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NHS
St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting
22 September 2022

Agenda and papers

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St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting

Date and Time: Thursday 22 September 2022, 14:00 – 16:45
Venue: Tooting and Balham Rooms, Wandsworth Professional Development Centre Building 1, Burntwood School, Burntwood Lane, SW17 0AQ

Time	Item	Subject	Lead	Action	Format
1.0	**OPENING ADMINISTRATION**				
14:00	**1.1**	**Welcome and Apologies**	Chairman	Note	Verbal
	1.2	**Declarations of Interest**	All	Assure	Report
	1.3	**Minutes of previous meeting**	Chairman	Approve	Report
	1.4	**Action Log and Matters Arising**	All	Note	Verbal
2.0	**TRUST UPDATE AND STRATEGY**				
14:05	**2.1**	**Group Chief Executive Officer's Report, including an Integrated Care System Update**	GDCEO	Update	Report
14:30	**2.2**	**Developing a new Group Strategy**	GDCEO	Inform	Report
3.0	**ACCOUNTABILITY**				
14:45	**3.1**	**Questions to Non-Executive Directors**	All	Assure	Verbal
4.0	**QUALITY, PERFORMANCE & FINANCE**				
15:15	**4.1**	**Integrated Quality and Performance Report (Patient Safety and Quality Focus)**	GCMO	Inform	Report
15:35	**4.2**	**New Patient Safety Framework**	DCMO(Q)	Update	Report
15:50	**4.3**	**Patient Engagement and Experience Report**	DCN	Update	Report
16:05	**4.4**	**Finance Update**	GDCFO	Update	Report
5.0	**COUNCIL OF GOVERNORS – GOVERNANCE**				
16:20	**5.1**	**External Auditor Reports 2021/22**	External Auditors	Approve	Report
16:30	**5.2**	**Council of Governors Learning and Development Programme**	GCCAO	Review	Report
6.0	**CLOSING ADMINISTRATION**				
16:40	**6.1**	**Any Other Business**	All	Note	Verbal
	6.2	**Reflections on meeting**		Note	Verbal
16:45	**CLOSE**				
Date and Time of Next Meeting: 8 December 2022, 14:00 – 17:00					

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Council of Governors Meeting

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

Membership and Those in Attendance		
Members	**Designation**	**Abbreviation**
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AA1
Afzal Ashraf	Public Governor, Wandsworth	AA2
Padraig Belton	Public Governor, Rest of England	PB1
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Julian Ma	St George's University of London	MA
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
In Attendance		
Ann Beasley	Non-Executive Director, Vice Chair	AB
Stephen Collier	Non-Executive Director, Senior Independent Director	SC
Peter Kane	Non-Executive Director	Pka
Parveen Kumar	Non-Executive Director	Pku
Jenny Higham	Non-Executive Director	JH
Pui-Ling Li	Associate Non-Executive Director	PLL
Tim Wright	Non-Executive Director	TW
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Tom Shearer	Group Deputy Chief Finance Officer	GDCFO
Stephanie Sweeney	Deputy Chief Nurse	DCN
Karen Daley	Deputy Chief Medical Officer (Quality)	DCMO(Q)
Secretariat		
Patricia Morrissey	Head of Group Corporate Governance	HCG
Joan Adegoke	Corporate Governance Officer (Minutes)	ICGO
Apologies		
Mia Bayles	Public Governor, Rest of England	MB
Patrick Burns	Public Governor, Merton	PB2
Jenni Doman	Staff Governor, non-clinical	JD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Quorum:	*The quorum for any meeting of the Committee shall be at least one third of the Governors present.*	

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Minutes of the Meeting of the Council of Governors (In Public)
5 July 2022, 14:00 – 17:30
Room 2.07, 2nd Floor, Hunter Wing, St Georges University

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Afzal Ashraf	Public Governor, Wandsworth	AAs
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Richard Mycroft	Public Governor, South West Lambeth	RM
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Ataul Qadir Tahir	Public Governor, Wandsworth (up to 16.00)	AQT
In Attendance:		
Ann Beasley	Non-Executive Director	ABe
Pui-Ling Li	Associate Non-Executive Director	PLL
Tim Wright	Non-Executive Director	TW
Jacqueline Totterdell	Group Chief Executive Officer (up to 16:20)	GCEO
Andrew Ashbury	Director of Estates and Facilities (item 4.4)	DEF
Paul Da Gama	Group Chief People Officer (item 4.3)	GCPO
Andrew Grimshaw	Group Chief Finance Officer (item 4.1)	GCFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Kate Slemeck	Managing Director – St George's (item 4.2)	MD-SGUH
Secretariat		
Gurdeep Sehmi	Corporate Governance Officer (Minutes)	CGO
Apologies:		
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Mia Bayles	Public Governor, Rest of England	MB
Padraig Belton	Public Governor, Rest of England	PBe
Patrick Burns	Public Governor, Merton	PBu
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenni Doman	Staff Governor, Non-clinical	JD
Sandhya Drew	Public Governor, Rest of England	SD
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Stephen Collier	Non-Executive Director, Senior Independent Director	SC
Jenny Higham	Non-Executive Director	JH
Peter Kane	Non-Executive Director	PKa
Parveen Kumar	Non-Executive Director	PKu

		Action
1.0	**OPENING ADMINISTRATION**	
1.1	**Welcome and Apologies** The Chairman welcomed everyone to the meeting and noted the apologies as set out above.	
1.2	**Declarations of Interest** There were no new declarations of interest.	
1.3	**Minutes of the meeting held on 30 May 2022** The minutes of the meeting held on 30 May 2022 were approved as a true and accurate record, as were the minutes of the private meeting held on the same date. Richard Mycroft, Public Governor (South West Lambeth), asked about Governor attendance at Board's Audit Committee and the Chairman offered to discuss this with RM outside the meeting.	
1.4	**Action Log and Matters Arising** The Council of Governors noted the Action Log, and that both of the actions were due at the next meeting.	
2.0	**TRUST UPDATES AND STRATEGY**	

2.1	**Chief Executive Officer's Report**
	
	The GCEO presented her report, and provided the following updates:
	
	• Operational pressure on the hospital, particularly in the Emergency Department (ED), remained high, with Covid admissions increasing. As of 22 June 2022, there were 91 Covid patients in the hospital, but only 2 required ITU admission.
	• Mask wearing requirements had been changed in line with new national infection prevention and control guidance and the Government's Living with Covid-19 plan. These arrangements would be monitored and reviewed should the situation change.
	• There had been a rise in Monkeypox cases in recent weeks. SGUH hosted the regional Infectious Diseases Unit and was supporting the clinical diagnosis and management of cases across South West London. As at the end of June 2022, there was one inpatient at the Trust being treated for Monkeypox and a further 22 patients being treated at home on the new virtual ward.
	• The South West London (SWL) Integrated Care System (ICS) had taken on its new statutory form from the start of July 2022, and it had the following four purposes:
	  ○ Improving outcomes in population health and healthcare;
	  ○ Tackling inequalities in outcomes, experience and access;
	  ○ Enhancing productivity and value for money; and
	  ○ Supporting broader social and economic development.
	• The Boards of the St George's and Epsom and St Helier had agreed to develop a single Group Strategy by March 2023, building on existing Trust strategies. Governors would be engaged in its development.
	• The Secretary of State for Health, Sajid Javid MP, together with Stephane Bancel, Chief Executive of Moderna, visited the Trust's Vaccine Institute and Clinical Research Facility. The visit coincided with a Government	

		Action
	announcement of a £1 billion agreement with Moderna to build the country's first manufacturing centre for vaccines. • In relation to the Trust's financial position, NHS England had required all Trusts to achieve a breakeven financial position for 22/23. The Trust had developed a plan, but delivery of a breakeven position was expected to be extremely challenging. • The Trust celebrated the Platinum Jubilee weekend, and two staff members had attended the BBC's 'Platinum Party at the Palace' concert. • The St George's Charity had launched its new Children's appeal, *Time for Change*, which raised £286,000 on launch day. • Professor Indranil Chakravorty, consultant in acute and respiratory medicine, had received an MBE for his contribution to healthcare as part of the Queen's platinum jubilee honours. The following issues were raised and noted in discussion: • In response to a question regarding preparations for winter and seasonal influenza, the GCEO explained that due to the measures put in place to prevent transmission over Covid-19 over the past two winters the prevalence of other respiratory diseases had been much reduced and influenza had not had a significant operational impact on the hospital over the last two years. As a result, the coming winter was likely to present particular challenges in relation as a marked increase in the prevalence of influenza was anticipated. The Trust was making plans to respond to this likelihood and would be developing a detailed winter plan over the coming months which would be reviewed by the Board in early November. • A question was asked regarding the current impact of Covid-19 and the GCEO responded by explaining that while there had been a spike in the number of Covid positive patients at the Trust, the number of those requiring intensive care was reducing as was the number of patients requiring isolation. This had helped to improve flow through the hospital. • In relation to activity to promote vaccine take-up, it was noted that the Trust was working with partners across South West London, including local authorities, to encourage take-up. In relation to staff, there would be a focused campaign to encourage staff to have the new Covid and influenza vaccine from September. • In response to a question regarding the Trust's role in addressing health inequalities, the GCEO explained that the Trust was working with the South West London Integrated Care System to improve population health and address health inequalities. The Quality Committee of the Board had requested the Group Chief Medical Officer bring back proposals on how the Committee could review the Trust's contribution to this work in order to ensure appropriate assurance. The GCEO offered to provide Governors with further information on the work of the ICS at a future meeting. • In relation to the pressures in the ED, these pressures were ongoing and were very challenging for staff. Services were working differently to find solutions to help improve flow through the hospital and the Trust was working with its partners to facilitate discharge in a timely manner. • A Council of Governors briefing session on the development of the Group strategy would take place later in the year, and the Board was keen to engage Governors ion this. Stakeholder sessions were planned for September and Governors were welcome to attend. The dedicated session for Governors would likely be scheduled for November, and this would be confirmed once work on the development of the strategy progressed. The Council noted the report.	**GCEO**

		Action
3.0	**ACCOUNTABILITY**	
3.1	**Questions to Non-Executive Directors** The Chairman invited questions to Non-Executive Directors (NEDs). Khaled Simmons, Public Governor (Merton), asked why the Quality Committee did not receive performance information relating to the Faster Diagnostic Standard. Pui-Ling Li and Ann Beasley explained that operational performance, including diagnostic waiting times, were overseen by the Finance Committee rather than the Quality Committee. The Finance Committee had recently undertaken a deep dive on cancer performance. On the Faster Diagnostics Standard, the Trust was performing well. In the event that performance raised quality or safety concerns, the Quality Committee would review this through a patient safely lens. Marlene Johnson, Staff Governor (Nursing and Midwifery), added that Rapid Diagnostics Clinics are providing a seven-day oncology service to ensure patients receive their results quicker. Alfredo Benedicto asked about the new Committees-in-Common arrangements and whether the NEDs felt they were able to discharge their roles effectively given the size of meeting agendas. Pui-Ling Li explained that the arrangements had been in place for just three months and were still bedding in, but overall the benefits of working in partnership through these arrangements were clear. NEDs digested the information provided in reports in advance of meetings and sufficient time was given to areas of concern, enabling questions to be directed appropriately. She added that, in terms of learning from each other, it remained early days but there was real benefit in seeing how each organisation delivered its services. Tim Wright agreed that the Committees-in-Common had large agendas and were long meetings, but the challenge for the Committee Chairs was to focus discussion, be clear about the assurance needs of the Committee, and manage the meeting. Having reports from both Trusts alongside each other was very helpful in identifying gaps and areas for improvement. NEDs were assured by the information provided and discussions that take place about services being delivered effectively, efficiently, and safely. In response to a query from John Hallmark, Public Governor (Wandsworth) about the timeliness of papers for Committee meetings, Tim Wright commented that, in general, papers were received in a timely way, but acknowledged that some were provided late and this did present challenges. Sarah Forrester, Appointed Governor (Healthwatch Wandsworth) expressed concern that the Patient Partnership and Engagement Group (PPEG) had not met for several months and asked how the Quality Committee could take assurance on issues relating to patient engagement and experience when PPEG was not meeting. The GCCAO commented that the Quality Committee's forward plan included patient experience and the Committee was scheduled to receive a report on patient engagement and experience at its meetings in August and February, as well as separately reviewing the results of the national inpatients survey in November and February. A number of PPEG meetings had been cancelled recently, but were scheduled to re-start. In response to a question from Richard Mycroft regarding the Trust's response to HM Coroner's Prevention of Future Deaths (PFD) Report in relation to cardiac surgery, the GCCAO stated that the Coroner had extended the deadline for responding to 1 August 2022. The Trust was on course to deliver its response by this deadline. Under the Chief Coroner's PFD publication policy, it was for the Coroner to determine when a PFD response could be published. Once published, the Trust would make this available to the Governors and place a copy on the Trust website.	**GCCAO**

		Action
	In response to a question about the Trust's digital strategy, Tim Wright explained that the Trust's IT team was working closely with their counterparts at Epsom and St Helier but there remained significant work to bring the two Trusts' digital strategies together.	
4.0	**QUALITY, PERFORMANCE AND FINANCE**	
4.1	**Finance Update** The GCFO presented the report, and the following points were highlighted: • The report illustrated the challenge of closing the gap that exists in the current financial position in order to get to a breakeven position in 2022/23. • An integrated improvement approach was being used and engagement with clinical and non-clinical teams was key to support delivery. • Actions were being identified to develop and implement Cost Improvement Plans (CIP), and this was being monitored by the Finance Committee. The right support was in place to oversee and monitor progress. • Quality Impact Assessments, led by the GCMO and GCNO, were also being developed, as it was important that any CIPs were reviewed with a quality and safety lens. • Communications with staff about the impact efficiencies would have on staff headcount were taking place. With 10-12% of vacancies currently being covered by temporary and bank staff and a Trust-wide turnover rate of 10%, the impact of CIPs on substantive headcount would be mitigated. In response to questions from the Council, the following responses were noted: • In respect of unidentified CIPs, the GCFO explained that 65% of expenditure was on salaries and there were opportunities to make savings, for example through reducing agency and bank spend. • Quality Impact Assessments were conducted by the GCMO and GCNO and there was a rigorous process to assess CIPs from a quality and safety perspective and to ensure safe staffing at all times. • 2022/23 was going to be a tough year and 2023/24 was expected to more challenging still. In this context, the opportunities to invest in were constrained. While there would be investment in essential estates and IT, capital funding was limited. The Council of Governors noted the report.	
4.2	**Integrated Quality and Performance Report** The MD-SGUH presented the report that was based on May 2022 data, and the following points were highlighted: • Performance in ED was at 73.9% against the four hour emergency standard, which was below the national 95% target. The challenges the Trust faced in meeting the standard could be seen in trusts across the country. • Patients presenting at ED were less well and required longer hospital stays than previously. • The Trust was working to open a new Urgent Treatment Centre to be opened in August and it was hopped that this would help to ease the pressures on the ED. • Cancer performance was not where the Trust wanted it to be but was improving. The Trust continued to deliver on the Faster Diagnostic Standard to provide patients with quicker results. The number of patients waiting over 62 days had continued to decrease and remained below trajectory. • Work continues to reduce follow-up appointments for outpatients.	

		Action
	In response to a question about 52- and 72-week waits, the MD-SGUH stated that the Trust was making it easier for patients to contact the Trust and was working closely with GPs in improving communication in relation to waiting times, in order to support their patients. Wandsworth GPs received increased advice and support and have more access to information on people that are on waiting lists. In respect of measuring ED performance, the discharge to access pathways were being monitored closely. The Council of Governors noted the report.	
4.3	**Culture Programme Update** The GCPO presented this report and the following points were highlighted: • Organisational Development (OD) work across the Trust was progressing well. OD facilitators worked locally in units to resolve issues. • Work to help staff understand the Trust values and what they mean in practice was underway. After consultation with a large number of staff, a booklet explaining these was being produced and would be launched shortly. • The values would be used at each point of the employee cycle from recruitment, induction, appraisals, and leadership development. • The activity programme on the Big 5 themes arising from the NHS Staff Survey was being delivered throughout the year, with focus being given to one priority each month. • A management fundamentals programme was currently being constructed. In response to a question about releasing staff from pressured acute services to undertake management training, the GCPO explained that managers are asked to use the appraisal process to identify training requirements, as well as manage how this would be achieved. In response to questions about values from the Council of Governors, the GCPO explained that it was vital that the senior leadership modelled the Trust's values. Staff could be held to account on their behaviour through one-to-one meetings with their managers and through appraisals. Metrics would be incorporated after the roll-out. It was important that the Trust's values become embedded in everything we do. In respect of exit interviews, the GCPO confirmed that these were conducted independently at a local level by HR staff and by an external service provider. Khaled Simmons asked about support to staff who lack confidence in some management duties. The GCPO said that managers who are not confident in holding their staff to account will be supported, where possible. In response to question from Hilary Harland, Public Governor (Merton), about evidence of physical violence against staff by other members of staff, the GCPO stated that there had been no cases of this at the Trust but if this was to occur it would result in disciplinary action being taken. The Council of Governors noted the report.	
4.4	**Estates Strategy and Sustainability Plan** The Council received an overview of the implementation of the Trust's Green Plan and Estates Strategy from the DEF and the following points were highlighted:	

		Action
	Green Plan • The Trust's Green Plan was seen as an exemplar plan with other trusts asking for assistance in developing their own plans. • The Trust had worked closely with South West London to assist with the production of an ICS Green Plan. The Trust's Green Plan would link to this. • The Trust was one of the largest contributors of carbon in South West London and was leading the way in developing a strategy that has clearly defined and tangible action plans with milestones to reduce carbon emissions. • A decarbonisation plan was being developed over the next three months. In the long term, delivery of substantial reductions in carbon emissions would require transformation of the estate. In response to a query from Khaled Simmons about setting baselines and targets, Tim Wright stated that national targets needed to be met and baselines were expressed in the best terms at this time. Going forward, the team would seek to develop measures in percentage terms to demonstrate progress and meet the Trust's contribution to the NHS-wide target of reducing the NHS carbon footprint by 80% by 2028-32. Ann Beasley added that investment for large infrastructure programmes, such as solar panels, would be a challenge at this time given the financial context but having estimated baselines and focusing on activity within the current financial situation would be a step forward in the right direction. The DEF offered to liaise with Khaled Simmons outside of the meeting to provide further information. **Estates Strategy** • The estates strategy had been approved in July 2021. • An Expression of Interest (EoI) with a proposed scheme for £620m to provide a new building had been submitted to the New Hospitals Programme (NHP) in September 2021. To date, there had not been any news but a strategic outline business case with a range of options was being developed. In response to questions from the Council, the following responses were noted: • 100% of queries received from the NHP have been responded to. • The scale of the building programme envisaged in the estates strategy was dependent on funding. • Modelling with clinical teams had shown that the planned new builds would become a better environment for supporting more patients. The Council of Governors noted the report.	
5.0	**COUNCIL OF GOVERNORS - GOVERNANCE**	
5.1	**Annual Members Meeting 2022** The GCCAO presented the report and the following points were highlighted: • The next Annual Meeting was scheduled to take place on 22 September 2022. The meeting would be in-person and would be held at the Trust. • Attendance at the 2021 Annual Meeting was significantly lower than meetings held prior to the pandemic. • The format of the 2022 event will be more accessible, engaging, and interactive, with the aim of boosting attendance. • Consideration was being given to methods to raise awareness and to begin to promote the event. Governors were asked to promote the benefits of engagement at any meetings/events they attend.	

		Action
	In response to a query from Richard Mycroft about the Membership and Engagement Committee (MEC), the GCCAO noted that not having a Committee Chair and enough Governors to hold quorate meetings had presented challenges and had resulted in this Committee not meeting since March 2022. Plans are underway for a meeting to take place in early autumn. The Council of Governors agreed the plan for the 2022 Annual meeting.	
5.2	**Elections to the Council of Governors 2022** The GCCAO presented the report and the following points were noted: • A total of eight seats on the Council were open for election in 2022/23. • The plan for the election was similar to previous years with election activity starting in late September, with in-person and virtual awareness sessions taking place in the autumn. • The election itself will take place in late November/December with results being published by the end of the calendar year. • New Governors would undertake induction in January 2023. • A Returning Officer was currently being appointed. • In addition to the scheduled elections, there was a need to fill a forthcoming vacant seat which was due to a long-standing Public Governor stepping down later in the year. It was proposed that an election for this seat be wrapped into the wider elections. The Council of Governors noted the plan for holding elections during Q3 2022/23 and agreed that the forthcoming Public Governor seat on the Council be filled through the 2022/23 elections with the successful candidate appointed for the remainder of the existing term of office.	
6.0	**CLOSING ADMINISTRATION**	
6.1	**Any other business** The GCCAO informed the Council that recruitment consultants appointed to lead the search for the two Non-Executive Director appointments had advised starting the promotion of the roles from late August and moving the closing date to late September in order to secure the best possible field of candidates. The recruitment consultants had recently met the Chairman to discuss the process and would shortly meet the Lead Governor.	
6.2	**Reflections on meeting** The following reflections on the meeting were noted: • Meeting on site was appreciated and makes attendance by staff Governors and presenters easier, however the acoustics in the room was an issue. • There was a good level of discussion on the items presented.	

Meeting ended: 17.00

Date of next Meeting
22 September 2022

Council of Governors - 22 September 2022

St George's University Hospitals NHS Foundation Trust

Action Log

Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.300522.1	Developing a new Group Strategy	The Council agreed that a dedicated session would be held with Governors to provide an opportunity for the Council to input into the development of the strategy.	22/09/2022	GCCAO / GDCEO	A timing for the meeting is currently being finalised and is likely to take place in November. The meeting date will be confirmed with members of the Council at the Council meeting on 22 September.	DUE
COG.050722.3	Questions to Non-Executive Directors	Under the Chief Coroner's PFD publication policy, it was for the Coroner to determine when a PFD response could be published. Once published, the Trust would make this available to the Governors and place a copy on the Trust website.	22/09/2022	GCCAO	The PFD report has not yet been published by the Chief Coroner but will be shared with members of the Council of Governors as soon as possible.	DUE
COG.300522.2	Questions to Non-Executive Directors	It was agreed that the Council would receive a briefing on the patient safety framework at a future meeting.	22/09/2022	GCCAO / GCNO	On Agenda - See item 4.2.	PROPOSED FOR CLOSURE
COG.050722.1	Chief Executive Officer's Report	The SWL ICS is seeking to address population health and wellbeing, to reduce the need for acute services. However, improvements will not be easily measured in the short term. The GCEO agreed to provide further information on the work of the ICS at a future meeting.	22/09/2022	GCEO	A session on the work of the SWL ICS is schedule for the meeting in December 2022.	NOT YET DUE

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Group Chief Executive's Report to Council of Governors
22 September 2022

Jacqueline Totterdell
Group Chief Executive Officer

22 September 2022

Introduction

Purpose

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

Recommendation

The Council is asked to receive and note the report.

The Official Mourning period of Queen Elizabeth II
A period of reflection

During this official mourning period we will remember the Queen's dedication and service, and our deepest sympathies are with her family and the whole nation at this very sad time.

We were honoured to welcome the Queen to St George's in 1980 when she officially opened the hospital and university after we moved from Hyde Park Corner.

More recently we welcomed the Queen in 2004 when she officially opened the South West London Elective Orthopaedic Centre.

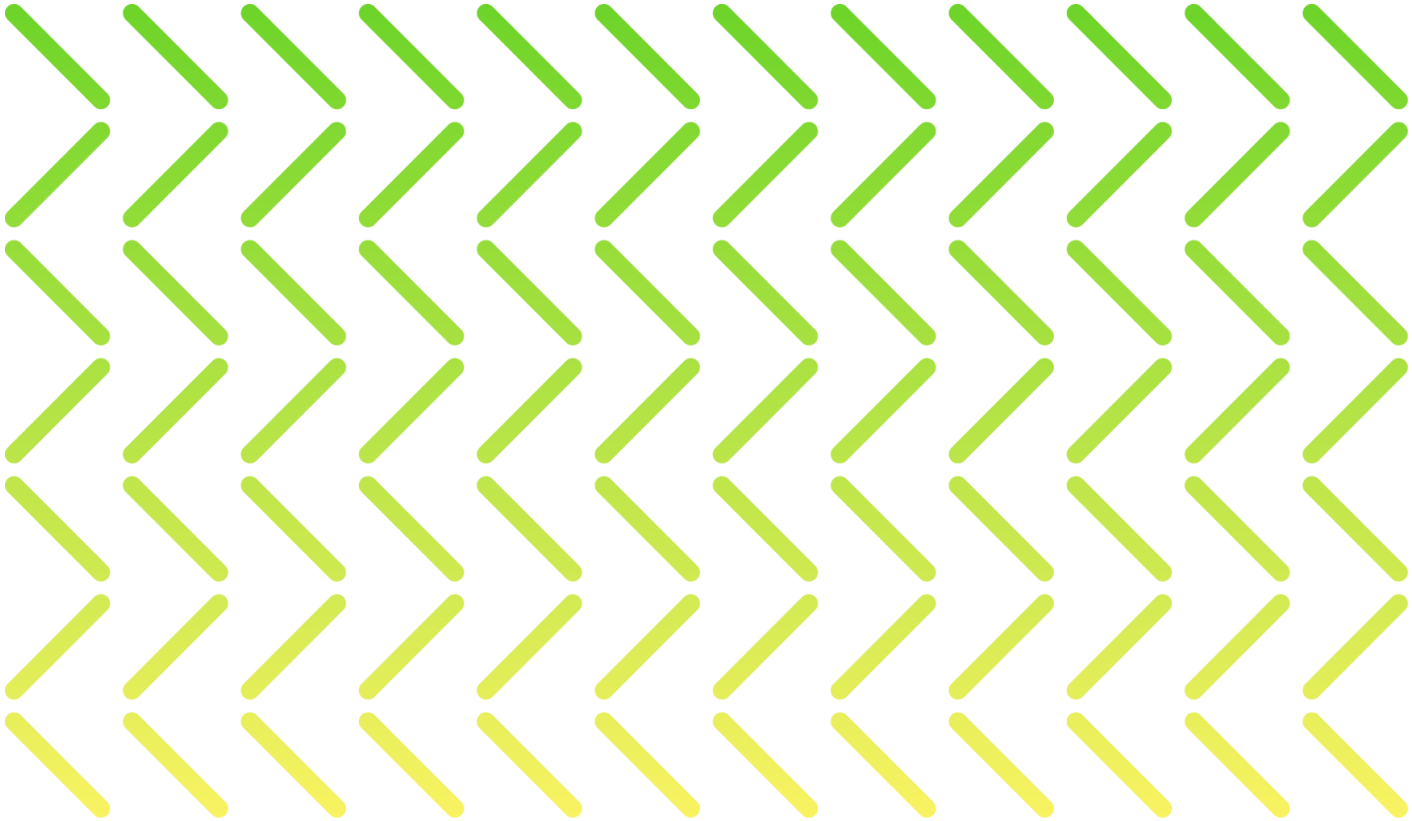
Earlier this year the Queen recognised the efforts of everyone working in the NHS when she awarded us all the George Cross.

The Chaplaincy team at St George's Hospital will be holding its weekly 'Refresh' reflection service, which will be dedicated to the Queen, as well as services in the Spiritual Care Centre for staff to pay their respects. All are welcome to join in honouring and remembering the service and duty of Her Majesty Queen Elizabeth II.

From Wednesday 14 September the Spiritual Care Centre at St George's is open for staff to write in a memorial book in remembrance of Her Majesty Queen Elizabeth II.

CARE

Patients and staff feel cared for when accessing and providing high quality timely care at St Georges; in how the Trust starts to recovers from Covid-19 and in how we respond to any future wave



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Operational performance
Overview

St George's continues to make progress on its recovery plan, with areas for focus going forward:

Activity summary
Overview

We continue to focus on improving activity levels throughout the organisation:

		Activity compared to previous year			Activity against plan for month		Activity compared to previous year			Activity compared to 2019/20		
		Jul-21	Jul-22	Variance	Plan Jul-22	Variance	YTD 21/22	YTD 22/23	Variance	Jul-19	Jul-22	Variance
ED	ED Attendances	13,239	12,582	-4.96%	12,629	-0.37%	51,629	51,402	-0.44%	14,764	12,582	-14.78%
Inpatient	Non Elective	3,442	3,276	-4.82%	3,770	-13.10%	13,424	12,218	-8.98%	4,068	3,276	-19.47%
	Elective & Daycase	5,331	4,729	-11.29%	4,852	-2.54%	20,465	19,198	-6.19%	5,752	4,729	-17.79%
Outpatient	OP Attendances	59,479	55,412	-6.84%	60,709	-8.73%	253,599	231,816	-8.59%	66,491	55,412	-16.66%

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

Delivering Care through the Heat Wave

Rising to the challenge during the heat wave

Heatwaves, the continued impact of COVID-19, and strained emergency departments have coincided to create a difficult operating environment at St George's over the past two months. I'm pleased to report to you that our teams rose to the challenge fantastically and we are applying all the lessons learnt from these extraordinary circumstances across our organisation.

It is important to record our thanks and admiration for our teams over the past two months. The pressures as described above created extraordinary circumstances for St George's, its patients and our staff.

We deployed a special communications plan to keep staff constantly informed, and help keep patients safe. A multi-channel campaign included daily heatwave bulletins, a Group press release on how to stay safe and access health services and social media video messages from staff encouraging people to 'talk before they walk' by contacting NHS 111 or visiting their local pharmacy for advice. Our communications team is currently using the lessons learnt from the integrated communications plan to form a winter pressures plan.

Operational and Elective Care Recovery Update
New Urgent Treatment Centre & Cath Labs

I am proud to report that a new Urgent Treatment Centre (UTC) has opened at St George's. The new UTC is in a purpose-designed area, close to our Emergency Department, and will significantly support our capacity for treating urgent cases.

Additionally, I am pleased to report that our cath labs three and four are now operational, and cath lab five is on track to open this week. Again, this will boost our capacity for diagnostics and support efficient and speedy patient care.

We also continue to make progress on our Elective Care Recovery Programme. I'm pleased to report that, based on activity over the past six weeks, we are overall on track with our Recovery Programme for theatre and non-theatre activity combined. We continue to focus on optimising our theatre utilisation to support this progress, and I will keep you informed.

Autumn Preparation

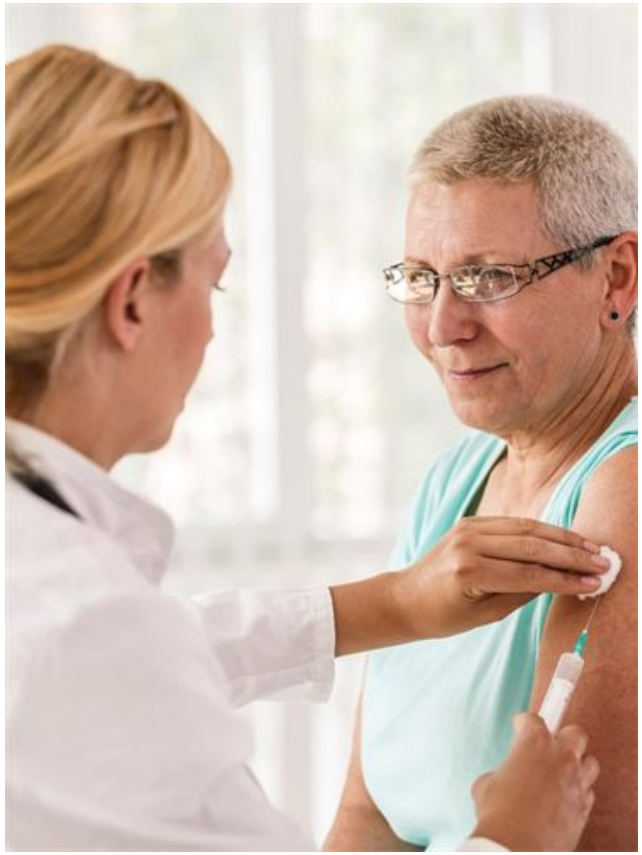
We are preparing for autumn, vaccination programmes and surge capacity

In June 2022, we received correspondence from NHS England outlining the completion of the current Spring Booster programme by the end of August 2022, and the delivery of the autumn vaccination campaign commencing September 2022. It has been mandated that, in Autumn 2022, a COVID-19 vaccine should be offered to:

- Residents in a care home for older adults and staff working in care homes for older adults
- Frontline health and social care workers
- All those 65 years of age and over
- Adults aged 16 to 64 years in a clinical risk group

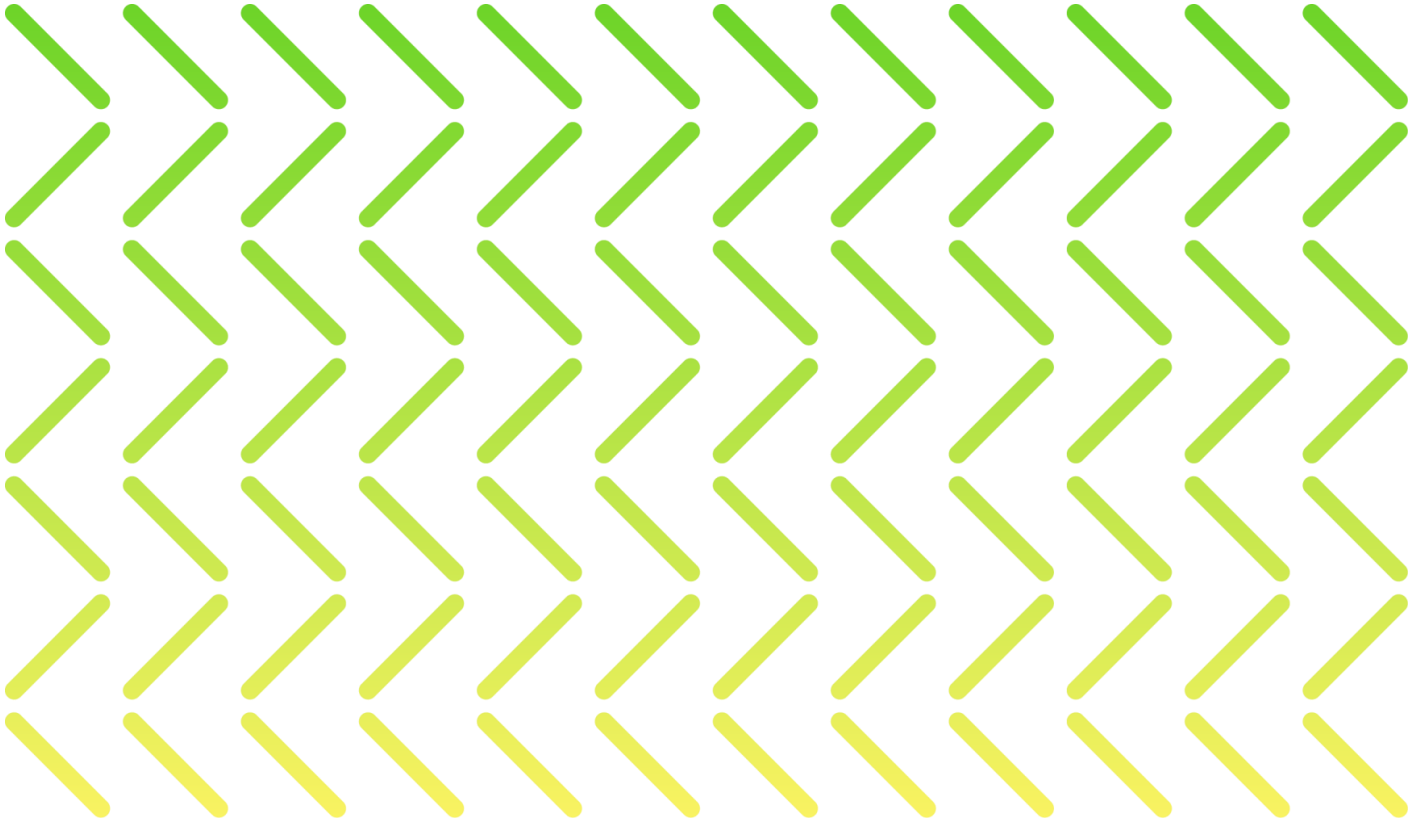
As part of our planning for autumn, we are also preparing in case of a surge of COVID-19, whilst also taking steps to limit the impact on primary care, routine and elective NHS activities where possible.

