Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting
30 May 2022

Agenda and papers

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NHS
St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting

Date and Time: Monday 30 May 2022, 15:00 - 17:30
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**				
15:00	**1.1**	**Welcome and Apologies**	Chairman	Note	Verbal
	1.2	**Declarations of Interest**	All	Assure	Report
	1.3	**Minutes of meeting held on 10 March 2022**	Chairman	Approve	Report
	1.4	**Action Log and Matters Arising**	All	Note	Verbal
2.0	**TRUST UPDATE AND STRATEGY**				
15:05	**2.1**	**Group Chief Executive Officer's Report**	GCEO	Update	Report
15:25	**2.2**	**Group Governance arrangements – Update**	GCCAO	Inform	Report
15:35	**2.3**	**Developing a new Group Strategy**	GDCEO	Inform	Report
3.0	**ACCOUNTABILITY**				
15:55	**3.1**	**Questions to Non-Executive Directors**	All	Assure	Verbal
4.0	**QUALITY, PERFORMANCE & FINANCE**				
16:25	**4.1**	**Maternity Services Update following Ockenden Review**	GCNO	Inform	Report
16:45	**4.2**	**Draft Quality Accounts 2021/22**	GCNO	Discuss	Report
16:55	**4.3**	**Annual Planning 2022/23**	GCFO / DCFO	Inform	Report
5.0	**COUNCIL OF GOVERNORS – GOVERNANCE**				
17:15	**5.1**	**Council of Governors Governance**	GCCAO	Review	Report
6.0	**CLOSING ADMINISTRATION**				
17:25	**6.1**	**Any Other Business**	All	Note	Verbal
	6.2	**Reflections on meeting**		Note	Verbal
17:30	**CLOSE**				
Date and Time of Next Meeting: 5 July 2022, 14:00 - 17:00					

St George's University Hospitals NHS Foundation Trust

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
Jenni Doman	Staff Governor, non-clinical	JD
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
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
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
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Secretariat		
Geoff Stokes	Head of Corporate Governance	HCG
Gurdeep Sehmi	Corporate Governance Officer (Minutes)	ICGO
Apologies		
Mia Bayles	Public Governor, Rest of England	MB
Patrick Burns	Public Governor, Merton	PB2
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)

10 March 2022, 14:00 – 17:00

Etc Venues, County Hall, Waterloo, London

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AA
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
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
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance:		
Alison Benincasa	Director of Quality Governance and Compliance (item 3.1)	DQGC
Stephen Collier	Non-Executive Director (Senior Independent Director)	SC
Paul Da Gama	Group Chief People Officer (item 3.2)	GCPO
Jenny Higham	Non-Executive Director	JH
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Parveen Kumar	Non-Executive Director	PKu
Pui-Ling Li	Non-Executive Director	PLL
Layo Ossai	Corporate Governance Administrator (Minutes)	CGA
Tom Shearer	Deputy Chief Finance Officer (item 3.3)	DCFO
Kate Slemeck	Managing Director	MD
Geoff Stokes	Head of Corporate Governance	HCG
Jacqueline Totterdell	Group Chief Executive Officer (until item 1.5)	GCEO
Arlene Wellman	Group Chief Nursing Officer	GCNO
Apologies:		
Nasir Akhtar	Public Governor, Merton	NA
Mia Bayles	Public Governor, Rest of England	MB
Ann Beasley	Non-Executive Director	AB
Padraig Belton	Public Governor, Rest of England	PB
Patrick Burns	Public Governor, Merton	PBu
Jenni Doman	Staff Governor, Non-Clinical	JD
Peter Kane	Non-Executive Director	PKa
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Timothy Wright	Non-Executive Director	TW

