phase and define action plan to address key findings Diagnostic phase completed 11/2020, Design phase in progress (output = action plan to address key findings) completed 05/2021. Action plan now agreed by Board and high level implementation begun.	March 2022	
Need for skilled Organisational Development capability and capacity to deliver agreed culture programme and D&I interventional activities and training programme	Build Organisational Development capacity for the delivery of the D&I and Culture programmes Operational pressures due to Covid have redirected focus on health and well-being, development of OD capacity plan has been delayed. Business case for support for Culture programme approved by Trust Management Group on 14 July 2021.	~~Mar 2021~~ Sept 2021	
Time allocation of Network Chairs and member engagement in network activity not clearly established	Develop proposal to address challenges faced by D&I staff networks (including time allocation of Network Chairs and member engagement in network activity now agreed and work being undertaken to finalise proposals with Network Chairs	~~Mar 2021~~ August 2021	
Staff do not feel safe to raise concerns and lack confidence that actions will be taken where concerns are raised	Implementation of 2020/21 FTSU action plan, including development of FTSU Charter, revision of raising concerns policy, development of JD for FTSU champions, review of FTSU champions network, development of reporting pack on concerns for sharing / engagement with divisions. Successful Lets Talk month held in June 2021. FTSU Charter and Raising Concerns group to be launched in Q2 2021/22.	March 2022	

Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture
SR8	**We fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity because our staff are not empowered to deliver to their best and do not feel safe to raise concerns**		

Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
Number of Freedom to Speak Up concerns raised with Guardian					The number of cases raised with the FTSUG has continued to be higher than historically, though at a slower rate compared with Q1 2020/21. This suggests staff are more willing to raise concerns.
Quarterly Friends and Family Staff Survey (via Go Engage)					This has now begun using NHS Pulse Survey tool.
Number of BAME staff entering formal disciplinary processes					This continues to be significantly higher for BAME staff compared with white counterparts. BAME staff are 2.38 times more likely to enter into a formal disciplinary process compared to White staff. Annual report expected in August 2021. New disciplinary process now in place (Nov 2020)
Trust turnover rate					April 2021 turnover rate (excluding junior doctors) was 14.5% against a target of 13%
Number of BAME staff in band 6, 7 and 8a roles					BAME recruitment Mar 2021 band 6 = 50.2% (50.2% in Jan); band 7 = 38.3% (37.6% in Jan) band 8a = 29.7%, band 8b = 26.8%, band 8c = 26.7%, band 8d = 16.6%, band 9 = 26%, VSM 9.1%

Emergent / future risks	Future opportunities
• Impact of Covid-19 on staff health and well-being continues to be significant issue and any summer 2021 surge could impact further on this. • Covid-19 has led to the cancellation and / postponement of a range of training and development opportunities for staff, including management training • Risk that culture programme does not deliver anticipated changes / improvements	• Delivery of the culture change programme • Embedding support for staff health and wellbeing into plans for recovery of services • Learning from Trusts with positive FTSU cultures and from NHSE&I's ongoing support on FTSU. • Intelligence from latest NHS staff survey can be used to further inform and develop our plans for supporting staff and developing our culture change programme.

Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture
SR9	**We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels**		

Risk Appetite / Tolerance	**LOW**	Due to concerns regarding quality and diversity in our workforce, we have a low appetite for risks relating to workforce. However, in relation to developing future roles and recruitment and retention strategies our risk appetite is higher	**Assurance Committee**	**Workforce and Education Committee**
			Exec Review Group	People Management Group
			Executive Lead(s)	Chief People Officer
			Date last Reviewed	27 May 2021 (Board)

Current risk and assurance assessment

The Board has identified recruitment, education, development and retention of staff as a key risk to the delivery of its strategy.

During 2020/21, this risk has been mitigated by the completion of a number of identified gaps in control and assurance:

- An implementation plan for the delivery of the Workforce Strategy has been developed and has been agreed by WEC
- An implementation plan for the delivery of the Education Strategy has been developed and has been agreed by WEC
- A new central database for the tracking of Employee Relations cases has been procured and deployed
- New compliant contracts of employment have been developed and uploaded to TRAC and circa 600 employees with incorrect contracts have been issued with the correct contract since 6 April 2020
- Guidance on Performance and Development Review (Appraisal) is being developed and implemented
- HR Department restructure has been implemented
- Flexible working policy / procedure has been updated

Some key challenges and gaps in assurance remain. Although COVID-19 has eased immediate challenges of recruitment and retention due to our ability to redeploy staff across the organisation, our vacancy rate remains above target as does our turnover rate. Training and developing our leaders remains a particular gap and this links to the cultural development work set out in Strategic Risk 8. Junior doctor supply continues to be an issue. We have not yet introduced fully the upgrade of Totara. When in place this will enable us to better track appraisals and put in place clearer talent management processes.

It is considered that it will be realistic to reduce the risk score for SR9 during the first half of 2021/22.

Overall SR Rating – Quarterly Scores

Period 2021/ 2022	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 2020/21
Q1	**Extreme 16 = 4(C) x 4(L)**	Partial	N/A	**20 = 4(C) x 5(L)**	**TBC**
Q2					
Q3					
Q4					

Summary COVID-19 Impact

Covid-19 has placed staff under intense pressure, however the Trust has been able to successfully redeploy staff meaning that it has been able to reduce its agency spend during this period. Appraisal rates, however, have fallen and a number of education and training programmes have been delayed / deferred due to the pandemic.

Social distancing requirements have impacted the delivery of education programmes (due to lack of suitable space large enough for face-to-face training and infrastructure for remote provision). Additionally, there is an increasingly significant risk, particularly following the second Covid-19 surge, in relation to staff health and well-being due to both the intense pressures of responding to the pandemic, particularly within certain teams, and as a consequence of reduced face-to-face staff and network meetings which contribute to feelings of isolation and exclusion among some of our staff. Additional workforce capacity from the Army (63 headcount) supporting the work in ITUs – started 18/01, staying until end of March 2021. Recruitment is ongoing from SWL Acute Provider Collaborative (APC) for additional staff to support with Covid vaccinations and also to work in some of the ITU areas.