There will also be an NHS-wide campaign to help manage the strains on emergency departments by supporting people to stay at home if it is safe to do so. Important work around Virtual Wards is also underway to ensure care in the community is applied effectively, to ease pressure on in-patient care.



CULTURE

Transform our culture to create an inclusive, compassionate and enabling place to work where staff feel respected and understand their role in the delivery of high quality clinical care for our patients and service users.



Our Values

We have launched a Values-Based Behaviours guide

One of the key objectives set out by NHS England is to ensure staff attraction and retention. On 27th July, we launched our Values-Based Behaviours.

Our Values-Based Behaviours is a guide for staff which explicitly describes how we can all live the St George's values of Excellent, Kind, Responsible and Respectful. This was launched with a staff video which was well-received.

The diagnostic work underpinning this launch has taken place over a two-year period. 30 culture champions - working on behalf of the Board - consulted our staff on what it is like working at St George's and used those findings to inform guidance for how we can act to ensure it is a brilliant, compassionate and respectful place to work.

This is an important piece of work in itself, and critical in underpinning our work to enhance staff well-being and retention.

Our Values-Based Behaviours guide has been launched throughout the organisation and I am committed to supporting staff well-being and to making St George's a brilliant place to work.

Equality and Inclusion

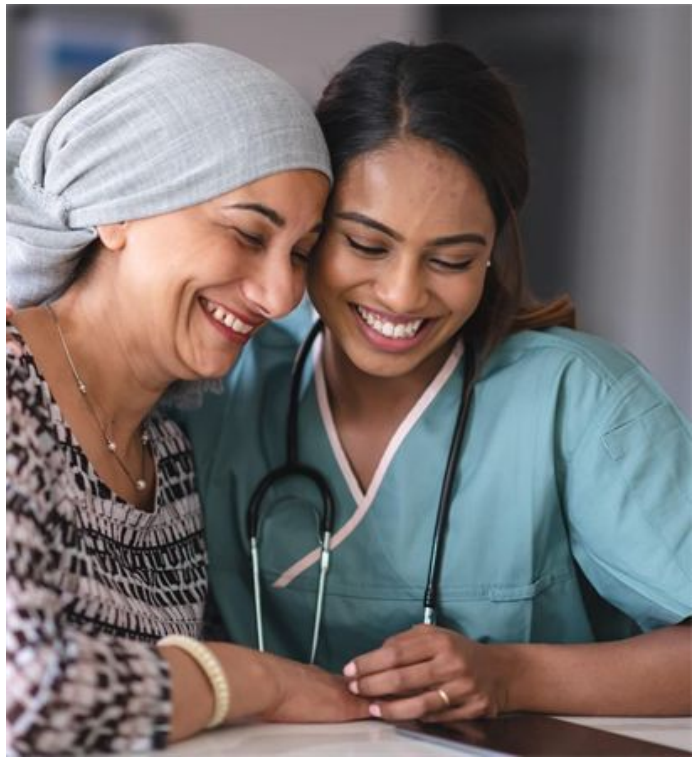
We continue to combat racism in our organisation

On 4th October, as part of the Black Awareness Month, we will launch "See Me First" badges at St George's.

This initiative is a demonstration of our commitment to the anti-racism agenda.

Wearing the badge demonstrates that you have signed up to a statement that says you belong to an open, non-judgmental, and inclusive NHS organisation that treats all Black, Asian and Minority Ethnic (B.A.M.E.) staff with dignity and respect, and that people should "not be judged by the colour of their skin but by the content of their character".

"The Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation."



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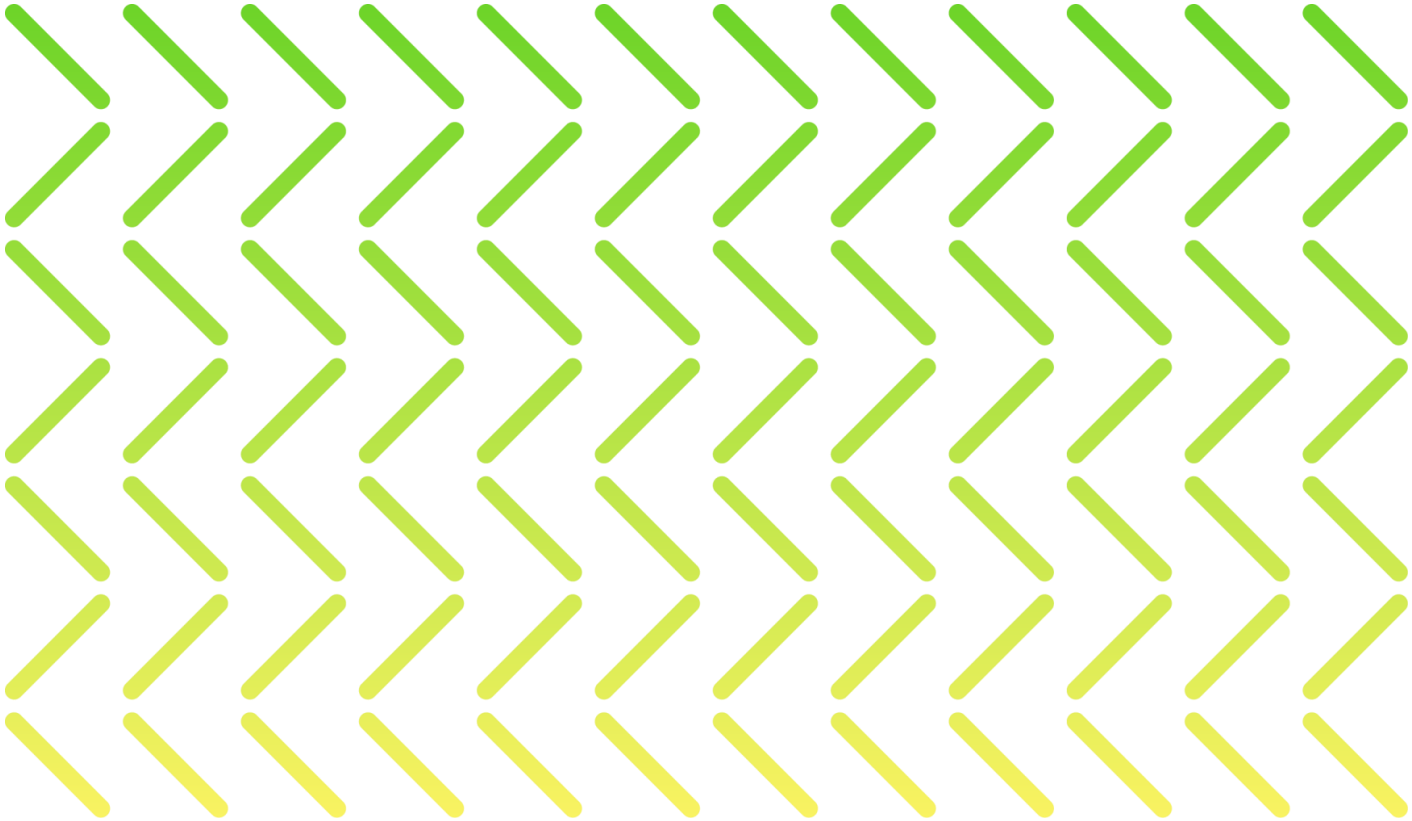
COLLABORATION

We will engender an ethos of collaborative working across our teams within St George's and with our system partners to achieve the best outcomes for patients, building on the spirit of collaboration developed internally and externally through Covid-19 response.



The new NHS Business Plan
Ten top priorities

Since my last update to you, NHS England has published its business plan, which aims to support the NHS on its pathway to post-Covid recovery and to transform our services to meet new challenges.

This plan flows from the government's mandate for the NHS to recover from the impacts of the pandemic, to continue to manage COVID-19, and to use this moment in time to transform our organisation to meet the challenges of the future.

At a Group level, St George's – along with Epsom and St Helier – will use these clear objectives to guide our overall direction. The ten business objectives are as follows:

1. Support the NHS to attract and retain more people, working differently in a compassionate and inclusive culture.
2. Continue to lead the NHS in responding to COVID-19 ever more effectively.
3. Deliver more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
4. Improve the responsiveness of urgent and emergency care and increase its capacity.
5. Improve access to primary care.
6. Improve mental health services and services for people with a learning disability and/or autistic people.
7. Deliver improvements in maternity care.
8. Prevent ill health and tackle health inequalities.
9. Drive the integration of care and enable change.
10. Improve productivity and reduce variation across the health system

Integrated Care Services
Working with our local partners

As I briefed the Council of Governors in July, the South West London Integrated Care System (ICS) is now up and running as a statutory body.

The ICS is intended to support health and care organisations across South West London to collaborate more effectively in the interests of our patients. Key constituent parts of the ICS include the Acute Provider Collaborative, and borough-level partnerships where partners come together to deliver integrated care at a more local level.

St George's is an active partner in the new arrangements. I sit on the Integrated Care Board as a representative of the hospital sector, and am the lead chief executive for the Acute Provider Collaborative, while Kate Slemeck is part of the local cross-sector leadership teams in Wandsworth and Merton.

The new arrangements are still relatively new, but they should support our ongoing efforts to work closely with partners - for instance with other hospitals to get people the treatment they need more quickly, or with local community services to set up 'virtual wards' for patients who don't need care in a hospital setting.

From 1 April, ICSs are expected to be given greater responsibility over specialised services (currently funded nationally, and accounting for half of St George's clinical income). We are working with partners in South London and Surrey on what these arrangements could look like, and will need collectively to set out our proposals to NHS England in the autumn.

Group Strategy Development: Phases
Update

As we respond to the priorities set out at a national level, we at St George's, Epsom and St Helier have conducted a consultation on Group-wide strategies. These strategies will seek to improve patient services and to tackle challenges such as the financial deficit, together. As you know, we have committed to publishing our Group strategy by March 2023, to provide clear direction for all staff.

Over the summer, we consulted a wide range of stakeholders on our Group strategy. This included key groups such as clinical services, corporate teams, broader staff workshops, public workshops and workshops on particular themes (including health inequalities and collaboration across SWL), engagement with each of the four local 'place' health and care boards.

Now, we are moving into the next phase of strategy development in which we will leverage the findings of the consultation to inform next steps. We will continue to keep the Board updated on the progress of Group strategy development, and we will use the next Board development seminar on 7th October to delve into our plans in more depth and detail.

Former Prime Minister's Visit to SWLEOC
Elective Care Recovery Success

We recently welcomed the former Prime Minister, Boris Johnson, to SWLEOC and celebrate the excellent work that has taken place to tackle elective care waiting lists in the post-Covid environment.

The Prime Minister visited the centre to meet staff and patients, and hear about all the excellent work that's being done there.

The visit formed part of an announcement about new funding for 50 surgical hubs to tackle the Covid backlog and SWLEOC was chosen to host because it has been leading the way in reducing wait times and is nationally recognised as being exemplary in delivering local partnership working.

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Senior Leadership Team
Our Group Executive Structure is now in place

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St George's Site Leadership Team

There have been a number of new appointments to our Site leadership team:

New Appointment: Luci Etheridge, Chief Medical Officer
Luci Etheridge has been formally appointed to the position of **Chief Medical Officer at St George's**. Luci has started in her new role straight away and she is now a permanent member of our site leadership team. Luci joined St George's in 2013 and is a consultant paediatrician, working in both acute paediatrics and young people's health and eating disorders. She has extensive experience and qualifications in education and social science research. Before January, Luci was one of our deputy medical directors and Responsible Officer.

New Appointment: Natilla Henry, Chief Nursing Officer
Natilla Henry has been appointed to the position of Chief Nursing Officer at St George's. Natilla joins us from University College London Hospital where she has been Deputy Chief Nurse for the past two years. Prior to this, she was Head of Midwifery at King's College London Hospital, during the time that they merged with the Princess Royal.

New Appointment: Tara Argent, Chief Operating Officer
Tara has a wealth of experience working in operational leadership roles and will be joining us from East Sussex Hospitals NHS Trust, an integrated care organisation providing acute secondary care and community services where she has been Chief Operating Officer since 2020. Prior to this, she worked as Divisional Director of Operations at Chelsea and Westminster NHS Foundation Trust, and Head of Operations at the Royal National Orthopaedic Hospital.

Tom Shearer, Deputy Chief Finance Officer
Tom Shearer continues in his role as Deputy Chief Finance Officer.

Stephanie Sweeney has returned to her role as Deputy Chief Nurse after a period as interim Chief Nursing Officer. We thank her for her continued dedication to the role.

Anne Brierley, our former Chief Operating Officer, left St George's on 6 September 2022 to join NHS Bedfordshire, Luton, and Milton Keynes Integrated Care Board. We said a fond farewell to Anne. Until Tara officially starts, Julie Scrivens, Divisional Director of Operations for MedCard, will step up as Interim Chief Operating Officer.

Awards

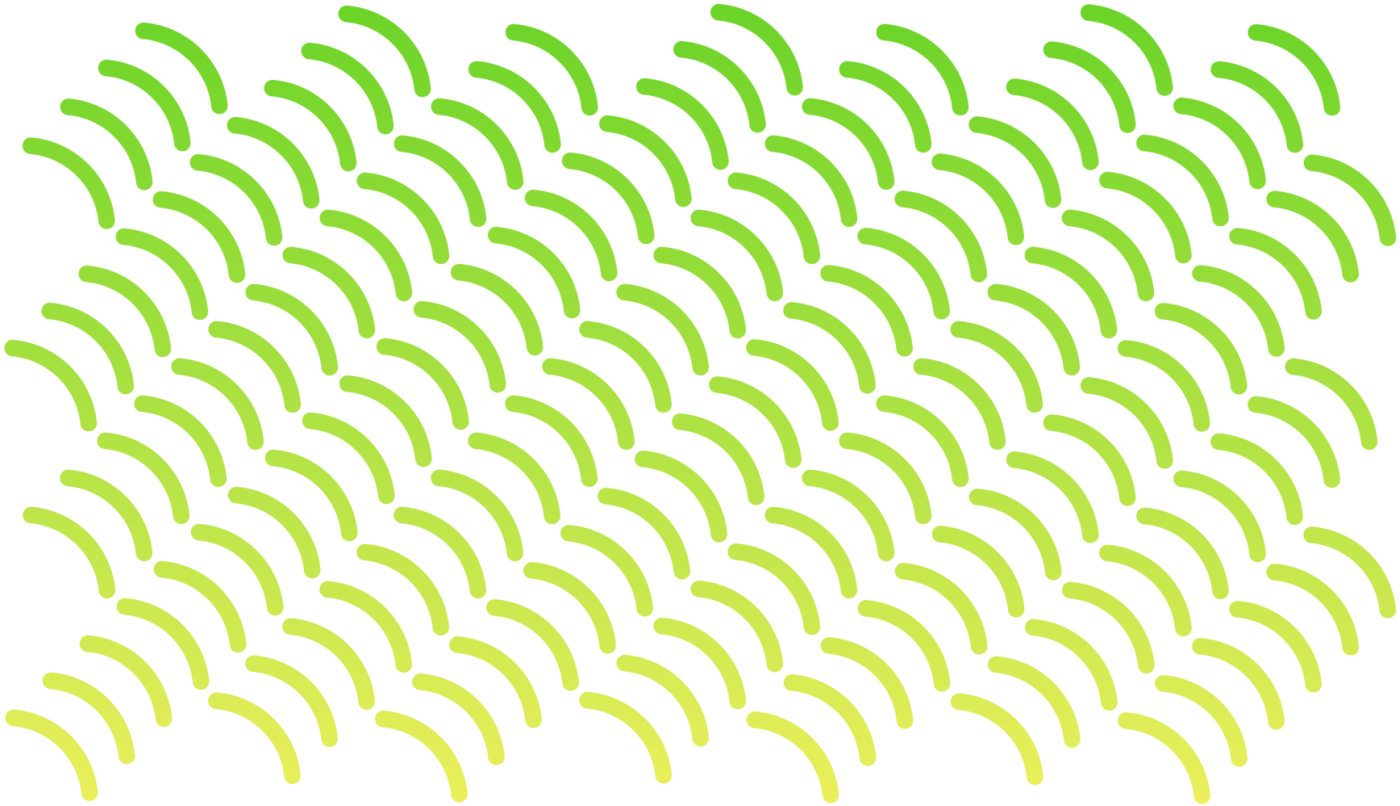
I would like to share two recent awards with you:

Dr Sree Kondapally

I would like to share news of two recent awards with the Board. Firstly, my congratulations to Dr Sree Kondapally, a Locum Consultant Cardiologist at St George's Hospital, who has been awarded the top prize for his service improvement project in cardiology. Dr Kondapally received their award at this year's centenary conference of the British Cardiovascular Society (BCS), under the society's flagship Emerging Leadership Programme (ELP). Dr Kondapally's project was on the implementation of iClip triage for cardiology outpatient referrals, and was judged the top service improvement project for this year.

St George's Hospital Charity

I'm also pleased to report that St George's Hospital Charity won a Tooting Heroes Award at a special ceremony in the Houses of Parliament, hosted by the Awards' founder and Labour MP for Tooting, Dr Rosena Allin-Khan. The award was given for working to fund improvements to St George's, and their vital support provided during the pandemic. Congratulations to Dr Kondapally and the charity for all their hard work and dedication to improving the lives of the patients we serve.



Meeting Title:	**Council of Governors**		
Date:	September 2022	**Agenda No**	**2.2**
Report Title:	**Developing a Group Strategy**		
Lead Director/ Manager:	James Marsh, DCEO		
Report Author:	Ralph Michell, Director of Strategy		
Presented for:	Discussion		
Executive Summary:	A new strategy is being developed for the Group. A programme of engagement started over the summer, and is coming to a conclusion. This has seen clinical services, corporate teams, staff, patients, the public and partners engaged on the future direction of the Group. Over 200 people have been involved so far, with more engagement planned. Over the autumn, the Boards will consider the outputs of that engagement. Ahead of and to inform those Board discussions, Council of Governors is invited to discuss and gives it views on some of the key questions emerging from the engagement to date.		
Recommendation:	The Council of Governors is asked to note the update, and discuss the emerging themes		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well led		
NHS System Oversight Framework:			
Implications			
Risk:	n/a at this stage		
Legal/Regulatory:	n/a at this stage		
Resources:	n/a at this stage		
Equality and Diversity:	n/a at this stage		
Previously Considered by:		**Date**	
Appendices:			


NHS
St George's, Epsom
and St Helier
University Hospitals and Health Group
Developing a Group Strategy
gesh
Council of Governors
September 2022
James Marsh, Deputy CEO
How to deliver outstanding care.

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

Update: developing a Group strategy

gesh

As Council of Governors will be aware, we are in the process of developing a new strategy for the Group.

We are coming to the end of a process of engagement over the summer
Through that engagement, clinical services have given us a view of their strategic challenges/aspirations. Emerging themes are summarised on the next slide.

In addition, we have engaged with over 200 people so far via:

- Corporate teams feeding in their views through a series of (ongoing) workshops
- 4 public/patient workshops were held in August, in each of our local 'places'
- 4 staff workshops were held in August, in each hospital
- We have started engaging with partners (e.g. SWL & Surrey ICSs, our 4 local place partnership boards).
- We are running themed workshops (e.g. on health inequalities, collaboration across the Group)

In the autumn, we will use the results of this engagement in a series of Board development sessions focused on the key strategic questions (e.g. in October, our vision for integration across the Group, collaboration with other acutes, and our place in SWL/Surrey Heartlands ICSs).

In the winter we will then talk to the Boards about prioritisation, and seek to bring together a coherent, deliverable strategy.

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

Discussion

gesh

Some of the themes in our engagement with staff, patients and partners are set out below, along with some key questions. COG is invited to discuss these, to inform Board discussions on the strategy over the coming months.

Outstanding care (Quality, Equity, Accessibility, Efficiency)	What should our priorities be, as we seek to drive up quality, improve timely access to care, and deliver financial sustainability? What role should we seek to play in addressing health inequalities?
A great place to work	What should our priorities be as we seek to make GESH a great and inclusive place to work for all our staff?
Integration	What is our vision for collaboration between St George's and Epsom St Helier? Working with partners, what role do we want to play to promote population health and deliver integrated care in our local places/boroughs? How can we better work with other hospitals in South West London, particular on elective care?
Leading edge (Innovation, research, service development)	How do we best stay at the leading edge of healthcare, innovating and developing our services? What should our long-term ambitions be in the fields of education and research?

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NHS
St George's University Hospitals
NHS Foundation Trust

Integrated Quality and Performance Report – August 2022

Quality Focus for Council of Governors

James Marsh - Group Deputy Chief Executive Officer

22 September 2022

Our Outcomes

How Are We Doing?

August 2022

Daycase and Elective Surgery operations

Actual: 4,641
Plan: 4,877

Excludes estimated catch up 186

6 Week Diagnostic Performance

Actual: 10.9% **Target:** 5%

Four Hour Emergency Standard

Actual: 79.8%
Plan: 95%

Whole Trust Inpatient Friends and Family Test

Actual 98.6%
Target 95%

Outpatient Attendances

(inc outpatient procedures)

Actual 55,189
Plan: 60,091

Excludes estimated catch up 1,850

July 2022

Referral to Treatment Standard - Number of 52 Week Breaches

Actual: 877
Plan: 840

Outstanding care every time

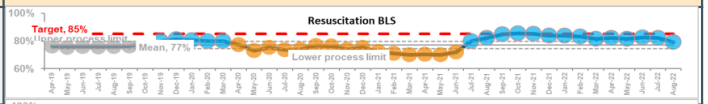
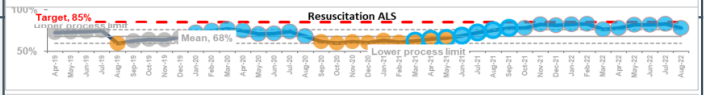
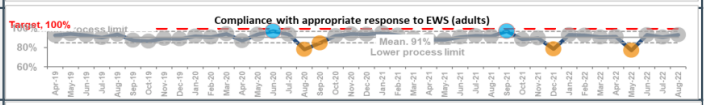
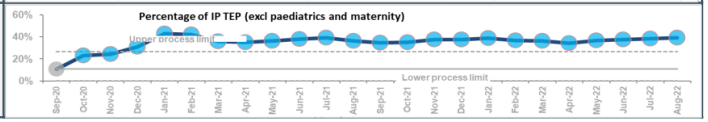
Executive Summary – August 2022 (1 of 2)

	What the Information tells us	Actions and Quality Improvement Projects
Patient Perspective	• In August, Immediate Life Support (ILS) training rate was 70.6%; Basic Life Support rate (BLS) was 79.1% and Advance Life Support (ALS) was 77.8%, all against a target of 85% All areas of training has seen a decline in performance. • One Serious Incident where Medication is a significant factor was recorded in August • There were 35 Hospital Onset Health Associated (HOHA) COVID-19 infections and 24 Hospital Onset Probably Associated (HOPA) COVID-19 infections. A decrease of 44 nosocomial infections on last month. • Maternity – August birth rate was higher with obstetric and medical complexity remaining high. Staffing remained extremely challenging across the month with vacancy's, sickness and covid isolation continuing, along with lead in times for recruitment start dates to fill band 5 and band 6 midwifery posts. The Birth Centre closed 53.2% to support the acute inpatient areas when required. • FFT- In Maternity and Emergency Department operational pressures and increased waiting times continue to impact FFT positive response. Performance for Emergency Department increase to 78.5% an improvement on the last seven months performance. All other services achieved FFT targets where patients rated the services as "Good" or "Very Good".	• Resus training compliance continues to struggle to improve despite the team's best efforts. Plans are in place to provide targeted training. Actions include a deep dive into Resus, a Training Needs Analysis "Go Live" at the end of September and exploring persistent DNAs for ILS. • All category 3 and above pressure ulcers undergo root cause analysis to identify any learning. Continued review of rapid response reports with wards and support of individualised action plans. • Senior nurse Pressure Ulcer Prevention workshops continue. • There is a focus on antimicrobial stewardship and a review was presented to the August Infection Control Committee • Continuing to work towards transforming our services in line with Continuity of Carer targets and have had ongoing input from the national Continuity of Care (CoC) midwifery team • Launch of the Maternity Telephone Helpline in March has been very positive taking in excess of over 98 calls per day to enable direct access to the service for advice and information and work in underway on the PDSA review of this activity. • Working towards transforming our services in line with Continuity of Care (CoC) targets. Introducing the Birmingham System of Obstetric Triage – widely used across maternity units in England to reduce harm and improve outcomes.

Balanced Scorecard Approach

OUR **OUTCOMES**	How are we doing?					
OUR **PRODUCTIVITY** PERSPECTIVE	Activity Summary	Outpatient Productivity	Theatre Productivity	Bed Productivity		
OUR PATIENT PERSPECTIVE	Patient Safety	Infection Control	Mortality	Readmissions	Maternity	Patient Voice
OUR **PROCESS** PERSPECTIVE	Emergency Flow	Cancer	Diagnostics	On the day cancellations	18 Week Referral to Treatment	
OUR PEOPLE PERSPECTIVE	Workforce	Culture	Agency Use			

Quality Priorities – Deteriorating Patients

	Target	August-22	Var to target	Trend
Basic Life Support Training (BLS)	85.0%	79.1%	-5.9%	
Immediate Life Support Training (ILS)	85%	70.6%	-14.4%	
Advanced Life Support Training (ALS)	85%	77.8%	-7.2%	
Compliance with appropriate response to Early Warning Scores (Adults)	100%	93.3%	-67%	
Percentage of Inpatient Treatment Escalation Plans (excl paediatrics and maternity)	40%	39.4%	-0.6%	

Common cause variation
Special cause variation – improving performance
Special cause variation – deteriorating performance
Special cause improvement 6-point ascending/descending run
Special cause concern 6-point ascending/descending run

What the information tells us

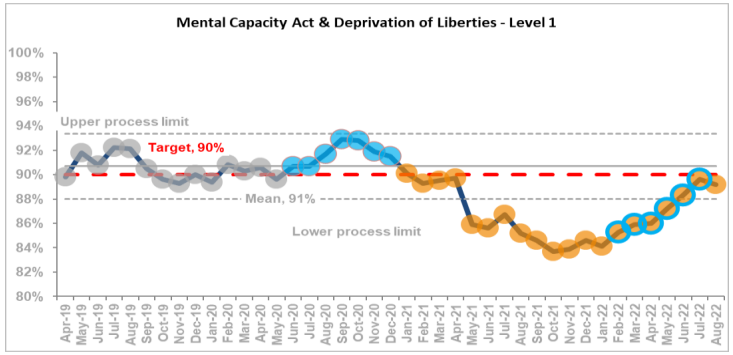
- BLS (Basic Life Support) training performance continues to shows special cause improvement, with performance at 79.1% and remains below target.
- ILS (Immediate Life Support) shows common cause, with performance slightly improved on last month at 70.6% this month.
- ALS (Advanced Life Support) training performance is 77.8%. And continues to show special cause variation with an improving position.
- Compliance with appropriate response to Early Warning Score (EWS), shows common cause variation with improvement remaining above 90%.
- Performance against our Treatment Escalation Plans has plateaued however continues to be above the long-term mean and show common cause variation with an improving position.

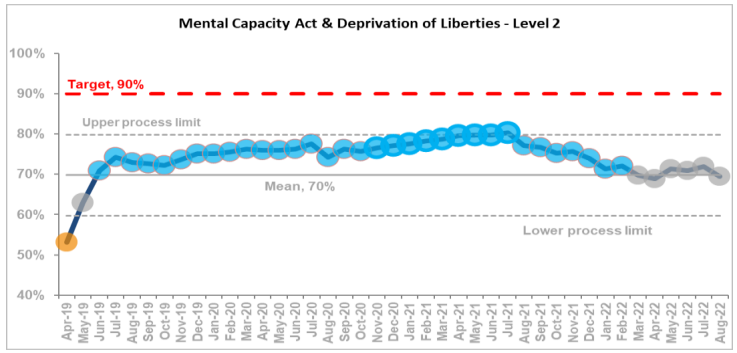
Actions and Quality Improvement Projects

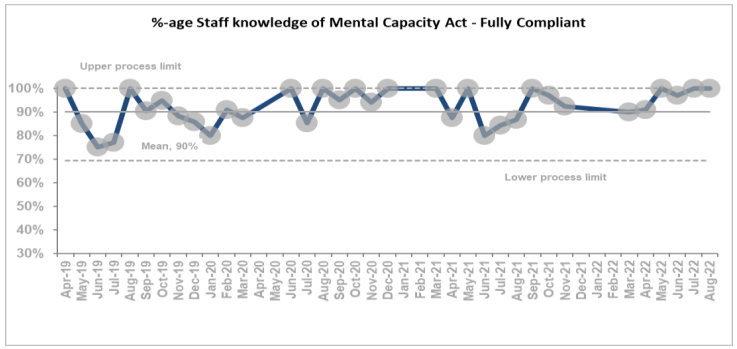
- Deep Dive into compliance completed and was presented at Septembers Patient Safety and Quality committee(PSQG)
- Deep dive into Resus being presented to September Quality Committee in Common (QCiC)
- TNA 'Go-Live' 30th September
- Initial results are expected to fall immediately after go-live – with targeted recovery plan across all disciplines to include:
  - Training Needs Analysis
  - 2 Tier for BLS – enhanced BLS for new-starter Band 5 Nursing staff and Nursing associates then recertification using Brayden on-line system
  - Introduce Paediatric Basic Life Support (PBLS) in self assessment pod.
  - Explore penalties for persistent Did Not Attends (ILS)
  - ePILS adopted September 2022
- Treatment Escalation Plans - Work ongoing with iClip to create an alert on Doctors Iclip cards to complete a TEP if one has not been completed within 24 hours of admission.

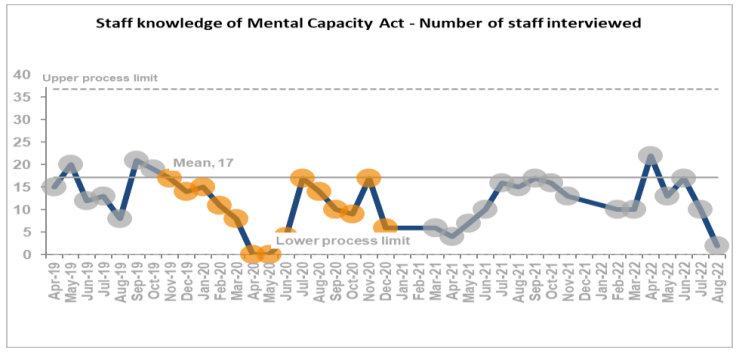
Our Patient Perspective

Quality Priorities – Mental Capacity Act & Deprivation of Liberties









- Common cause variation
- Special cause variation – improving performance
- Special cause variation – deteriorating performance
- Special cause improvement 6-point ascending/descending run
- Special cause concern 6-point ascending/descending run

What the information tells us

- Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Performance in August for Level 1 shows a drop in performance this month at 89.2%, however continues to shows special cause variation with a deteriorating performance. The past year has been below the 2019/20 average.
- Overall Level 2 has seen a steady decline with performance falling again to 69.4%, compared to 71.9% last month and continues to show common cause variation.
- Performance for the number of staff interviewed and their level of knowledge continues to show commons cause variation.

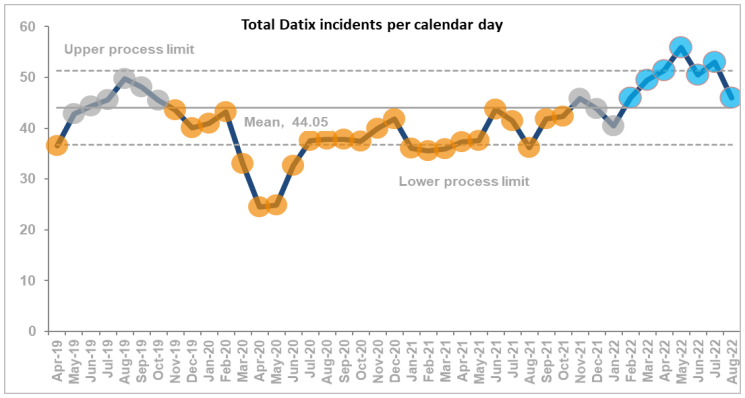
Actions and Quality Improvement Projects

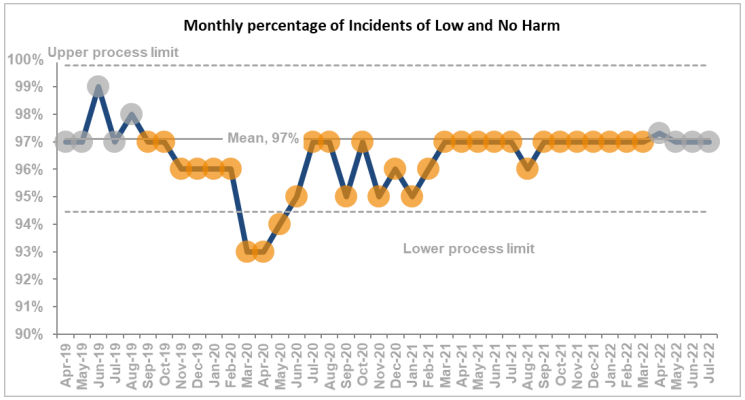
- The MCA team were invited to teach in the ED Induction for new Trainee's in August. This allowed the team to engage early with clinician's who regularly perform capacity assessments in a fast paced setting, supported sharing best practice and enhanced knowledge of St. George's systems (i.e. the iClip pro forma to use).
- Planning for Super Sevens (enhanced ED training), attending huddles and supporting all staff in the application of the MCA is also underway. This is in response to actions from serious incidents and provides robust, area specific support to improve confidence and competence.
- Teaching on the Paediatric Band 5 & 6 development day to support the teams attaining L1 compliance with the MCA, focusing on the unique skill set in assessing capacity and interplay between other legislation in this area. Teaching has also been undertaken with NICU and SCBU Senior Staff.
- Despite ongoing contact with staff, the ability to organise bespoke sessions and easy online access to the requisite training, non-compliance for Level 2 continues to sit within the Medical Dental Group, mainly Specialty Registrars and Junior Doctors. The MCA team are working with the Junior Dr education lead and Chief Medical Officer to plan ongoing training.
- Reporting on clinician use of the iClip MCA pro forma was delayed due to the pandemic however a Tableau Report has now been created. This will allow the team to monitor clinicians/teams using the pro forma and support qualitative and quantitative analysis of the documentation produced. An initial 'backwards' look is underway with the plan for monthly audit and direct teaching/support once baseline data is collated.