		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** The Chairman declared her interest as Chairman-in-Common at the Trust and Epsom and St Helier University Hospitals NHS Trust (ESTH). Likewise, the GCEO declared her interest as the Group Chief Executive Officer across the St George's, Epsom and St Helier University Hospitals and Health Group. The interests resulting from roles across the Group were also noted in relation to the GCCAO, GCNO and GCPO.	
1.3	**Minutes of the meeting held on 16 September 2021** The minutes of the meeting held on 8 December 2021 were approved as a true and accurate record.	
1.4	**Action Log and Matters Arising** There were no open items on the action log.	
1.5	**Chief Executive Officer's Report Inc the Integrated Care Report** The Council received a comprehensive report from the GCEO, and the following points were noted in discussion: • NHS England and NHS Improvement (NHSE/I) had published a plan in February 2022 setting out four priority areas to tackle the Covid backlog. • For elective care, the Trust continued to see a reduction in waiting times. Currently, 923 patients had been waiting over 52 weeks since referral, which compared with 959 patients in November 2021. • The Trust continued to flip wards into dedicated Covid-19 wards in response to increases in Covid admissions. • St George's Hospital Charity had organised a special event in February to say thank you to the many donors, fundraisers and volunteers that supported the Charity. • St George's ICU Nurse Anthea Allen had recently published a book entitled 'Life, Death and Biscuits', an account of working at the Trust through the pandemic. • St George's major trauma teams had featured in a ground-breaking documentary series which had aired over four consecutive nights on Channel 4. • The new group executive structure had commenced on 1 February 2022 and a number of appointments to site leadership roles had been made. • The Trust was providing support to Ukrainian staff and sending medical aid to Ukraine as part of a wider effort coordinated by NHSE/I. The Council discussed the evolving Covid-19 guidelines and the removal of social-distancing and other restrictions. The GCEO advised that people continued to take precautions and highlighted that the Trust would continue to follow the guidance in ensuring the hospital is run safely for both patients and staff. This would include requiring those on site to wear face masks.	

	The Council noted the report.	
2.0	**ACCOUNTABILITY**	
2.1	**Questions to Non-Executive Directors** The Chairman invited questions to Non-Executive Directors (NEDs), noting that Governors had previously requested this item be taken earlier on the agenda. SM asked whether NEDs had resumed visits to the hospital. The Chairman explained that she had continued to visit staff across the Trust during the pandemic and that NEDs were undertaking visits to the site. The Chairman and Parveen Kumar had recently undertaken a joint visit, which had included the maternity department. The intention was that a structured programme of visits by NEDs to different parts of the Trust would resume ahead of Board meetings in 2022/23. Visits were an important part of ensuring NEDs were able to triangulate information received at Board and through Committees. KS questioned how the Board monitored and measured the delivery of the anticipated benefits of the Trust's strategy and plans. The Chairman explained that Board Committees took on responsibility for monitoring strategy implementation within their remit, and had well established arrangements in place for reviewing strategy implementation on a quarterly basis. The Board likewise reviewed strategy implementation overall biannually. Monitoring of performance was undertaken principally via the Integrated Quality and Performance Report which was considered by the Finance, Quality and People Committees as well as by the Board. Parveen Kumar added that, for some plans, such as the sustainability plan, which had been approved by the Board in July 2021, the Trust continued to work through the precise metrics to be measured. In response to a question from a Governor regarding still births in the Trust, Parveen Kumar highlighted that the Quality Committee had requested additional information on outcomes data in maternity relating to ethnicity of the mother. It was clear that in relation to still births ethnic minorities were disproportionately affected, and the Trust was undertaking further work to understand the factors contributing to this. SD enquired about the Trust's NHS Staff Survey results and asked how staff could be engaged better considering the relatively low numbers of engagement with the survey. In response, Stephen Collier noted that the results for the NHS Staff Survey conducted in October and November 2021 were not yet publicly available, though the Workforce and Education Committee had reviewed the results. Although the response to the survey had been disappointing this year, with engagement levels having fallen both at the Trust and elsewhere, Stephen Collier emphasised that it should be remembered that staff completed this survey in critical, high-pressured times. It was also disappointing that across a range of survey questions a number of areas had deteriorated despite the huge effort that had been invested, particularly in the culture change programme. Stephen Collier also highlighted the following issues to Governors: • The recent employment tribunal involving a member of staff who had been dismissed for exhibiting predatory behaviour towards other employees had concluded. SC commended the Trust for its management of the case. • Staff support services had played a critical role in managing the effects of unexpected death pre- and post-Covid-19. It had helped to de-stigmatise the act of asking for help and staff were encouraged to take advantage of the support services provided.	