Outstanding care every time

Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture
SR9	**We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of Assurance (positive / negative)		
	Q1	Q2	Q3	Q4		1	2	3
Workforce Strategy in place and approved by the Trust Board (Nov 2019)	S				Good performance in ward staffing unfilled duty hours – tracked in IQPR		X	
Workforce strategy implementation plan	S				Quarterly report to Trust Board		X	
Education Strategy in place and approved by the Trust Board (Dec. 2019)	S				Education strategy implementation progress report to WEC		X	
Education implementation plan	S				Monthly Strategy group meeting to monitor progress with all key stakeholders		X	
Development of new roles (i.e. ACPs) to help fill the gaps in vacancies	S				Workforce report to PMG and WEC		X	
Monthly review of the funded establishment	S				Monthly reports to Trust Board		X	
Advanced Clinical Practitioner Working Group established to work with HEE	G				Working group reports quarterly to PMG			X
Recruitment open days for healthcare assistants and nursing now run by the Recruitment Hub.	S				Quarterly report received from Recruitment Hub.		X	X
Appraisal training sessions / ad hoc training in place	R				Training completion log in Education Centre booking system		X	
New compliant (section 1 update) contracts of employment templates on TRAC	S				New contract uploaded that is being issued to new starters (from 01/10/2020)	X		
Performance and Development Review (Appraisal) guidance reviewed and in place	W				Appraisal completion monitoring via ESR, appraisal training available for all appraisers. PDR system transformation programme (including Totara upgrade) in progress. Completion rate not yet on target,	X		
CPD funding system process	G				Funding established for NMAP staff		X	
Apprenticeship Strategy	R				Current apprenticeship strategy is not as comprehensive as it should be.		X	
Disciplinary policy in place which includes 'Dido Harding' approach. Staff trained on the new approach to disciplinary cases	S				Policy in place and staff trained to support (completed Nov 2020)		X	
Flexible Working Policy/procedure implemented	S				On intranet, available to staff.		X	
Process to keep records for honorary contracts	S				New process established and list of honorary contract holders now reconciled with ESR	X		

Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture
SR9	**We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Trust-wide workforce plan that sets out recruitment requirements for 2021/22	Divisional workforce plans to be produced by HR BPs and these will lay out clear workforce planning.	~~Mar 2021~~ ~~Apr 2021~~ Aug 2021	
Trust-wide workforce plan that sets out retention policies, practices and requirements	An update of the workforce strategy will be undertaken and will include actions to address these issues.	~~Mar 2021~~ ~~Apr 2021~~ Aug 2021	
Governance process for existing extended roles – ACPs and PA	Deploy new roles on relevant patient pathway – for ACPs and PAs Delayed due to 2nd Covid surge. Likely to complete in September 2021.	~~Mar 2021~~ ~~Jul 2021~~ Sept 2021	
Structured identification and development of new roles required to deliver patient care	Develop governance process for the identification of new roles and required funding. On-going identification of new roles and development governance process for the new roles identified Identified training needs required and funding where relevant Delayed due to 2nd Covid surge	~~Mar 2021~~ ~~Jul 2021~~ Sept 2021	
International Recruitment Strategy for hard to recruit to posts	HRBPs to identify hard to recruit to posts . ACPW - Develop an International Recruitment Strategy working with SWL APC Recruitment Hub Delay due to competing interests post-Covid surge	~~Mar 2021~~ ~~Apr 2021~~ Sept 2021	
Comprehensive Apprenticeship Strategy	Rework apprenticeship strategy. Apprenticeship manager has been recruited to facilitate the implementation of the Apprenticeship strategy. Apprenticeship Roles to be identified. Aim to complete in Q2 2021.	~~Apr 2021~~ Sept 2021	
Trust-wide workforce plan that sets out education & development needs to upskill existing and future workforce	Develop Trust-wide workforce plan that sets our Education & Development needs: HRBPs to Conduct Training Needs Analysis for each division by staff group; Deliver advanced leadership programme; Develop programme of blended on-line/face-to-face training Delayed due to capacity issues. Envisaged to be completed in Sept 2021.	~~May 2021~~ Sept 2021	
No minimum CPD funding allocated for non-NMAP staff	Include the CPD funding for non-NMAP into the 2021/22 business planning process	Jul 2021	
Senior leadership that reflects the diversity of the workforce	Develop inclusive talent management, succession planning and career planning pathways to be developed. Further embed fair and equitable recruitment & selection process at senior level (further intervention over and above a RIS on every recruitment panel is needed	Oct 2021	
Inadequate ICT infrastructure, hardware and software to access on-line learning	Established Education Delivery IT (EDIT) Group to review current position on training delivery technology, future design and gap analysis. The group includes representatives from IT	Oct 2021	

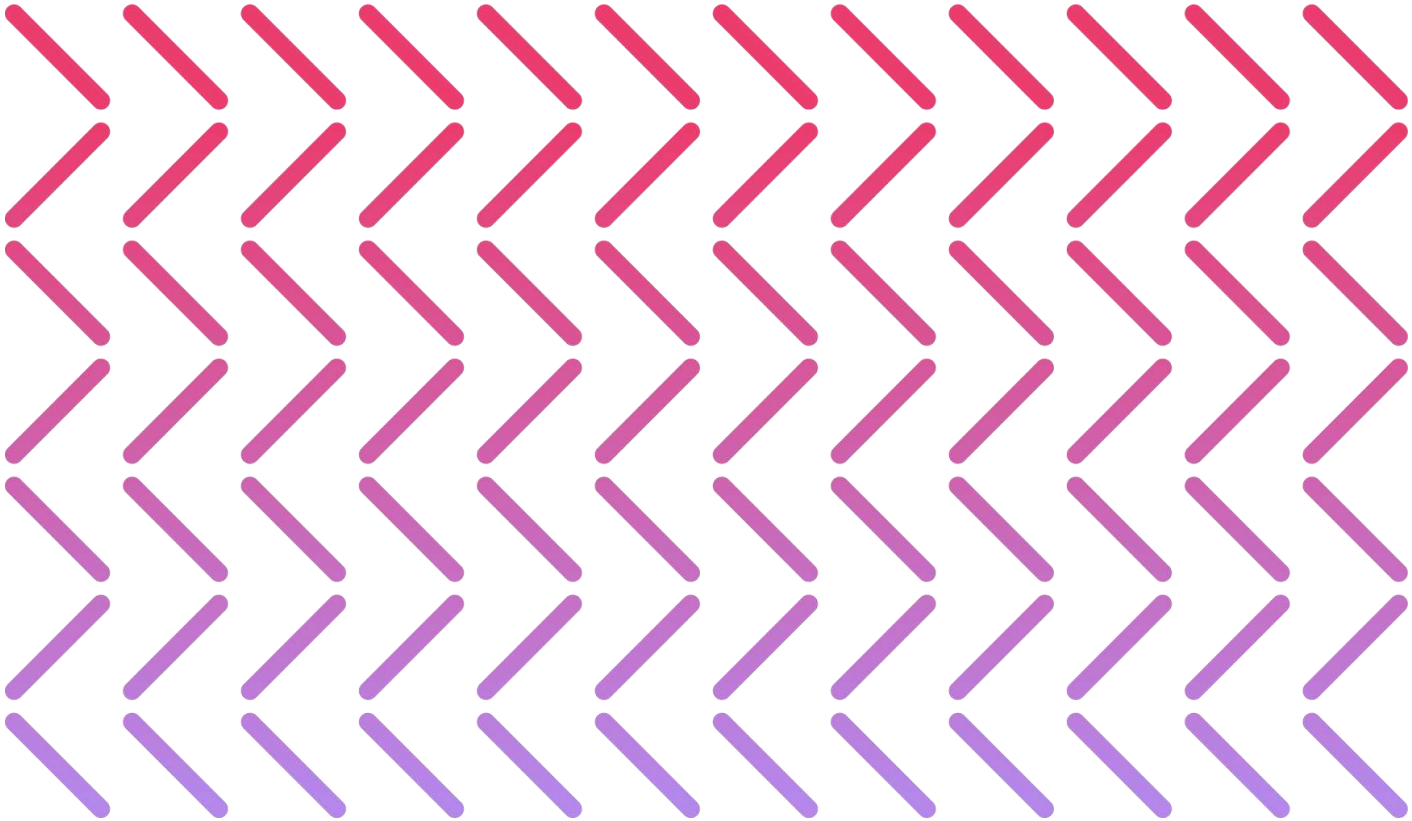
Strategic Objective	Champion Team St George's	*Corporate Objective:*	Culture
SR9	**We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels**		

Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
Trust vacancy rate					Trust vacancy rate in May 2021 was 9.2% against a target of 10%
Turnover Rate					Trust turnover rate (excluding junior doctors) in March 2021 was 14.6% against a target of 13%
Sickness absence rates					Trust sickness absence rate of 3.6% in May 2021 compared with Trust target of 3.2%
Bank and agency rate					The Trust remains well below its NHSI agency ceiling due to staff redeployment due to COVID-19
IPR appraisal rate medical staff					Appraisal rates for medical staff in May 2021 were at 76.5%
IPR appraisal rate non-medical staff					Appraisal rates for non-medical staff in May 2021 were at 76.8% compared with Trust target of 90%. Target not met throughout 2019/20
MAST compliance percentage					May 2021 performance of 90.2% compared with Trust target of 85%
Stability Index					May 2021 87.7% (target 85%)

Emergent / future risks	Future opportunities
• Staff remote working requirements • Scaling back of HEE funding • Establishment of clear governance arrangements for SWL Recruitment Hub (SLAs, KPIs)	• Further collaboration with SWL ICS and the Acute Provider Collaborative • Development of different roles • Links to University – opportunity to develop more 'in-house' training / courses with the university, cost effective, accredited • Apprenticeships

Strategic Objective 6: Develop tomorrow's treatments today
Strategic Risk SR10

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



Strategic Objective	Develop tomorrow's treatments today			*Corporate Objectives 2021/22:*	Collaboration
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**				
Risk Appetite / Tolerance	**HIGH**	We have a high appetite for risks in this area in order to pursue research and innovation	**Assurance Committee**	**Quality and Safety Committee**	
			Executive Group	Patient Safety and Quality Group	
			Executive Lead(s)	Chief Medical Officer	
			Date last Reviewed	22 July 2021	

Current risk and assurance assessment	Overall SR Rating – Quarterly Scores	Period 2021/ 2022	Risk Score	Assurance Strength	Change (last reporting period)	Inherent Risk Score	Target Risk Score For 2021/22
There has been a significant boost to the research profile in the Trust due to a 100% increase in patient recruitment to clinical trials over the previous three years. The Trust is remains highly active in Covid-19 research studies and is implementing the approved Research Strategy 2019-24, in particular the set up of the Translational and Clinical Research Institute (TACRI) and the four Clinical Academic Groups (CAGs), although implementation has been slower than anticipated in some areas due to Covid-19. The Trust has a number of key controls and sources of assurance in place, for example regular research resource and portfolio review meetings with research teams and documented progress reports, and identified funding for the research portfolio. The current risk score of 9 (Moderate) highlights the strong progress of research in the Trust including in Covid research, whilst recognising that Covid has caused the suspension of most of our clinical research in the Spring of 2020 and Winter of 2021 and delayed part of the strategy implementation. We are now progressing well in our strategy implementation, and anticipate substantial progress in 2021/22, however we have not yet had the outcome of the £500K Trust investment for strategy implementation we have sought for 2021/22 so cannot proceed with research staff initiatives until we have this. The assurance strength is now rated as good to reflect the sources of assurance and completed actions to address the previously identified gaps in controls. Governance and risk management arrangements provide a good level of assurance that the risks identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented though with delays in some areas due to Covid.		Q1	Moderate 9 = 3(c) x 3(L)	Good	N/A	16 = 4(c) x 4(L)	6 = 3(c) x 2(L)
		Q2					
		Q3					
		Q4					
	Summary COVID-19 Impact	Most non-Covid-19 clinical research studies were suspended in March 2020. Though many studies were able to resume in the Summer and Autumn of 2020, in January 2021 we had to suspend most studies again due to the second wave of Covid. We have now begun the process of re-starting studies. The Trust has successfully participated in a large number Covid-19 clinical research studies and has currently recruited over 6,000 patients to 39 Covid-19 studies. We are one of two South London Covid vaccine hubs and Prof Paul Health of St Georges is the UK lead for the Novavax Covid vaccine trial. The implementation of the Research Strategy was impacted by Covid-19 but is now progressing well. We have sought £500K Trust investment to support implementation in 2021/22.						

Strategic Objective	Develop tomorrow's treatments today	*Corporate Objectives 2021/22:*	Collaboration
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**		

Key risk controls in place	Control effectiveness				Key sources of assurance	Lines of Assurance (positive / negative)		
	Q1	Q2	Q3	Q4		1	2	3
Research Strategy 2019-24 : approved by the Trust Board in December 2019 and supported by an implementation plan for the research strategy	S				Increased numbers of clinical research studies led from St George's	x		
Partnership between St George's and St George's University London	G				Partnership in place. TACRI and all four Clinical Academic Groups, which are joint Trust/University structures, have been set up	x	x	
Key role in south London Clinical Research Network (chaired by CEO)	S				Leadership positions in the Clinical Research Network St George's CEO now chairs the CRN Partnership Board and Prof Paul Heath of St George's co-chairs the South London Vaccine Task Force.		x	x
Implementation of process of horizon scanning clinical studies, including 'easy win' studies to balance portfolio against lower recruiting more intensive studies	S				We have increased the numbers of patients recruited to clinical trials, which doubled over 3 years.	x	x	
Regular research resource and portfolio review meetings with research teams	S				JRES holds regular meetings with research teams to review patient recruitment and troubleshoot any problems.	x		
Joint Research and Enterprise Services review and ratify (with researchers) all study targets and resources required	S				There is annual target setting process for patient recruitment which is monitored and supported by JRES	x	x	x
Translational and Clinical Research Institute (TACRI) Steering Committee set up	S				Steering Committee in place and reports to Patient Safety Quality Group and QSC	x	x	
Funding to implement 2019-24 research strategy approved for 2020/21	S				£200K initial funding to implement the research strategy agreed. Statistical support for TACRI commenced. We await the outcome of the 2021/22 funding request.		x	
TACRI Steering Committee set up	S				Bi-monthly meetings		x	
Four Clinical Academic Groups formerly established	S				Four CAGs have been established, and a CAG Director has been appointed for each.		x	

Strategic Objective	Develop tomorrow's treatments today	*Corporate Objectives 2021/22:*	Collaboration
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**		