Quality Priorities – Learning from Incidents

Common cause variation
Special cause variation – improving performance
Special cause variation – deteriorating performance
Special cause improvement 6-point ascending/descending run
Special cause concern 6-point ascending/descending run

Indicator Description	Threshold/ Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Monthly percentage of Incidents of Low and No Harm		96.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.3%	97.0%	97.0%	97.0%	data one month 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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.0%	97.0%	88.0%	93.0%	80.0%	data two months in arrears	
Total Datix incidents per calendar day		36	42	42	46	44	40	46	50	51	56	51	53	46





What the information tells us

- The Trust continues to work towards the completion of Serious Incident (SI) investigations within the external deadline of 60 working days, although this is no longer a requirement due to the impact of the COVID-19 pandemic. There was 1 request for an extension for a SI investigation report during the month of August
- A 100% compliance with DOC within 20 working days was not achieved for the 6th consecutive month at the end of July. However, the Trust achieved 100% compliance at the end of August.
- There were a total of 46 Datix incidents per calendar day this month.

Actions and Quality Improvement Projects

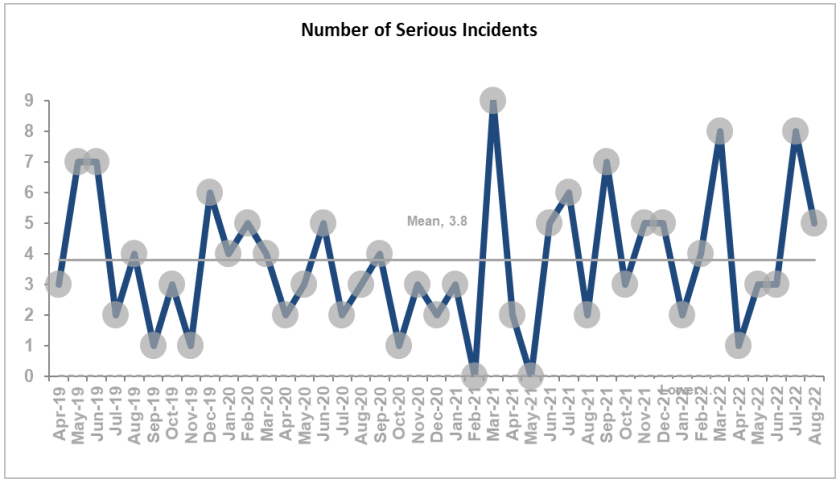
Duty of Candour (DoC) for July was 80% across the 3 Divisions. This improved to 100% for August across the Trust.

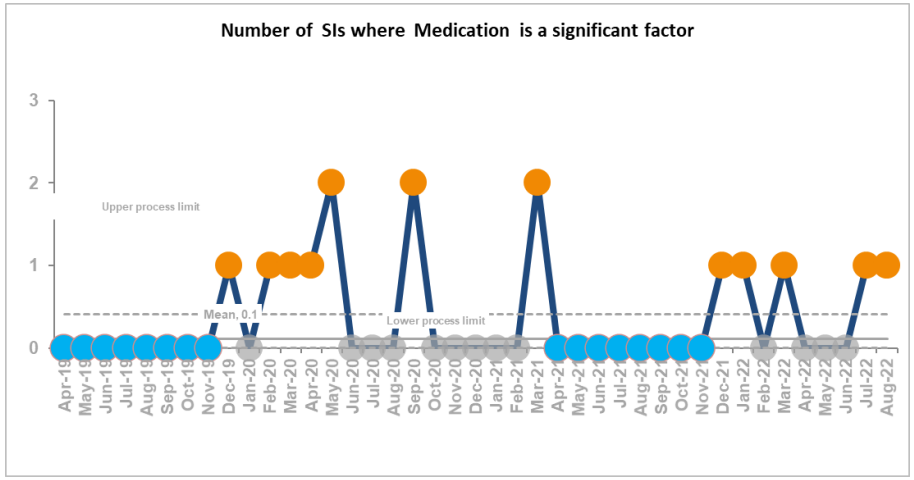
DoC compliance continues to be monitored and support provided to the relevant departments in order to achieve compliance.

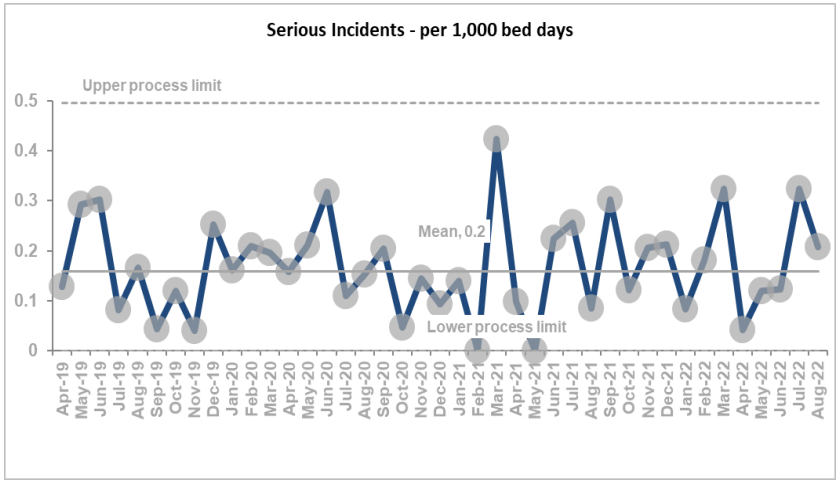
Our Patient Perspective

Patient Safety- Serious Incidents

Common cause variation
Special cause variation – improving performance
Special cause variation – deteriorating performance
Special cause improvement 6-point ascending/descending run
Special cause concern 6-point ascending/descending run





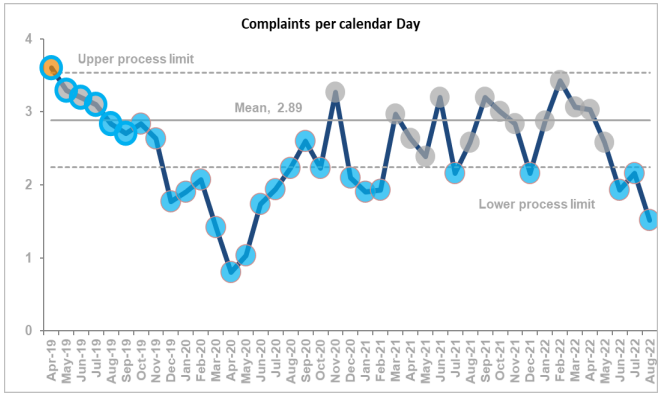


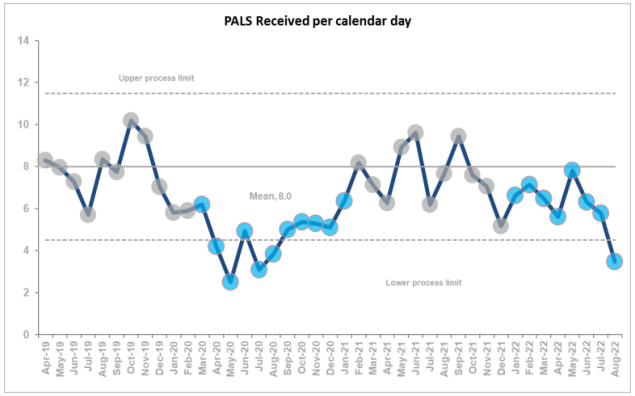
What the information tells us

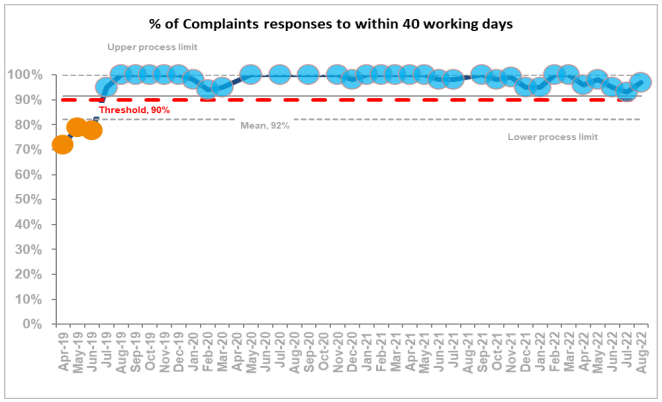
- Common cause variation is seen in the number of Serious Incidents and the number of Serious Incidents per 1,000 bed days.
- One Serious Incidents where Medication is a significant factor was recorded in August now showing special cause variation with a deteriorating position. Patient with gall bladder malignancy was commenced on a 2 week course of low molecular weight heparin. Follow-up discussion took place in the acute medical telephone clinic instead of the anticoagulation clinic. Prescription was not renewed with the patient's GP or the hospital. On readmission with general decline, the patient was commenced on direct oral anticoagulants. The patient died two days later. The cause of death has been recorded as 1a: Pulmonary embolus, 1b: Gallbladder malignancy, 2: Postural hypotension, chronic kidney disease.

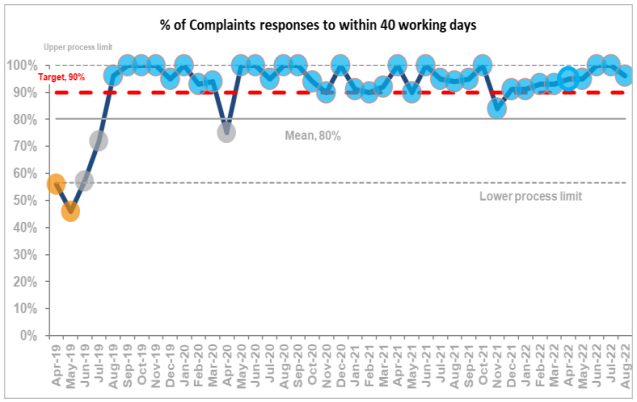
Complaints

Indicator Description	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Complaints Received per calendar day		2.6	3.2	3.0	2.8	2.2	2.9	3.4	3.1	3.0	2.6	1.9	2.2	1.5
% of Complaints responses to within 25 working days	85%	98%	100%	98%	99%	95%	95%	100%	100%	96%	98%	95%	93%	97%
% of Complaints responses to within 40 working days	90%	94%	95%	100%	84%	91%	91%	93%	93%	95%	95%	100%	100%	96%
% of Complaints responses to within 60 working days	100%	N/A	100%	N/A	N/A	67.0%	N/A	100%	100%	100%	100%	N/A	N/A	100%
Number of Complaints breaching 6 months Response Time	0	0	0	0	0	0	0	0	0	0	2	0	0	0









Common cause variation
Special cause variation – improving performance
Special cause variation – deteriorating performance
Special cause improvement 6-point ascending/descending run
Special cause concern 6-point ascending/descending run

What the information tells us

- The number of complaints per calendar day continues to shows special cause variation with an improvement with an decrease in the number of formal complaints to 47 in August.
- Percentage of complaints responded to within 25 working days was achieved with performance at 97%.
- Percentage of complaints responded to within 40 working days was achieved with performance at 96%.
- PALS received per calendar shows special cause variation with an improving position.

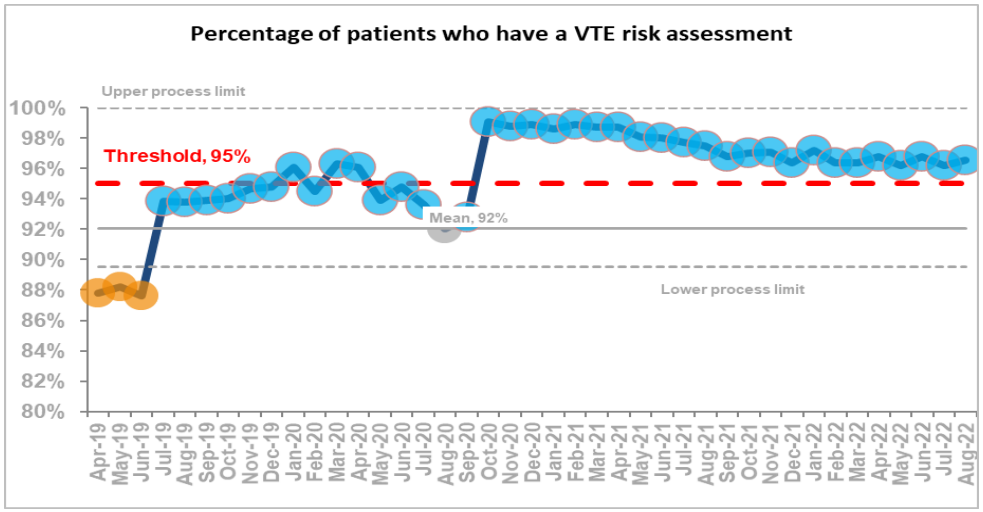
Actions and Quality Improvement Projects

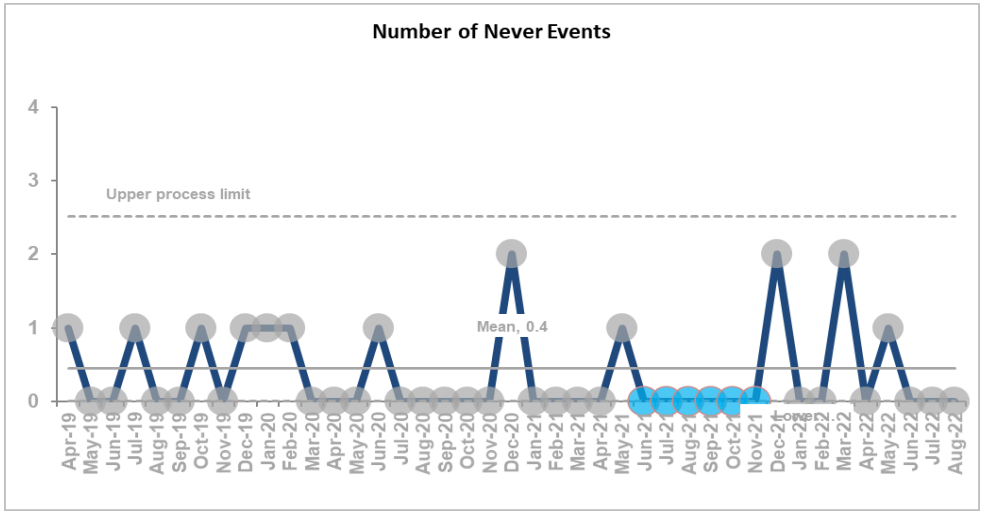
The daily complaints comcell continues to maintain the focus on sustained performance across all responses categories.

Previous staffing issues are being resolved and permanent staff are coming into post.

Our Patient Perspective

Patient Safety- VTE and Never Events





What the information tells us

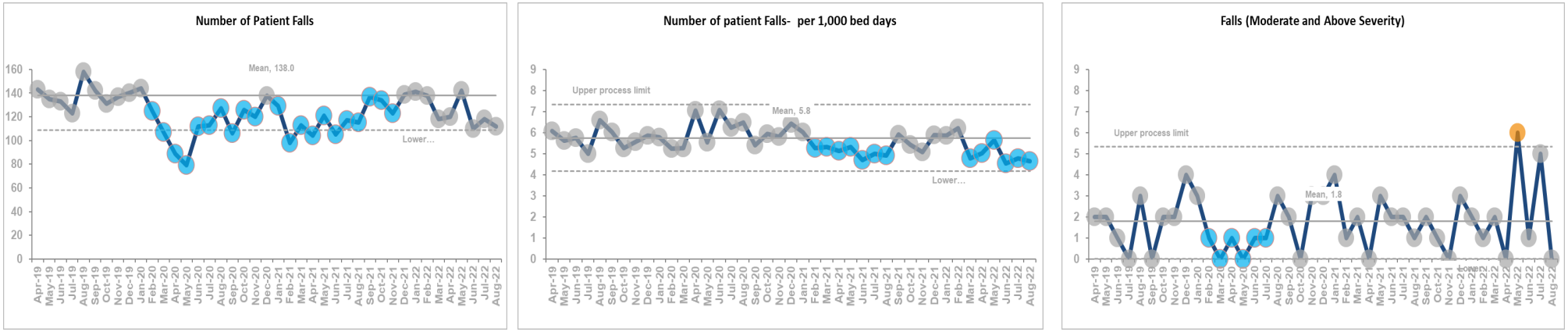
- In August 96.6% of patients had a VTE completed within the required time frame with performance continuing to be above the upper control limit.
- There were no Never Event declared in July 2022

Actions and Quality Improvement Projects

VTE The Hospital Thrombosis Group (HTG) continue to monitor VTE performance through Tableau reporting, the pharmacy VTE audit and hospital acquired thrombosis root cause analysis. Learning shared with divisions

Our Patient Perspective

Patient Safety- Falls



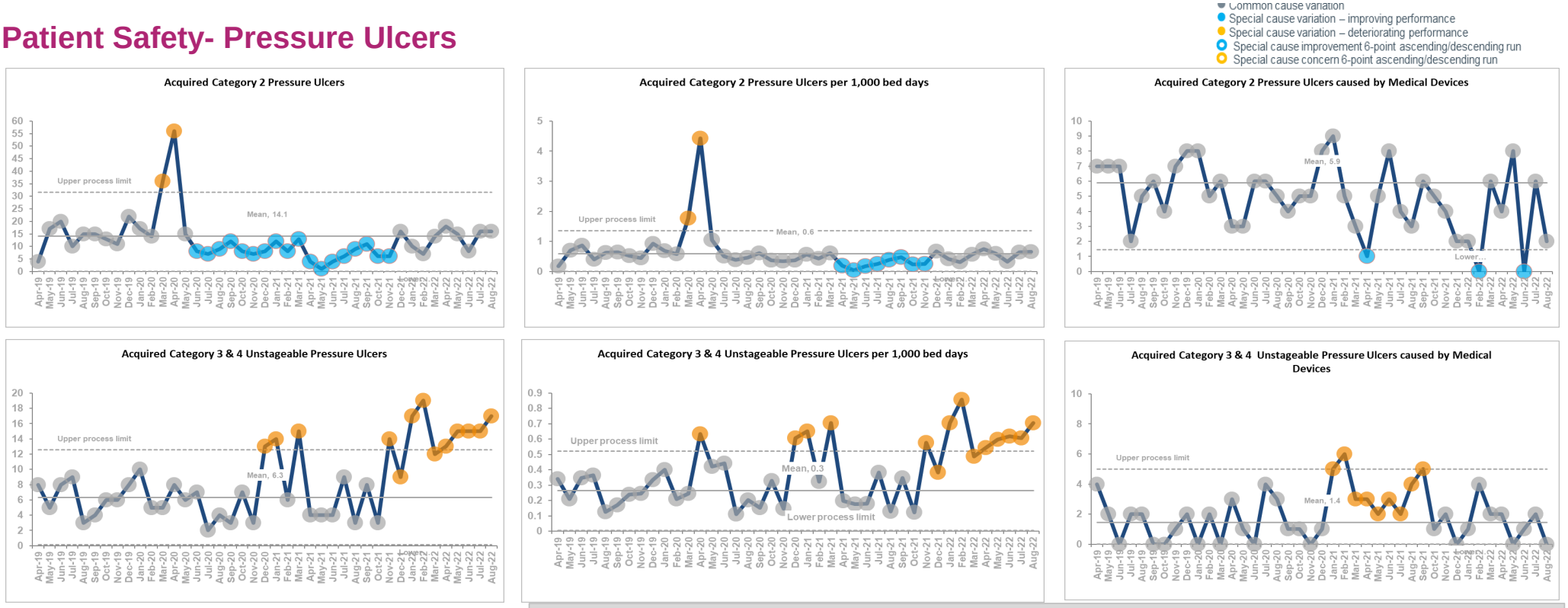
What the information tells us

- Overall fall rates remain lower than average, reporting 112 falls in August.
- Fall rates per 1,000 Occupied Bed Days are currently at 4.65 which is below the mean with performance special cause variation with an improving position with falls below the mean for 6 consecutive months.
- The vast majority of falls were not associated with physical harm, however, there were 2 Moderate harm falls reported.

Actions and Quality Improvement Projects

- Wards identified as 'hot-spot wards` [due to reporting higher number of falls than usual], are working to improve falls prevention within their areas. The falls prevention coordinator continues to work with local leaders to try and understand contributing risk factors for falls with high harm.
- Fall incident deep dives are planned to be carried out by each division to better understand themes and help plan future action.
- No special causes have been identified to relate to the moderate and above harm falls however, the quality of falls related risk assessments, intrinsic, patient related, risk factors and staffing challenges/operational pressures are likely to have contributed to the increased number of falls with harm.
- The Falls Prevention Study day has been successfully delivered on the 30th August.
- A Falls Awareness week is planned between the 20th and 25th September to continue raising awareness of falls and falls prevention.

Patient Safety- Pressure Ulcers



What the information tells us

- There were 16 Acquired Category 2 Pressure ulcers this month. Acquired Category 2 PUs and rate per 1,000 bed days shows common cause variation.
- There were a total of 17 Category 3&4 Unstageable Pressure ulcers this month. The rate per 1,000 bed days show special cause variation with a deteriorating position and those caused by Medical Devices show common cause variation.

Actions and Quality Improvement Projects

All PUs exclude Medical Devices except where stated

- Back to the Floor disseminated Protected Repositioning Times (10, 2, 6 am/pm) and daily mattress check
- On-going mandatory + induction teaching sessions
- Continuing regular visits to QMH
- Continuing the review of rapid response reports with wards and support with their individualised action plans.
- Continuing senior nurse PUP workshop
- Developing a poster for categories of pressure ulcers in dark skin tones
- Teaching pressure ulcer prevention to new nurses on preceptorship day
- Within the Pressure Ulcer Steering Group: develop guidance to support senior staff investigating acquired pressure ulcers and develop a process to support regular deep dives to ward with high incidence of pressure ulcers.

Our Patient Perspective

Infection Control

Indicator Description	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	YTD Actual
MRSA Incidences (in month)	0	0	1	1	0	0	0	0	0	0	0	0	0	1	1
Cdiff Hospital acquired infections HOHA)	52	3	4	4	5	5	3	2	1	6	5	5	3	5	32
Cdiff Community Associated infections (COHA)		2	1	1	1	0	2	1	1	5	0	1	1	1	
MSSA	25	3	0	3	10	2	4	3	6	1	2	3	2	3	11
E-Coli	5	5	4	5	7	5	5	2	8	11	4	6	10	11	42
Covid-19 Nosocomial Infections Hospital Onset healthcare associated (>14 days) HOHA	N/A	18	2	7	4	69	61	14	47	30	15	25	66	35	171
Covid-19:Nosocomial Infections Hospital Onset Probable associated (8-14 days) HOPA	N/A	10	1	4	1	31	31	17	40	27	11	11	32	24	105
Pseudomonas Aeruginosa	29	1	3	3	1	3	4	1	4	3	2	1	2	0	8
Klebsiella spp. Bacteraemia	76	5	7	4	7	4	3	3	2	3	5	5	8	8	29

What the information tells us

- There were 6 *C. difficile* infections during August 2022; 5 were classified as Hospital Onset Healthcare Associated (HOHA), where the specimen was taken beyond admission day plus one day; and 1 was classified as Community Onset Healthcare Associated (COHA), 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). There have been a total of 32 cases between April and August 2022. There is a NHSE trajectory of no more than 43 cases for 2022-23. This equates to no more than 3.5 cases per month or no more than 18 cases at end of August, This means the Trust remains significantly above trajectory. However, following an inauspicious start to the year in April 2022, subsequent months have reflected a more expected and near monthly trajectory position. A focus on antimicrobial stewardship and cleanliness of medical devices continues.
- There were 3 patients with a Trust apportioned MSSA blood stream infection during August 2022. There are no national or local trajectories for MSSA.
- There were 11 cases of *E. coli* bacteraemia during August 2022. There is a NHSE trajectory of no more than 93 cases for 2022-23 or no more than 7.75 per month and no more than 39 at end of August. There have been 42 cases between April and August 2022. The Trust is therefore above this trajectory.
- There were 0 cases of *P. aeruginosa* bacteraemia during August 2022. There is a NHSE trajectory of no more than 29 cases for 2022-23, or no more than 2.4 per month or 12 cases for the period April to August 2022. There have been 8 cases between April and August 2022. The Trust is therefore under this trajectory.
- There were 4 cases of *Klebsiella spp.* bacteraemia during August 2022. There is a NHSE trajectory of no more than 76 cases for 2022-23, or no more than 6.3 per month or no more than 32 for the period April to August 2022. There have been 29 cases between April and August 2022. The Trust is therefore under this trajectory.
- There were 35 Hospital Onset Healthcare Associated cases (HOHA) of Covid-19 during August 2022, where the sample was taken >14 days after admission and 24 Hospital Onset Probable Associated (HOPA) cases where the sample was taken 8-14 days after admission
- An MRSA bacteraemia was reported from a blood culture taken from a patient on CTICU on 19/08/22. The patient had no previous admissions to St George's, so the acquisition of MRSA was not at St Georges. However, the portal of entry was thought to be a femoral line which was inserted at Kingston on 07/08/22 but not removed at St George's until 19/08/22, 11 days post admission. The femoral line tip also grew MRSA. It cannot be ascertained if the failure to change the line was causative of the MRSA bacteraemia.

Actions and Quality Improvement Projects

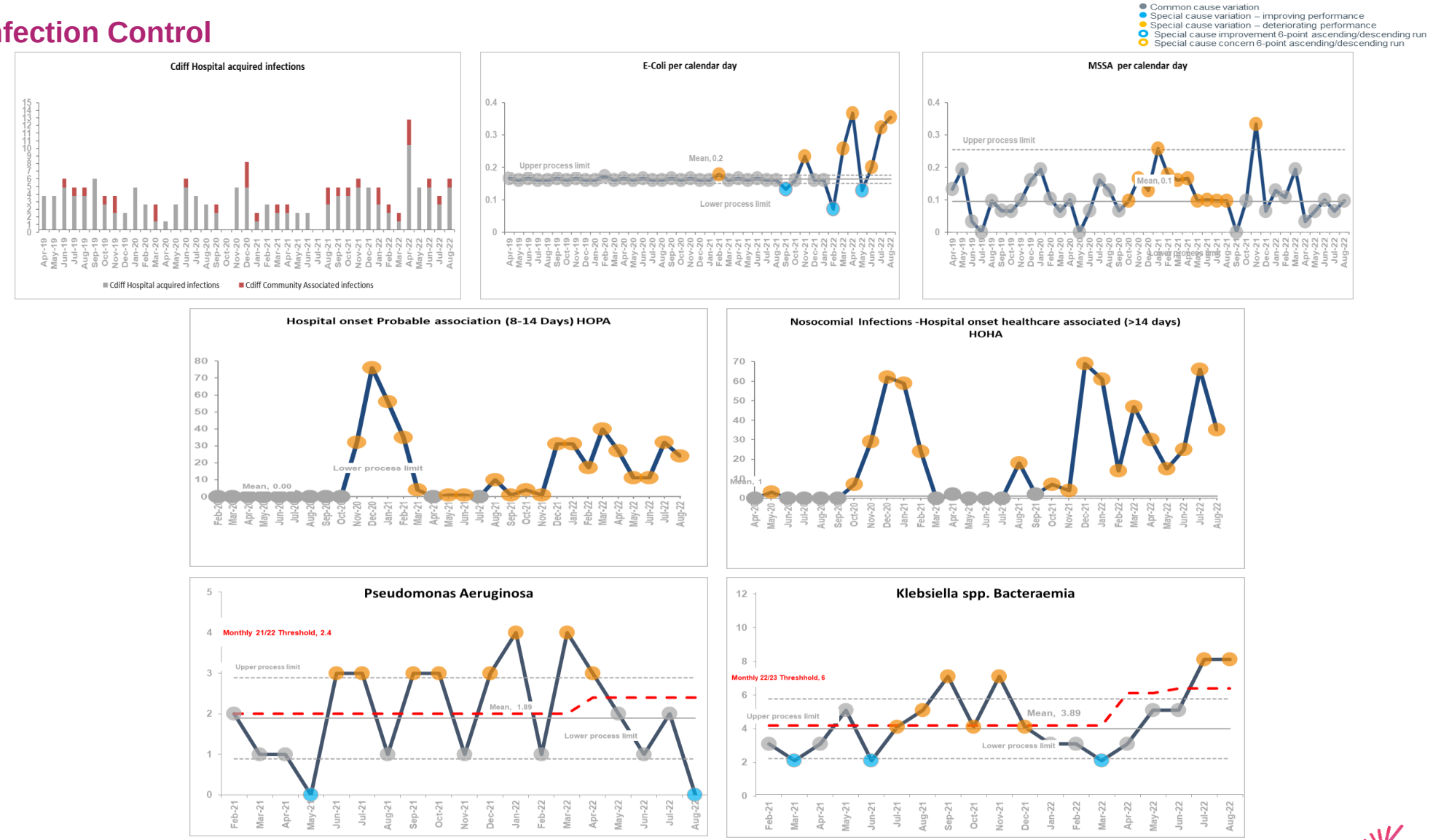
***C. difficile* action:**

- There is a focus on antimicrobial stewardship and a review was presented to the August Infection Control Committee. Regional data notes for second half of 2021-22, St George's had second lowest cases of *C.difficile* per 1000 bed days across London
- The IPC Team continue walkabouts and spot checks of medical device and environmental cleanliness

Covid update August 2022:

- Community rate continues to fall, translating into fewer detections in hospital and fewer nosocomial cases compared to July
- However, 33% cases detected in hospital were nosocomial during August compared to 24% during July
- Most Covid-19 cases are mild or asymptomatic
- There were 3 Covid-19 deaths on part 1ab of death certificate during August, referred to Serious Incident declaration meeting.

Infection Control



Mortality and Readmissions

Indicator Description	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Jun-21	Jul-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	June21 to May 22
Hospital Standardised Mortality Ratio (HSMR)	82.7	81.9	75.0	75.7	95.4	85.7	120.9	108.7	108.7	108.7	63.7	63.7	86.8	86.4	88.2	81.2	82.6	83.7	76.2	65.0	86.0	87.6
Hospital Standardised Mortality Ratio Weekend Emergency	91.1	96.3	150.6	127.9	111.8	118.2	141.8	120.9	120.9	120.9	84.7	84.7	105.5	79.9	102.3	75.3	70.4	95.5	87.1	76.0	107.6	95.2
Hospital Standardised Mortality Ratio Weekday Emergency	74.3	77.8	69.2	63.1	86.1	79.6	122.2	107.3	107.3	107.3	76.6	76.6	83.6	87.6	83.1	77.4	84.1	83.7	75.7	63.5	78.9	84.5

Indicator Description	Jul-19-Jun-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	Mar-20-Feb-21	Apr-20-Mar-21	May-20-Apr-21	Jun-20-May-21	July-20-June-21	Aug-20-Jul-21	Sep 20-Aug 21	Oct 20-Sep 21	Nov 20-Oct 21	Dec 20-Nov 21	Jan 21-Dec 21	Feb 21-Jan 22	Mar 21-Feb-22	Apr 21-Mar-22
Summary Hospital Mortality Indicator (SHMI)	0.87	0.87	0.85	0.86	0.85	0.86	0.84	0.83	0.83	0.82	0.82	0.85	0.86	0.88	0.89	0.89	0.90	0.90	0.91	0.91	0.91	0.91

Indicator Description	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Emergency Readmissions within 30 days following non elective spell (reporting one month in arrears)	10.6%	10.0%	9.8%	10.3%	10.3%	10.3%	9.8%	9.3%	8.6%	7.8%	79.0%	9.1%	9.9%	9.4%	8.3%	8.7%	9.2%	8.1%

Note: HSMR data reflective of period Apr-2021 to Mar-2022 based on a rolling monthly published position. SHMI data is based on a rolling 12 month period and reflective of period June-2021 to May-2022 published (August 2022).
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 as expected for the year April 2021 – March 2022. We are one of 99 trusts in this category. Our latest HSMR, for the 12 months from June 2021 to May 2022 shows our mortality to be lower than expected. Looking specifically at emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend. SHMI and HSMR have taken differing approaches to managing the impact of Covid-19. Telstra (formerly recognised as Dr Foster), who produce the HSMR, include Covid-19 activity; whereas NHS Digital who are responsible for SHMI have excluded all Covid-19 activity.

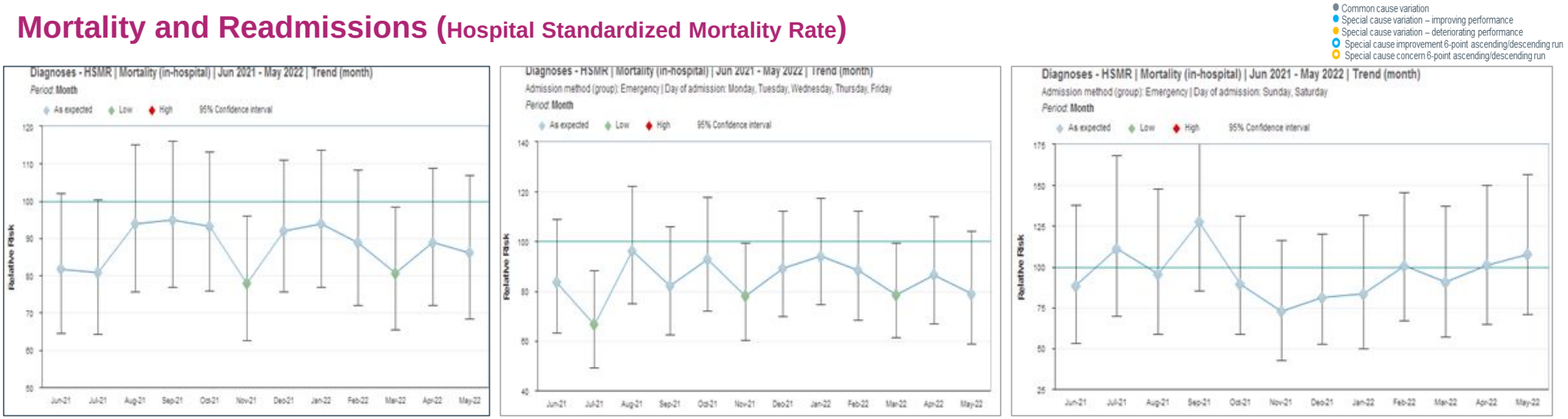
The percentage of patients readmitted within 30 days following an Emergency admission was 8.1% July 22. Performance shows special cause variation with an improving position.

Actions and Quality Improvement Projects

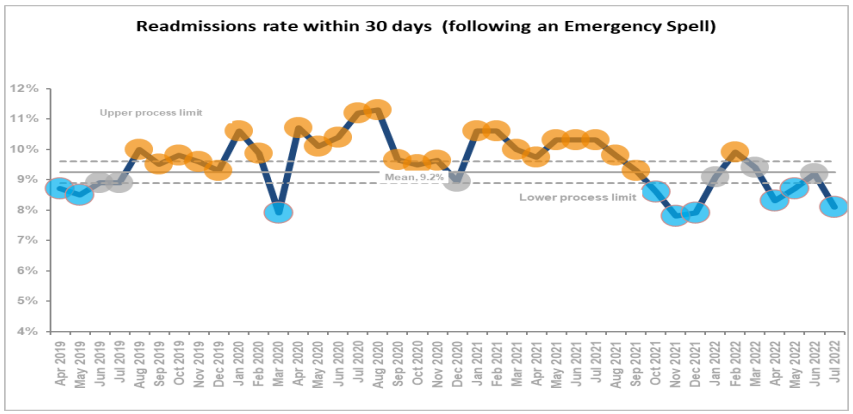
The Mortality Monitoring Group (MMG) continue to monitor and investigate mortality signals in discrete diagnostic and procedure groups identified through Telstra/Dr Foster benchmarking and external notifications of mortality alerts. In August, the Clinical Lead for Major Trauma presented a detailed update related to the ongoing major trauma investigation and action plan and specifically our TARN (Trauma Audit & Research Network) data. The action plan encompasses all elements of the improvement work: data quality and learning from deaths; infrastructure change; service configuration; and clinical quality. In August TARN notified the Trust that we have been identified as a potential negative outlier alarm for the period April 2019 to March 2021. In line with their outlier policy TARN is working with the Trust to conduct a data quality review and a consultant orthopaedic surgeon has been tasked with leading this work. MMG acknowledge that it will take time for changes in practice to translate into improved mortality statistics; however, the group will continue to oversee this investigation.