3.0	**QUALITY, SAFETY & PEOPLE. PERFORMANCE**	
3.1	**Quality Priorities** The DQGC introduced the item which set out the quality priorities to be included in the quality account for 2022/23 and the progress made with 2021/22 quality priorities. The following points were highlighted: • The format of the report showing progress on the 12 priorities mirrored that used in the Trust's Quality Account. • There had been some variable performance, including the integrated training with mental health which was not delivered due to capacity issues in the team. • Although there had been a reduction in nosocomial infection, Covid-19 remained a challenge. • The summary hospital level mortality indicator (SHMI) was below expected levels, and the hospital should be proud of this. • For 2022/23 efforts have been made to align the quality priorities with those of Epsom and St Helier University Hospitals NHS Trust. In response to a question from JH, the DQGC acknowledged that although the priority relating to mental capacity had not been achieved in 2021/22 it had not been carried forward as one of the proposed priorities for 2022/23. It was, however, a key part of the Trust's quality strategy and would be taken forward with the support of a new steering group. JH queried this and asked why if this had been a priority area in 2021/22 which had not been achieved it should be left off the priorities for 2022/23. The DQGC emphasised that its exclusion from the list of quality priorities for the year ahead did not mean a downgrading of its importance and emphasised that its delivery would be overseen in a different way over the coming year. There was a brief discussion about the relationship between the quality priorities and the quality strategy and the need to ensure there was clarity in how the different elements of each were taken forward. The issue of the equality of outcomes was raised and the GCEO responded saying that this was now being led by the GCMO working with system colleagues to agree a single approach for tracking outcome measures for patients from different backgrounds. Within the group, the GCMO was the Executive lead for population health. The Council of Governors noted the report.	
3.2	**Workforce and Culture Update** The Council received the update from the GCPO, and the following points were highlighted: • Regarding the workforce metrics, there had been an increase in sickness and other absence in December 2021 due to the impact of the Omicron wave of Covid-19. • There were currently 900 unvaccinated staff at the Trust, though the Trust's investigations suggested a large number of these members of staff had been vaccinated elsewhere. The report on staff vaccination had shown an increase in vaccination rates, but the Government had now signalled its plans to repeal the requirement for Vaccination as a Condition of Deployment. • The Trust values were being integrated into organisational processes including induction, appraisal, and recruitment.	

	• Staff were encouraged to rest and take breaks to support their health and wellbeing. • The "Thank You" programme, intended to thank staff for their work throughout the pandemic, had been well received by staff. There were discussions on staff turnover and the processes in place to provide support and encourage low staff turnover. It was suggested that exit interviews be conducted more systematically to ensure the Trust understood how things could be improved. There were further discussions on flexibility of working hours for nursing staff to mitigate the risk of burn out and the importance of training programmes for managers to support them to manage their teams effectively. It was also added that staff who were unvaccinated had been treated with kindness when the Trust's preparations for mandatory vaccination was underway. The Council noted the report.	
3.3	**Annual planning and budget setting** The Council received the update from the DCFO, and the following points were highlighted: • The Trust was forecasted to breakeven at year end, which would be £5m favourable to the plan submitted in November 2021. • The Trust had been able to successfully obtain funding to support delivery of elective activity. • There would be a reduction in total funding for the next financial year and a "convergence" adjustment seeking to return the Trust's funding position closer to pre-pandemic levels. • The financial position for the Trust, and providers across the health service, was expected to be very challenged in 2022/23. Planning was underway but there remained considerable uncertainty about the year ahead. JH asked whether the Trust had in place cost improvement plans (CIPs) as it had prior to the pandemic. In response, the DCFO explained that CIPs had not been in place for the last two years during the pandemic. It was expected that new CIPs would be introduced for 2022/23. AAk requested to know whether there were any anticipated increases in energy costs, given the global situation regarding oil and gas prices. The DCFO answered by saying the Trust would face an increase in energy costs. There was no additional funding from the centre to offset this, and increased energy costs would create an unmitigated financial risk. The Council noted the report.	
4.0	**MEMBERSHIP, INVOLVEMENT & ENGAGEMENT**	
4.1	**Membership Engagement Committee Report** The Council received the update from the GCCAO, and the following points were highlighted: • A new membership engagement strategy was being to be developed as the current strategy was due to expire at the end of 2022. • The Committee had agreed that members of the Trust, and the wider public, should be involved in the development of the new strategy through membership surveys and focus groups.	