Gaps in controls and assurances	Actions to address gaps in controls and assurances	Complete by (date)	Progress
Few clinical academics - Many areas of Trust activity are not reflected in St George's University London research	**Seek investment to allow more clinical academic appointments** *TACRI will help to mitigate this. Longer term, investment will be needed from both the Trust and SGUL if new clinical academic posts are to be appointed. Investment of £500K sought for 21/22.*	December 2021	
Poor research IT infrastructure	**Seek investment /work with IT to set up research data warehouse** *We have established interest in a data warehousing project from both Trust and SGUL researchers and have held initial discussions with Trust IT and IT companies to look at options to establish a research data warehouse*	December 2021	
Translational and Clinical Research Institute (TACRI) fully functioning	**Establish functional TACRI** *Administrator started in January 2021. TACRI launch event December 2020.Membership to be established February 2021; website to be launched Spring 2021; Statistical support to commence February 2021; seminar series and training to commence Spring 2021.*	December 2021	

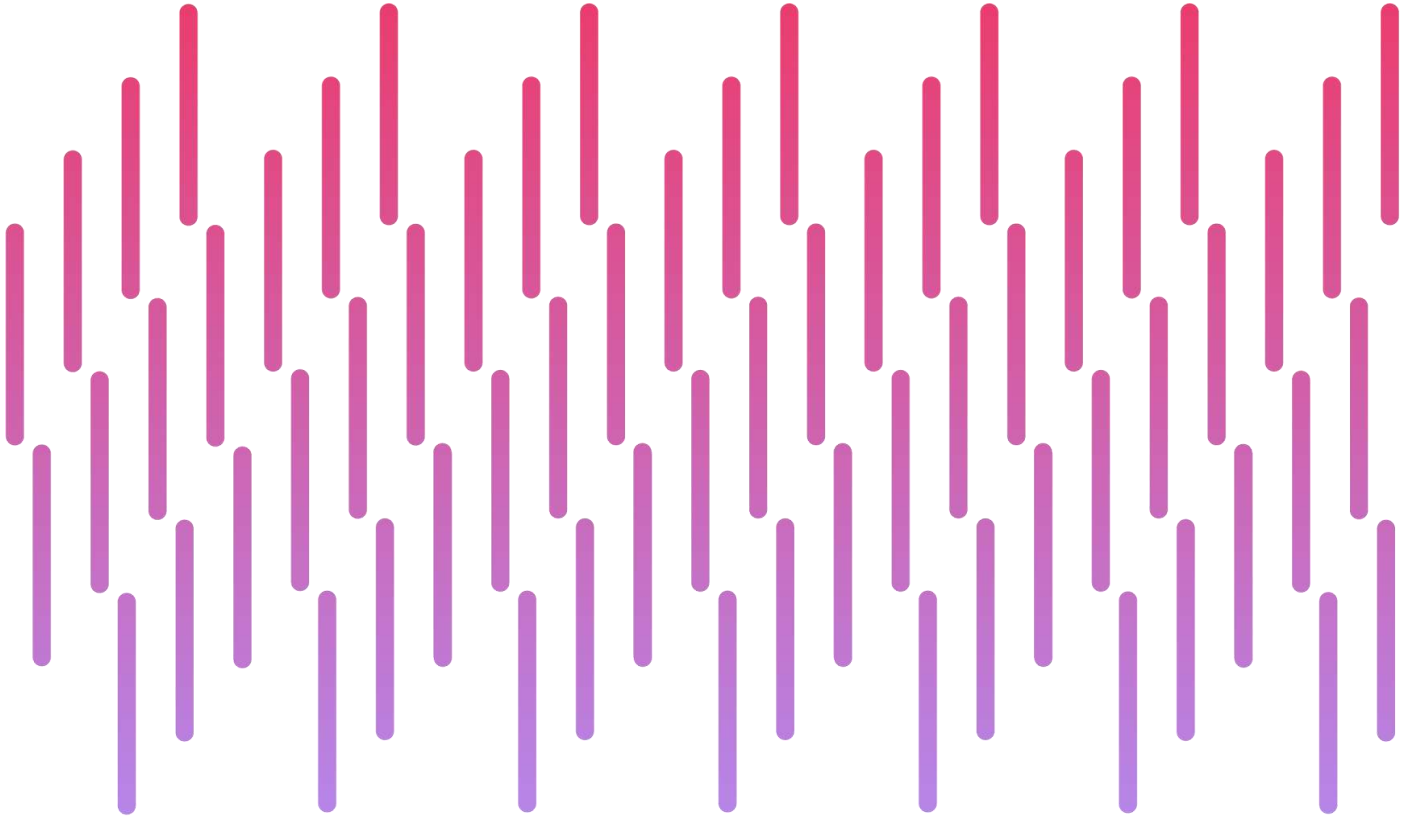
Strategic Objective	Develop tomorrow's treatments today	*Corporate Objectives 2021/22:*	Collaboration

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

Lead indicators	RAG Rating Q1	Q2	Q3	Q4	Lead indicators: Progress update
Percentage of patients recruitment in south London Clinical Research Network at St George's					17% (final figure, 2019/20) NIHR have advised prioritisation of Covid research for the past year. The 2020/21 figure will not impact CRN funding.
Patient recruitment numbers					10,538 (final figure, 2019/20). NIHR have advised prioritisation of Covid research for the past year, with most non-Covid research suspended during the first and second waves of Covid.
Number of clinical research studies led from St George's					59 (current St George's Trust/ University sponsored clinical research studies on National Institute for Health Research portfolio). Recently awarded major Covid pregnancy vaccine trial, to be led by St George's.

Emergent / future risks	Future opportunities
• Restrictions on funding/ investment to extend research activities, with consequent inability to exploit research opportunities in full • Alignment of St George's and St George's University research priorities recognised as a risk in the Research Strategy • Reduced availability of National Institute for Health research funding	• National Institute for Health Research call for core Clinical Research Facility funding – deadline September 2021. • Opportunity for a greater research leadership role in SW London / partnership with other Acute Provider Collaborative Trusts • Build on current profile related to Covid-19 research activity/ studies • Develop closer collaboration between St George's and St George's University

Appendix 1: Individual risks contributing to strategic risks
Linked risks on the Corporate Risk Register



Outstanding care every time

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 1	**Our patients do not receive safe and effective care built around their needs because we fail to build and embed a culture of quality improvement and learning across the organisation**			**20**	**16**
Covid-19-wait too long (2)	COVID-2105	Non Covid-19 patients not known to the Trust wait too long for treatment (patients group B) (also see SR3)	Apr 2020	**20 (4x5)**	**16 (4x4)**
Covid-19-wait too long (1)	COVID-2104	Non Covid-19 patients, known to the Trust, wait too long for treatment (patient group A) (also see SR3)	Apr 2020	**20 (4x5)**	**16 (4x4)**
Covid-19 - exposure	COVID-2051	Risk of exposure to Covid-19 virus	Feb 2020	**20 (5x4)**	**15 (5x3)**
7 Day Service Standards	MD1118	Failure to comply with 4 standards of the Seven day Service due to resource limitation and/or lack of defined operating model	Nov 2016	**12 (3x4)**	**12 (3x4)**
Infection control	CN2050	C Diff; MRSA; MSSA; E.Coli	Mar 2020	**12 (3x4)**	**12 (3x4)**
Covid-19-Fit test	COVID-2106	Lack of fit test for FFP3 masks	Apr 2020	**12 (4x3)**	**12 (4x3)**
Covid-19-PPE	COVID-2107	Lack of PPE to effectively manage exposure to Covid-19 virus	Apr 2020	**20 (4x5)**	**8 (4x2)**
Learning from incidents	CN1166	Failure to learn from incidents	Nov 2016	**15 (5x3)**	**8 (4x2)**
Deteriorating patients	MD1527	Staff fail to recognise, escalate and respond appropriately to the signs of a deteriorating patient. This may happen because the Early Warning Score is inaccurately recorded or the escalation process is not applied correctly	Dec 2016	**20 (5x4)**	**8 (4x2)**
Learning from complaints	CN2009	Failure to learn from complaints	Dec 2019	**15 (3x5)**	**6 (3x2)**