In August, the cardiology Clinical Governance Lead attended MMG to provide an update on the investigation of mortality in the diagnosis group 'Acute Myocardial Infarction'. A range of actions were discussed, with establishment of a dedicated shock team identified as the highest priority. Cardiology and the Cardiothoracic Intensive Care Unit are collaborating on this initiative and expect the team to be in place in the coming months. This will be supported by training, defined roles and responsibilities, and protocols. Subsequent priorities for action were detailed, including improvements to clinical documentation of presenting condition and diagnosis, and the timeliness of assessment and/or procedure.

Mortality and Readmissions (Hospital Standardized Mortality Rate)

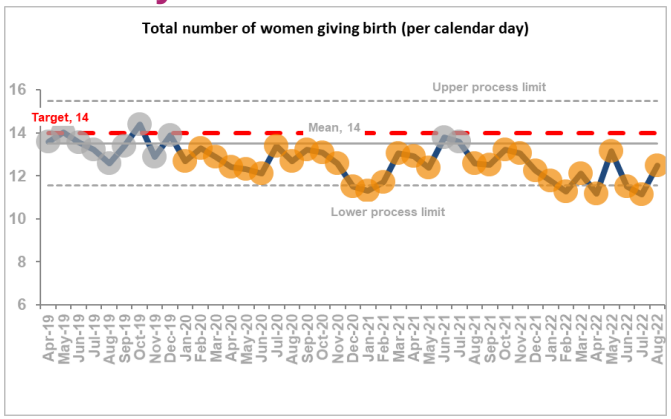


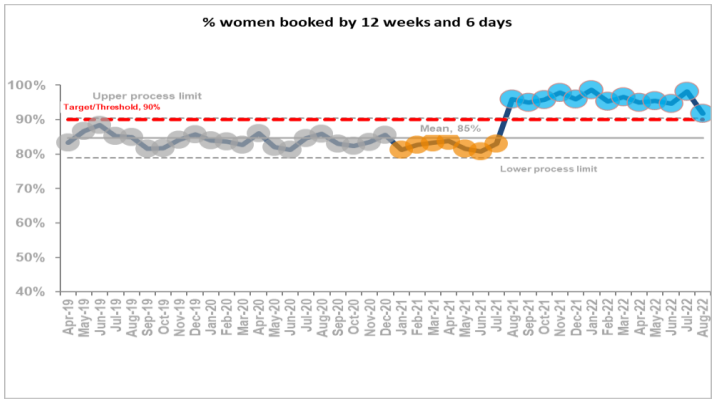
Inpatient Deaths (% of Discharges)

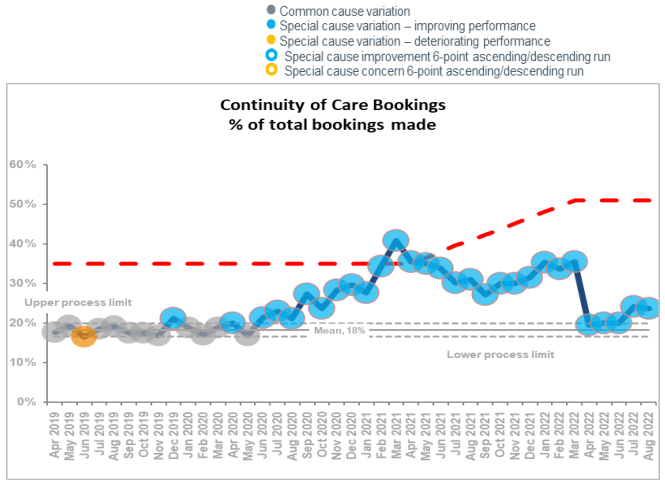


Our Patient Perspective

Maternity







What the information tells us

- August birth rate was higher with obstetric and medical complexity remaining high. Staffing remained extremely challenging across the month with vacancy's, sickness and covid isolation continuing, along with lead in times for recruitment start dates to fill band 5 and band 6 midwifery posts. The Labour Ward coordinator remained supernumerary for 100% of the time but this important KPI will remain challenging until October due to significant staffing challenges.
- Mitigation for staffing challenges continues included diverting birth centre and office based midwives to the Delivery Suite and in August with our Birth Centre closed 53.2% to support the acute inpatient areas when required.
- There were 4 stillbirths in month two were not preventable, one was extremely premature and one was a term, high risk case. These will all be reviewed and reported through the PMRT process.
- Caesarean section rates were slightly increased at 32.2% in August which was driven by a small increase in elective caesareans and is always considered in the context of our other clinical outcome KPIs. Within the wider context, HIE rates were 2.7 per 1000 births for Q1, a reduction on Q4 overall.
- There was a continued low PPH rate >1.5L which is reassuring – this is the result of a QI project on Delivery Suite.

Actions and Quality Improvement Projects

- We continue working towards transforming our services in line with Continuity of Carer targets and have had ongoing input from the national Continuity of Care (CoC) midwifery team. We aim to further increase CoC here at SGH in a number of waves with wave 1 now paused until January 2023 due to staffing challenges. We are liaising with and reporting into the National team confirming our planned trajectory in line with Ockenden recommendations and will continue to outline and confirm plans towards the safe implementation of wave1. This is targeted support for women in an area of deprivation and those identified as being at risk or BAME. The roll out and expansion will be in line with recruitment rates and plans.
- The work to launch the Digital Transformation programme across Maternity continues. The service supported IT to build a business case describing the additional requirements and resources required to build and roll out the end-to-end Maternity Information system. Once implemented this will mitigate and reduce the risk currently held on the risk register as high.
- The Maternity Telephone Helpline was successfully launched in late March 2022. The Helpline has enabled direct access to the service for advice and information and facilitates consistent advice as well as clinically appropriate signposting. It has been co-produced with our Maternity Voice Partnership and the feedback to date has been very positive, from both women and staff. The Helpline has already been taking in excess of over 98 call per day and work in underway on the PDSA review of this activity.
- Birmingham System of Obstetrics Triage – Quality Improvement work is ongoing to improve clinical efficiencies and flow in the maternity Triage area on Delivery Suite (DS). We will be introducing the Birmingham System of Obstetric Triage – widely used across maternity units in England to reduce harm and improve outcomes. Simple reconfiguration of estates in DS reception is required to support this project and equally optimise safety in this area and DS. The aim is to commence in September 202

Maternity

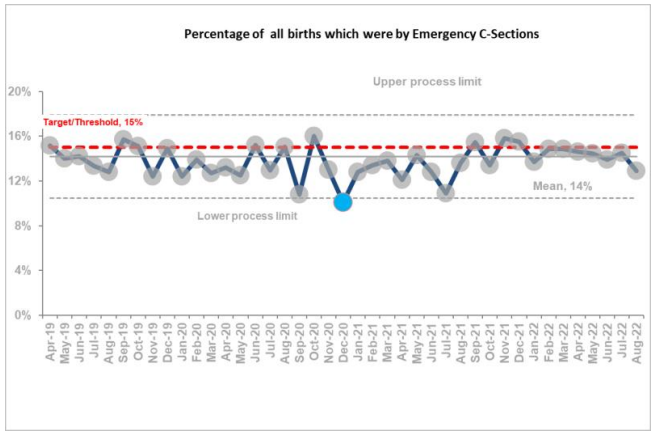
Maternity Dashboard

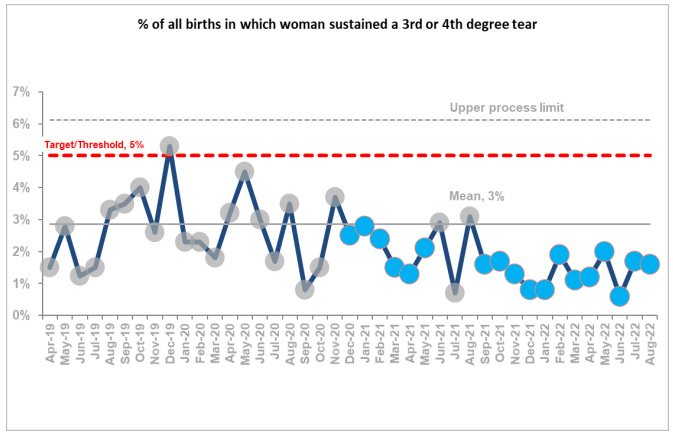
Definitions	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Total number of women giving birth (per calendar day)	14 per day	12.6	12.5	13.2	13.1	12.3	11.8	11.3	12.1	11.2	13.2	11.5	11.1	12.5
Caesarean sections (Total Emergency and Elective by Delivery date)	<28%	27.2%	28.3%	27.3%	31.4%	31.3%	27.1%	27.5%	33.3%	28.7%	28.7%	27.8%	31.2%	32.3%
% deliveries with Emergency C Section (including no Labour)	<8%	2.6%	4.5%	4.4%	5.4%	5.0%	3.0%	5.7%	3.7%	3.9%	4.2%	3.8%	3.2%	3.9%
% Time Carmen Suite closed	0%	74.2%	56.0%	21.0%	15.0%	27.4%	12.9%	44.6%	35.5%	22.0%	17.7%	43.3%	31.0%	53.2%
% of all births in which woman sustained a 3rd or 4th degree tear	<5%	3.1%	1.6%	1.7%	1.3%	0.8%	0.8%	1.9%	1.1%	1.2%	2.0%	0.6%	1.7%	1.6%
% of all births where women had a Life Threatening Post Partum Haemorrhage >1.5 L	<4%	2.3%	1.3%	2.9%	3.6%	2.4%	1.9%	2.5%	3.5%	3.3%	3.2%	2.9%	1.4%	2.8%
Number of term babies (37+ weeks), with unplanned admission to Neonatal Unit		16	13	12	12	10	11	13	13	5	13	13	15	14
Number of term babies (37+ weeks), with unplanned admission to Neonatal Unit as a percentage of deliveries	6%	4.1%	3.5%	2.9%	3.1%	2.6%	3.0%	4.1%	3.5%	1.5%	3.2%	3.8%	4.3%	3.6%
Supernumerary Midwife in Labour Ward	>95%	90.3%	90.0%	88.7%	98.3%	98.4%	98.4%	92.9%	95.2%	100.0%	100.0%	100.0%	93.5%	100.0%
Babies born with Hypoxic Ischaemic Encephalopathy / (1000 babies)		2.4 (Qtr2)		0.8 (Qtr3)			3.8 (Qtr4)			2.7(Qtr1)				
Still Births per 1000 Births	<3	0.0	2.7	9.8	10.2	2.6	0.0	0.0	0.0	9.0	4.9	11.6	0.0	12.9
Neonatal Deaths (KPI 72) per 1000 Births	<3	2.6	0.0	0.0	0.0	13.2	2.7	9.5	0.0	3.0	2.5	0.0	2.9	0.0
Continuity of Care Bookings- % of total bookings made (Target increases monthly by 1.5% towards a 51% target in Mar 22)	43.7%	30.6%	27.2%	30.0%	30.0%	31.4%	35.3%	33.7%	35.5%	19.5%	20.0%	20.0%	24.2%	23.6%
Percentage of all births which were by Emergency C-Sections (KP25+26)	15%	13.6%	15.5%	13.4%	15.8%	15.5%	13.7%	14.9%	14.9%	14.6%	14.5%	13.9%	14.5%	12.9%
% women booked by 12 weeks and 6 days	90%	96.0%	95.0%	95.8%	97.9%	95.9%	98.7%	95.3%	96.6%	94.9%	95.5%	94.6%	98.2%	91.7%

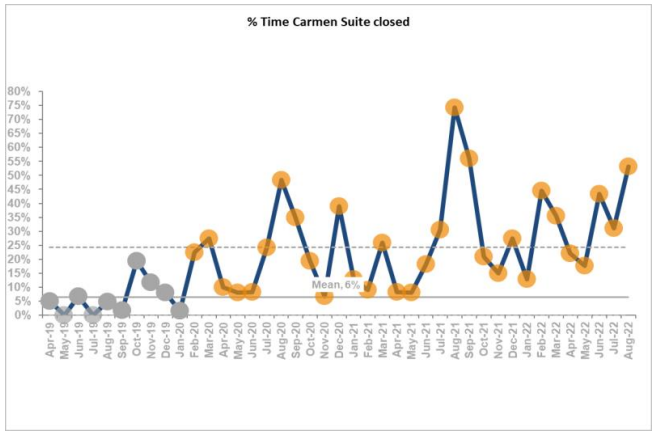
Our Patient Perspective

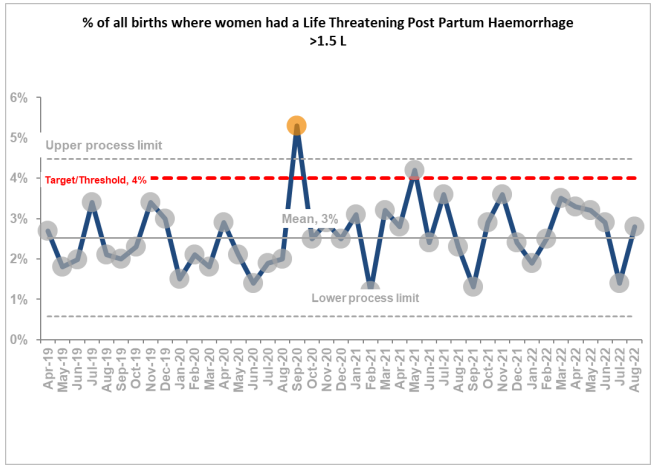
Maternity

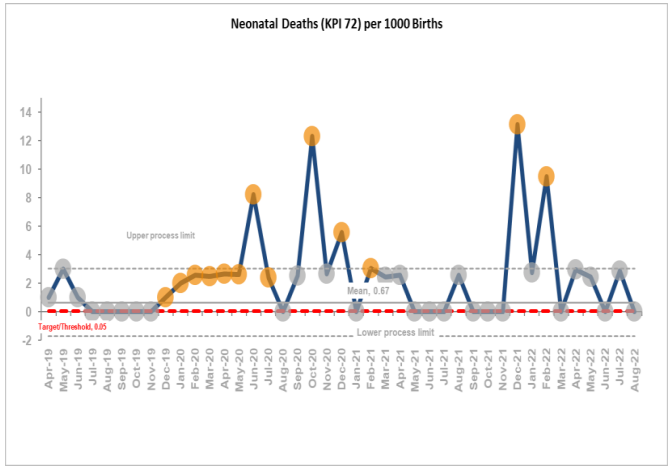
- Common cause variation
- Special cause variation – improving performance
- Special cause variation – deteriorating performance
- Special cause improvement 6-point ascending/descending run
- Special cause concern 6-point ascending/descending run

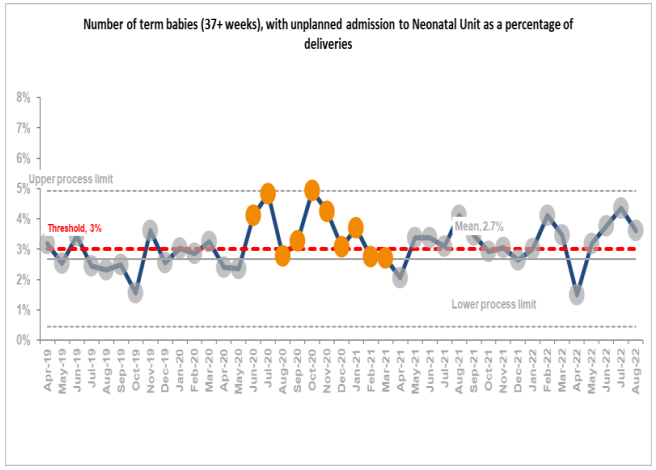












Friends & Family Survey

Indicator Description	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Emergency Department FFT - % positive responses	90%	78.0%	73.6%	71.3%	75.5%	77.4%	80.2%	76.1%	72.0%	72.0%	68.3%	64.99%	70.9%	78.5%
Inpatient FFT - % positive responses	95%	98.4%	97.9%	98.9%	98.3%	96.0%	95.8%	98.2%	97.4%	98.4%	98.9%	98.6%	98.1%	98.6%
Maternity FFT - Antenatal - % positive responses	90%	50.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	N/A	50.0%	N/A	N/A	N/A
Maternity FFT - Delivery - % positive responses	90%	N/A	100.0%	84.0%	86.8%	87.9%	85.0%	90.6%	92.5%	82.5%	79.2%	94.9%	90.9%	83.9%
Maternity FFT - Postnatal Ward - % positive responses	90%	0.0%	N/A	94.4%	100.0%	90.5%	100.0%	88.9%	100.0%	N/A	95.5%	93.3%	93.3%	84.0%
Maternity FFT - Postnatal Community Care - % positive responses	90%	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	90%	100.0%	92.9%	89.5%	94.1%	94.4%	100.0%	90.9%	96.0%	100.0%	92.9%	90.9%	93.3%	100.0%
Outpatient FFT - % positive responses	90%	89.8%	90.2%	90.3%	91.7%	91.9%	91.8%	92.5%	90.5%	91.1%	91.5%	91.5%	91.3%	92.0%

What the information tells us

- Inpatient, Community and Outpatient all achieved FFT targets where patients rated the services as "Good" or "Very Good".
- Performance for Emergency Department (ED) Maternity (Delivery and Postnatal Ward all were noncompliant and failed to meet the target of 90%. ED shows special cause variation with a deteriorating position and Inpatient and Outpatient shows special cause variation with an improving position

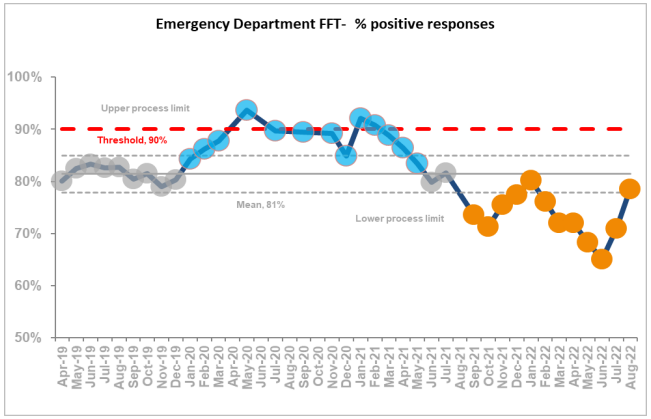
Actions and Quality Improvement Projects

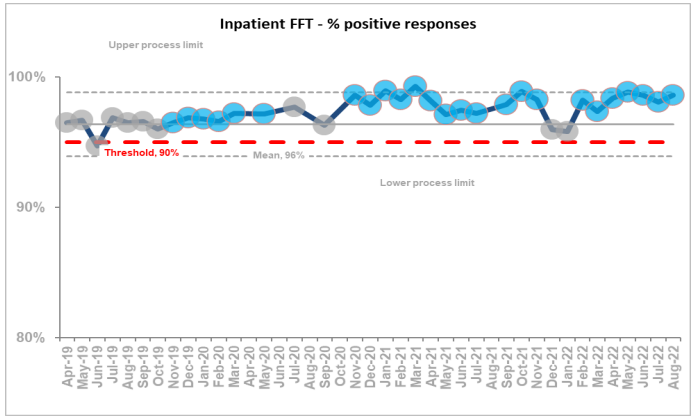
The FFT positive responses continue to be impacted by the current operational pressures in the Emergency Department and increased waiting times. The ED team are working with data team to ensure response rate is accurate.

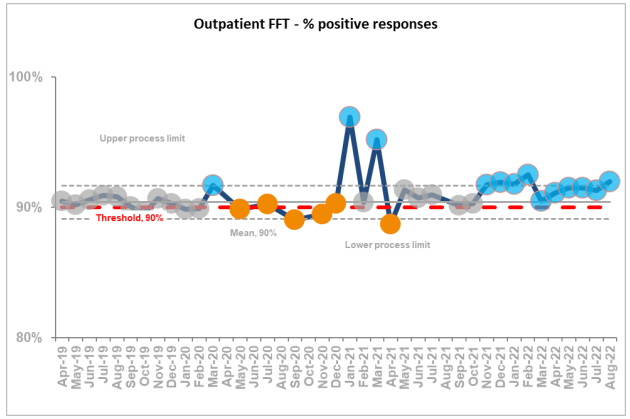
In addition to operational pressures further themes have been identified in relation to nutrition of patients along with cleanliness and overcrowding of the department. Action is being taken to address nutritional needs of patients waiting in the department, with the provision of improved signage, vending machines and clear information about access to drinking water.

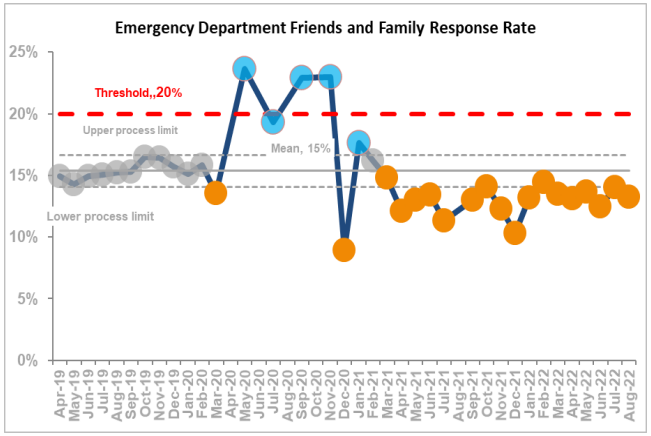
The reduced FFT scores in maternity responses reflect the pressure across the system with staffing and quality of care and experience of women and their families. We are working with our MVP, Patient Experience Lead and Midwifery teams to address the shortfalls and improve patient experience in every way we can.

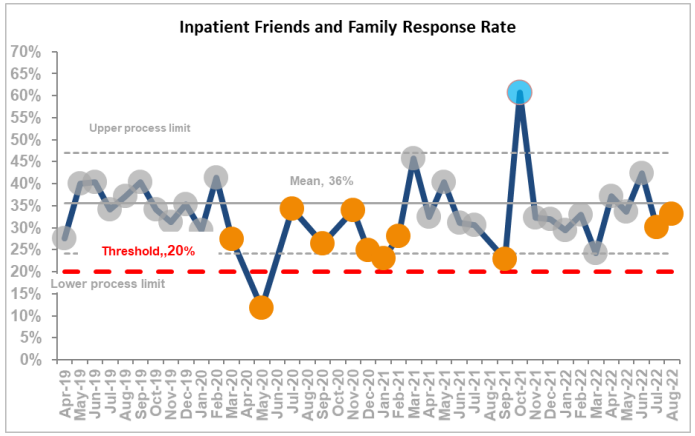
Friends and Family Test

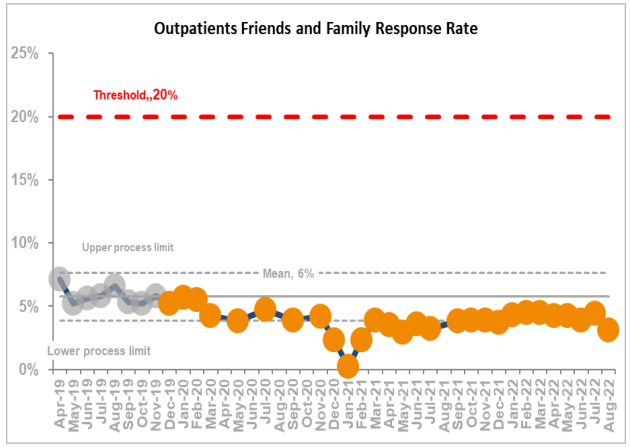








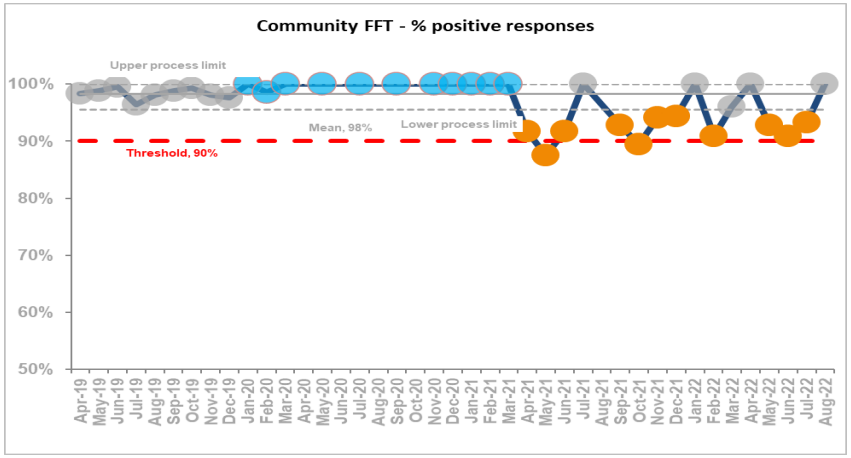


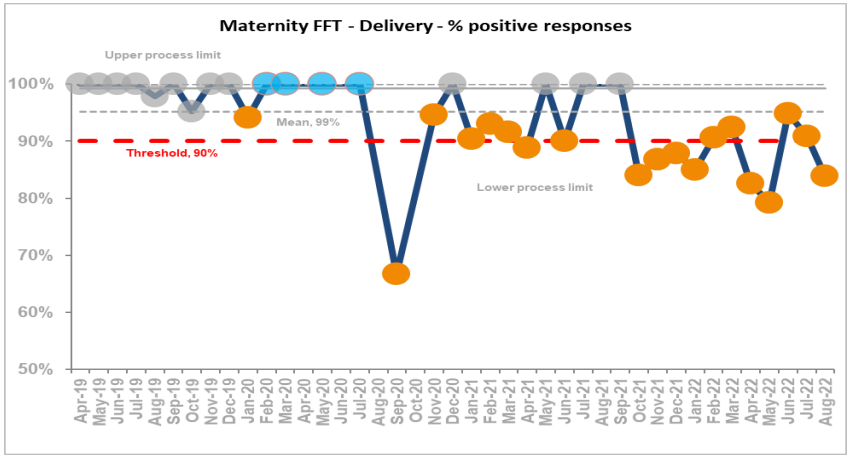


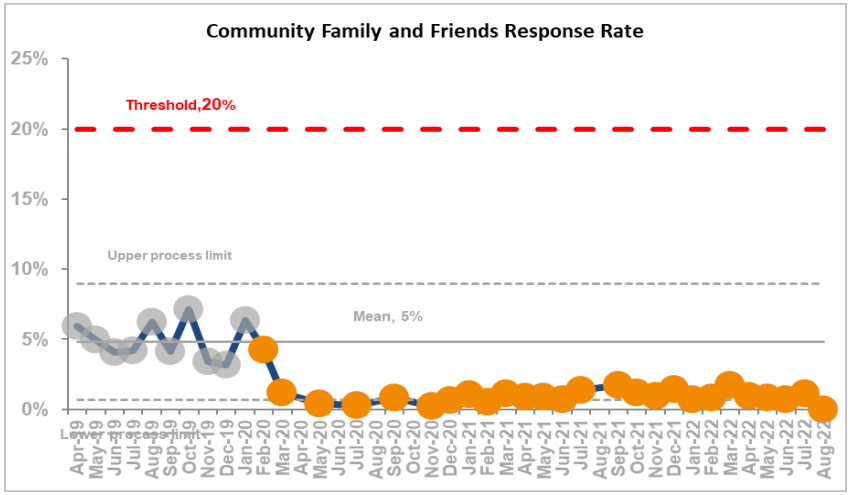
- Common cause variation
- Special cause variation – improving performance
- Special cause variation – deteriorating performance
- Special cause improvement 6-point ascending/descending run
- Special cause concern 6-point ascending/descending run

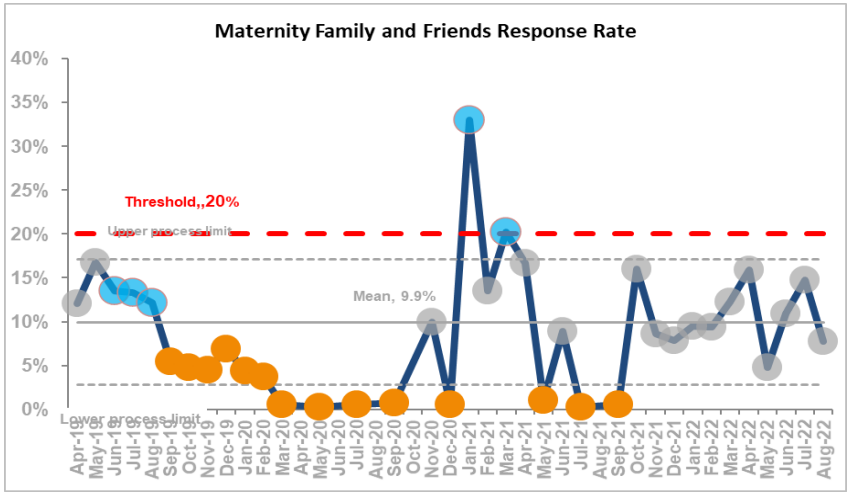
Our Patient Perspective

Friends and Family Test







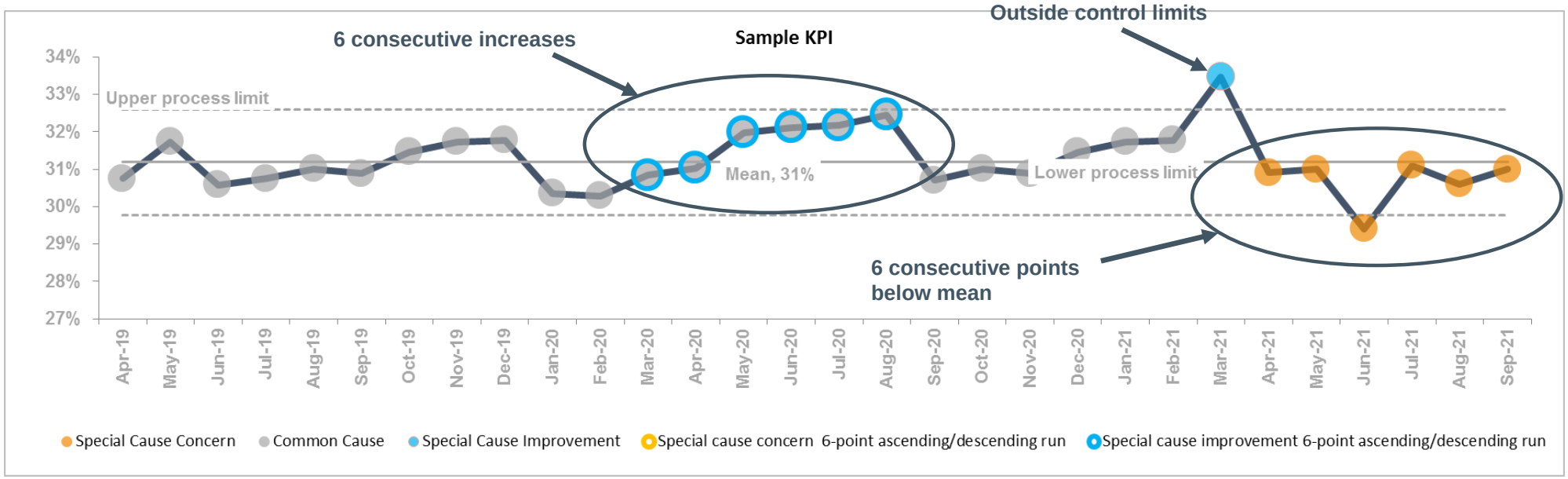


Common cause variation
Special cause variation – improving performance
Special cause variation – deteriorating performance
Special cause improvement 6-point ascending/descending run
Special cause concern 6-point ascending/descending run

Our Patient 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
- 6 or more consecutive increases/decreases
- Any unusual trends within the control limits

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Meeting Title:	**Council of Governors**		
Date:	**22 September 2022**	**Agenda No**	**4.2**
Report Title:	**New Patient Safety Framework: Briefing paper**		
Lead Director/ Manager:	**Arlene Wellman, Group Chief Nurse and Director of Infection Prevention and Control** **Richard Jennings, Group Chief Medical Officer**		
Report Author:	**Karen Daly, Deputy Chief Medical Officer (Quality) - SGUH** **Tricia Z. George, Head of Patient Safety - SGUH**		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify) (select using highlight)		
Executive Summary:	**Purpose** The purpose of this paper is to provide a high-level briefing and update on the new Patient Safety Incident Reporting Framework (PSIRF) outlined in the NHSEI Patient Safety Strategy. **Background** The NHS Patient Safety Strategy (published in 2019 and updated in 2021) outlined a new approach to facilitate the examination of a wider range of safety incident investigation which moves away from the current individual case and focus on the root cause. The new PSIRF was introduced with the requirement for every NHS organisation to appoint a Patient Safety Specialist or Specialists (PSS) who will be the lead patient safety expert(s) in the organisation and will support the local implementation of the NHS Patient Safety Strategy and influence the organisation at Board level. The Patient Safety Specialists for SGUH are: • Karen Daly, Deputy Chief Medical Officer (Quality) • Tricia George, Head of Patient Safety • Jenny Miles, Patient Safety Manager [The Patient Safety Specialists for ESTH are: • Marsha Jones, Interim Site Chief Nurse • Lisa Barbier, Head of Quality and Patient Safety] **Implementation of PSIRF** A national pilot of PSIRF has been conducted and the National Patient Safety Team has utilised the feedback provided by Trusts who were pilot sites to finalise the PSIRF. The timescale for the implementation of the PSIRF and all its components is yet to be agreed and is supported nationally by phases for transition which are summarised in the report.		
Recommendation:	The Council of Governors is asked to note: 1. The contents of the report		

	2. That implementation will be supported and coordinated across the Group with regular update reports for each Trust to continue to be made to the relevant patient safety meeting		
Supports			
Trust Strategic Objective:	All Trust objectives		
CQC Theme:	Safe, Responsive, Caring, Effective, Well led		
NHS System Oversight Framework:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	There is a risk that the Patient Safety data for both will not be reported nationally as the current electronic incident reporting system (Datix) used by both Trusts is not compatible with the proposed new national reporting system.		
Legal/Regulatory:	There is a requirement by NHSEI that all trusts will implement the new patient safety strategy in full and be compliant with the new reporting framework.		
Resources:	N/A		
Equality and Diversity:	No issues to consider		
Previously Considered by:	Quality Committee in Common	**Date**	18 August 2022
Appendices:	N/A		

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New Patient Safety Framework: Briefing paper
Council of Governors
22 September 2022

1.0 PURPOSE

1.1 This paper is intended to provide an update about the National Patient Safety Syllabus, the new role of Patient Safety Partner, the Patient Safety Incident Reporting Framework (PSIRF), and the need to have Local Risk Management System that will be compatible with the Learn From Patient Safety Events (LFPSE) service.