	• Existing community and other stakeholder networks and groups should be utilised to support practical interactions with members and Governors were encouraged to share details of local community groups in their areas. • A programme of member talks that will be of interest to members and the public as currently being developed. • With Covid-19 restrictions being lifted, more intensive and, increasingly, face-to-face engagement with members was possible. The Council noted the report.	
5.0	**CLOSING ADMINISTRATION**	
5.1	**Any other business** The Chairman thanked Sarah McDermott, appointed Governor for Wandsworth Council, for her contributions to the Trust's Council of Governors. Sarah McDermott would stand down as a local councillor at the forthcoming local elections in May 2022. Sarah McDermott thanked everyone for their support during her time on the Council of Governors.	
5.2	**Reflections on meeting** The Chairman commented it was lovely to have an in-person meeting. She noted that layout and temperature of the meeting room had not been ideal but it was pleasing to have been able to resume face-to-face meetings.	

Date of next Meeting
30 May 2022

Council of Governors Public Action Log - 30 May 2022						
Action Ref	**Section**	**Action**	**Due**	**Lead**	**Commentary**	**Status**
There are no open actions on the Council of Governors Action Log						

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NHS
St George's University Hospitals
NHS Foundation Trust

Group Chief Executive's Report to Council of Governors
30 May 2022

Jacqueline Totterdell
Group Chief Executive Officer

30 May 2022

Introduction

Purpose

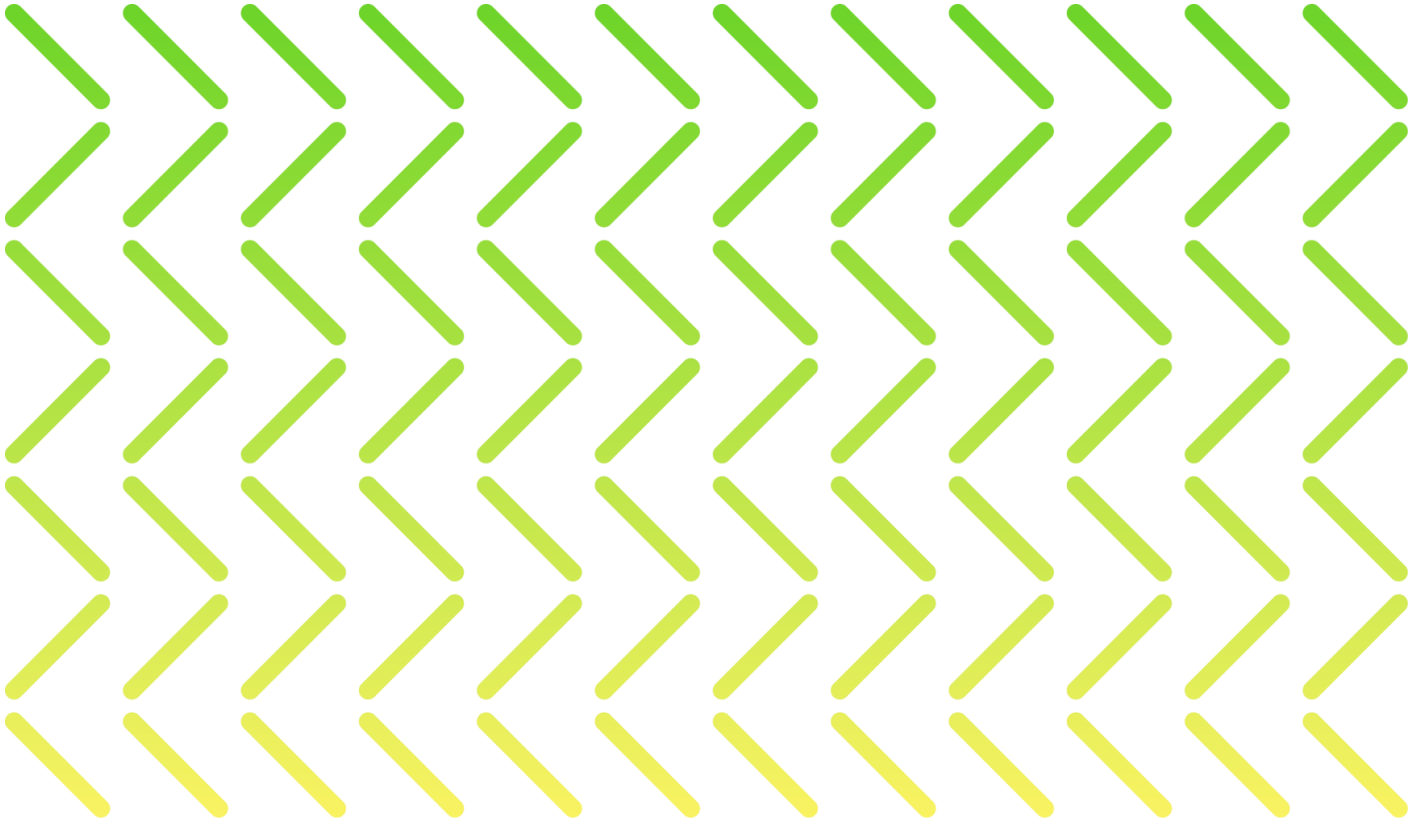
This report provides the Council of Governors with an update on key developments in the Trust and its wider external strategic and operating environment.