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 2	**We are unable to provide outstanding care as a result of weaknesses in our clinical governance**			20	12
Compliance with the CQC regulatory framework	CN-1179	Failure to comply with the CQC regulatory framework and deliver actions in response to CQC inspections may prevent the Trust achieving an improved rating at our next inspection	Jan 2017	20 (5x4)	12 (4x3)
Diagnostic findings	MD1526	Acting on diagnostic findings	Jul 2016	16 (4x4)	12 (4x3)
Mental capacity Act	CN751	Failure to comply with Mental Capacity Act (MCA)	Jun 2016	16 (4x4)	12 (4x3)
Improving the quality of clinical governance	CN-2056	There is a risk that we may not improve the quality of clinical governance following the external reviews of mortality monitoring & MDT and clinical governance in a timely manner which may have an adverse impact on patient care	Sep 2019	12 (4x3)	12 (4x3)
Cardiac surgery service – patient safety impact	CVT-1661	There is a risk that we may not make effective improvements to patient safety following the second NICOR mortality alert for cardiac surgery	Sep 2018	16 (4x4)	8 (4x2)
Discharge	MD2052	Non-compliance with the eDischarge Summary Standard	Mar 2020	16 (4x4)	TBC
HealthCare Record (accuracy)		Healthcare Record (accuracy)	TBC	TBC	TBC
Learning from deaths	MD1119	Variation in practice in M&M / MDT meetings may mean we fail to learning from deaths and fail to make improvement actions to prevent harm to patients	Nov 2016	TBC	TBC
Strategic Risk 3	**Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives**			20	20
Network outage	CRR-1395	Infrastructure - Risk of further major network outages due to out-dated, unreliable, and prone to failure network, as a result of a lack of investment and maintenance in the Trust's ICT Network Infrastructure	Sec 2017	25 (5x5)	20 (5x4)
ICT Disaster Recovery Plan	CRR-803	In the event of an ICT disaster, there is a RISK this would result in delays or a complete failure in the Trust's ability to recover its ICT systems.	Feb 2011	20 (5x4)	20 (5x4)
Covid-19-wait too long (2)	COVID-2105	Non Covid-19 patients not known to the Trust wait too long for treatment (patients group B) (also see SR1)	Apr 2020	20 (4x5)	20 (4x5)
Paediatric ECHO delivery	CCAG-1980	Inability of safely provide a paediatric ECHO service at St Georges Hospital	Nov 2019	20 (4x5)	16 (4x4)

Individual Risks contributing to Strategic Risks

Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 3 (continue)	**Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives**			**25**	**20**
ECHO Service Delivery	CCAG-1950	Risk of delay in delivery of planned ECHOs in favour of delivering ECHO in patients who are on a 6 week diagnostic pathway, (DM01)	Oct 2019	**20 (4x5)**	**16 (4x4)**
Electronic document management solution	CRR-1592	There is a risk of no access to clinical records if the EDM software fails impacting on delivery of patient care based on lack of recent/historical information stored	Jul 2018	**16 (4x4)**	**Proposed for closure**
Virtual by Design	IT-2157	There is a risk that IT Audiovisual/infrastructure are not met by IT resources, impacting on patient care	Sep 2020	**20 (4x5)**	**16 (4x4)**
Telephony	CRR-1292	Infrastructure - Potential failure of the Trust's central telecoms system (ISDX) (1), radio tower system (DDI) (2), and/or VoIP platform (500 handsets) (3) due to aged telecoms infrastructure	Jul 2017	**20 (5x4)**	**16 (4x4)**
Data Warehouse/ Information Management Fragmentation	CRR-1312	Information - Risk of poor daily operational performance reporting due to difficulties to retrieve data stored on multiple storage	Aug 2017	**20 (4x5)**	**16 (4x4)**
Covid-19-wait too long (1)	COVID-2104	Non Covid-19 patients, known to the Trust, wait too long for treatment (patient group A) (also see SR1)	Apr 2020	**20 (4x5)**	**16 (4x4)**
Patient flow		Risk of inadequate patient flow in the Trust (and across the health care system) for emergency admission	TBC	**20**	**12**
Emergency care 4hr operating standard	ED-1514 ED-852	Failure to deliver and sustain the 95% Emergency Care Operating Standard	May 2014	**20 (4x5)**	**Closed**
Management of RTT		Risk that patient pathways and waiting times (RTT) are not accurately monitored or managed due to poor data quality and lack of management process	July 2020	**20**	**12**
Exposure to Cyber or Malware attack	CRR-0013	Infrastructure - Risk of potential successful malware / cyber attack due to weakness in the ICT infrastructure. This could lead to loss of data and operational disruption	Apr 2016	**20 (4x5)**	**12 (4x3)**
Fragmented Clinical Records	CRR-1398	Unavailability of all the correct and up to date clinical information at point of care due to fragmented patient records as a consequence of: Cerner implementation, multiple clinical system running in parallel but separate from Cerner,	Dec 2017	**20 (4x5)**	**12 (4x3)**
Diagnostic findings	MD1526	Acting on diagnostic findings	Jul 2016	**16 (4x4)**	**12 (4x3)**
7 day services	MD1118	Failure to be compliant with 4 of the Seven Day Services clinical standards	Nov 2016	**12 (3x4)**	**12 (3x4)**

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 3 (continue)	**Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives**				
Clinical Decision Outcome Form	S2030	There is an on-going risk that patients on any elective pathway could be lost to follow up. This can be caused by the incorrect outcome being recorded on the Clinical Decision Outcome	Mar 2020	**12**	**12**
VDI Sub-optimal	IT- 1717	Sub-optimal Virtual Desktop Infrastructure (VDI) due to insufficient licenses, insufficient compute power, and upgrade to Win10.	Nov 2018	**12 (3x4)**	**12 (3x4)**
Diagnostics within 6 weeks		Risk that under-compliance with 6 week diagnostic standard will allow patient harm	TBC	**20**	**9**
Strategic Risk 4	**As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London**			16	12
Other providers' strategies conflicting with Trust Strategy	CRR-1899	There is a risk that other acute providers in SWL will pursue clinical/commercial relationships with other tertiary providers that pose a strategic threat to SGUH		15 (5x3)	TBC
Devolution of specialised commissioning	STR-2220	There is a risk that the devolution of NHSE specialised commissioning is effected in a way that conflicts with the Trust's strategy to be the tertiary centre for SWL and Surrey	Feb 2021	**12 (4x3)**	**12 (4x3)**
Lack of collaboration across SWL Acute Providers	STR1496	There is a risk that the Trust and system partners (CCG, Kingston) are unable to agree on future use of QMH	Oct 2018	**12 (4x3)**	**8 (4x2)**