2.0 BACKGROUND

2.1 The NHS Patient Safety Strategy (published in 2019 and updated in 2021) outlined a new approach to facilitate the examination of a wider range of safety incident investigation which moves away from the current individual case and focus on the root cause. The new PSIRF was introduced with the requirement for every NHS organisation to appoint a Patient Safety Specialist or Specialists (PSS) who will be the lead patient safety expert(s) in the organisation and will support the local implementation of the NHS Patient Safety Strategy. In their role as a Patient Safety Specialists, the PSSs will provide senior leadership, visibility, and expert support to the patient safety work within the organisation. The NHSEI guidance states that, "*PSS' will….have sufficient seniority to engage directly with their executive team*."

2.2 The PSS' have a key role in supporting the executive team to understand the most effective approaches to improving patient safety and ensuring that any patient safety-related responsibilities are effectively aligned. The PSS' are de-facto members of regional and national PSS networks.

3.0 National Patient Safety Training Syllabus

3.1 Health Education England, in partnership with NHS England and NHS Improvement, The Academy of Medical Royal Colleges and eLearning for healthcare published the new patient safety training materials on the 27 October 2021.

3.2 The training has five levels, which build on each other, the first two levels *Essentials for patient safety* and *Access to practice* were made available on the 27 October 2021. Level one, *Essentials for patient safety*, is the starting level and intended for all staff. Level two, *Access to practice* is intended for those who have an interest in understanding more about patient safety and those who want to go on to access the higher levels of training. There is an expectation that training will also be delivered to the Executive team and the Trust board.

4.0 Patient Safety Partners (PSPs)

4.1 The NHS Patient Safety Strategy (July 2019) sets out the ambition that all NHS organisations will include Patient Safety Partners (PSPs) in their safety-related activities and meetings. PSPs can be patients, their families, carers, past and present governors, or other lay people and will bring the patient voice into all patient safety discussions. Working with PSPs will require a commitment to openness and transparency between staff and patients, as well as good leadership. The Trust is encouraged to assess its readiness to engage PSPs and support their role in the organisation. Early experiences of

local organisations have been shared at the SWL PSS network and we are using that learning to guide our approach of open and transparent communication and support.

5.0 Patient Safety Incident Reporting Framework (PSIRF)

5.1 The Patient Safety Incident Response Framework (PSIRF) requires a different approach to incident management and one that moves away from individual case investigation with reference to serious and adverse incidents:

- the examination of a wider range of patient safety incidents
- reflection and learning at an organisational as well as an individual level
- moving away from root cause analysis in most cases and increasing thematic analysis of clusters of incidents
- a systematic, compassionate, and proficient response to patient safety incidents anchored in the principles of openness, fairness and accountability
- learning and continuous improvement.
- the development of patient safety systems

5.2 The most recent update released by the National Patient Safety Team on 26 July 2022 stated the following:

"The Patient Safety Incident Response Framework (PSIRF) will be published in early August, as a major piece of guidance on how NHS organisations respond to patient safety incidents and ensure compassionate engagement with those affected. Secondary care providers will be asked to begin preparing to transition to PSIRF from September 2022. Preparation is expected to take 12 months with all organisations transitioning to PSIRF by Autumn 2023. A range of resources to support organisations with this process will be made available on the NHS England website and FutureNHS."

5.3 The PSIRF Preparation guide v1.6 provides a summary of the 6 phases for the transition from the current individual serious or adverse incident investigation process as outlined in the table below:

Phase	Duration	Purpose
1. PSIRF orientation	Months 1-3	To support PSIRF leads at all levels of the system to become familiarised with the revised Framework and associated requirements. This phase sets important foundations for PSIRF preparation and subsequent implementation
2. Diagnostic and discovery	Months 4-7	To understand how developed your systems and processes are for responding to patient safety incidents for the purpose of learning and improvement. In this phase you will identify strengths and weaknesses, and ultimately define where improvement is required in areas that will support PSIRF requirements and transition
3. Governance and quality monitoring	Months 6-9	During this phase organisations at all levels of the system (provider, ICS, region) will begin to define the oversight structures and ways of working that will come into place once transitioned to PSIRF
4. Patient Safety Incident Response Planning	Months 7-10	For organisations to understand their patient safety incident profile, patient safety improvement profile and available patient safety incident resources. This information is used to develop a Patient Safety Incident Response Plan that will sit as part of their

		Patient Safety Incident Response Policy to guide proactively agreed responses to patient safety incidents
5. Curation and agreement of Policy and Plan	Months 9-11	To draft and agree a Patient Safety Incident Response Policy and Plan based on work undertaken as part of preparation phases outlined in this guide
6. Transition	Months 12+	As part of this phase, Trusts will continue to adapt and learn as Trusts put the systems and processes you have designed into place

6.0 Local Risk Management System (LRMS)

6.1 NHSE/I have statutory duties to collect patient safety information from all NHS-funded providers, and to provide advice and guidance on reducing patient safety risks. Currently, NHSE/I relies on the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS). These systems are now recognised as outdated and without the capability of modern IT / technology this produces many challenges to national data collection and reporting.

6.2 The new Learning From Patient Safety Events (LFPSE) system is described as "*A single port of call for recording, accessing, sharing and learning from patient safety events, in order to support improvement in the safety of NHS-funded services at all levels of the health system".* NHSE/I May 2022. LFPSE uses Government Digital Service (GDS) design principles which are user-led and iterative.

6.3 There are currently 4 LRMS providers who can support automatic uploads and reporting to the LFPSE platform. Datix, the current electronic incident reporting system across the Group is not compatible with the new LFPSE which poses both financial and operational risks to the Group and will need to be factored into the capital plan for 2023/24. Discussions have commenced within both Trusts and across SW London with reference to the potential IT solutions to mitigate this risk.

7.0 Timescale for full implementation

7.1 Given the scale of change required there is no set timescale for the implementation of the PSIRF and all its components. This is a new framework which requires a new and different approach to patient safety and incident investigation across the entire NHS and will pose challenges to long-held traditional methods such as Root Cause Analysis. Early adopter Trusts continue to provide their feedback on their experiences.

7.2 It is anticipated that the Group will commence phase 1 of the transition process, PSIRF Orientation, from the beginning of quarter 3 2022/23. Regular update reports on the progress for each Trust will continue to be made to the relevant patient safety meeting.

7.3 A progress report on implementation will be presented to Committee when the Group have completed transition phase 2, Diagnostic and Discovery.

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Meeting Title:	**Council of Governors**		
Date:	22 September 2022	**Agenda No**	**4.3**
Report Title:	**Patient Experience Annual Review**		
Lead Director/ Manager:	Stephanie Sweeney		
Report Author:	Wendy Doyle		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify) (select using highlight)		
Executive Summary:	The Patient Experience report for St George's University Hospital NHS Foundation Trust for the period 1 April 2021 to 31 March 2022. This report will not include the data and analyses from the Complaints Annual Report 2021/22; as this has been produced separately in line with Complaints Regulatory requirements. Some key points from the Patient Experience Annual report: • A new Head of Patient Experience and Partnership was appointed. • The Trust received 59,044 responses to the Friends and Family Test (FFT). An increase of 38% on the previous year. • FFT recommend scores have dropped from above 90% to an average of 84% in Medicine and Cardiovascular division. • Considering vacancies in the Patient Experience department, the Trust continued to involve patients to improve services and some examples are included in the report. • New Patient User Groups have started or are in the process of being created to support patients and service users providing opportunities to be part of planned improvement work • The Trust took part in all National surveys and are working through related action plans to improve patient experience. The Quality Priorities for Patient Experience identified in 2021/22 but carried into 2022/23 due to pressures arising from the pandemic are: • Patient Feedback • Equitable experience • Discharge To meet these priorities, several actions and priorities have been identified. Key areas of focus include: • Improved methods for patients to share their feedback and experience • Increase patients and carers involved in quality improvements projects • Increase diversity of feedback from users including those with protected characteristics		

	• Develop strong relationships with community networks and work together to demonstrate and strengthen our commitment to equity of experience • Improve information for patients and carers on discharge, outlining and signposting support available • Synthesise intelligence across the organisation to identify trends and clusters, key areas for improvement and shared learning, including learning from complaints • Restart the Patient Partnership Engagement Group (PPEG) after a pause to refresh, recruit and re-energise. • Provide additional collaborative opportunities for stakeholders to increase assurance around patients informing service improvements • Launch community of practice with the aim of providing a platform for all patient involvement activities, and to inspire, support and provide resources for staff.		
Recommendation:	The Council of Governors should be aware of the recommendations made in the report regarding patient experience and the on-going work to ensure partnership working between patients and staff.		
Supports			
Trust Strategic Objective:	Improve Patient Experience		
CQC Theme:	Well-Led		
NHS System Oversight Framework:			
Implications			
Risk:			
Legal/Regulatory:			
Resources:			
Equality and Diversity:			
Previously Considered by:		**Date**	14/09/22
Appendices:			

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Patient Experience Annual Review 2021-22

Council of Governors

Stephanie Sweeney
Deputy Chief Nurse

22 September 2022

Purpose of the session

- Summary of the Patient Experience Report 2020-21
- Improving Patient Experience
- Questions

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1. Introduction to the Patient Experience Report 2021-22

The Patient Experience report for St George's University Hospital NHS Foundation Trust for the period 1 April 2021 to 31 March 2022.

This report will not include the data and analyses from the Complaints Annual Report 2021/22; as this has been produced separately in line with Complaints Regulatory requirements.

Some key points from the Patient Experience Annual report:

- A new Head of Patient Experience and Partnership was appointed.
- The Trust received 59,044 responses to the Friends and Family Test (FFT). An increase of 38% on the previous year.
- FFT recommend scores have dropped from above 90% to an average of 84% in Medicine and Cardiovascular division.
- Considering vacancies in the Patient Experience department, the Trust continued to involve patients to improve services and some examples are included in the report.
- New Patient User Groups have started or are in the process of being created to support patients and service users providing opportunities to be part of planned improvement work
- The Trust took part in all National surveys and are working through related action plans to improve patient experience.

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Quality Priorities

The Quality Priorities for Patient Experience identified in 2021/22 but carried into 2022/23 due to pressures arising from the pandemic are:

- Patient Feedback
- Equitable experience
- Discharge

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Quality Priorities

To meet these priorities, several actions and priorities have been identified. Key areas of focus include:

- Improved methods for patients to share their feedback and experience
- Increase patients and carers involved in quality improvements projects
- Increase diversity of feedback from users including those with protected characteristics
- Develop strong relationships with community networks and work together to demonstrate and strengthen our commitment to equity of experience
- Improve information for patients and carers on discharge, outlining and signposting support available
- Synthesise intelligence across the organisation to identify trends and clusters, key areas for improvement and shared learning, including learning from complaints
- Restart the Patient Partnership Engagement Group (PPEG) after a pause to refresh, recruit and re-energise.
- Provide additional collaborative opportunities for stakeholders to increase assurance around patients informing service improvements
- Launch community of practice with the aim of providing a platform for all patient involvement activities, and to inspire, support and provide resources for staff.

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Areas of Focus for 2022-23

Aim	Outcome and benefits	Key deliverables	Priority Focus
1.Improve patient feedback	• Increased response rate for Friends and Family Test (FFT) • Improved methods for patients to share their feedback and experience • Improved triangulation of data • Increased completion of national surveys	• Work with wards and departments to improve response rate • Make it easy and varied for patients to share their experience including accessible measures to ensure equitable data capture • Improvements in information synthesis	• Ensure we are providing accessible mechanisms and opportunities for patients to share their experience. • Demonstrate how we are using patient feedback to improve experience

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Areas of Focus for 2022-23

Aim	Outcome and benefits	Key deliverables	Priority Focus
2. Equity	• Increase patient and carer involvement in quality improvement projects • Increased diversity of feedback from service users with protected characteristics • Develop strong relationships with community networks to demonstrate our commitment to equity of experience • Improve data quality to triangulate patient outcomes against protected characteristics	• Improvement in patients feeling listened to and that their feedback made a difference • Improved variation on data relating to ethnicity of patients to reflect diversity of community and service users • Increased feedback from hard-to-reach groups building confidence in Trust's commitment to listening and responding to service users	• Improved confidence that feedback from users reflects diversity of community served • Greater confidence that hard to reach users had access to share their experience. • To support staff to triangulate data and to use this for quality and service improvements

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Areas of Focus for 2022-23

Aim	Outcome and benefits	Key deliverables	Priority Focus
3. Discharge	• Develop engagement activities to offer opportunities for patients to share their experience and to develop 3 identifiable actions to improve experience • Improve information for patients and carers on discharge outlining support available	• Continue to survey patients on discharge to capture the learning and to identify areas for improvement • Improve positive feedback on discharge process • Ensure carers have adequate support on discharge	• Service users feel engaged and heard regarding their experience • Improved confidence of carers through working in partnership

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The Friends and Family Test (FFT)

	2018/19	2019/20	2020/21	2021/22
Total FFT Responses	**56,478**	**81,661**	**44,461**	**59,044**

Table 1 – FFT scores

Table 1 shows the decrease of response rate from pre-pandemic levels (2019/20) to during the pandemic (2020/21), a nationally reported occurrence. 2021/22 data demonstrates a significant improvement of 38% in increased FFT reporting on 2020/21 but there remains some work to do to return this to pre pandemic levels of reporting. During 2021/22, the Trust received 59,044 responses to the FFT question with an average of 3,700 responses per month.

Several areas (table 3) are recording FFT scores below the 95% target. Work is ongoing to improve these scores both in numbers and outcomes.

Service	Medicine and Cardiovascular	Surgery Anaesthetics and Neuro	Women and Children Diagnostic and Therapy Services	Trust
Apr-21	2298	1468	1570	5336
May-21	2168	1475	1366	5009
Jun-21	2284	1369	1629	5282
Jul-21	1890	1314	1391	4595
Aug-21	1866	1267	1366	4499
Sep-21	1972	1450	1610	5032
Oct-21	2186	1335	1961	5482
Nov-21	1911	1378	1753	5042
Dec-21	1349	946	1477	3772
Jan-22	1821	1117	1831	4769
Feb-22	1956	1433	1622	5011
Mar-22	2031	1272	1912	5215

Table 2 – Total FFT scores by division

Service	Medicine and Cardiovascular	Surgery Anaesthetics and Neuro	Women and Children Diagnostic and Therapy Services	Trust
Apr-21	90%	96%	89%	91%
May-21	89%	96%	91%	92%
Jun-21	86%	97%	89%	90%
Jul-21	87%	97%	90%	91%
Aug-21	84%	96%	90%	89%
Sep-21	81%	96%	89%	88%
Oct-21	80%	95%	90%	87%
Nov-21	82%	97%	92%	90%
Dec-21	84%	97%	92%	90%
Jan-22	86%	96%	91%	90%
Feb-22	83%	97%	92%	90%
Mar-22	79%	95%	91%	87%
Average	84%	96%	91%	90%

Table 3 – FFT scores

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Demographic overview of FFT

What is your ethnicity?	Total	Percent
White British	5686	52.7%
White - Other	1050	9.7%
Prefer not to say	986	9.1%
Black African	480	4.5%
Black Caribbean	467	4.3%
Asian Indian	402	3.7%
Asian - Other	298	2.8%
White Irish	292	2.7%
Mixed race - White and Black	217	2.0%
Asian Pakistani	196	1.8%
Other	188	1.7%
Black - Other	159	1.5%
Mixed rate - Other mixed	155	1.4%
Mixed race - White and Asian	143	1.3%
Chinese	37	0.3%
Asian Bangladeshi	27	0.3%
Grand Total	10783	100.0%

Table 4 – FFT scores

White British/Other are the ethnic group showing the highest completion of FFT (Table 4). The Head of Patient Experience and Partnership will work with the Quality team to identify areas to improve reporting.

Table 5 shows a good representation across all age ranges within our surveys. Consideration is needed into how to increase participants from the 0-15 age range alongside the 16-24 years group. This applies also to the 85+ group and consideration should be given as to the reasons for reduced data capture and how to increase involvement.

How old are you?	Total	Percent
0 - 15	90	1.1%
16 - 24	511	6.1%
25 - 34	927	11.0%
35 - 44	952	11.3%
45 - 54	1206	14.3%
55 - 64	1431	17.0%
65 - 74	1385	16.4%
75 - 84	1061	12.6%
85 +	423	5.0%
Prefer not to say	445	5.3%
Grand Total	8431	100.0%

Table 5 – FFT scores

Table 6 shows Most responses are noted between the age ranges of 55-64 and 65-74 similarly to the previous year. Table 6 shows the surveys were completed by more males (50.2%) than female (44.6%) inpatient respondents.

What is your gender?	Total	Percent
Female	3809	44.6%
Male	4286	50.2%
Other	14	0.2%
Prefer not to say	399	4.7%
Transgender	25	0.3%
Grand Total	8533	100.0%

Table 6 – FFT scores

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Patient Experience Achievements

Focus	Improvement
Environment	Maternity Voices Partnership Maternity Education room refurbishment complete
	Patients were contacted regarding the build of a new specialist renal unit and their feedback shared with decision making bodies
	St George's and WellChild (the national charity for seriously ill children) opened their parental training suite.
Services	A new Emergency Department Homelessness service was launched.
Support	New Children's and Young People's council set up
	The Voice (Cancer services support) held two listening events to hear patient views and experience.
	Hepatology have started a new Liver Forum Patient Support group.
	Queen Mary's Wheelchair Service User Group formation
	An acute Physiotherapy support group is in the process of being set up.
Communication and transformation	MyCare Patient Portal launched on 10 March 2022. This is a portal that allows patient to view information about their care including appointments, letters, results, and questionnaires.
	Video about Chemotherapy treatment to help alleviate anxiety before starting treatment has been finalised and is soon to be launched.
	Several new patient information leaflets have been developed to improve communication.
	The results of the 2021 HIV survey were overwhelmingly positive with useful suggestions by patients in improving the general environment, in the process of being actioned by staff.
Catering	Staff have worked hard to improve several areas including the availability of beverages, patient access to menus and ensuring staff are aware of the options for cultural and dietary requirements as well as options for care of the elderly.

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Patient Experience and Volunteers

Volunteers play a huge part in improving and developing patient services. The Trust are currently recruiting for volunteers. There are several types of volunteer roles at St George's:

Type of Volunteer	Role Description
PPEG Patient Partners	Patient Partners who attend PPEG and are actively involved in service improvement and development
Patient Partners	Patient Partners who work on specific projects to improve services and to support transformation
Volunteers	Departmental volunteers/Wayfinders who assist in the day to day service delivery
Patient Assessors	Volunteers who are involved in accreditation and inspections

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Patient Partnership and Experience Group (PPEG)

PPEG was paused in late May to allow the new Head of Patient Engagement and Partnership to meet with the patient partners, to review the priorities, and to refresh the format. PPEG was ready to launch in August but recognising staff were on leave, was scheduled for September.

Changes to PPEG include:

- Reduced core membership
- Four slots available at every meeting for presentations on new projects and updates on existing projects
- All staff to be reminded that all projects should come to PPEG at inception stage for patient involvement and feedback
- PPEG content will populate the Community of Practice sharing resources and creating a platform for all things relating to PPI
- Invite local networks to PPEG to increase and improve networking and opportunities for collaborative working
- Increased diversity of patient partners to represent local community

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Recommendations

- To recruit a minimum of 100 volunteers in 2022/23 (including patient partners). These should be ethnically diverse and representative of the community the Trust serves.
- All patient involvement work should be centrally logged through PPEG at the inception stage.
- Build relationships with community and stakeholder groups to improve communication and collaboration opportunities
- Synthesise intelligence across organisation to identify key themes and associated actions.
- Work collaboratively with Quality, Transformation and Education teams to promote Trust wide learning.
- Work with relevant teams to improve the collection of patient ethnicity demographic data to enable detailed analyses and action plans for hard-to-reach groups.
- Raise the profile of patient engagement across the Trust.
- Raise the profile of sharing learning from complaints and aligning actions across divisions

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Meeting Title:	**Council of Governors**		
Date:	22 September 2022	**Agenda No**	**4.4**
Report Title:	**Finance Update**		
Lead Director/ Manager:	Andrew Grimshaw		
Report Author:	Tom Shearer		
Presented for:	Update		
Executive Summary:	This paper updates the council of governance of financial performance against the plan at month 4 (July). The Trust is reporting a deficit of £21.5m at M4. This is inline with the plan, excluding Elective Recovery Fund payments, which is expected to be block funded for the first half of the financial year. Whilst financial performance at M4 is broadly consistent with the agreed plan, there are significant risks to delivery in the second half of the year.		
Recommendation:	The Council of Governors is asked to note the update		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well-Led		
NHS System Oversight Framework:	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:	N/A	**Date**	
Appendices:			

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NHS
St George's University Hospitals
NHS Foundation Trust

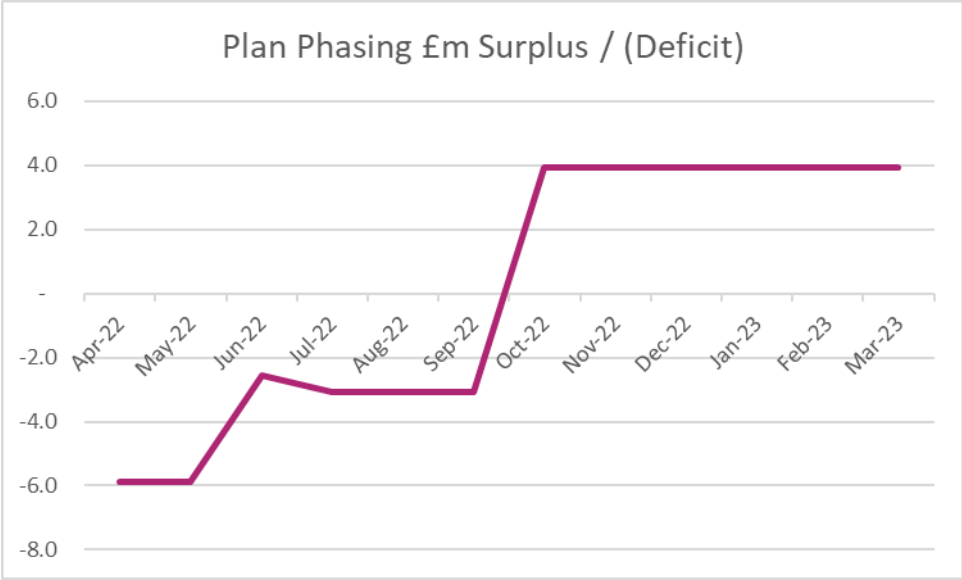
Council of Governors Meeting: 22nd September 2022
Finance Update

GCFO & SGH Site CFO

Executive summary
Plan key metrics

Metric	SGH	
	Value	Comment
Turnover	£1,028.6m	No material change from previous update.
CIP target	£95.6m	9.3% of turnover, with c2% expected to be delivered through non-recurrent benefits
CIP unidentified	£40.1m	42% of the target remains unidentified, which is phased in the back half of the year. Small improvement in the last month.
CIP non-recurrent actions included	£20.7m	There is a material level of non-recurrent actions in the CIP plans (largely identified). This will impact the following year.
Exit run rate	£3.9m (surplus)	This includes non-recurrent benefits, and unidentified savings in plan
WTE: Plan at April 2022	10,195	Includes c200 CIP phased from M1
WTE: Planned reduction in WTE	305/ 1,502	305 included in current plans. This increases to 1,502 if required impact from unidentified CIPs within the plan is actioned through pay
Capital plan	£45.1m	Includes £10m renal funding from NHS London
Opening cash balance	£68.5m	Significant risk of requirement for cash funding from National if unidentified CIP not delivered.
Elective Activity targeted	100%	As per previous submissions, with 104% targeted from a value weighted perspective.
BAF/CRR scores	BAF 5: 25 BAF 6: 20	BAF 5 Financial sustainability. Currently at material risk. BAF 6: Sourcing sufficient capital. Some risk to delivering plans but safety can be protected.

Income and expenditure
I&E Run rate



- The graph to the left shows the phasing of the Trusts run rate deficit/surplus across 22/23.
- It is based on the known profiling of baseline expenditure plans, and reflects the timing of investments and savings where known.
- An unidentified CIP of £42m has been profiled across Q3 and Q4 and drives the improvement in that period. This equates to £7m per month.
- The Trust plans to exit the year with a £3.9m per month surplus.
- If non-recurrent actions and unidentified savings are removed, the underlying exit run rate deficit is £4.8m per month.

Month 4 Financial Performance

SGH

			Full Year Budget (£m)	M4 Budget (£m)	M4 Actual (£m)	M4 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	**Income**	SLA Income	858.4	75.0	74.4	(0.6)	290.3	291.1	0.9
		Other Income	144.1	8.5	9.2	0.7	43.8	44.0	0.1
	Income Total		**1,002.5**	**83.5**	**83.6**	**0.1**	**334.1**	**335.1**	**1.0**
	Expenditure	Pay	(609.7)	(53.3)	(53.1)	0.2	(215.2)	(215.3)	(0.1)
		Non Pay	(347.8)	(30.0)	(30.3)	(0.3)	(122.6)	(123.5)	(0.9)
	Expenditure Total		**(957.5)**	**(83.3)**	**(83.4)**	**(0.1)**	**(337.8)**	**(338.8)**	**(1.0)**
	Post Ebitda		(71.1)	(5.3)	(5.3)	(0.0)	(21.9)	(21.9)	0.0
	Grand Total		**(26.1)**	**(5.1)**	**(5.1)**	**0.0**	**(25.7)**	**(25.6)**	**0.0**
ERF	**Income**		26.1	2.2	2.1	(0.1)	8.7	4.2	(4.5)
	Reported Position		**0.0**	**(3.0)**	**(3.0)**	**(0.0)**	**(16.9)**	**(21.5)**	**(4.5)**

Trust Overview

The in month reported position at **M4 is a £3.0m deficit, which is on plan. The YTD position is a £21.5m deficit, which is £4.5m adverse to plan**.

The Trust has received £4.2m of ERF income, which is £4.5m under plan. This is due to the Trust not meeting its ERF target. This is consistent across South West London, and reporting this income shortfall at M4 is as per NHS London request.
However, it is expected that this income stream will be moved to “block” funding for Q1 and Q2 of 22/23 removing this risk and adverse variance once confirmed.

Excluding ERF income and costs:

- **Income** is £1.0m above plan, due to additional funding to cover COVID Testing and Vaccination costs.
- **Pay** is £0.1m overspent across Junior Doctor and Nursing staff groups due to premium temporary costs.
- **Non-pay** is £0.9m overspent due to additional COVID Testing and Vaccination costs.

Key actions taken to improve the position

SGH

- Weekly senior team focus through **series of meetings on Thursdays,** focussed on financial and productivity improvement.
- **Financial governance and control stepped up within divisions**, to ensure finance is back on everyone's agenda, and is being managed alongside quality and performance priorities.
- **Monthly Trust Management Group meeting** focussing on financial delivery, improvement, productivity and efficiency, including operational efficiency.
- **Medium term improvement plan in development at Group level,** looking at maximising the benefit of closer working within the Group and wider SWL system.
- **Cash management plan in place** to ensure the cash position can be managed pending agreement externally of cash funding to support any reported deficits.
- Stepping back up of **governance around savings programmes**, to ensure Quality Impact Assessments (QIAs) have been completed for key schemes to ensure quality and safety is not compromised.

Board Assurance Framework (BAF)
SGH BAF Risk scores for the start of 2022/23

Risk	Strategic Risk description	Proposed score (L/I)	Comment
SR5	We do not achieve financial sustainability due to under-delivery of cost improvement plans and failure to realise wider efficiency opportunities	25 (5/5)	The Trusts financial plan is currently breakeven. However, with the overall scale of the CIP needed to reach breakeven, the material level of unidentified CIP and the fact there is considerable uncertainty that the plan can be delivered. The lack of visibility of a clear path to breakeven and the level of concern within the Executive Group and discussions at the last Finance Committee it is proposed to score this risk as 25.
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	20 (5/4)	Whilst the Trust currently has a capital plan that remains within allocations for 22/23, there are significant number of risks that are unaffordable within the current allocation. In addition, there are many schemes and projects required to be delivered within the year 2 to 5 plan that are currently unaffordable within allocations within SWL. It is unlikely that the Trust will be able to undertake all the investments it would like over the next 5 years, however, the trust will have access to significant sums of capital meaning that it will be possible to address critical issues.

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NHS
St George's University Hospitals
NHS Foundation Trust

Meeting Title:	**Council of Governors**		
Date:	22 September 2022	**Agenda No**	**5.1**
Report Title:	**External Auditor Reports 2021/22**		
Lead Director/ Manager:	Andrew Grimshaw, Group Chief Financial Officer		
Report Author:	External Auditor		
Presented for:	Noting and Assurance		
Executive Summary:	The following reports were presented and endorsed at the Audit Committee in June 2022, with recommendations to the Trust Board to approve the reports. The reports were subsequently approved at the Trust Board. - St Georges FT NHS Audit Findings Report 2021-22 FINAL 23.6.2022 - St Georges Auditor's Annual Report 21-22 final to Board		
Recommendation:	The Council of Governors is asked to note the reports.		
Supports			
Trust Strategic Objective:	Balance the books		
CQC Theme:	Well Led		
NHS System Oversight Framework:			
Implications			
Risk:			
Legal/Regulatory:			
Resources:			
Equality and Diversity:			
Previously Considered by:	Audit Committee Trust Board	**Date**	
Appendices:	St Georges FT NHS Audit Findings Report 2021-22 FINAL 23.6.2022 St Georges Auditor's Annual Report 21-22 final to Board		

Grant Thornton

The Audit Findings for St George's University Hospital NHS Foundation Trust

Year ended 31 March 2022

FINAL

June 2022

Contents

Your key Grant Thornton team members are:

Paul Cuttle
Engagement Lead
T 020 7728 2450
E Paul.Cuttle@uk.gt.com

Keith Mungadzi
Senior Manager
T 020 7728 2393
E Keith.Mungadz@uk.gt.com

Lisa Lee
Assistant Manager
T 020 7184 4575
E Lisa.PH.lee@uk.gt.com

The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit planning process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Trust or all weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

1. Headlines

This table summarises the key findings and other matters arising from the statutory audit of St George's University Hospital NHS Foundation ('the Trust') and the preparation of the Trust's financial statements for the year ended 31 March 2022 for those charged with governance.

Financial Statements	
Under International Standards of Audit (UK) (ISAs) and the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to report whether, in our opinion: • The Trust's financial statements give a true and fair view of the financial position of the Trust and it's income and expenditure for the year; and • The Trust's financial statements and Remuneration and Staff report have been properly prepared in accordance with the Department of Health and Social Care (DHSC) group accounting manual 2021/22 (GAM) We are also required to report whether other information published together with the audited financial statements in the Annual Report, is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.	Our audit work was completed during April-June 2022. Our findings are summarised on pages 7 to 13. We have identified no adjustments to the financial statements that have resulted in an adjustment to the Trust's retained surplus position. There is one unadjusted audit difference relating to additions and capital accruals to the value of £11.2m – this is explained in Appendix B and Appendix C. Other audit adjustments are detailed in Appendix D. Our follow up of recommendations from the prior year's audit are detailed in Appendix C. We have concluded that the other information to be published with the financial statements, is consistent with our knowledge of your organisation and the financial statements we have audited. Our audit report opinion will be unmodified.
Statutory duties	
The Local Audit and Accountability Act 2014 ('the Act') also requires us to: • report to you if we have applied any of the additional powers and duties ascribed to us under the Act; and • to certify the closure of the audit.	We expect to certify the completion of the audit upon the completion of our work on the Trust's VFM arrangements, which will be reported in our Annual Auditor's report in June 2022 and the completion of Whole Government Accounts consolidation work.

1. Headlines

Value for Money (VFM) arrangements	
Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are required to report in detail on the Trust's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit. Auditors are required to report their commentary on the Trust's arrangements under the following specified criteria: • Improving economy, efficiency and effectiveness; • Financial sustainability; and • Governance	We have completed our VFM work, which is summarised on page 14 and our detailed commentary is set out in the separate Auditor's Annual Report, which is presented alongside this report. We are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
Significant Matters	We did not encounter any significant difficulties or identify any significant matters arising during our audit.

Acknowledgements

We would like to take this opportunity to record our appreciation for the assistance provided by the finance team and other staff amidst the pressure they were under during these unprecedented times.

2. Financial Statements

Overview of the scope of our audit

This Audit Findings Report presents the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process, as required by International Standard on Auditing (UK) 260 and the Code of Audit Practice ('the Code'). Its contents have been discussed with management and the Audit Committee.

As auditor we are responsible for performing the audit, in accordance with International Standards on Auditing (UK) and the Code, which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities for the preparation of the financial statements.

Audit approach

Our audit approach was based on a thorough understanding of the Trust's business and is risk based, and in particular included:

- An evaluation of the Trust's internal controls environment, including its IT systems and controls;
- Substantive testing on significant transactions and material account balances, including the procedures outlined in this report in relation to the key audit risks

Conclusion

We have completed our audit of your financial statements and will issue an unqualified audit opinion.

2. Financial Statements

Our approach to materiality

The concept of materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law.

Materiality levels remain the same as reported in our audit plan dated 14 February 2022.

We detail in the table to your right our determination of materiality for St George's University NHS Foundation Trust.

	Per Audit Plan (£000's)	Final Audit (£000's)	Qualitative factors considered
Materiality for the financial statements	15,000	15,000	Business environment and external factors
Performance materiality	10,500	10,500	Control environment and quality/accuracy of accounts and working papers provided
Trivial matters	300	300	This is the de-minimum level set by the National Audit Office for Consolidation procedures
Materiality for Senior manager salary and pension tables within the Remuneration Report and related party transactions	50	50	Balances are considered to be sensitive by nature.

2. Financial Statements - Significant risks

Significant risks are defined by ISAs (UK) as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, audit teams consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.

This section provides commentary on the significant audit risks communicated in the Audit Plan.

Risks identified in our Audit Plan	Commentary
Revenue Recognition Under ISA (UK) 240, there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue. Trusts face significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, even with Covid-19 funding, we have considered the rebuttable presumed risk under ISA (UK) 240. The majority of the Trust's revenue is received from CCGs and NHS England for the provision of patient care services. Covid-19 response arrangements do simplify the funding mechanisms in place but there is still a level of estimation of the year-end revenue and receivables position with commissioners which make this a significant risk area for our audit due to the level of estimation uncertainty applying to this area of the financial statements. Whilst we have rebutted the risk in relation to block contract income, we have not deemed it appropriate to rebut the presumed significant risk for material streams of non-block patient care income and other operating revenue, due to the scale of financial pressures experienced by the Trust, which increase the risk of material misstatement from improper revenue recognition. We have therefore identified the occurrence and accuracy of the Trust's income streams and the existence of associated receivable balances as a significant risk.	Work completed: • Evaluated the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual (GAM) 2021/22. • Reviewed the Trust's response to implementation of IFRS 15 'Revenue From Contracts with Customers', as interpreted by GAM 2021/22. • Documented our understanding of the Trust's system for accounting for income from patient care and other operating revenue, and evaluate the design of the associated controls. <u>Patient Care Income</u> • Investigated unmatched revenue and receivable balances over the NAO £0.3m threshold, as per the using the DHSC mismatch report, corroborating the unmatched balances used by the Trust to supporting evidence. • Agreed, on a sample basis, other patient care revenue outside of the block arrangements to supporting documentation. • Agreed the monthly system, ERF and ERF plus income received during the year to supporting evidence. • Evaluated the Trust's estimates and the judgments made by management in order to arrive at the total income from contract variations recorded in the financial statements. <u>Other Operating Revenue</u> • Agreed on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence. **Findings** Our work has not identified any material issues in relation to this risk.