Recommendation

The Council is asked to receive and note the report.

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

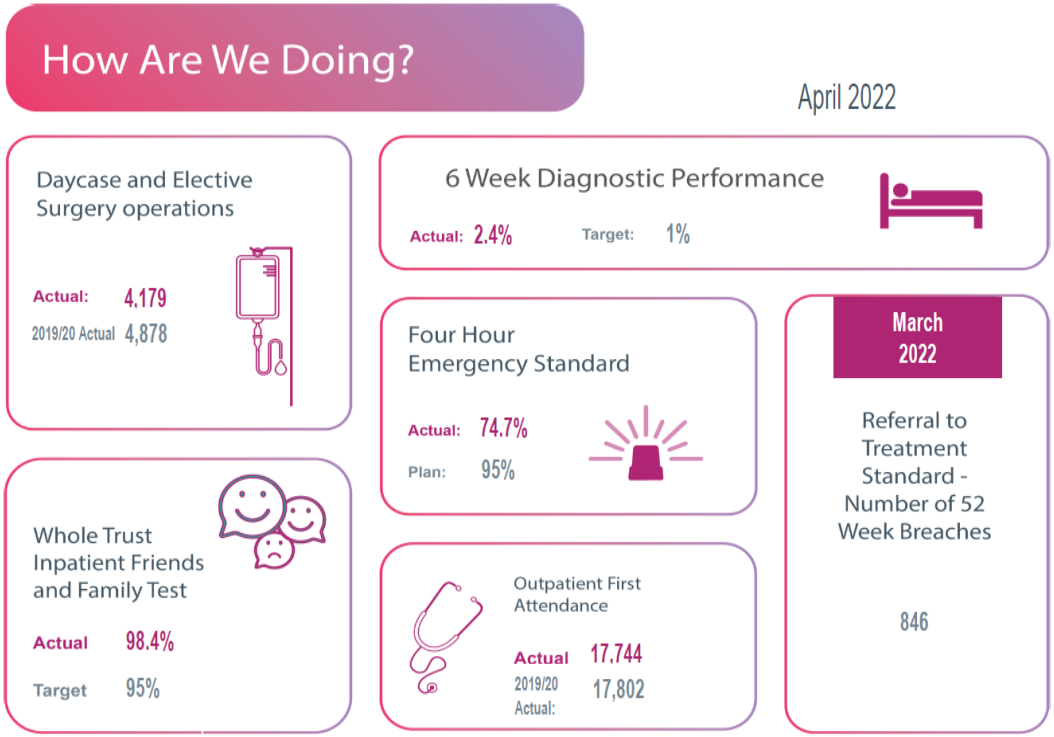
The NHS remains pressured - with St George's no exception. Our urgent and emergency care pathway has been very busy and flow is increasingly difficult through the hospital, to the wards and home.