Outstanding care every time

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 5	**We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities**			25	20
Managing Income & Expenditure in line with budget	CRR-1411	Risk the Trust is not able to manage income and expenditure against agreed budgets to delivery the financial plan.	Dec 2017	25 (5x5)	20 (5x4)
Managing an effective financial control environment	CRR-0028	Risk of not meeting statutory obligations, prevent fraud, mismanagement of funds or inappropriate decision making by Trust officers due to ineffective financial systems and processes	Oct 2016	20 (4x5)	20 (4x5)
Identifying and delivering CIPs	CRR-1865	Risk that the Trust doesn't have sufficient capacity and capability to deliver CIPs at the level required to hit the financial plan.	Apr 2019	20 (5x4)	20 (5x4)
Future cash requirements are understood	CRR-1416	Risk that future cash requirements are not understood	Dec 2017	20 (5x4)	15 (5x3)
Manage commercial relation with non-NHS organisations	Fin-1856	Risk that the Trust does not have sufficient capacity, or skills to manage commercial relationships with non-NHS organisations procuring services from the Trust.	May 2019	**12 (4x3)**	**12 (4x3)**
Processes to manage cash and working capital	CRR-1417	Risk that the Trust does not have up to date processes to manage cash and working capital	Dec 2017	20 (5x4)	**12 (4x3)**
Understanding cost structures	Fin-1372	A risk that we do not understand our current cost and performance baseline and structures, or benchmark ourselves against others in this area to identify efficiencies and improvements.	Nov 2017	15 (5x3)	**9 (3x3)**

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 5 continue	**We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities**			25	20
Maintaining a five year forward view	CRR-1413	The Trust has insufficient capacity to develop a five year long term financial plan that is aligned to an agreed clinical strategy.	Dec 2017	16 (4x4)	9 (3x3)
Maintaining an effective procurement environnent	Fin-1083	Risk the Trust has insufficient capacity and capability to ensure best value is achieved on all procurement.	Oct 2016	15 (3x5)	9 (3x3)
Managing within new contract forms (block contracts)	Fin- 1858	There is a risk that the Trust could be financially impacted by a failure to manage performance inline with new contract models, specifically a block contract.	May 2019	9 (3x3)	9 (3x3)
Risk that the Trust could be financially penalised due to non-delivery of control totals within South West London	Fin-1857	Risk that the Trust could be financially penalised due to non-delivery of control totals within South West London. It is unclear within planning guidance what the impact of other organisations within the South West London patch not hitting control totals will be on the organisations.	May 2019	9 (3x3)	9 (3x3)
Unsupported finance and procurement system		A risk that the Trust has an unsupported finance and procurement system.		8	8
Strategic Risk 6	**We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds**			20	20
Funding for 5 year capital plan		The Trusts does not have funding sources confirmed to deliver years 2 through to 5 of the 5 year capital plan.		20 (5x4)	20 (5x4)
Funding for current year capital plan		The Trusts does not have funding sources confirmed to deliver the next 1 year of the capital plan		12 (3x4)	15 (3x5)

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 7	**We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure**			**20**	**20**
Bacterial contamination of water supply	CRR-0016	Risk from exposure to potential pathogenic bacteria in water	May 2014	**20 (5x4)**	**20 (5x4)**
Inability to address infrastructure backlog maintenance to maintain safe site	CRR-0008	Inability to address infrastructure backlog maintenance to maintain safe site due to lack of capital	Jul 2016	**20 (4x5)**	**20 (4x5)**
Risk of fire starting in Lanesborough Wing developing into a major fire	EF2036	Risk that an undetected and immediately extinguished fire could develop into a major fire resulting in area evacuation	Feb 2020	**20 (5x4)**	**20 (5x4)**
Cardiac Catheter Labs breakdowns	CCAG-1025	Cardiac Catheter Labs breakdown /failure due to old equipment/ infrastructure	Sep 2016	**20 (4x5)**	**20 (4x5)**
Electrical Infrastructure - Risk of non-compliance	CRR-1311	Risk of electrical non-compliance with Electricity at Work Regulations and BS7671 due to lack of regular testing	Aug 2017	**16 (4x4)**	**16 (4x4)**
Lack of UPS/IPS power supplies	EF2061	Lack of UPS/IPS power supplies	Mar 2020	**20 (5x4)**	**15 5x3)**
Data Centre	CRR-810	Risk that a fire, flood, power failure in the Data Centre could cause loss of data due to having a single data centre hosting all on-site critical systems	Mar 2014	**20 (5x4)**	**15 (5x3)**

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 8	**Our staff are not empowered to deliver to their best and do not feel safe to raise concerns because we fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity**			**20 (4x5)**	**16 (4x5)**
Organisational culture	HR-2178	There is a risk that we fail to achieve a significant shift in culture to support the delivery of the Trust strategic objectives	Sep 2020	**20 (4x5)**	**16 (4x5)**
Diversity and Inclusion	HR-1967	There is a risk that we are unable to deliver our Diversity and Inclusion Strategy or that it does not have the required impact	Jul 2019	**20 (4x5)**	**16 (4x4)**
Raising Concerns	HR-1978	There is a risk that our staff a) don't know how to raise concerns at work b) don't know who to raise concerns with c) are not confident the concerns will be properly address and d) don't feel safe in raising concerns	Nov 2019	**20 (4x5)**	**16 (4x4)**
Bullying and Harassment	HR-881	There is a risk that our staff continue to report high levels of bullying and harassment compared with peers and that we have not taken adequate measures to address this	May 2010	**20 (4x5)**	**16 (4x4)**
Effective Engagement	HR-1364	There is a risk that we fail to engage effectively with our staff	Apr 2016	**15 (3x5)**	**12 (3x4)**
Organisational Development	HR-1360	There is a risk that we do not ensure that our senior managers are developed to have the right leadership skills to be able to deliver our vision of outstanding care every time	Nov 2017	**12 (3x4)**	**12 (3x4)**
Recognise good practice	HR-1361	A risk that we do not recognise success or good practice amongst our workforce.	Nov 2017	**12 (3x4)**	**12 (3x4)**