2. Financial Statements - Significant risks

Risks identified in our Audit Plan	Commentary
Management override of controls Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Trust faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance. We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk requiring special audit consideration.	Work completed: • Evaluated the design effectiveness of management controls over journals. • Analysed the journals listing and determine the criteria for selecting high risk unusual journals. • Tested unusual journals made during the year and after the draft accounts stage for appropriateness and corroboration. • Gained an understanding of the accounting estimates and critical judgements applied made by management and consider their reasonableness. • Evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions. **Findings** Our work has not identified any material issues in relation to this risk.
Fraud in expenditure recognition As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may be greater than the risk of fraud related to revenue recognition. There is a risk the Trust may manipulate expenditure to meet externally set targets and we have regard to this when planning and performing our audit procedures. Management could defer recognition of expenditure by under-accruing for expenses that have been incurred during the period but which were not paid until after the year-end or not record expenses accurately in order to improve the financial results. Conversely, in 2020/21 there were examples of NHS bodies over-accruing to reach a predetermined outturn position due to the change in funding arrangements.	Work completed: • Inspected transactions incurred around the end of the financial year to assess whether they had been included in the correct accounting period. • Walked through the accounts payable system controls and process for accounting for expenditure and accruing expenditure. • Inspected a sample of accruals made at year end for expenditure but not yet invoiced to assess whether the valuation of the accrual is consistent with the value billed after the year. We also compared listings of accruals to the previous year to ensure completeness of accrued items. • Investigated manual journals posted as part of the year end accounts preparation that changes expenditure to assess whether there is appropriate supporting evidence for the reduction in expenditure. **Findings** Our work has not identified any material issues in relation to this risk.

2. Financial Statements - Significant risks

Risks identified in our Audit Plan	Commentary
Valuation of land and buildings The Trust undertakes a formal revaluation its land and buildings on an annual basis to ensure that the carrying value is not materially different from the current value at the financial statements date. This valuation represents a significant estimate by management in the financial statements. Management has engaged the services of a valuer to estimate the current value as at 31 March 2022. The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions. We therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement, and a key audit matter.	Work completed: • Evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work. • Evaluated the competence, capabilities and objectivity of the valuation expert. • Written to the valuer to confirm the basis on which the valuations were carried out. • Challenged the information and assumptions used by the valuer to assess completeness and consistency with our understanding. • Engaged our own valuer to assess the instructions to the Trust's valuer, the Trust's valuer's report and the assumptions that underpin the valuation. • Tested, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register. • Evaluated the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value. **Findings** Our work has not identified any material issues in relation to this risk.

2. Financial Statements – key judgements and estimates

This section provides commentary on key estimates and judgements inline with the enhanced requirements for auditors.

Significant judgement or estimate	Summary of management's approach	Audit Comments	Assessment
Land and Building valuations – £309m	Land and buildings compromise approximately £243m of specialised assets such as the St George's hospital site, which are revalued to be valued at depreciated replacement cost (DRC) at year end, on a modern equivalent asset basis. Management has determined the amount of space and location required for ongoing service delivery in light of current and projected service needs and has instructed the valuer accordingly. The remainder of land and buildings are not specialised in nature and are required to be valued in existing use value (EUV) at year end. The Trust has engaged with its external valuer, Gerald Eve, to complete the valuation of properties as at 31 March 2022. Approximately 99% of total land and buildings were revalued at 31 March 2022, as part of the desktop valuation exercise on a five yearly cyclical basis. The total year end valuation of land and buildings was £309m, a net increase of £9m from 2020/21 (£301m). The Trust has included in its accounting policies that the valuation of the estate contains estimation uncertainty to highlight this to the reader.	From the work performed: • We are satisfied with the competency, capability and expertise of the management's expert used to inform the estimate. • We have verified that there has been no significant changes applied in the method and judgments in comparison to pervious years. • We are satisfied with the use of alternative site assumption is appropriate. • We have verified that the accounts are consistent with the valuer's report. • We have assessed the consistency of estimate against market data available. • We have employed an auditor's expert in order to assess the reasonableness of the data used by the valuer. • From the above, we are satisfied with the adequacy of disclosure of the estimate within the financial statements in line with the revised ISA540 requirements. • As part of our audit work, we have requested management enhance their disclosure regarding Note 1.27 sources of estimation uncertainty. Management have added further disclosure in line with the requirements of IAS 1.25. • The disclosure of Note 14 i.e. impairment line should be disaggregated further to provide context to the reader on impact of revaluation movements. We are satisfied that the estimate of your land and buildings valuation is not materially misstated.	

Assessment

- [Purple] We disagree with the estimation process or judgements that underpin the estimate and consider the estimate to be potentially materially misstated
- [Blue] We consider the estimate is unlikely to be materially misstated however management's estimation process contains assumptions we consider optimistic
- [Grey] We consider the estimate is unlikely to be materially misstated however management's estimation process contains assumptions we consider cautious
- [Light Purple] We consider management's process is appropriate and key assumptions are neither optimistic or cautious

2. Financial Statements - other communication requirements

We set out below details of other matters which we, as auditors, are required by auditing standards and the Code to communicate to those charged with governance.

Issue	Commentary
Matters in relation to fraud	We have previously discussed the risk of fraud with the Audit Committee. We have not been made aware of any significant incidents in the period and no other issues have been identified during the course of our audit procedures.
Matters in relation to related parties	We are not aware of any related parties or related party transactions which have not been disclosed
Matters in relation to laws and regulations	You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work.
Accounting practices	We have evaluated the appropriateness of the Trust's accounting policies, accounting estimates and financial statement disclosures.
Written representations	A letter of representation has been requested from the Trust, which is included in the Audit Committee papers.
Confirmation requests from third parties	We requested from management permission to send a confirmation request to your bank. This permission was granted and the requests were sent. We received positive confirmation from the Trust's bank.
Audit evidence and explanations/ significant difficulties	All information and explanations requested from management were provided.

2. Financial Statements - other communication requirements

Our responsibility

As auditors, we are required to "obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity's ability to continue as a going concern" (ISA (UK) 570).

Issue	Commentary
Going concern	In performing our work on going concern, we have had reference to Statement of Recommended Practice – Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2020). The Financial Reporting Council recognises that for particular sectors, it may be necessary to clarify how auditing standards are applied to an entity in a manner that is relevant and provides useful information to the users of financial statements in that sector. Practice Note 10 provides that clarification for audits of public sector bodies. Practice Note 10 sets out the following key principles for the consideration of going concern for public sector entities: • the use of the going concern basis of accounting is not a matter of significant focus of the auditor's time and resources because the applicable financial reporting frameworks envisage that the going concern basis for accounting will apply where the entity's services will continue to be delivered by the public sector. In such cases, a material uncertainty related to going concern is unlikely to exist, and so a straightforward and standardised approach for the consideration of going concern will often be appropriate for public sector entities • for many public sector entities, the financial sustainability of the reporting entity and the services it provides is more likely to be of significant public interest than the application of the going concern basis of accounting. Our consideration of the Trust's financial sustainability is addressed by our value for money work, which is covered elsewhere in this report. Practice Note 10 states that if the financial reporting framework provides for the adoption of the going concern basis of accounting on the basis of the anticipated continuation of the provision of a service in the future, the auditor applies the continued provision of service approach set out in Practice Note 10. The financial reporting framework adopted by the Trust meets this criteria, and so we have applied the continued provision of service approach. In doing so, we have considered and evaluated: • the nature of the Trust and the environment in which it operates • the Trust's financial reporting framework • the Trust's system of internal control for identifying events or conditions relevant to going concern • management's going concern assessment. On the basis of this work, we have obtained sufficient appropriate audit evidence to enable us to conclude that: • a material uncertainty related to going concern has not been identified • management's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

2. Financial Statements - other responsibilities under the Code

Issue	Commentary
Other information	We are required to give an opinion on whether the other information published together with the audited financial statements (including the Annual Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. No inconsistencies have been identified. We plan to issue an unmodified opinion in this respect.
Auditable elements of Remuneration Report and Staff Report	We are required to give an opinion on whether the parts of the Remuneration and Staff Report subject to audit have been prepared properly in accordance with the requirements of the Act, directed by the Secretary of State with the consent of the Treasury. We have audited the elements of the Remuneration Report and Staff Report , as required by the Code. We identified a number of misstatements, which management agreed to amend. We propose to issue an unqualified opinion.
Matters on which we report by exception	We are required to report on a number of matters by exception in a number of areas: • The Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual reporting manual 2021/22 or is misleading or inconsistent with the information of which we are aware from our audit, • The information in the annual report is materially inconsistent with the information in the audited financial statements or apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit, or otherwise misleading. • If we have applied any of our statutory powers or duties. We have nothing to report by exception.
Review of accounts consolidation schedules and specified procedures on behalf of the group auditor	We are required to give a separate audit opinion on the Trust accounts consolidation schedules and to carry out specified procedures (on behalf of the NAO) on these schedules under group audit instructions. In the group audit instructions the Trust was selected as a non-sampled component. We are in the process of undertaking this work. At this stage we do not have any findings to report.
Certification of the closure of the audit	We intend to certify the closure of the 2021/22 audit of **St George's University Foundation Trust** in the audit report.

3. Value for Money arrangements

Approach to Value for Money work for 2021/22

The National Audit Office issued its guidance for auditors in April 2020. The Code requires auditors to consider whether the body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

When reporting on these arrangements, the Code requires auditors to structure their commentary on arrangements under the three specified reporting criteria.

Improving economy, efficiency and effectiveness

Arrangements for improving the way the body delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

Financial Sustainability

Arrangements for ensuring the body can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years)

Governance

Arrangements for ensuring that the body makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the body makes decisions based on appropriate information

Potential types of recommendations

A range of different recommendations could be made following the completion of work on the body's arrangements to secure economy, efficiency and effectiveness in its use of resources, which are as follows:

Key recommendation

The Code of Audit Practice requires that where auditors identify significant weaknesses in arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the body. We have defined these recommendations as 'key recommendations'.

Improvement recommendation

These recommendations, if implemented should improve the arrangements in place at the body, but are not made as a result of identifying significant weaknesses in the body's arrangements

3. VFM - our procedures and conclusions

We have completed our VFM work and our detailed commentary is set out in the separate Auditor's Annual Report, which is presented alongside this report.

As part of our work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. The risks we identified are detailed in the table below, along with the further procedures we performed and our conclusions / We did not identify any risks of significant weakness (delete table). We are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Criteria	Risk Assessment	Conclusion
Financial sustainability	At the planning stage of our audit we did not identify a significant weakness because planning guidance had not been issued and it was unclear what the financial arrangements would be for 2022/23. We updated our assessment based on the release of planning guidance and the submissions the Trust has made in relation to its 2022/23 plans. We concluded there was a potential risk of significant weakness in relation to the Trust's arrangements to adhere to the financial architecture for 2022/23 and plan for longer-term financial sustainability.	We concluded there are no significant weaknesses in arrangements but improvement recommendations have been made and we note the challenges the Trust faces in the next 12 months in terms of delivering a deficit budget with unidentified CIPs schemes and pressure on cash balances. Management are aware of the challenges and are reporting the position to the Board and engaging with NHSE/I on potential actions. We will review the Trust's financial performance arrangements at month six of 2022/23 focusing in particularly on whether a fully identified CIP programme is in place and reported against and that there is no adverse position on cash balances that could lead to the Trust running out of working capital. Not all prior year recommendations have been fully implemented and will be followed up in 2022/23.
Governance	No risks of significant weakness identified	No significant weaknesses in arrangements but improvement recommendations made. We note one recommendation from the prior year have not been fully implemented and will be followed up in 2022/23.
Improving economy, effectiveness and efficiency	No risks of significant weakness identified	No significant weaknesses in arrangement or improvement recommendations made. We note two recommendations from the prior year have not been fully implemented and will be followed up in 2022/23.

4. Independence and ethics

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Financial Reporting Council's Ethical Standard and confirm that we, as a firm, and each covered person, are independent and are able to express an objective opinion on the financial statements

We confirm that we have implemented policies and procedures to meet the requirements of the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements.

Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in December 2019 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

Details of fees charged are detailed in Appendix D

Transparency

Grant Thornton publishes an annual Transparency Report, which sets out details of the action we have taken over the past year to improve audit quality as well as the results of internal and external quality inspections. For more details see Transparency report 2021 (grantthornton.co.uk)

Appendices

A. Action plan – Audit of Financial Statements

We have not identified any recommendations for the Trust as a result of issues identified during the course of our audit.

Controls

- High – Significant effect on control system
- Medium – Effect on control system
- Low – Best practice

B. Other findings

This section provides commentary on additional issues which were identified during the course of the audit that were not previously communicated in the Audit Plan and a summary of any significant deficiencies identified during the year.

Issue	Commentary	Auditor view
NHS Shared Business Services (SBS) System of Control The Trust uses SBS services for some of its Payroll Functions. The control environment of SBS is reviewed independently each year by independent auditors who give an opinion on whether the controls have operated as intended.	We have received the following Service Auditor Reports for NHS Shared Business Services Limited for Electronic Staff Record Programme (ESR) ISAE 3000 Type II Controls Report. The service auditor report for SBS for 2021/22 is a qualified report in relation to: In the Service Organisation's Management Statement in Section 2 and as noted in Section 6 of the report, the controls necessary to ensure that access to the development and production areas of the NHS hub was controlled and appropriately restricted, were not in place from 1 April 2021 to 6 June 2021 but were implemented on 7 June 2021. As a result, there were insufficient logical access controls in place to appropriately restrict access to the development and production area of the NHS hub for part of the reporting period and therefore controls were not suitably designed to achieve Control Objective 2 “Controls provide reasonable assurance that security configurations are created, implemented and maintained to prevent inappropriate access” during the period 1 April 2021 to 6 June 2021.	We note this matter so that the Audit Committee is aware of the deficiency in controls. We have assessed these issues for our audit work and concluded that our audit approach has provided appropriate and sufficient audit evidence.
ITU modular build addition and accrual The Trust has recognised a capital addition of £11.2m relating to components associated with the modular build of the new ITU facility. The asset had not been paid for as at 31 March 2022 the Trust recognised a capital accrual in the balance sheet. As at the 31 March 2022, the asset was located in the suppliers factory in the Netherlands. At the time of issuing this report the asset remains at the suppliers site and the balance accrued has not been paid by the Trust.	The Trust is of the view the capital addition satisfies the requirements of IAS 16 as it is probable that the future economic benefits associated with the asset will flow to the Trust, and the cost of the asset can be measured reliably. The assets in questions are individually identifiable within the Vanguard warehouse which the Trust has evidenced, as part of the ITU expansion project. This asset is under construction in their warehouse, before being bought to site for final construction and installation, in line with modern building methods. Vanguard hold insurance for items within their warehouse, mitigating the Trusts risk should anything happen to the assets, with the Trust liable for any excess associated with this asset held in the Vanguard warehouse. Therefore the Trust is satisfied that the risk and reward of ownership sits with the Trust, and therefore has accounted for these items as an asset under construction inline with accounting standards.	Our assessment of the evidence provided by the Trust is the risks and rewards sit with the supplier rather than the Trust and therefore it would not be appropriate to recognise an asset and a capital accrual as at 31 March 2022 in accordance with the Group Accounting Manual and underlying accounting standard (IAS16). As the Trust is of the view the requirements of the Group Accounting Manual and underlying accounting standard (IAS16) have been met and the value of the accrual is immaterial it has not adjusted the financial statements. Consequently we’ve reported an unadjusted audit difference in Appendix D and have requested management representation on this matter.

C. Follow up of prior year recommendations

We identified the following issues in the audit of St George's University Hospital Foundation Trust's 2020/21 financial statements, which resulted in 2 recommendations being reported in our 2020/21 Audit Findings report. We have followed up on the implementation of our recommendations below.

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
✓	Whilst reviewing the Assets not Revalued, we noted that the Trust holds assets which have not been formally revalued by its external valuers, Gerald Eve, for a number of years. We recommend that the Trust should revisit and review these assets not revalued to ensure that they are satisfied with their valuation.	The value of assets not revalued for 2021/22 is highly immaterial and as such we are satisfied management has completed this action.
✓	The register should be reviewed (yearly) and updated to remove assets no longer in use and ensure useful lives are updated where necessary.	The Trust commenced the FAR review of nil net book value assets and this is now part of its annual exercise going forward.

Assessment

✓ Action completed

X Not yet addressed

D. Audit Adjustments

We are required to report all non trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

No adjusted misstatements were identified that impact the primary statements.

Impact of unadjusted audit differences

The table below provides details of adjustments identified during the 2021/22 audit which have not been made within the final set of financial statements. The Audit Committee is required to approve management's proposed treatment of all items recorded within the table below.

Detail	Statement of Comprehensive Net Income	Statement of Financial Position	Impact on adjusted net surplus/ (deficit)	Reason for not adjusting
ITU modular build addition and accrual The Trust has recognised a capital addition and capital accrual relating to this project. Our assessment of the evidence provided by the Trust is the risks and rewards sit with the supplier rather than the Trust and therefore it would not be appropriate to recognise an asset and a capital accrual as at 31 March 2022 in accordance with the Group Accounting Manual and underlying accounting standard (IAS16).	Nil	Dr trade and other payables - £11.2m Cr property, plant and equipment - £11.2m	Nil	Management's view is the risk and reward have transferred to the Trust and the value of the transaction is immaterial to the financial statements.
Overall impact	**£Nil**	**£Nil**	**£Nil**	

D. Audit Adjustments

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

Disclosure omission	Auditor recommendations	Adjusted?
Statement of Comprehensive Income	The Statement of Comprehensive Income included the adjusted financial performance (control total basis), which does not form part of the primary statements. Management have agreed to remove this information from the face of the primary statement .	✓
Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted	The Trust has made a number of amendment to the IFRS 16 disclosure table to include the impact of lease liabilities (previously excluded) and have further enhanced the narrative relating to Public Finance Initiative (PFI disclosure)	✓
Note 1.26 Critical Judgements	The Trust has reviewed the critical judgements included within the draft accounts and have concluded these do not meet the requirements of the International Accounting Standard IAS 1. The Trust have removed the Land Valuation disclosure	✓
Note 1.27 Sources of Estimation Uncertainty	The Trust has reviewed the Sources of estimation Uncertainty disclosure included within the draft accounts and have concluded these do not meet the requirements of the International Accounting Standard IAS 1. The following narratives relating to impairment of receivables and useful lives estimates have been removed. Management have enhanced the disclosure relating to valuation of land and building to include the impact of BCIS costs and sensitivity analysis.	✓
Note 3.1 Other Clinical Income	The Clinical income line within the note 3.1 has been amended from the draft accounts amount of £5,906k to £6,455k.	✓
Note 6.1 Operating Expenditure (Audit Fee)	Management has agreed to add the audit fee table figures underneath Note 6 Operating Expenditure. This had been omitted in the first draft presented for audit. The amended audit fee disclosed in the note, now agrees to the Audit Findings Report	✓
Note 7 Impairments of assets	The note disclosure of Note 7 Impairments of assets was misstated. Management have agreed to amend the Note and separately disclosed the revaluation increases charged to the revaluation reserve and the impairments also charged to the revaluation reserve. This also impacts the net impairments total at the bottom.	✓
Note 10 Operating Leases Disclosure	The operating leases disclosure for 21/22 was incorrectly stated in the draft accounts. Management have now corrected the later than 5 line in the financial statements	✓
Note 14 Property Plant and Equipment and Note 13 Intangible Assets	Management have amended note 14 and note 13 closing gross book values and the closing accumulated depreciation as a result of the derecognition of £63m of assets with nil net book value. This misstatement does not impact the primary statement.	✓
Note 14 Property Plant and Equipment	The Assets Under Construction category within the draft accounts was understated by £425k and Plant, and Machinery was overstated by £425k. Management have agreed to amend the account for this misstatement. No impact on SOFP	✓
Note 14 Property Plant and Equipment	The Group Accounts Manual 4.186, requires NHS bodies that have a formal revaluation that the accumulated depreciation is zeroed out. The Trust did not zero out the deprecation for the financial year 21/22 (£9,044k) and the previous year (£9,044k). Management has agreed to make the correction of the opening balance on the cumulative depreciation and zero this in year as not material and does not meet the requirements of IAS 8. The 2021/22 depreciation has also been zeroed out to be compliant with the financial reporting framework.	✓

D. Audit Adjustments

Disclosure omission	Auditor recommendations	Adjusted?
Various (Presentation and Disclosure Amendments) including the Annual Report	The draft accounts presented for audit had a number of incomplete notes which were subsequently corrected. There were also some presentational and disclosure amendments to various notes that were identified within the financial statements, none of which are large to require reporting separately. All of these have also been amended by the Trust in the revised financial statements.	✓

E. Fees

We confirm below our proposed fees charged for the audit.

Audit fees	Proposed fee	Final fee
Trust Audit	£93,750	£93,750
Total Fees	£93,750	£93,750

There were no other non-audit or audited related services that have been undertaken for the Trust.

The fees reconcile to the financial statements. The fees per the financial statements Note 6.1 is a total of £113k including Value Added Tax of 20% on the £93.7k

Fees per financial statements

Audit Fees	Amount
Proposed Fee (excluding VAT)	£93,750*
Value Added Tax (20%)	£18,750
Total including VAT	£112,500**

* Reconciles to the proposed audit fee.

**Rounded to £113k.

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Auditor's Annual Report on St George's University Hospitals NHS Foundation Trust

2021/22

June 2022

Contents

We are required under Schedule 10 paragraph 1(d) of the National Health Service Act 2006 to satisfy ourselves that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the National Audit Office (NAO) requires us to report to you our commentary relating to proper arrangements.

We report if significant matters have come to our attention. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Trust or all weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

Executive summary

Value for money arrangements and key recommendation(s)

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The auditor is no longer required to give a binary qualified / unqualified VFM conclusion. Instead, auditors report in more detail on the Trust's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the Trust's arrangements under specified criteria. As part of our work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Our consideration of this is included within each the three themes noted. Our conclusions are summarised in the table below.

Criteria	Risk Assessment	Conclusion
Financial sustainability	At the planning stage of our audit we did not identify a significant weakness because planning guidance had not been issued and it was unclear what the financial arrangements would be for 2022/23. We updated our assessment based on the release of planning guidance and the submissions the Trust has made in relation to its 2022/23 plans. We concluded there was a potential risk of significant weakness in relation to the Trust's arrangements to adhere to the financial architecture for 2022/23 and plan for longer-term financial sustainability.	We concluded there are no significant weaknesses in arrangements but improvement recommendations have been made and we note the challenges the Trust faces in the next 12 months in terms of delivering a deficit budget with unidentified CIPs schemes and pressure on cash balances. Management are aware of the challenges and are reporting the position to the Board and engaging with NHSI/E on potential actions but are in a difficult position when there is such uncertainty in sector. A further iteration of the plan is now required by NHSEI from systems and providers and is due by 20 June 2022, it is anticipated that there will be a focus on all systems coming back into balance for the June submission and therefore improvement to the existing planned position is expected. We will review the Trust's financial performance arrangements at month six of 2022/23 year focusing in particularly on whether a fully identified CIP programme is in place and reported against and that there is no adverse position on cash balances that could lead to the Trust running out of working capital. Not all prior year recommendations have been fully implemented and will be followed up in 2022/23.
Governance	No risks of significant weakness identified	No significant weaknesses in arrangements but improvement recommendations made. We note one recommendation from the prior year have not been fully implemented and will be followed up in 2022/23.
Improving economy, effectiveness and efficiency	No risks of significant weakness identified	No significant weaknesses in arrangement or improvement recommendations made. We note two recommendations from the prior year have not been fully implemented and will be followed up in 2022/23.

Commentary on the Foundation Trust's arrangements

All Foundation Trusts are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. The Trust's responsibilities are set out in Appendix A.

Foundation Trusts report on their arrangements, and the effectiveness of these arrangements as part of their annual governance statement.

Under Schedule 10 of the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The National Audit Office's Auditor Guidance Note (AGN) 3, requires us to assess arrangements under three areas:

Financial Sustainability

Arrangements for ensuring the Trust can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).

Governance

Arrangements for ensuring that the Trust makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the Foundation Trust makes decisions based on appropriate information.

Improving economy, efficiency and effectiveness

Arrangements for improving the way the Trust delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

Our commentary on each of these three is set out on pages 5 to 15. Further detail on how we approached our work is included in the Executive Summary.

Financial sustainability

We considered how the Foundation Trust:

- identifies all the significant financial pressures it is facing and builds these into its plans
- plans to bridge its funding gaps and identify achievable savings
- plans its finances to support the sustainable delivery of services in accordance with strategic and statutory priorities
- ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning
- identifies and manages risk to financial resilience, such as unplanned changes in demand and assumptions underlying its plans.

Overview

2021/22 has continued to be an exceptional year in terms of financial planning and performance with funding being received to aid trusts to work towards breakeven positions allowing them to focus on COVID-19. Funding arrangements have changed looking forwards and as such financial sustainability is once again a priority for the sector.

Overall, the Trust has performed ahead of its financial target for the year as a result of the funding arrangements in place, however an underlying pre-pandemic deficit and ongoing cost pressures continue to be a challenge for the Trust. The 2022/23 plan has been developed and submitted to NHSI/E proposes a deficit position planned for the year. Although the proposed deficit has decreased in each iteration of the draft achievement is reliant on a significant level of savings. The Trust does not have sufficient cash reserves, based on current plans, to provide sufficient contingency for any slippage or risk to the plan. The Trust is currently in discussions with NHSI/E in order to find a solution to this issue and therefore arrangements are ongoing. At the time of reporting, there is insufficient evidence to determine whether there is a weakness in arrangements around the 2022/23 financial plan given it is early in the year. Therefore, we plan to review arrangements in six months when there is evidence to support the progress against the 2022/23 plan.

2021/22 Performance

In 2021/22, the majority of the Trust's income was received from its commissioners in the form of block contract arrangements, the funding envelopes which determined the level of funding received by each Trust were agreed by the South West London Integrated Care System (SWL ICS). The Trust has also received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services through the pandemic. The aim of this funding regime was to allow the sector to focus on the response to the pandemic and be funded to a breakeven position to support this aim.

At year end the Trust has reported a £7.2m deficit per the accounts, however once the impact of accounting adjustments are removed the outturn position as reported to Board is a surplus position of £118k. The Trust was set a target for the year of £5m deficit, however the overall expectation within the sector is that Trusts should breakeven as a result of the funding mechanisms in place. As such the Trust has performed in line with expectation and under the COVID-19 funding regime has demonstrated that it has sufficient income to cover its expenditure. Although it should be noted additional financial support from the system was required to enable the Trust to breakeven, in addition to the national funding regime.

Performance of a Trust is also reflected by the NHS Single Oversight Framework (SOF). NHS England and NHS Improvement (NHSEI) have allocated trusts and ICSs to one of four 'segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). The Trust has been included in segment 2 which provides positive assurance that they are deemed to require a lower level of support. The segmentation decision includes factors such as governance arrangements, financial performance and quality of services and therefore confirms that the Trust has appropriate arrangements across these areas for 21/22 since the segmentation decision was implemented in July 21. This demonstrates that the Trust has continually improved up until this point in relation to these areas following the historic inclusion in the Financial Special Measures regime, from which it was removed in 2019.

Financial sustainability

2022/23 Financial Plan

As per the 2022/23 planning guidance the Trust was required to submit, via the ICS, a draft financial plan 17th March 22 and a final plan 28th April 22, these deadlines were appropriately complied with and there was a strong level of liaison with the ICS throughout to ensure that assumptions were aligned and plans submitted as required. The Trust submitted an initial draft plan of a deficit of £81m which contributed to a system level deficit of £189m. Both were considered to be significant when compared to other trusts and systems in the London region. Following ongoing discussion, additional efficiencies committed to and updated assumptions on income and expenditure the Trust was able to submit a final plan of £50.8m which has contributed to a reduction on the ICS level deficit, now sitting at £145m. A further iteration of the plan is now required by NHSEI from systems and providers and is due on the 20th June 2022. This is expected to include notification of additional inflation funding, which will further reduce the current plan deficit, but the value of the inflation funding is not yet confirmed to systems. It is anticipated that there will also be a focus on all systems coming back into balance for the June submission.

The underlying recurrent financial position, removing all one-off funding sources, was £57m pre-pandemic. This has increased to £132.8m at the end of 2021/22 prior to any mitigations identified by the Trust and assumptions in relation to 2022/23 funding were accounted for. As such the 2022/23 planned deficit is an improvement on the underlying position. However, there is no evidence of a sustained and embedded plan to reduce the deficit further over time as there has been limited progress on medium term financial planning beyond 22/23. The 22/23 plan finalised in April 22 is a key building block in developing this medium term view, the planning guidance has only been released for one year and completed in early 22/23. As such the Trust has complied with the guidance in producing its business plan and has taken steps to fully understand its underlying deficit, the Trust therefore has the information available and has undertaken the work necessary to produce a medium term plan but there are inherent risks to both the income and expenditure position that could increase the gap if materialised. Therefore, the Trust is planning to revisit the medium term plan in early 2022/23 in order to benefit from reduced uncertainty in assumptions. This is a similar situation across the sector, as such the Trust is not an outlier.

The Trust has identified several risks which could impact the ability to achieve the proposed financial position. There are uncertainties which are commonplace within the sector that we would expect the Trust to have identified and these include inability to reduce COVID-19 costs as planned, delivery of planned savings less than expected, inability to achieve the level of activity required to achieve Elective Recovery Funding (ERF) and inflation on costs exceeding inflation included in national funding. We reviewed the risks and have noted there there is limited consideration at this point in the planning process regarding actions to deliver against the unidentified savings targets, and therefore the risk associated with this. In addition ,although appropriate risks have been identified, there is limited evidence of the impact of these being estimated in monetary terms. As such we would recommend that the Trust revisits risks to the plan in full on an ongoing basis to ensure they are complete, undertake work to estimate the impact and develop clear mitigations for each. This will improve transparency of the risks and ability to monitor progress against the risk throughout the year. (Recommendation A)

All other assumptions in the plan have also been agreed as appropriate and in line with the planning guidance, the environment the Trust faces and local discussions with the ICS. As such there has been no further risk, over and above that identified by the Trust (and our points made on potential omissions), to the plan identified in our work.

Consideration has been given to the reserves the Trust holds as a contingency to support the deficit. The Trust undertake regular monitoring of the cash position and report this monthly via the finance report. The Trust will enter 2022/23 with £68m at the start of April 22, however in order to support the £50.8m deficit plan the Trust is anticipating cash reserves reducing to £3m at the end of March 23. Cashflow forecasting suggests that there is an average of £5.5m monthly outflow (although this is variable each month) which would result in the Trust not having sufficient cash to support the Trust beyond March 23. In addition, the Trust has identified several risks to the plan and although there is limited information on the estimated value of these, any additional risk or under delivery on planned savings could not be supported by the cash reserves held. We are aware that the Trust has initiated discussions with the local health system and NHSE/I in order to identify a solution and therefore arrangements remain ongoing at year end. It is vital that a solution to the Trust's cashflow is identified in order for the Trust to remain financially viable beyond 2022/23. Therefore we will re-review whether there is a weakness in the Trust's arrangements in six months time. At that stage, if cashflow is progressing below expectation, the Trust is performing behind its planned financial position, or any risks to the plan are materialising and unmitigated (such as CIPs remaining unidentified or not delivering as planned), then there could be evidence to suggest a weakness exists.

Financial sustainability

Each iteration of the financial plan has been presented to the Finance and Investment Committee and there is evidence of a good level of discussion at each meeting. The documentation presented to the Committee is detailed with several appendices which clearly identifies issues driving the deficit position, changes since the last iteration and input from discussion via the ICS. The Committee has also been updated on how the Trust's position feeds into the overall ICS proposed plan. As noted in our governance work the reporting structure is robust and as such the oversight of the plan has been comprehensive.

Cost Improvement Plans (CIPs)

COVID-19 has meant the Trust has received additional funding in 2020/21 and 2021/22 to deliver a balanced budget and as such has not been required by NHS guidance to develop and track performance against a Cost Improvement Programme (CIP) as it would have been prior to the pandemic. In 2019/20 the Trust delivered £42.8m of savings via CIPs which was £3m below the £45.8m target set by the Trust, as such it achieved 94% of its original target. Although this is a contributor to the pre-pandemic underlying deficit, a driver in the planned 2022/23 deficit position, the under delivery was relatively small compared to the underlying deficit and level expenditure in that year. Given that the Trust now faces different operational pressures than in 2019/20, as COVID-19 pressures will need to be managed on a continual basis, prior years are not a reliable source of evidence on savings performance.

The 2022/23 planning guidance expects that Trust will need to make cost savings by developing CIPs in 22/23. The Trust's 2022/23 plan therefore includes £58.2m of CIPs which need to be made for achievement of the £50.8m deficit position. The level of CIPs has increased with each iteration of the plan and discussion with the ICS has led to stretching targets for all providers in the system. The target for the Trust represents 5.5% of total expenditure (4.5% of operating expenditure) and is greater than the total deficit position proposed. As such the target is deemed to be a significant challenge.

Upon submission of the final 2022/23 plan the Trust has assumed that 73% of the CIPs will be delivered recurrently, this is positive in terms of financial sustainability as this means the benefits of the efficiencies will impact more than one financial year, therefore reducing pressures to find additional savings in future years. Of the £58.2m of CIPs the Trust has been able to identify £45.5m at a high level, however there is limited evidence of individual projects plans in place for these identified schemes at the start of 2022/23 and as such there is limited assurance as to reliability of savings plans. Information provided suggests that the Trust is profiling the development of unidentified savings schemes into the latter part of the financial year. From our experience one of the most common causes of not meeting a CIP target by year end is the fact that schemes are unidentified at the start of the year. A high level of unidentified schemes in the first quarter means the Trust has a shorter time frame with which to take the necessary actions to achieve the savings required. It will be important there is no slippage in the savings plan to minimise the risk in the financial plan, as we have noted the Trust does not have sufficient reserves to respond to the risk. Therefore, we recommend that the Trust maximises the probability of the full savings target included in the 2022/23 financial plan by prioritising identification of £12.7m of unidentified savings early in the financial year, as well as ensuring that detailed project plans are in place for already identified savings. (Recommendation B)

The financial management culture at the Trust ensures that divisions are actively engaged in the process of developing and delivering savings. Divisional teams are encouraged and expected to develop their own CIPs and then work to deliver them autonomously. Divisions are supported in developing their CIPs by the Director of Financial Improvement using reliable sources of information, such as get It Right First Time (GIRFT) metrics and Model Hospital, on potential productivity and efficiency opportunities to allow CIPs to focus in the areas where the most benefit may be achieved. Under regular circumstances savings monitoring is undertaken through a fortnightly divisional review meeting between the Director of Finance and the divisional leads. Formal monitoring of CIPs by the decision makers at the Trust is usually undertaken via the finance report taken to Executive, Finance and Investment Committee and Board. For 2021/22 as there has been limited evidence of reporting and CIP development due to there not being a requirement to have schemes in place to meet the financial target. However, prior to the pandemic, the established process for monitoring savings was deemed to be comprehensive. The CIP target for 2022/23 is substantial and has some associated risk, therefore it will be paramount that performance continue to be monitored by the established process and finance reports are updated to ensure that there is sufficient oversight at the top tier of the organisation. It is important tracking is undertaken at individual project level or division level so that underachieving schemes can easily be identified and actions taken in a timely manner. It is our understanding that the rigour previously observed in monitoring savings is expected to be re-instated in 2022/23 and therefore will be assessed in our 2022/23 audit.