- **Four Hour Operating Standard**
  - 74.7% of patients either admitted, discharged or transferred within four hours of their arrival; the target is 95%
  - 466 patients breached the 12-hour ED target; no patient should wait longer than 12 hours before they are admitted to a ward.

- **March 2022 Cancer performance**
  - 14 Day Performance was at 75.2% with increasing referral numbers particularly within Skin
  - 62 Day Performance improved to 72.6% against a target of 85%, though backlog recovery was ahead of trajectory
  - Faster Diagnostics Standard (FDS) continued to meet target with 79.5% of patients receiving a communications within 28 days following referral.

- **Six week diagnostic standard for April 2022**
  - At the end of April, 2.4% of patients were waiting for more than six weeks for their diagnostic test compared with 1.8% in March.
  - Capacity challenges remain within Cardiac MRI accounting for 50% of the total six week breaches.

- **Referral to Treatment for March 2022:**
  - 846 patients have been waiting over 52 weeks since referral. This is an increase of 5.5% compared with February, which has been impacted by increasing volume of patients on the non-admitted PTL.



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Living with Covid-19

Infection control in our hospitals

In the last month, there have been a number of changes to the national guidance around infection prevention and control in hospitals. We are all learning to live with Covid-19, but we are of course still conscious of the risk the virus poses to vulnerable people here in our hospitals – which is why a number of measures remain in place to keep us all safe.

Testing is still vitally important for controlling the spread of the virus, and I'm pleased that our staff will still be able to order free lateral flow tests so they can test themselves regularly before coming into work.

Our staff will also continue to wear face masks at all times when at work, and we are politely reminding all patients and visitors to keep wearing their masks when inside our hospitals.

We have been able to relax some of our rules around social distancing in waiting rooms, cleaning routines and self-isolation for staff that are contacts of a positive Covid case. These are small but positive changes that will make things easier for staff as we focus on challenges such as emergency care and caring for our patients that are waiting for their operations.

Ockenden Review

Overview and Trust position

On 30 March 2022, the final report of the review into maternity practices at Shrewsbury and Telford Hospital (SaTH) over 20 years was published and found repeated failings in care and that staff did not feel confident at speaking up when they knew things were wrong.

The maternity services review at SaTH looked at 1,592 clinical incidents between 2000 to 2019 which found 'significant or major concerns' relating to 201 deaths, 131 stillbirths, 70 neonatal deaths and nearly 100 permanent injuries including brain damage and cerebral palsy. Widespread avoidable harm and death were identified which were due to the quality of care provided and failings around governance. Over 60 local actions were identified for SaTH as well as a national 'call for action' in 15 Immediate and Essential Actions, that all organisations providing maternity services were recommended to consider.

The Ockenden Report made recommendations for the following specific areas:

- funding for a safe maternity workforce
- improved postnatal care
- ensuring proper training for staff who work together
- improving Trust board oversight of maternity services
- conducting robust investigations that lead to wider learning
- the development of robust procedures to assess and manage risk with established pathways for complex pregnancies
- listening to families

I have reflected on the findings of the Ockenden Review. The Council of Governors will know that I personally champion an open culture at St George's where everyone feels psychologically safe to raise concerns. We have been working on this for 18 months and we will continue with our culture programme, supported and championed by the Board. Our maternity unit has worked hard to check it meets the standard that Ockenden has set out and have been able to report 100% compliance with the Immediate and Essential Actions. On 12 May 2022 the regional Chief Midwife conducted an assurance visit to the Trust to establish to what extent the Immediate and Essential Actions were embedded in practice. Verbal feedback during the visit confirmed 100% compliance. The written report is awaited.

The Council has a paper on maternity services following the Ockenden report later on the agenda for this meeting.

Monkeypox

Current position

Governors will be aware of recent media coverage about cases of the monkeypox virus that have been diagnosed here in the UK.

While there has been a rise in cases, monkeypox is still rare, and usually results in only a mild infection. Unlike other viruses, it does not transmit easily from person-person. Infection typically occurs through direct contact with skin lesions or scabs, contaminated clothing or linen (e.g. bedding or towels), or respiratory transmission from an infected individual through coughs and sneezes.