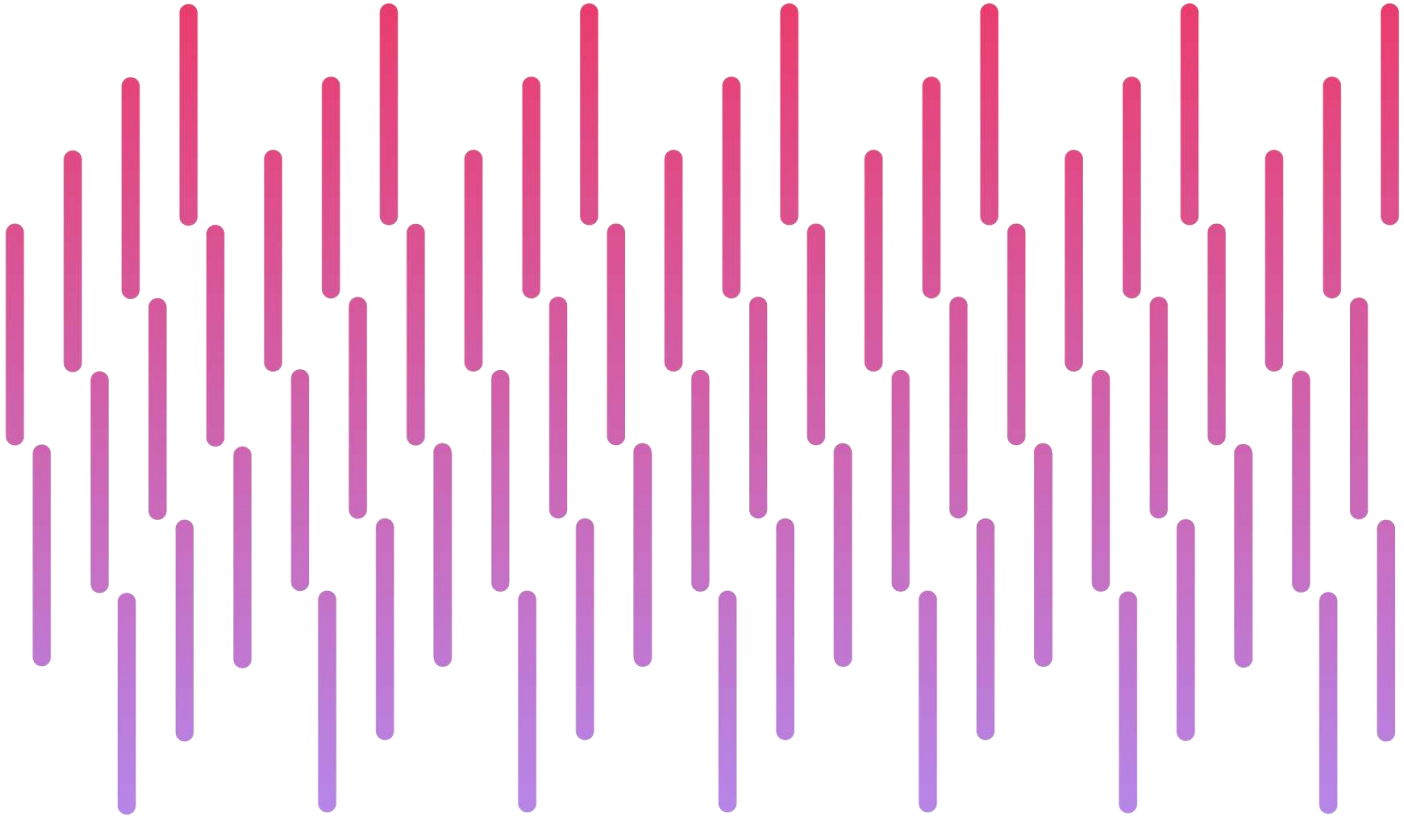
Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 9	**We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels**			**20**	**16**
Junior Doctors vacancies	CRR-1684	There is a risk that we are unable to fill Junior Doctor rota vacancies, leading to rota gaps which may impact on patient safety	Oct 2018	**20** (4x5)	**16** (4x4)
Recruitment and Retention	CRR-0025	There is a risk that we fail to recruit and retain sufficient and suitable workforce with the right skills to provide quality of care and service at appropriate cost	Jan 2015	**16** (4x4)	**16** (4x4)
High quality appraisals	HR-1363	Risk that we do not ensure all of our staff have a high quality appraisal.	Nov 2017	**12** (3x4)	**12** (3x4)
Health and Wellbeing	HR-2242	There is a risk that health and wellbeing is not embedded in the organisation.	Apr 2021	**12** (3x4)	**9** (3x3)
Education Strategy	HR-2179	Failure to deliver the Education Strategy due to potential lack of organisational engagement and financial constraints	Oct 2020	**9** (3x3)	**9** (3x3)
Workforce Strategy	HR-2038	There is a risk that the identified priorities in the Workforce Strategy do not produce the improvements or changes desired.	Feb 2020	**9** (3x3)	**9** (3x3)
Impact on pension tax on the NHS	CRR-1884	Pension tax impacting on the Trust. There are two elements to this risk. 1. Senior members of staff choose to leave the NHS as they have reached their Life Time Allowance (LTA) pension cap. 2. The impact of the annual allowance, where consultants are taking early retirement, reducing their hours, turning down additional work which is having an operation impact on the Trust. This leaves gaps in service cover	Jul 2019	**16** (4x4)	**Closed**
Risk posed by a 'no deal' exit from the EU	CRR-1824	There is a risk that we are unable to retain our EU staff post EU exit	Apr 2019	**16** (4x4)	**Closed**
Compliance with section 1 of the Employment Rights Act (1996)	HR-2164	Failure to comply with changes to the Section 1 of the Employment Rights Act (1996) statement come into effect on 6 April 2020	Sep 2020	**16** (4x4)	**Closed**
Employee relations activities	HR-2163	Inability to provide historical data on Employee relations activity	Sep 2020	**20** (4x5)	**Closed**
Disciplinary process	HR-2165	Risk that fair, effective, independent and objective disciplinary actions are not taken changed from 10(5x2) to 5(5x1)	Sep 2020	**20** (5x4)	**Closed**
Administration of honorary contracts staff	HR-2166	Risk that Trust does not comply with the training/legal requirement for medical staff on honorary contract	Sep 2020	**12** (4x3)	**Closed**

Individual Risks contributing to Strategic Risks
Linked risks on the Corporate Risk Register

Risk short form title	CRR Ref	Description	Open Date	Inherent Score	Current Score Jul 2021
Strategic Risk 10	**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**			16	9
The profile of research in SGHT being low	MD-1133	There is a risk that insufficient focus is given to research in SGHT. This could lead to a lack of investment in research, impacting on research delivery, income, reputation and ability to recruit and retain high calibre staff	Nov 2016	**12 (3x4)**	**9 (3x3)**
Research partnership with St George's University	MD-1495	There is a risk that if research priorities are not aligned across SGUH and SGUL we will miss opportunities to translate academic research in to improved patient outcomes	Mar 2018	**12 (3x4)**	**9 (3x3)**
MHRA accreditation of the research department	MD-1405	There is a risk that the research department does not retain its MHRA accreditation due to poor infrastructure/ compliance	Dec 2017	**16 (4x4)**	**8 (4x2)**
Clinical Research recruitment reduction	MD-1132	Risk of Clinical Research recruitment reduction. could result in a significant shortfall in overall (CRN and Commercial) recruitment and therefore reduction in research funding and income	Nov 2016	**12 (3x4)**	**6 (3x2)**