Financial sustainability

Capital

The Trust reported on its capital programme throughout 2021/22 via the monthly finance report, the same level of detail was reported to both Finance and Investment Committee and Board. This ensures that decision makers have information on capital by categories of spend, and scheme level where projects benefit the system. Year to date performance, full year budget and expected year end position are clear in the reporting and therefore decision makers have sufficient information to identify and take action on variances easily. The Trust has a capital plan for the 2021/22 financial year of £67m, of which it spent £65.8m. The variance of £1.2m is due to one specific diagnostics project that has under delivered and therefore is not a pervasive issue suggestive of weaknesses in the capital management process. 1.7% slippage on a £67m plan not deemed to be a significant pressure on future years. The Trust had an initial plan of £56m however updated its reporting over the year to account for additional investments made possible as a result of Target Investment Funding (TIF) and additional Public Dividend Capital (PDC) outside of its initial capital allocation. This demonstrates effective capital planning, as although £1.2m of the plan has not been achieved the Trust has quickly mobilised additional schemes to take advantage of additional funding and undertaken more work for the benefit of service users.

The Trust takes a risk based approach to capital planning and for 2022/23 has submitted a capital programme of £69.4m from known capital allocation, internal funds and external funding. The Trust has produced a plan in line with the capital allocation agreed with the ICS for 2022/23 with a further £41m of unfunded schemes, and £3m of other requests that are incomplete schemes. Unfunded schemes are risk based, i.e. if there is any slippage or additional funding available the completion of these schemes is prioritised according to need and impact This prioritisation process is commonplace amongst large acute Trusts and seen as effective capital management, it avoids the need to postpone or cancel inflight schemes which would be a bigger risk to finances (due to loss of sunk costs or penalty clauses in contracts for example) and service.

Governance

We considered how the Foundation Trust:

- monitors and assesses risk and gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud
- approaches and carries out its annual budget setting process
- ensures effectiveness processes and systems are in place to ensure budgetary control
- ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency
- monitors and ensures appropriate standards.

Overview

Governance is the system by which the organisation is controlled and monitored to ensure that decisions can be made effectively and the relevant people within the organization held to account.

Our work in the prior year established the Trust had an appropriate governance framework, policies and procedures in place. For 2021/22, the risk management process and strategy remains largely consistent with the prior year and arrangements in terms of committee structure, reporting via those structures, policies and procedures and assurance processes remain the same. The key change in governance arrangements for 2021/22 relates to the implementation of a shared management structure, which now includes the Trust Chair, Chief Executive and Senior Executive, with Epson St Helier University Hospital NHS Trust (ESH).

Overall we have not identified any weaknesses in governance arrangements for 21/22, however we have identified some potential improvements that could be made in order to ensure the Trust is demonstrating best practice in this area.

Risk Management

The Trust's risk management arrangements are set out clearly in the Risk Management Policy which was last updated and approved by Audit Committee in March 2021. The Trust continues to manage strategic risk effectively via the Board Assurance Framework (BAF), operational risk via the corporate risk register and specific departmental risks via the divisional risk register. The number of risks continues to be manageable and within expectation, there is a clear distinction between operational and strategic risks between the registers and we have not noted any obvious risks omitted based on the Trust activities or operating environment.

The reporting of risks via the Trust Board, Board sub-committee structure and Executive remains consistent with the prior year and continues to ensure risks are reviewed sufficiently frequently. Risks generate a good level of discussion at Board and its sub-committees, with input observed from a variety of corporate and clinically focused individuals as well as a range of Non-Executive Directors (NEDs). The discussion is well documented which provides transparency to Trust stakeholders on not only the risks the Trust faces, but actions being taken and who is accountable for the success or failure of those actions.

The format of the BAF has remained consistent and is presented in three different formats including a simplified list, executive summary and in depth reporting per individual risk. The Trust effectively balances providing decision makers with the detailed information it needs to make informed decisions around risk, whilst also ensuring it is not overwhelmed by information and, as such, is able to focus on key issues at each meeting.

We made a recommendation in the prior year that there was a possibility that corporate risk (and to a lesser extent BAF risk) scores were either not being appropriately adjusted, or that controls in place were doing little to impact the scoring outcome. Within the BAF all risks scores have reduced from July 2020 when initially identified and unmitigated, however most scores have remained stable during the year with the exception of Strategic Risk 9 relating to workforce (this is reflective of the challenges noted in the Trust's workforce reporting and Integrated Quality and Performance Report (IQRP) around agency staffing in particular. There is evidence that deep dives and discussions on scoring do take place by the Board and sub-committee throughout the year in relation to each risk and as such are satisfied there is an effective mechanism in place for adjusting risks should that be required.

Governance

Previously the Corporate Affairs Officer was responsible for updating and facilitating discussion on the BAF and Chief Nurse was responsible for the corporate risk register. For 2021/22 onwards the Group Corporate Affairs Officer will be responsible for both registers to ensure a consistent approach to scoring is in place, therefore upholding the integrity of both aspects of risk management whilst ensuring a clear distinction between operational and strategic risks continues. From the 1 February 2022, the Trust has established a group shared management structure with ESH and there is now a joint Trust Chair, Chief Executive and executive Management Team. The Trust has reviewed the BAF and corporate risk register as part of establishing the group model and will be regularly updated until the aim of having a single in common policy for risk management across both Trusts and commonality of risk scoring, templates and reporting is achieved. Currently risk associated with the close working arrangements with ESH are included in Strategic Risk 4 and therefore have sufficient oversight via this route.

Budget Setting Process

For 2020/21 and 2021/22 the Trust, like the rest of the sector, has been funded to a breakeven position with pre-agreed funding and top up income received from central government to allow a focus on responding to the pandemic, as opposed to financial performance and activity targets. However, the planning guidance for 2022/23 was released in December 2021 confirming the sector would no revert to funding arrangements similar to pre-COVID-19.

The Trust's budget setting process is a combination of a top-down approach, where initial modelling undertaken by finance is shared with divisions, and a bottom-up approach where finance work with divisions to understand operational pressures, risks and opportunities and incorporate these into the budget. This ensures that the budget, at each stage of its development, is realistic in its assumptions from a financial and operational perspective. There is a substantial level of engagement between finance and the divisions throughout the process demonstrated by fortnightly meetings and detailed presentations between the two disciplines which increases the commitment of teams to the plans developed. The Finance and Investment Committee have received several iterations of the budget as it has been developed which demonstrates a good level of scrutiny and transparency before final approval by Board. This is an effective process.

Reporting in relation to the budget, provided to Finance and Investment Committee, is appropriately detailed, explains the 2021/22 underlying position, 2022/23 assumptions, identified and unidentified mitigations and additional risks and opportunities. The information is presented in multiple formats (narrative, tables and graphs) and therefore it is accessible and easily understood.

By virtue of the NHSEI planning guidance, the Trust is expected to develop its financial plan in liaison with the local health system and there is extensive evidence to confirm this has taken place with the South West London Integrated Care System (SWL ICS). The Trust has developed its own financial, activity and workforce plans and has liaised with the ICS via fortnightly Director of Finance meetings with other ICS members to align assumptions and include these within each iteration of Trust plans. In addition, each time the plan is presented internally there is inclusion of the SWL position split by Trust to ensure the Board have a full picture of the region and can understand the Trust position within it. This is effective reporting, and coupled with quarterly reporting of the SWL financial position and the narrative detail in the planning documents explaining local assumptions, the Trust have effectively responded to the prior year recommendation in relation to greater clarity between ICS and Trust assumptions within the lines of the budget.

As noted, the Trust has a shared management team and is developing longer term governance arrangements with ESH. Given the governance arrangements were still in development at year end, the two Trust's are responsible for their own performance per the NHS guidance and are funded as separate organisations. Evidence confirms that the Trust plans incorporate only St George's activity, costs and funding, although ICS level information is included which includes ESH. The presentation of the plan has been amended slightly during its various iterations so that formatting is aligned with ESH and allows management o easily compare the two Trusts. As such, the planning process reflects the structure in place at the end of 2021/22.

The Trust is limited in the medium term forecasting it has undertaken as a result of the planning guidance only being released for a one year time frame by NHS England and NHS Improvement (NHSEI). The Trust has therefore complied with the guidance in producing its business plan for this period and has plans to revisit it medium term planning in Q1 of 22/23.

Financial Reporting

As per sector practice, the Trust monitors and reports on its finances on a monthly basis. Information is collated by the Finance Team with input from the divisions and is effectively reported through the governance structure for scrutiny by the Trust Executive Team, Finance and Investment Committee and Board. Each forum receives information in a timely manner which means that decision making is based on up to date information, there is no more than a one-month lag in information.

Governance

Throughout the year the Trust has focused on presenting actual vs budgeted position at Trust level and broken down by income, pay expenditure, non-pay expenditure and other factors such as ERF, capital, cash and COVID-19 costs. Given the Trust will be committing to a deficit position for 2022/23 per its plan (see Financial Sustainability), it may be of benefit to present financial performance in more detail at at divisional level to the Finance and Investment Committee and summarised to Board. The existing arrangements are appropriate given the current funding and financial outturn but the Trust may benefit from reporting in a greater level of detail in 2022/23 when it will be dealing a more financially challenging position. We note that the Trust reports a greater volume of information in the existing finance report to the Finance and Investment Committee than Board to reflect the decision making hierarchy in place at the Trust, as such to ensure this distinction continues to be made divisional reporting would be most beneficial to the Committee rather than Board (Recommendation C)

The Trust's financial reporting does include a forecast, as well as a comparison of actual to budget, however this element of the budget monitoring process only came into effect in the finance report after month 8 of 2021/22. Given that there is more uncertainty and less COVID-19 funding expected for 2022/23 we would expect that the impact of in year variances on the year end position is included and monitored from an earlier stage in the financial year so the Finance and Investment Committees are aware as early as possible if the Trust looks to be deviating from planned outturn and can take action accordingly. Given that the newly approved plan is likely to still be embedding during the first quarter of the financial year reporting performance against forecast would be of most benefit from month 4 onwards. (Recommendation D).

Engagement

We have confirmed that decision making at the top levels of the organisation is effective and underpinned by a strong, open and supportive culture at the Trust which has been achieved by:

- Effective monitoring of the risk of not creating an open and inclusive culture via the BAF, good progress and control assurances are reported across all related actions
- The 'Freedom to speak up Guardian (FTSU)' is now prevalent across most NHS Trusts including, St George's. The Board receives a quarterly update from the FTSU Guardian which positively reinforces an appropriate tone set by those at the top tier of the organisation. This is supported by a clear FTSU Vision and Strategy which was approved by Board in Sept 2020 and is well embedded.
- A Workforce and Education Committee, which meets monthly, committed to improving specific workforce issues and empowering staff through specific projects
- The most senior members of the Trust, including the Chief Executive and Chief Medical Officer, are regular attendees at Board and at Board sub-committees. This sets the tone from the top demonstrating accountability to scrutiny across all aspects of the Trust
- Reporting throughout the Trust is open and factual and does not avoid the difficult conversations or seem to ignore adverse results.

An area of good practice in terms of decision making is the involvement of key stakeholder within those decisions, whether that be internal or external to the Trust, to ensure that decisions are as effective as possible and encompass a range of ideas. The Trust evidences its commitment to gaining this additional level of insight via regular staff/patient case study stories taken to Board meetings and gaining service user feedback.

The Trust reports on complaints as part of its IQPR. Trust performance is in line with the prior year and therefore shows that despite a challenging year some other patient experience metrics, such as wait times, the Trust has been able to uphold a consistent level of service. The Trust's website clearly identifies how patients can make complaints and compliments and therefore clearly welcomes feedback of this nature. Ac a complimentary measure the Trust reports the Friends and Family Test results, both response rate and recommendation rate, monthly as part of its IQPR also. Overall the Trust scores highly across most points of delivery in this area which demonstrates both a strong level of engagement and service quality.

Governance

Compliance

The Trust 'Managing Conflicts of Interests Policy' provides effective guidance on how and who should make declarations on interests at the Trust, decision makers are required to make these at least annually. Results are published on the Trust website for transparency. There is a standing item in place at the beginning of all board or committee meetings for members to make declarations related to that meeting. Review of meetings shows that interests are regularly declared.

We made a recommendation in the prior year in this area in that the Trust had poor performance in terms of the percentage of decision makers making declarations, it was accepted that many would be nil returns and that these should be encouraged in order to increase compliance. The Trust has taken several steps in 21/22 to improve compliance and these have included:

- Monthly check-ins with decision makers to obtain returns, as opposed to the previous year-end exercise
- Targeted communications to specific groups - namely nil returns and decision making staff
- Proactive communications of gifts and hospitality returns at key points in the year such as Christmas
- Messaging from Chief Executive to staff on the issue to ensure the importance is stressed
- Trust-wide communication of the policy and need to make declarations via the intranet

The Trust uses the Declare system for staff to make declarations which does make declarations easy to complete and returns standardised. The Declare system confirms that 51% of decision makers have made a declaration for 2021/22, indicating that whilst improvements have been made the Trust needs to continue encouraging declarations to be made to support compliance in this area.

As the Trust now operates under a group model with ESH, key decision makers hold decision making positions at both Trusts. In line with the Trust constitution and Trust policies these individuals would need to declare interests and potentially remove themselves from Board and Committee meetings where decisions are made in relation to the interests they hold. The aim of the new structure is to collaborate and make consistent decisions for the benefit of patients at both Trusts. This aim would be difficult to achieve with a lack of transparency in the information being shared between the two Trusts. The Trust Board have therefore taken the decision to authorise allowable conflicts of interest as the collaboration of the Trusts is a benefit to patients. The decision was appropriately authorised via the Trust Board and Committee structure and having reviewed the decision we have confirmed that it is acceptable in line with the Trust's Constitution.

Improving economy, efficiency and effectiveness

We considered how the Foundation Trust:

- uses financial and performance information to assess performance to identify areas for improvement
- evaluates the services it provides to assess performance and identify areas for improvement
- ensures it delivers its role within significant partnerships, engages with stakeholders, monitors performance against expectations and ensures action is taken where necessary to improve
- ensures that it commissions or procures services in accordance with relevant legislation, professional standards and internal policies, and assesses whether it is realising the expected benefits.

Overview

Ensuring the Trust achieves economy, effectiveness and efficiency involves ensuring arrangements are in place to use the available resources to achieve the overall objectives (effectiveness), achieving the maximum service levels with the available resources (efficiency) and balancing revenue and costs effectively in the process (economy).

Performance Reporting

The process of review and scrutiny of non-financial performance is well established and embedded at the Trust and remains in consistent with the prior year. Non-financial performance is presented via the Integrated Quality and Performance Report (IQPR), is sufficiently detailed, has metrics which effectively represent the Trust's activities, operating environment and nationally expected standards and with no obvious omissions. In 2020/21 we recommended the Trust consider including the performance of other trusts in its performance reporting with the purpose of explaining certain ICS independencies but also comparison with similar organisations. Actions taken against existing metrics in the IQPR do reference collaborative activities with the ICS therefore Board members do have appropriate information to understand how working with the local health system impacts performance. However the Trust does not present comparative performance of other Trust's performance when reporting its own KPIs. Without this context it is difficult for stakeholders to understand the relative performance of the Trust and the trade-offs made between Trusts in the ICS. The Trust has this information available as reporting to NHSE for the ICS comprises system and individual Trust performance, with detail on mutual aid and the impact of speciality hubs reported in the quarterly 'deep dives' with NHSE on SWL elective recovery performance.

The Trust undertakes regular benchmarking using Model Hospital and Get It Right First Time (GIRFT) tools. Although the results of these exercises are not included within the IQPR, or a regular benchmarking report to Board, there is evidence that the tools have been used for specific reports or investigations in year where relevant.

The format of the IQPR allows for effective scrutiny as it presents information in an accessible way with a combination of numerical metrics, graphical representation and narrative clearly explaining actions to be taken. There is only a one-month lag between the performance being observed and presented, allowing for decisions to be made on relevant and timely information.

A key factor in whether at Trust can achieve economy, effectiveness and efficiency in its performance is its ability to effectively monitor and realise the benefits and savings it plans at the start of the financial year. Ordinarily savings and benefits would be reported monthly via the finance report, which included performance against the Cost Improvement Programme (CIPs). Whilst the requirement for formally delivering CIPs was not required in 2021/22 due to COVID-19 the Trust did set an internal savings target although we note it significantly underdelivered.

Prior to COVID-19, the progress of savings were monitored through a tracker maintained by Finance, and management has confirmed this process will be re-instated in 2022/23. have confirmed that they plan to reinstate this in 2022/23.

Improving economy, efficiency and effectiveness

Benchmarking

Via our own internal benchmarking tool we investigated several areas where the Trust was performing below the national average based on publicly available. The Trust was able to provide up to data to demonstrate performance had improved or actions are in place to respond as appropriate. The areas highlighted by our work were performance in relation to costs of delivering care, revenue per activity unit, staff stability and friends and family test for outpatients specifically. We found that the Trust had ongoing arrangements in place to fully understand the cost pressures facing the Trust via the planning cycle and support from the local health system clinical networks to ensure an appropriate distribution of activity by complexity across providers – these actions are key in responding to the financial metric findings. Staff turnover is sector wide issue through the pandemic however the Trust has taken steps to understand the underlying cause and take targeted action. The Trust is performing in line with its own target in relation to the friends and family test and therefore no issues were identified.

Quality Performance

The Trust identifies service failings via its rating by the care Quality Commission (CQC) across its key domains and via its own internal performance reporting. The Trust IQPR rates performance via a balanced scorecard where red rated performance is suggestive of performance issues that are either a sign of significant decline or sustained poor performance. The IQPR for 2021/22 identifies challenging performance in emergency flow, cancer waits and on the day cancellations. Referral to treatment (RTT) and diagnostics waits are two areas of performance concern across acute providers at the moment although St George's performance is showing improvement and stabilisation during the period. Improving performance is in part due to a mature ICS relationship and well-developed collaboration allowing the Trust to benefit from mutual aid transferring patients within the ICS, shared Patient Tracking Lists (PTL) within the ICS, a weekly Elective Care SWL Network and support from SWL wide clinical networks. Further elective recovery is planned for next year as four new theatres have also been added to the Trust estate to further improve the Trust and ICS's elective capacity.

To improve the Emergency Department performance the Trust has taken extensive actions which include a capital plan to expand Same Day Emergency Care (SDEC) and Medical Ambulatory capacity, working with London Ambulance Service to reduce out of borough arrivals and worked with Merton and Wandsworth and community providers to increase overall bed capacity. We made a recommendation around A&E plans needing to be kept under review last year and the actions identified are evidence this has taken place. The challenging performance observed is reflective of the sector demand and not a lack of response by the Trust. The A&E 4-hour target is set at the national expected level of 95%, a target unchanged since pre-COVID-19 yet attendances have nearly doubled since the start of the pandemic at the Trust. As such, a target based on pre-pandemic trends seems unrealistic and therefore performing below the target is not evidence of service failure. The Trust can demonstrate it is continually monitoring and reacting to Emergency Department flow and pathway positively and as such we are satisfied that the actions taken are robust and respond to our recommendation from prior year.

The Cancer service reports extensively across numerous metrics in the IQPR including on the 2 week wait which is the general focus in the sector. This metric has seen a decline during the year and Trust understands the underling cause is an increased number of referrals since pre-COVID-19 and the suspension of breast screening at various points during the pandemic which has increased the backlog. A comprehensive range of actions have been taken which are clearly reported including mutual aid from the Royal Marsden, increasing the number of triple assessment clinics and a further recovery plan to divert referrals to other ICS providers. We are satisfied that whilst clearing the backlog will be a challenge there is evidence of continued action by the Trust and collaboration with the ICS.

On the day cancellations reporting clearly shows that the performance is due to bed and capacity issues and the Trust is aware of which specialty and department each cancellation relates to as performance is well tracked. The actions in the IQPR are extensive and include new policies, awareness of existing policies to staff and further review. These are positive actions and the performance in January 2022, which saw a decline, is specifically linked to the Omicron outbreak which increased beds required for COVID-19.

The last CQC inspection was 2019 and the Trust was rated 'Requires Improvement'. The Trust has a comprehensive action plan in place to respond to all of the recommendations from the inspection, the Executive are regularly updated on progress and determine whether actions can be closed when they are satisfied they have been completed. In addition, the Trust has regularly liaised with the Trust Patient Safety & Quality Group and the Quality Governance Committee throughout the year to update them on progress on specific actions. By May 2021 the Trust had completed 40 of the 46 improvement actions with robust supporting evidence. The remaining improvement actions were incorporated into business-as-usual plans with exception reports presented as required. The Executive have confirmed all actions as closed and the effectiveness of the actions will be assessed upon reinspection by the CQC for which there has been no plan communicated.

Improving economy, efficiency and effectiveness

Partnerships

The partnership with the local health system is well established, supported by a SWL system-wide governance framework which includes a comprehensive allocation of responsibilities through the Trust, provider collaborative and ICS to ensure appropriate governance is directed at each level of the organisations. The framework enables a collective model of responsibility and decision-making however there is a sufficient framework in place to ensure decisions are not being taken in the ICS which do not meet the interests and aims of the Trust and vice versa. Our work confirms that the Trust is well engaged with the ICS via various role specific forums such as the Directors of Finance Group, Chief Operating Officers Group, Chief Executive Group and more formally the SWL Steering Group and the Partnership Board. Decisions made at ICS level are effectively communicated to the Trust Board and sub-committees via the Chief Executive updates and specific reports such as the quarterly finance report on the ICS. Despite the group shared management positions structure with ESH both Trusts remain answerable to their own Boards and sub-committees. The key mechanism by which the Trust Board are informed of work with ESH is via the Chief Executives Report at each meeting which notes specific work together. In year this included making joint clinical appointments and sharing electronic patient records across the group. Given the joint role of the Chief Executive across both Trusts this is an appropriate method of communication of decisions between the two Trusts.

Improvement recommendations

Financial sustainability

A Recommendation	The Trust's 2022/23 plan will again require updating and resubmitting by 20 June 2022. Once the new iteration of the plan is agreed the Trust will quickly need to revise its budgets and reporting to ensure revisions in income and expenditure assumptions are captured. We recommend the Trust prioritises re-assessing the assumptions to the risks and uncertainties built into the revised plan and identifies the impact of these in monetary terms.
Why/impact	The NHS 2022/23 plan guidance was issued later than in previous years and there is still uncertainty within the sector reflected by the fact a further iteration of plans require submission by June 2022. The Trust will therefore have for more limited time than in previous years to work towards delivering their financial plans. This includes revisiting saving plans and reviewing assumptions regarding the risks and uncertainties to the achievement of the financial plan.
Auditor judgement	There are various uncertainties and risks built into the existing iteration of the Trust's 2022/23 plan. The risks include inability to reduce COVID-19 costs as planned, delivery of planned savings less than expected, inability to achieve the level of activity required to achieve Elective Recovery Funding (ERF) and inflation on costs exceeding inflation included in national funding. A revision to the plan by 20 June 2022 means these need to be revisited as previous assessments will be out of date.
Management comment	The Trusts accepts this recommendation and will implement following the plan submission on 20 June 2022.

Financial sustainability

B Recommendation	Should the Trust's CIP target of £58.2m remain unchanged as part of the next submission of the 2022/23 plans the Trust will need to ensure it has a clear process in place for how it is going to promptly identify the £12.7m of unidentified savings identified.
Why/impact	Detailed scheme level project plans are vital to ensure that the Trust is able to maximise the time period in which the clinical groups can work towards achievement of those plans. In addition reliance on non-recurrent schemes places pressure on identification of savings in future years as they only have a one year benefit to the Trust.
Auditor judgement	Of the £58.2m of savings the Trust has included in the current iteration of the 2022/23 plan, £45.5m have been identified at a high level. However there is limited evidence of individual projects plans in place for these identified schemes at the start of 2022/23 and as such there is limited assurance as to reliability of savings plans. Information provided suggests the Trust are profiling the development of unidentified savings schemes into the latter part of the financial year which is understandable given timings but is therefore more risky. One of the most common causes of not meeting a CIP target by year end is the fact schemes are unidentified at the start of the year. A high level of unidentified schemes in the first quarter means the Trust have a shorter time frame with which to take the necessary actions to achieve the savings required.
Management comment	The Trust accepts that it must endeavour to have clear delivery plans for the full value of CIPs required in the plan.

Improvement recommendations

Governance

C Recommendation	We recommend the Trust considers including service level financial performance within its monthly reporting to the Finance and Investment Committee to ensure decision makers have a full suite of information with which to make financial decisions.
Why/impact	The 2022/23 financial landscape is expected to be more challenging across the sector than the prior year. The Trust will be committing to a deficit position for 2022/23 per their plan (see Financial Sustainability), as such decision makers of the Trust will require a full suite of information, including financial performance of individual services, with which to make effective financial decisions.
Auditor judgement	This Trust financial reporting is comprehensive but does not include the actual performance against budget of individual services within the Trust. The detail of 2021/22 reporting was appropriate given the funding and forecast outturn for the year. Given the 2022/23 financial position will be more challenging to deliver it would be more appropriate to include greater detail in the finance report presented to the Finance and Investment Committee.
Management comment	The Trust accepts this recommendation and will include some service level information of financial performance in FIC reports from Q2

Governance

D Recommendation	We recommend that the Trust include forecast outturn position within their financial reporting earlier in the financial year.
Why/impact	Presenting the forecast outturn position, alongside actual vs budget performance, allows decision makers to identify, in a timely manner, issue which may impact the year end position and take action to improve the position prior to the year end
Auditor judgement	The Trust financial reporting includes a forecast, as well as a comparison of actual to budget, however this element of the budget monitoring process only came into effect in the finance report after month 8 of 2021/22. Given that there is more uncertainty and less COVID-19 funding expected for 2022/23 the Trust should consider reporting against the forecast earlier than in prior years so there is more time available should remedial actions be required to be implemented.
Management comment	The Trust accepts this recommendation and will include information of financial forecasts from M6 onwards.

Follow-up of previous recommendations

Recommendation	Progress to date	Addressed?	Further action and management response
Governance - review scoring of risks in the BAF and corporate risk register to understand stagnation and consider whether the prioritisation of actions is appropriate.	There has been limited changes in risk scoring since July 2020 with the exception of workforce risk in the BAF. There is evidence that deep dives and discussions on scoring do take place by the Board and sub-committee throughout the year in relation to each risk and as such there is an effective mechanism in place for adjusting risks should that be required.	Yes	No
Governance - expand the remit of Strategic Risk 4 in the BAF regarding the SWL ICS to encompass financial restraints explicitly.	The risk now includes reference to system-wide financial pressures impacting on transformation opportunities	Yes	No
Governance - refresh business plan to encapsulate existing financial and non-financial strategic plans including where the priorities have changed in light of COVID-19.	As part of the 2022/23 business planning process the Trust have drafted activity, financial and workforce plans in line with 2022/23 planning guidance and in collaboration with the ICS. This was submitted to NHSEI by the deadline in April 22 and our work on financial sustainability confirmed appropriateness of the assumptions included.	Yes	No
Governance - for the clarity of its reporting to board the budget should be reviewed, stating where decisions are able to be made by you in isolation and which budgetary lines are decided more centrally by NHSEI. This would give the executive and the governance a better understanding of what you are able to impact and whether you need to impact this in an organisational or system wide basis.	By virtue of the NHSEI planning guidance the Trust is expected to develop its financial plan in liaison with the local health system and there is extensive evidenced to confirm this has taken place with the South West London Integrated Care System (SWL ICS). The Trust has developed its own financial, activity and workforce plans has liaised with the ICS via fortnightly Director of Finance meetings with other ICS members to align assumptions and include these within each iteration of Trust plans. In addition, each time the plan is presented internally there is inclusion of the SWL position split by Trust to ensure the Board have a full picture of the region and can understand the Trust position within it. This is effective reporting, and coupled with quarterly reporting of the SWL financial position and the narrative detail in the planning documents explaining local assumptions, the Trust have effectively responded to the prior year recommendation in relation to greater clarity between ICS and Trust assumptions within the lines of the budget.	Yes	No

Follow-up of previous recommendations

Recommendation	Progress to date	Addressed?	Further action and management response
Governance – declaration of interest disclosure online appears that only 50% of staff have followed the policy that they must make a declaration. It is not clear to a reader whether this means only 50% of decision makers have complied or whether 50% of decision makers have an interest. We recommend that nil responses should still be submitted so that it is clear that all staff have understood that they have to consider their interests.	We have noted several actions the trust has taken to improve overall declarations at the Trust. 51% of decision makers, specifically, have made a declaration for 2021/22. Review of returns made confirm that nil returns have been provided across the Trust, as such actions taken have improved these types of responses, however compliance at decision making level remains a challenge. The risk is partially mitigated by the fact that each Board and sub-committee meeting provides the opportunity to declare interests prior to decisions being made. Declarations are regularly made via this route and we have not noted any issues with unethical practices in the year.	Partially	We will follow up on progress in 2022/23 to ensure the improvement trajectory improves. Management update: The Trust introduced a new approach to managing declarations of interest in late 2019. Following positive initial engagement by staff, responses dropped significantly during the height of the pandemic. 2021/22 has seen a marked upturn in the level of engagement but we recognise that there is a need to ensure further improvement. We plan to continue with monthly reminders to all decision-making staff, introduce escalation routes to managers where there is persistent lack of engagement, introduce regular reporting to Divisions on compliance, and promote awareness of declarations of interest and gifts and hospitality through our communications channels during 2022/23.
Improving 3E's - Given the improvements in A&E performance the Trust should investigate what changes arising due to COVID-19 have improved performance that could continue when services return to business as usual.	To improve the Emergency Department performance the Trust have taken extensive actions which include a capital plan to expand Same Day Emergency Care (SDEC) and Medical Ambulatory capacity, working with London Ambulance Service to reduce out of borough arrivals and worked with Merton and Wandsworth and community providers to increase overall bed capacity. Challenging performance has been observed in year however this is reflective of the sector demand and not a lack of response by the Trust. The Trust have continually monitored and reacted to Emergency Department flow and pathway positively and as such we are satisfied that the actions taken are robust and respond to our recommendation from prior year.	Yes	No

Follow-up of previous recommendations

Recommendation	Progress to date	Addressed?	Further action and management response
Improving 3E's - The Trust forward plans for cancer treatment should also factor in how backlogs will be managed and what the operational and cost implications of this will be.	There has been a decline in cancer wait performance over the year, the Trust has been unable to respond to the backlog effectively as a result of the ongoing impact of the pandemic. However the Trust has taken steps to identify specific areas of challenge. The performance is specifically related Breast Cancer patients and investigation by the Trust has revealed the underling cause to be an increased number of referrals since pre-COVID-19 and the suspension of breast screening at various points during the pandemic which has increased the backlog. A comprehensive range of actions have been taken which are clearly reported including mutual aid from the Royal Marsden, increasing the number of triple assessment clinics and a further recovery plan to divert referrals to other ICS providers.	Partially	We will follow up on progress in 2022/23 to ensure the improvements implemented result in the backlog being cleared or significantly reduced. Management update For TWR (breast) the Trust has a robust recovery trajectory in place, with the trajectory to have fully recovered this by August 2022. We are on track to deliver this. To sustain this position given the ongoing increase in breast TWR referrals whilst pathway efficiencies are introduced, a business case is under review by SWL – this is a pan-SWL challenge. The Trust also has a cancer improvement plan underway to recover and sustain all the cancer standards across all tumour site groups, which includes the following key efficiency improvements: (programmes 1-6 in the attached slides) -faster diagnosis, best practice timed pathway, non-site specific cancer pathway, ASI into PTL (completed), and MDT improvement. The Cancer Programme Board has been re-convened post-COVID, and is now chaired by the COO. It reports by exception to OMG and TMG.

Follow-up of previous recommendations

Recommendation	Progress to date	Addressed?	Further action and management response
Improving 3E's – Consider where it is pertinent to factor in performance of the other Trusts when reporting against KPIs. Without this context it is difficult for stakeholders to understand the trade-offs made between Trusts.	Actions taken against existing metrics in the IQPR do reference collaborative activities with the ICS therefore Board members do have appropriate information to understand how working with the local health system impacts performance. However, the Trust does not present comparative performance of other Trust's performance when reporting its own KPIs. Without this context it is difficult for stakeholders to understand the relative performance of the Trust and the trade-offs made between Trusts in the ICS. The Trust has this information available as reporting to NHSE for the ICS comprises system and individual Trust performance.	Partially	The Trust should consider including benchmarking against other Trusts in the local health system to ensure that the Board can gauge relative performance and gain information on system performance simultaneously. The Trust is an outlier in that most comparable Trusts do report benchmarking information in their formal performance reports (be it similar sized Trusts or those local to them. Management update As part of the SWL Acute Provider Collaborative and the NHSEI London Regional elective recovery, benchmarking on elective recovery by speciality is reported on a weekly basis for SWL and pan-London. This forms part of the SWL elective recovery review and is overseen by the CEOs group. Overall oversight sits with the SWL Elective Recovery Board, which is chaired by CEO. The contents of the Trust IQPR is also being reviewing in the first half of 2022.
Financial Sustainability - We recommend an estimation to when further information will become available to aide decision making be included in the papers. This would provide a trigger point for decisions made based on currently uncertain data to be reviewed. For example providing a date at which funding or information on funding will become available to assist with decision making and scrutiny.	This recommendation was highlighted as a result of the 21/22 planning cycle being divided into two 6 month periods. For 22/23 the Trust has been provided with a full years planning guidance including assumptions on funding, as such there is unlikely to be need for such information to be included in the Trust reports	N/A – no longer required	N/A

Follow-up of previous recommendations

Recommendation	Progress to date	Addressed?	Further action and management response
Financial Sustainability - the Trust should bring back some of the rigour and established tracking programmes as were operated during financial special measures. This high-touch approach has a proven track record and will be effective at re-establishing good practice after this break in budget and savings monitoring.	As COVID-19 funding continued in 2021/22 the Trust did not need to implement some of its previous processes around saving plans. We understand these will be re-introduced now that 2022/23 planning confirms the need for saving plans similar to previously required.	N/a as not required	We will follow up on progress in 2022/23 as these processes were not required for 2021/22.
Financial Sustainability - The Trust should complete a review of 'unintended' cost reductions to identify efficiencies to carry forwards into a post COVID-19 operating environment. As part of this exercise the Trust will also need to ensure clinical outcomes are given equal focus alongside the consideration of potential financial savings.	The basis of the 22/23 financial plan is the 21/22 exit run rate and therefore incorporates all recurrent income and expenditure, whether intended or unintended. Overall the pre-pandemic underlying deficit, under delivery of savings and cost pressures as opposed cost reductions are driving the proposed deficit position for 22/23. The Trust did identify some non-recurrent benefits, including those due to vacancies, and therefore the Trust has undertaken detailed workforce planning to inform the budget, therefore reflecting any ongoing benefits. Activity planning has also been incorporated into the cycle and is the driver of the financial plan	Yes	No

Opinion on the financial statements

Audit opinion on the financial statements

We issud an unqualified opinion on the financial statements on 23 June 2022.