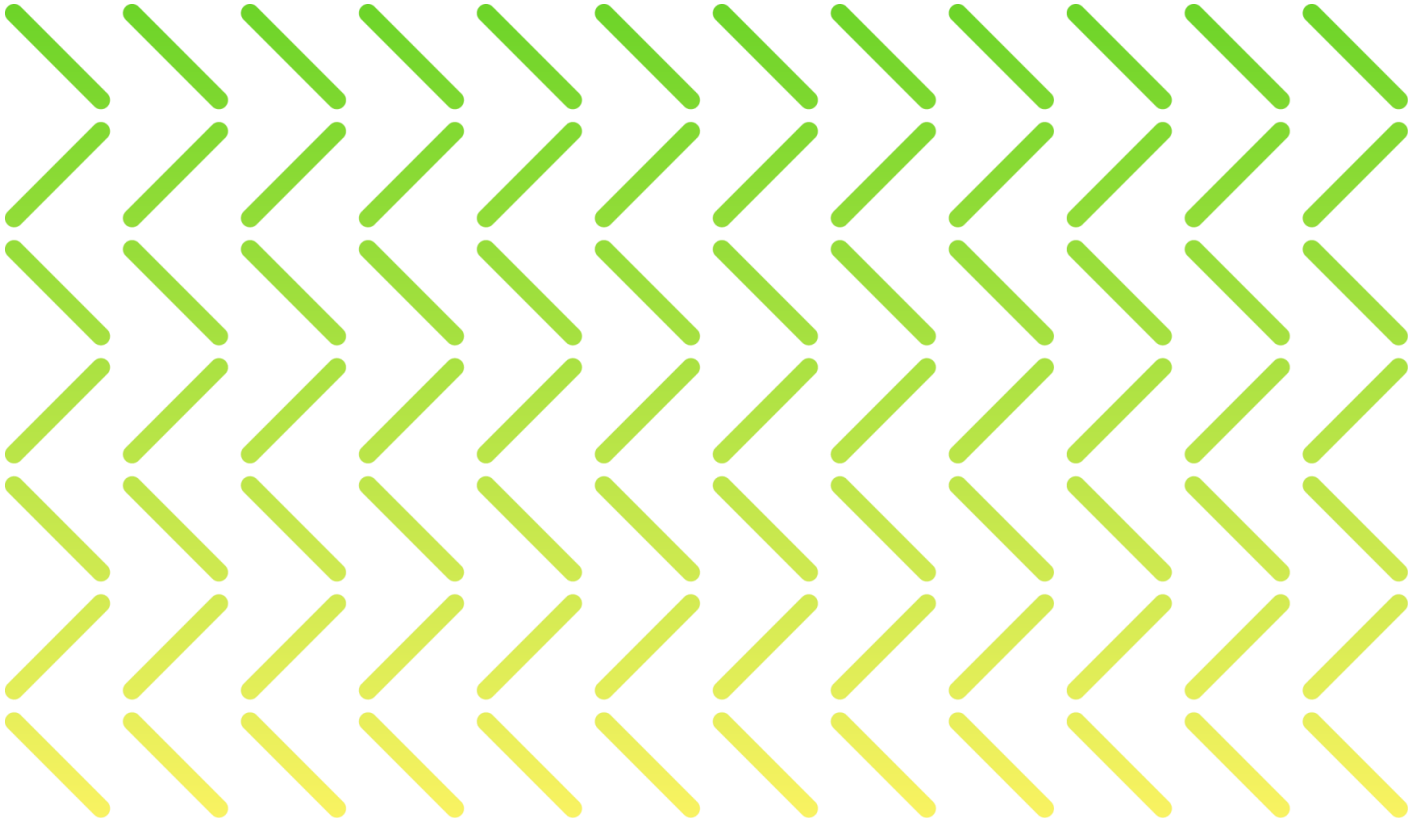
The first symptoms of monkeypox include a high temperature, a headache, muscle aches, backache, swollen glands, shivering (chills) and exhaustion. A rash usually appears 1 to 5 days after the first symptoms. The rash often begins on the face, then spreads to other parts of the body.