Appendix 2: Scoring the Board Assurance Framework
Risk Assessment & Assurance sources and descriptors



Outstanding care every time

Scoring the Board Assurance Framework

Risk Assessment and tracking of actions to address gaps in controls

Calculating Risk Scores

Risk Grading (Scoring)

	CONSEQUENCE INDEX			LIKELIHOOD INDEX*	
5	Catastrophic	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure due to enforcement action; Total loss of public confidence	5	Almost Certain	No effective control; or ≥ 1 in 5 chance within 12 months
4	Major	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Divisions; Extended service closure	4	Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate	Moderate harm – medical treatment required up to 1 year; £100K - £1m loss; Temporary disruption to one or more Divisions; Service closure	3	Possible	Limited effective control; or ≥ 1 in 100 chance within 12 months
2	Minor	Minor harm – first aid treatment required up to 1 month; £50K - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥ 1 in 1000 chance within 12 months
1	Insignificant	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Rare	Very good control; or <1 in 1000 chance (or less) within 12 months

*Use of relative frequency can be helpful in quantifying risk, but a judgment may be needed in circumstances where relative frequency measurement is not appropriate or limited by data.

Risk scoring matrix

L/C	1	2	3	4	5
5					
4					
3					
2					
1					

Calculating Strength of Controls

Strength of controls

Control Strength	Description
Substantial	The identified control provides a strong mechanism for helping to control the risk
Good	The identified control provides a reasonable mechanism for helping to control the risk
Reasonable	The identified control provides a partial mechanism for controlling the risk but there are weaknesses in this
Weak	The identified control does not provide an effective mechanism for controlling the risk

Scoring the Board Assurance Framework
Assurance sources and descriptors

Sources of Assurance

Sources of Assurance

Line of Assurance	First Line Assurance	Second Line Assurance	Third Line Assurance
Description	Care Group / Operational level	Corporate Level	Independent and external
Examples	Service delivery / day-to-day management Care Group level oversight Divisional level oversight	Board and Board Committee oversight Executive oversight Specialist support (e.g. finance, corporate governance)	Internal audit External audit Care Quality Commission NHSE&I Independent review Other independent challenge

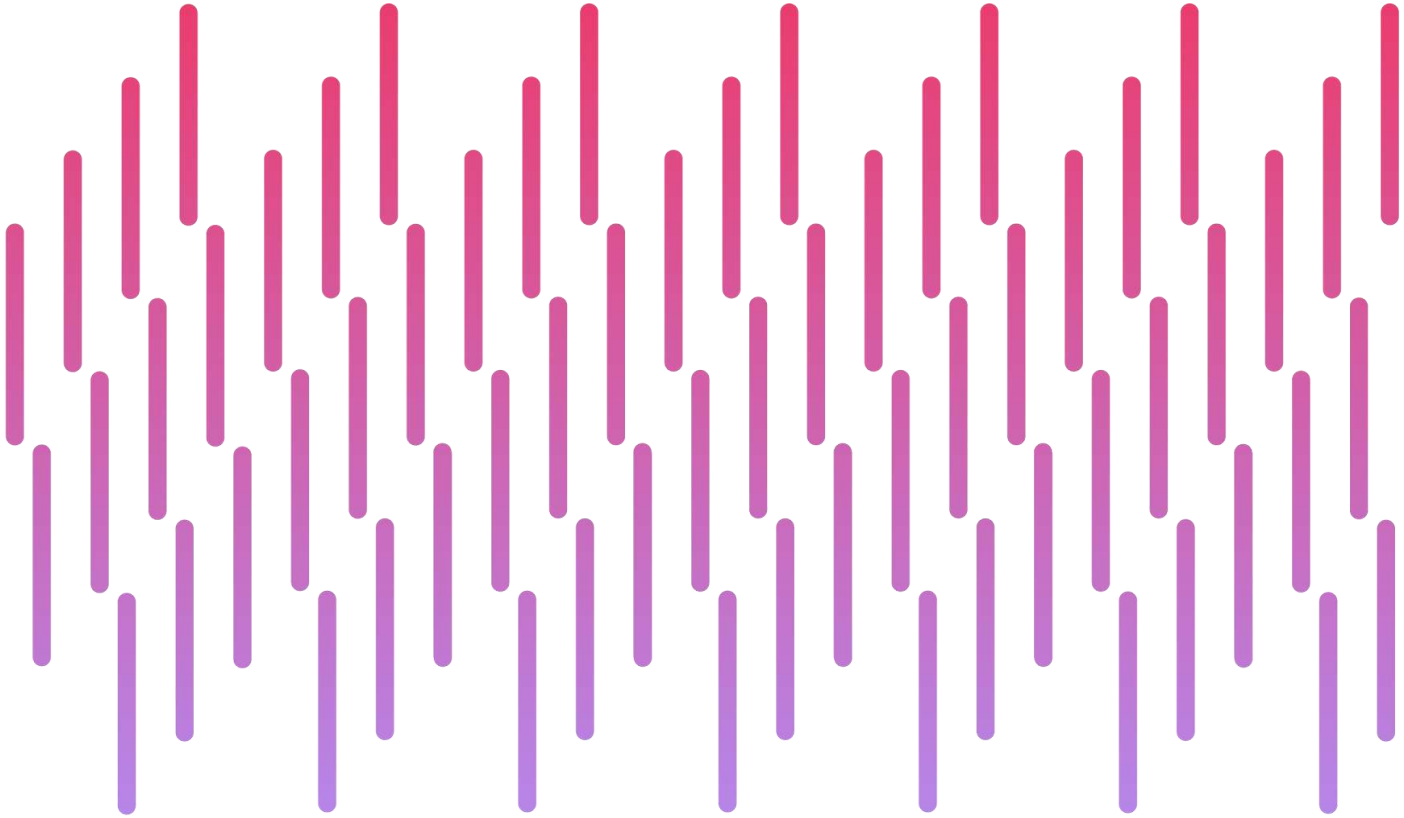
Progress on actions to address gaps in control / assurance

Delivered	
On track to deliver to agreed timescale	
Slippage against agreed timescales (non-material)	
Progress materially off track	
Action not delivered to agreed timescale	

Calculating Levels of Assurance

Assurance Levels

Level of Assurance	Description
Substantial	Governance and risk management arrangements provide substantial assurance that the risks identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas
Good	Governance and risk management arrangements provide a good level of assurance that the risks identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas
Partial	Governance and risk management arrangements provide reasonable assurance that the risks identified are managed effectively. Evidence is available to demonstrate that systems and processes are being applied but insufficient to demonstrate implementation widely across services. Some evidence that outcomes are being achieved but this is inconsistent across areas and / or there are identified risks to current performance
Limited	Governance and risk management arrangements provide limited assurance that the risks identified are managed effectively. Little or no evidence is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance



Board Assurance Framework 2021/22
St George's University Hospitals NHS Foundation Trust

Outstanding care every time