Preparation of the accounts

The Trust provided draft accounts in line with the national deadline and provided a good set of working papers to support it.

Grant Thornton provides an independent opinion on whether the accounts are:

- True and fair
- Prepared in accordance with relevant accounting standards
- Prepared in accordance with relevant UK legislation

Appendices

Appendix A - Responsibilities of the Foundation Trust

The accounting officer is responsible for:

- Preparation of the statement of accounts
- Ensuring that income and expenditure is in line with relevant laws and regulations
- Assessing the Trust's ability to continue to operate as a going concern

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The accounting officer is also responsible for ensuring the regularity of expenditure and income.

The accounting officer is required to comply with the NHS foundation trust annual reporting manual and the Department of Health & Social Care group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. An organisation prepares accounts as a 'going concern' when it can reasonably expect to continue to function for the foreseeable future, usually regarded as at least the next 12 months.

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Appendix B - Risks of significant weaknesses - our procedures and findings

As part of our planning and assessment work in January 2022, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources that we needed to perform further procedures on. We updated our assessment based on the release of planning guidance and the submissions the Trust has made in relation to its 2022/23 plans later on in the year. The risks we identified are detailed in the table below, along with the further procedures we performed, our findings and the final outcome of our work:

Risk of significant weakness	Procedures undertaken	Findings	Outcome
Financial sustainability was identified as a potential significant weakness, see page 5 to 7 for more details.	We reviewed the Trust's financial plans for 2022/23 to assess the robustness of the plan for addressing the financial position in the current year and the medium term We have reviewed the Trust's processes in place for understanding, communicating and challenging actions in relation to the planned deficit position We have reviewed the Trust's processes in place for identifying and monitoring risks to the plan including cashflow and savings	We have concluded there is no significant weakness in arrangements in relation to financial sustainability. The Trust has produced a financial plan for 2022/23 in line with the NHS planning guidance however the £50.8m deficit plan is forecast to reduce the Trust's cash reserve position to £3m and as such any additional risk not already accounted for in the plan cannot be supported by reserves. At the time of reporting there is no evidence to confirm whether the risks are materialising and the impact on the Trust's cashflow. The most significant potential risk to the plan is in relation to under delivery of savings as the Trust has a substantial savings target of £58.2m with £12.7m of this unidentified. At the time of reporting we have limited evidence to conclude on the success of CIP identification to determine any weakness in arrangements as the process is very much in progress.	We have raised improvement recommendations related to CIPs and risk identification and will revisit arrangements in six months to determine how the cash position is progressing as a result of any additional risks to the plan. At this time, we do not have sufficient evidence to determine whether there is weakness in arrangements. An assessment of the delivery of the 2021/22 plan in six months time will allow greater clarity on whether risks are materialising which could impact the financial position adversely and be evidence of whether a weakness in arrangements exists.

Appendix C - An explanatory note on recommendations

The recommendations that can be raised by the Trust's auditors are as follows:

Type of recommendation	Background	Raised within this report	Page reference
Key	The NAO Code of Audit Practice requires that where auditors identify significant weaknesses as part of their arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the Trust. We have defined these recommendations as 'key recommendations'.	No	N/A
Improvement	These recommendations, if implemented should improve the arrangements in place at the Trust, but are not a result of identifying significant weaknesses in the Trust's arrangements.	Yes	See relevant section

Appendix D - Use of formal auditor's powers

We bring the following matters to your attention:

Public Interest Report Under Schedule 10 of the National Health Service Act 2006, auditors of foundation trusts have a responsibility to make a report in the public interest if they consider a matter is sufficiently important to be brought to the attention of the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.	Not applicable
Referral to NHS Regulator Under Schedule 10 of the National Health Service Act 2006 auditors of foundation trusts have the responsibility to report to the relevant NHS regulatory body if the auditor has reason to believe that the foundation trust (or director or officer of the foundation trust) is: • about to make, or has made a decision which involves or would involve unlawful expenditure; • About to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss of deficiency.	Not applicable

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NHS
St George's University Hospitals
NHS Foundation Trust

Council of Governors
Training and Development

Council of Governors
22 September 2022

Stephen Jones
Group Chief Corporate Affairs Officer

22 September 2022

Council of Governors training and development
Executive Summary

Purpose

This paper sets out the results of the Governor skills, training and development survey undertaken in September 2022 with a view to informing the development of a new Governor training and development programme.

Background

In September 2022, a skills, training and development survey was undertaken in which all Governors were invited to participate. The purpose of the survey was to understand both the skills and areas of knowledge where the Council felt there was a high level of experience and / or understanding and areas where that experience of knowledge was less clear. The survey asked Governors to set out their understanding of the areas where the Council collectively possessed skills and understanding of issues as well as the skills, experiences and knowledge that Governors felt they had on an individual level. The survey asked Governors to provide free text comments on where they felt there should be a focus for Governor training and development, and where the Trust could do more to support Governors in their development. It also asked Governors how they would want a new training and development programme to be delivered in practice.

Overview of results and feedback

- Overall, a total of 14 Governors responded to the survey.
- 73% of Governors felt they had a good understanding of the role of the Council in the overall governance of the Trust.
- 61% of Governors felt the Council was effective in holding the NEDs to account for the performance of the Board.
- 98% of Governors felt the Council was effective in representing the interests of members and the public.
- Issues relating to the wider challenges facing the NHS as a whole, the Trust specifically, and particularly the development of Integrated Care Systems were scored lowest in terms of Governor knowledge and understanding:
    - 65% of Governors felt they had a good understanding of the issued facing the NHS as a whole
    - 68% of Governors felt they had a good understanding of the issues facing the Trust specifically
    - 50% of Governors felt they had a good understanding of the development of ICSs and the South West London ICS in particular

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Council of Governors training and development
Executive Summary

- For individual Governors, across the areas of specific responsibility for the Council of Governors the highest levels of understanding and knowledge held by Governors in fulfilling their role were reported in relation to:
    - Confirming the appointment of the CEO: 97% reported a strong understanding and knowledge
    - Approving increases in non-NHS income above 5%: 72% reported a strong understanding and knowledge
    - Approving mergers, acquisitions etc: 70% reported a strong understanding and knowledge
- The areas where individual Governors reported lower levels of understanding and knowledge to fulfil their role were:
    - Appointing NEDs and the Chairman: 53% reported good understanding and knowledge
    - Deciding the remuneration of NEDs and the Chairman: 51% reported good understanding and knowledge
- In relation to issues-based knowledge and understanding, the highest levels reported were in relation to:
    - Working across South West London (98%)
    - Financial performance (82%)
- The areas of issues-based understanding and knowledge where Governors reported the lowest levels were in relation to:
    - Operational performance (59%)
    - Strategy development (54%)
    - Transformation and quality improvement (54%)
    - Risk management (53%)
- The breadth of experience, skills and knowledge on the Council of Governors was repeatedly cited as a key strength of the Council.
- The need for greater understanding of the role of Integrated Care Systems and the impact of this on the autonomy and freedoms of NHS Foundation Trusts was commonly cited as the area in which there was the greatest need for training and development.

Council of Governors training and development
Executive Summary

- **In relation to knowledge-based training and development, the key areas highlighted through the survey were:**
  - Integrated Care Systems and the SWL ICS in particular
  - NHS financial management
  - NHS workforce issues (recruitment, retention, culture)
  - Intersection of acute care with primary and social care
  - Health inequalities
  - Strategy development
  - Risk management
- **In relation to skills-based training and development, the key areas highlighted through the survey were:**
  - Constructive challenge, and how to do so without getting into operational detail
  - Membership engagement skills
  - Analysing and interpreting data and statistics
  - How to appoint an external auditor
- **Wider issues provided in the feedback related to:**
  - Desire to engage with NEDs outside formal meetings
  - The importance of undertaking site visits
  - The challenges faced by some Governors in attending in-person meetings and the risk of excluding some Governors by not holding hybrid meetings
  - Desire to resume Meet Your Governor events
  - The importance of case studies from other trusts where Governors worked effectively

Council of Governors training and development
Executive Summary

- **The principal areas in which Governors felt that further support from the Trust would be beneficial in supporting them in their role were:**
  - Support for communicating with members
  - Further opportunities to talk to patients and staff, including staff in non-clinical roles
  - Facilitating attendance through virtual means

- In relation to how Governors wanted to receive their training and development, the vast majority expressed a preference for training and development being delivered through both:
  - Annual or biannual Governor development days / half days, facilitated externally (e.g. by NHS Providers), with a focus on skills based training
  - A programme of bi-monthly Governor training and development seminars, facilitated internally by Trust staff, with a focus on knowledge-based training

- Based on this, and subject to the views of Governors, it is proposed that:

  - A full day Governor development day is planned for January 2023, which will be delivered by NHS Providers GovernWell Programme. This will be provided to existing Governors as well as incoming Governors elected through the autumn elections.

  - A rolling programme of Governor seminars will commence, with a focus on knowledge-based training. Subject to finding a suitable date, the intention would be for this to commence in around a month (late October / early November).

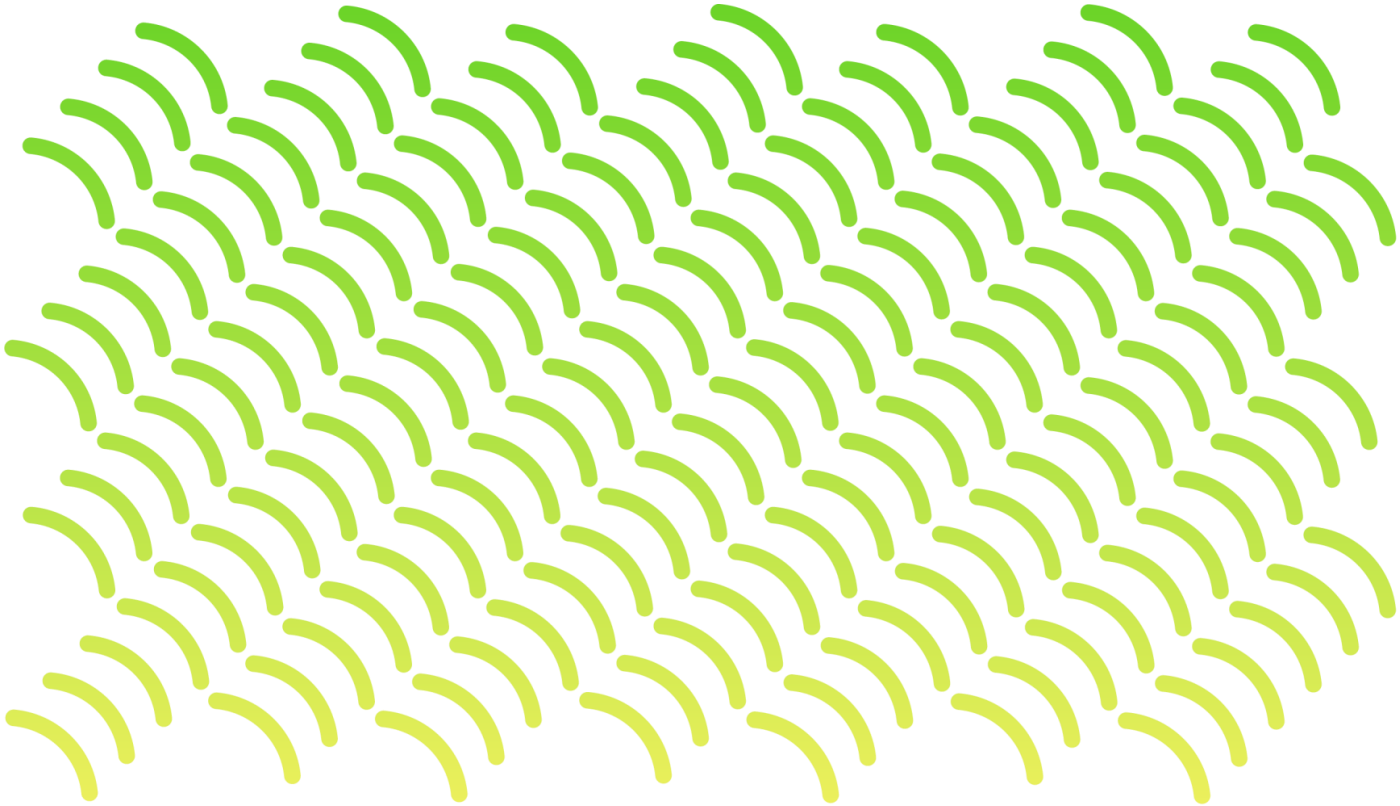
Recommendation

The Council of Governors is asked to:

- Review the feedback provided through the Governor skills, training and development survey
- Review the key areas of both knowledge and skills-based training highlighted
- Agree that the key areas for skills and knowledge-based training be used for developing a comprehensive training and development programme for the balance of 2022/23

Governors training and development survey:

Detailed results and feedback



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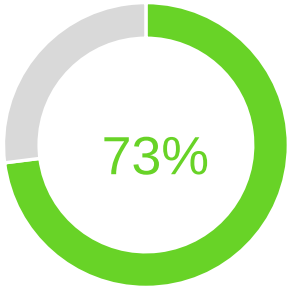
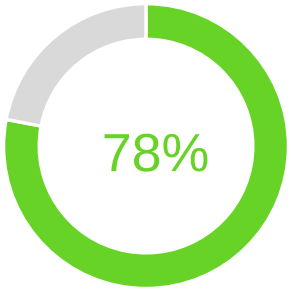
Council of Governors training and development

Overall understanding of role of the Council and wider factors

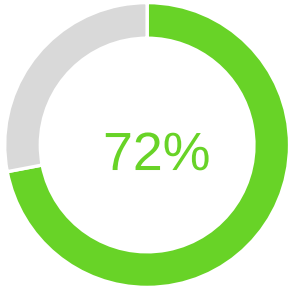
Level of understanding of the role of the Council of Governors in the governance of the Trust



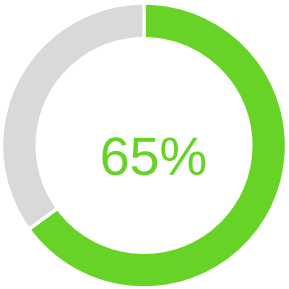
Level of understanding of your own role on the Council and the expectations of you



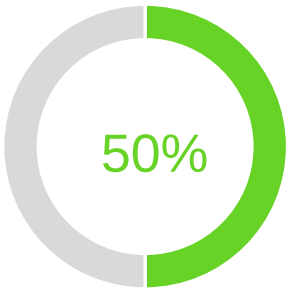
Level of understanding of how the Trust works and the services it delivers



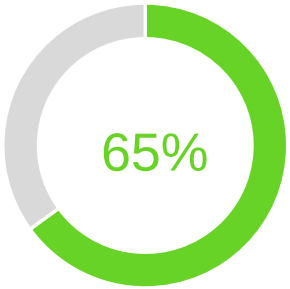
Level of understanding of the structure of the NHS nationally



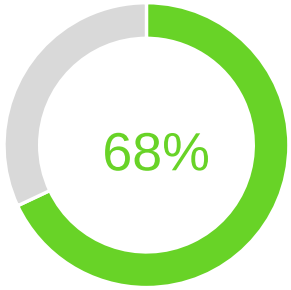
Level of understanding of the development of ICSs and the SWL ICS



Level of understanding of the challenges facing the NHS as a whole



Level of understanding of the challenges facing the Trust specifically



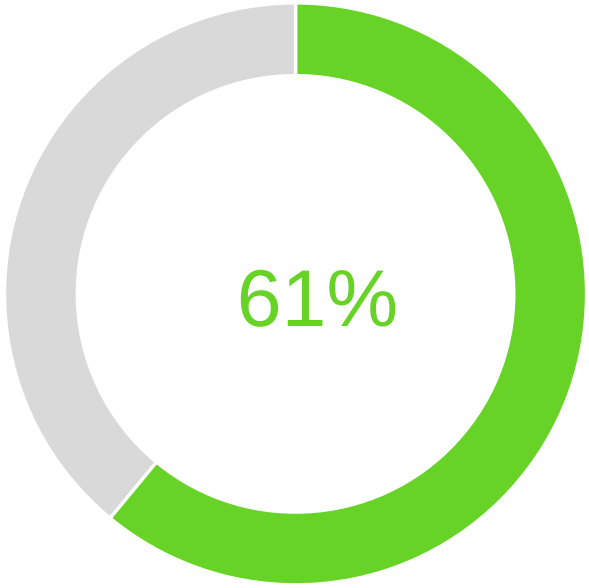
Council of Governors training and development
St George's University Hospitals NHS Foundation Trust

Outstanding care every time

Council of Governors training and development

Effectiveness of the Council collectively in holding NEDs to account

Effectiveness of the Council in performing its role in relation to holding non-executive directors to account for the performance of the Board

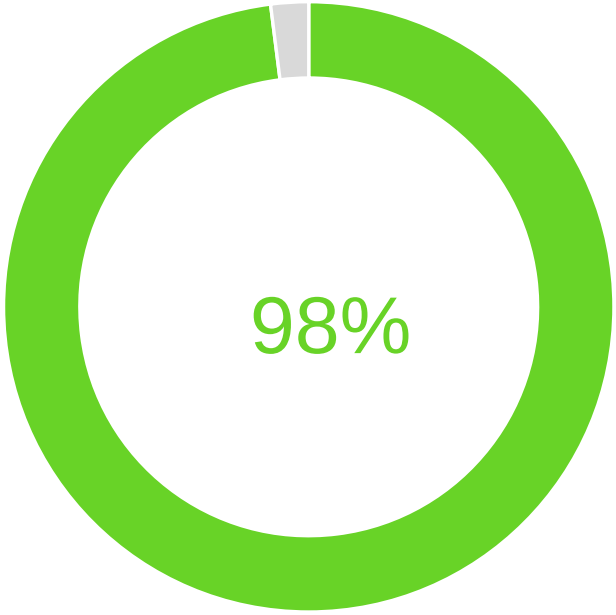


Suggested areas for training and development	
Greater insight into how well the Board performs in relation to: (i) probity in dealings with ICS; (ii) financial management; (iii) holding colleagues and subordinates to account for behaviours and values	The role of NHS England in setting policy and how individual trusts interact with this. How many opportunities do Boards get to disagree and debate policies which they believe to be wrong.
Greater transparency of audit	Training based on operational processes within the Trust
Case studies from other organisations	An understanding of ED/Site specific information
Guidance on how to challenge in the context of the Council without stepping into operational matters	Understanding of workforce / vacancies / recruitment / retention
Understanding data	Estate strategy
More understanding of the background skills and specific roles of NEDs	Improved understanding of the relationship and influence of the SWL ICS over the Trust Board
Ability to observe NEDs in their roles outside of formal meetings, e.g. maybe shadowing for a day	Finance, workforce and performance / quality areas. We know sometime even NEDs struggle with the wealth of data and presentation / analysis thereof and Governors are a step removed.
Knowledge of which NED is specifically “responsible” for which area	Continuous targeted simplified briefings on key issues and overview during period of significant change with NHS wide issues but particularly systems working
More financial training to help clarify.	Group working
Full list of acronyms with explanations	Challenging constructively in a fast moving environment
Explanation of how risk scores are decided and the numbering system	The ability to observe non-execs more often and regularly. The restrictions during the pandemic have proved a setback as has the change in venue for the meetings.
Discussion of how NEDs follow up on action plans given their limited contracted hours	Highly specific, real world training as to how to be holding NEDs to account. Best practice from other trusts who have worked effectively.
More ability to talk to NEDs on a 1:1 basis e.g. email	

Council of Governors training and development

Effectiveness of the Council collectively in representing members & the public

Effectiveness of the Council in performing its role of representing the interests of members and the public



Suggested areas for training and development	
How to facilitate feedback and manage sessions	Stronger membership engagement activities
Toolkit for public governors	Opportunities to talk to patients on visits
Protected time for staff governors and drop ins	Data interpretation
Communications support	Information on demographics of patients
More collective strategic thinking about what the options are for representing better	Opportunity for overview of patient information and communication
More knowledge of what works well in other trusts	A lot more knowledge-based training is required
The interests of members and the public are self-evident – ie prompt effective care and treatment when needed conducted compassionately and with maximum efficiency. Governors know what people they know think, they know what the press thinks, but it would be good to re-instate Meet Your Governor sessions in the hospitals where patients can feedback specific praise / concerns. It is always good to be briefed on particular issues such as cardiac surgery and especially the ICSs which became statutory without any consultation with the public or members despite being promised a greater level of involvement if wished.	Ability to better connect with members
	Financial management
	Estate strategy
	Access to members has been severely curtailed. We need to wait until people aren't so nervous about walking into a hospital. In the meantime, whatever communication the trust can make with members is good. The AMM will be telling.
Training based on operational processes at the Trust	Understanding of ED / Site specific information
Largely down to individuals. Insufficient support from the Trust in surveying member and public opinion	Understanding of workforce / vacancies / recruitment / retention
Tailored outcomes of review of membership engagement strategy: a workshop using whatever forums or feedback mechanisms available to proactively get members' views.	Highly specific training as to how we should do this using best practice examples.

Council of Governors training and development

Perceived areas of strength of the Council collectively

Governors were asked to identify the areas in which Governors felt the Council as a whole already demonstrated key strengths.

By far the most commonly cited strength was the breadth of knowledge and backgrounds on the Council of Governors. A large number of responses referenced this.

Linked to this, a number of Governors fed back that using these different backgrounds to support and challenge the NEDs was also a key strength.

Council of Governors training and development

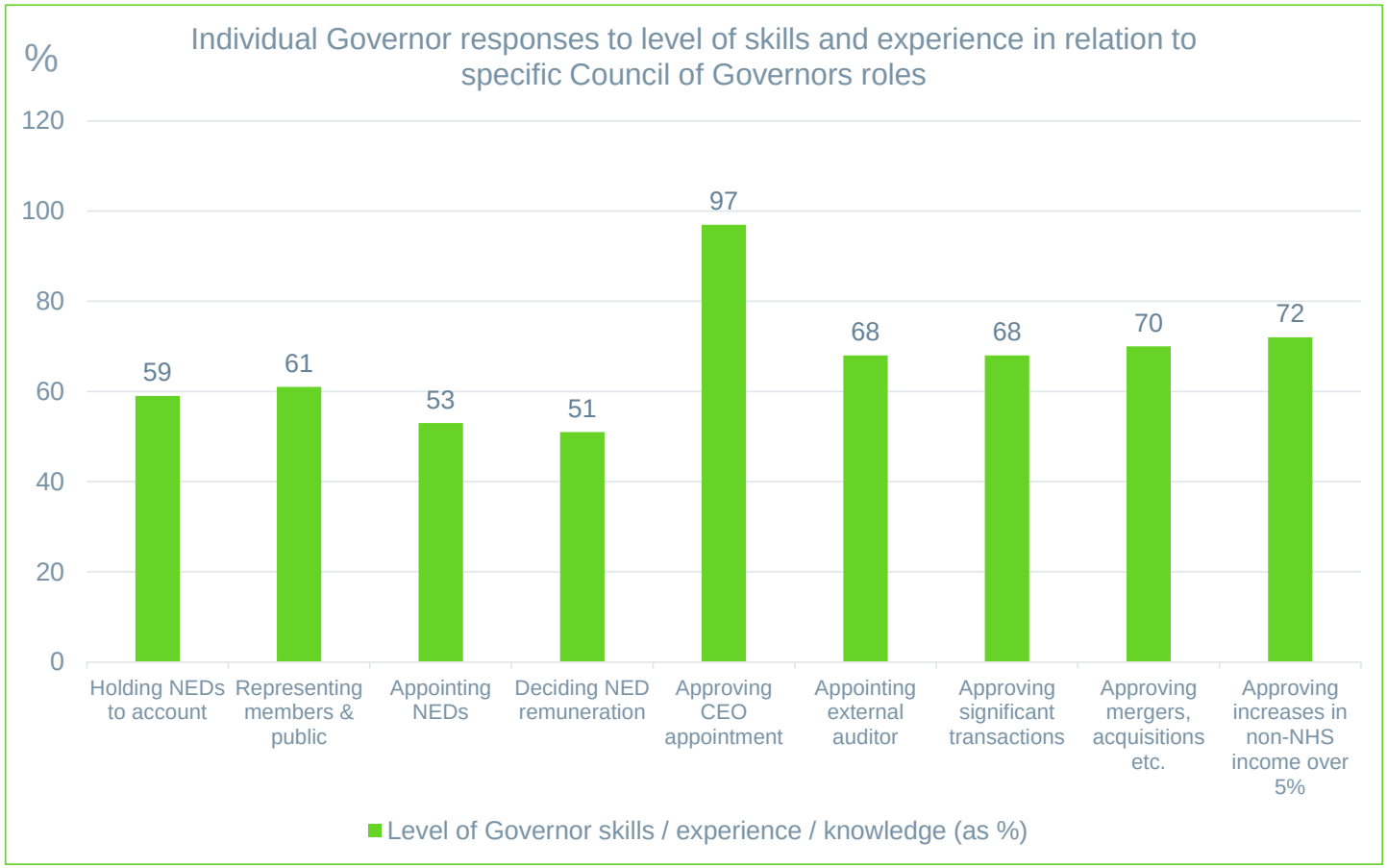
Perceived areas for development for the Council collectively

Governors were asked to identify the areas in which Governors felt the Council as a whole would benefit from training and development.

The most commonly cited development need was in relation to understanding the role of ICSs in general terms, the SWL ICS in particular, and the implications of changes to the structure of the NHS for the autonomy of NHS Foundation Trusts.

Other areas of feedback are highlighted here, but none received the same level of common feedback on the importance of training and development as understanding ICSs.

Council of Governors training and development
Individual Governors' skills and experiences



Governors were asked to identify which their level of knowledge and understanding in relation to the key responsibilities of the Council of Governors.

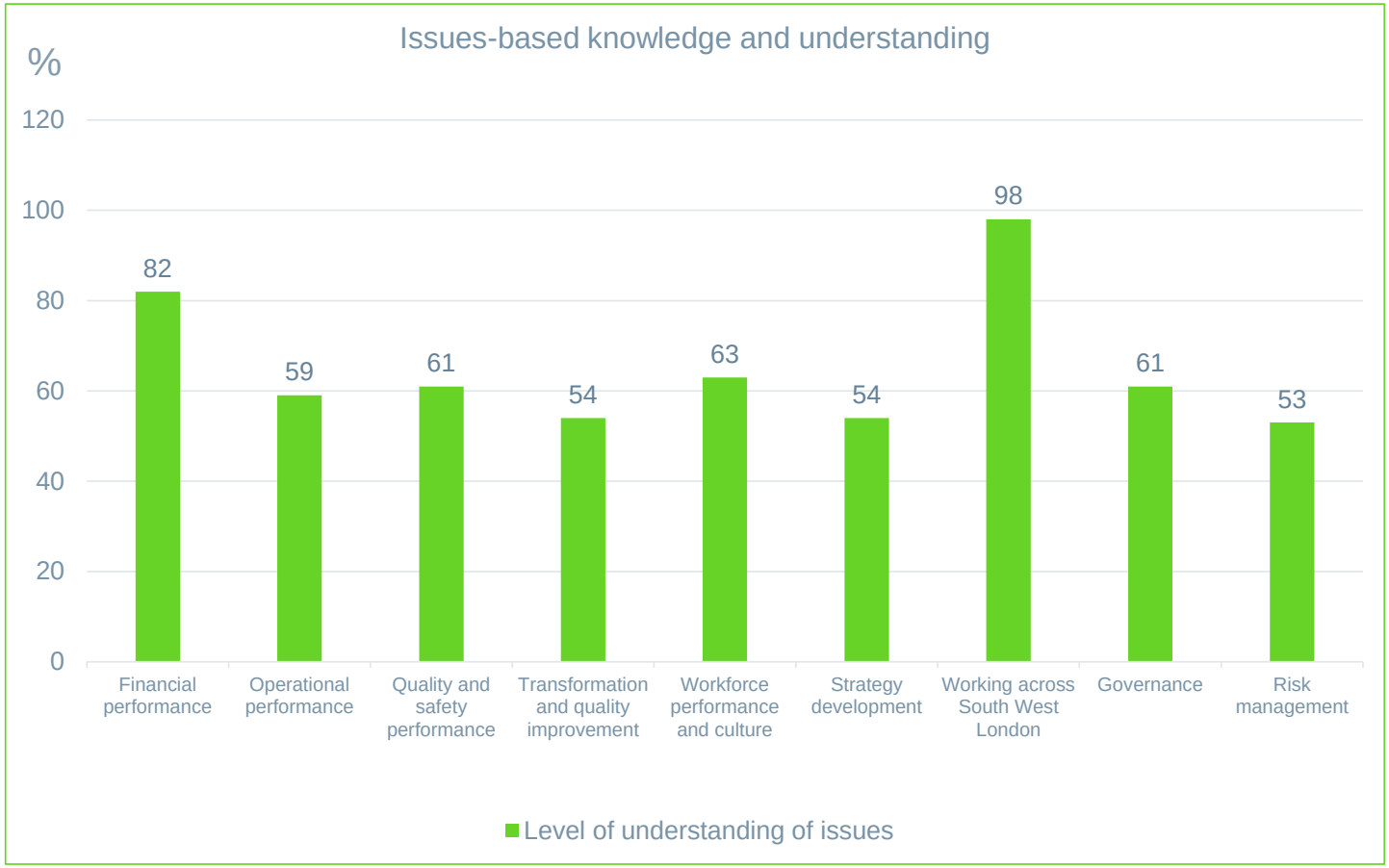
Approving the appointment of the CEO was, by some margin, the area where Governors reported the greatest understanding, followed by approving increases in non-NHS income over 5%, approving mergers and acquisitions, and approving significant transactions.

Appointing NEDs and determining their remuneration were the areas where Governors reported the lowest level of understanding and knowledge.

Council of Governors training and development
St George's University Hospitals NHS Foundation Trust

Outstanding care every time

Council of Governors training and development
Individual Governors' skills and experiences



Governors were asked to identify which issues about which they felt they had a strong understanding and knowledge.

Working across SWL and financial performance were the issues on which Governors reported the greatest level of knowledge and understanding.

Operational performance, strategy development, transformation and quality improvement and risk management were identified issues on which Governors reported the lowest levels of understanding.

Council of Governors training and development
Further suggestions for training and development

Further suggestions for training and development
NHS financial management
Basic understanding of statistics and interpretation of statistical information
Audit review skills
Sustainability initiatives review skills, including identifying “green washing”
Understanding health inequalities
The social care systems that interact with the Trust
Return to on-site sessions and return to undertaking site visits
Visits that are focused on areas such as patient portal
Training on working together
Training in areas of pre- and post- health care
Strategy development clarification
Transformation clarification
Need to cover a broad range of topics in rolling programme

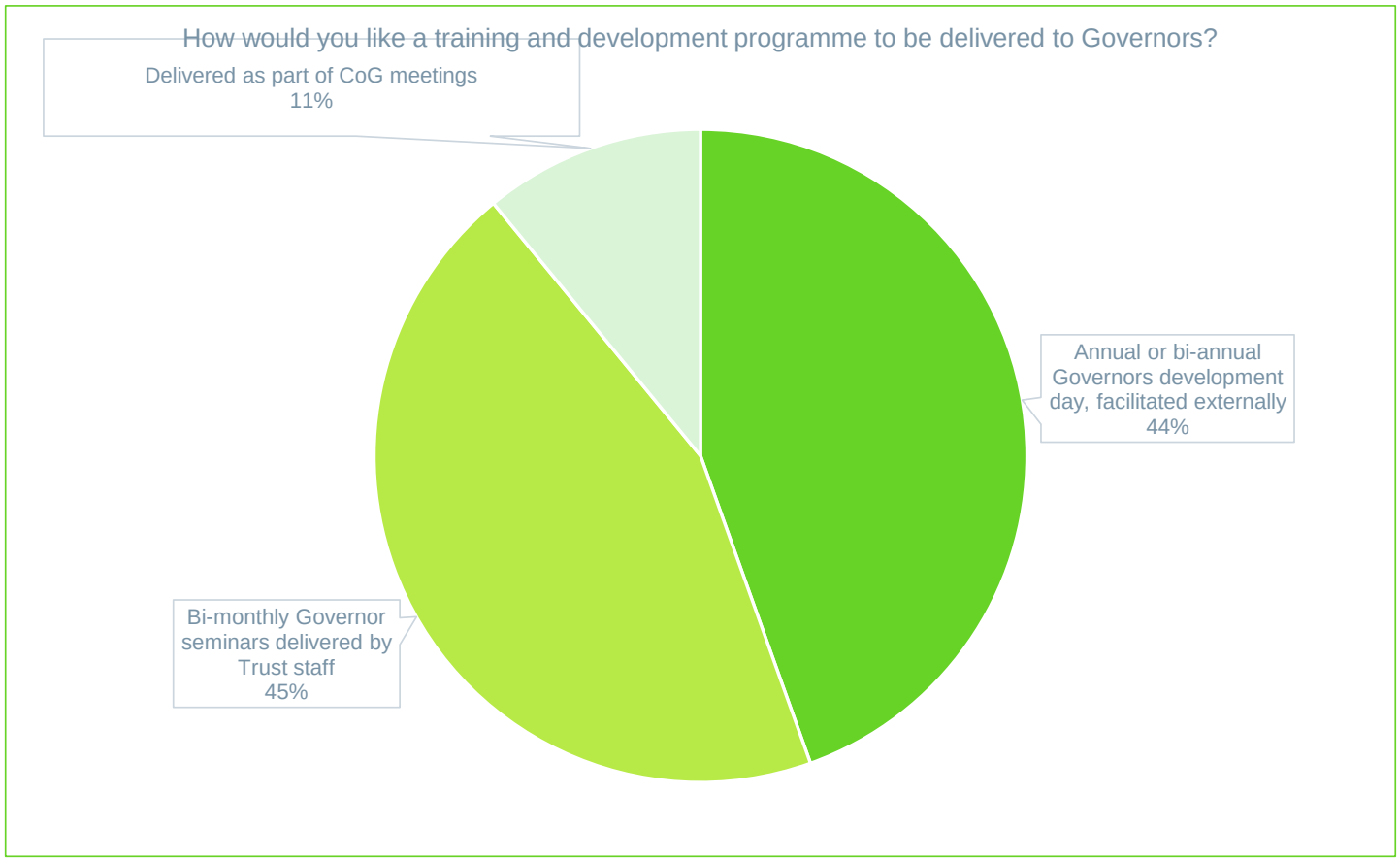
The areas set out in the table opposite were suggested through the survey as additional areas where training and development should be focused.

Council of Governors training and development
Further support the Trust can offer

Further support from the Trust
Communications to members
Provision of hybrid meetings for those unable to attend in-person meetings
Opportunities to talk to patients and volunteers
Opportunities to talk to staff not necessarily in clinical roles
Already receiving positive interactions to support Governors to fulfil their roles effectively
How to choose an external auditor
Demonstrating how important the role of Governor is

The areas set out in the table opposite were suggested through the survey as areas where Governors felt that further support from the Trust would be beneficial.

Council of Governors training and development
Delivering a training and development programme



Governors were asked how they would like a new training and development programme to be delivered.

Most responded that they would prefer this to be delivered through annual or bi-annual Governor development days / half days and through bi-monthly Governor development seminars.

Only 11% of Governors favoured building in training and development into existing Council meetings.