What we are asking staff to do

The Trust's Infection Prevention and Control team have developed specific guidance for clinical staff working in areas such as emergency care and sexual health, where presentations of monkeypox are most likely. Where staff work in other areas of the Trust and suspect that a patient has the monkeypox virus, staff are advised to contact the clinical infection registrar on call, who will advise on the steps they should take. The virus is rare, and staff are advised continue working in the same way as they do currently, including use of PPE in all areas of the Trust. Staff who come into contact with monkeypox while wearing surgical masks and gloves have only a very small chance of becoming infected. However, where staff are inadvertently exposed to monkeypox they are encouraged to discuss with their line manager straight away so that a risk assessment can be undertaken and advice sought from occupational health about isolation. We are preparing more detailed advice for staff, in line with emerging national guidance.

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.



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NHS Staff Survey 2021
Overview (1 of 2)

Every year we ask all 9,500 staff to fill in the NHS Staff Survey to give us an insight into what life is like for everyone working at St George's. We have now had the results of the 2021 survey, which was conducted between 4 October and 26 November 2021, and which identified a number of areas for improvement for us to focus on, as well as the positive changes staff have seen.

It was encouraging to read that incidents of bullying and harassment have declined, and that Black, Asian and Minority Ethnic colleagues are reporting fewer instances of discrimination in the workplace. However, there has been a decrease in the number of staff that feel engaged at work, while many staff are reporting feeling worn out.

We are committed to acting on what our staff have told us and trying to make St George's a better place to work. Our priority now is to support divisional teams to deliver action plans to address the issues that matter to staff in each of their areas.

Trust Response Rate

9146 eligible staff were invited to take part in the staff survey

55.1% response rate for the Trust

59% was our response rate for the 2020 staff survey

5036 completed the survey

52% was the average response rate for similar organisations

NHS Staff Survey 2021
Overview (2 of 2)

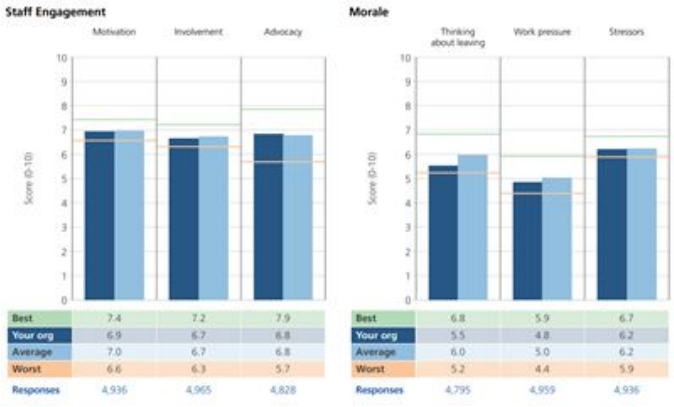
The National Staff Survey has been aligned to the People Promise. The below gives an indication as to how the Trust performed in each of these People Promise Themes as has RAG rated them based on whether they are above, below, or in line with the benchmark average. The benchmark average in this case is Acute and Acute & Community Trusts.

People Promise Theme	Trust score	Avg.
Promise 1: We are compassionate and inclusive	7.1	7.2
Promise 2: We are recognised and rewarded	5.7	5.8
Promise 3: We each have a voice that counts	6.5	6.7
Promise 4: We are safe and healthy	5.8	5.9
Promise 5: We are always learning	5.2	5.2
Promise 6: We work flexibly	5.7	5.9
Promise 7: We are a team	6.5	6.6

6.8 Staff Engagement Score **In line** with the benchmark average

5.5 Morale Score **Below** the benchmark average

Staff Engagement and Morale sub-scores



Areas of greatest improvement and decline

Most improved scores	Trust 2021	Trust 2020
q14c. Not experienced harassment, bullying or abuse from other colleagues	80%	77%
q13d. Last experience of physical violence reported	71%	69%
q14b. Not experienced harassment, bullying or abuse from managers	88%	86%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	73%	71%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	86%	84%

Most declined scores	Trust 2021	Trust 2020
q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	45%	55%
q3i. Enough staff at organisation to do my job properly	26%	35%
q21c. Would recommend organisation as place to work	58%	67%
q28b. Disability: organisation made adequate adjustment(s) to enable me to carry out work	63%	71%
q2b. Often/always enthusiastic about my job	65%	73%

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NHS Staff Survey 2021
The "Big 5"

Having analysed all reports from both Picker, The Survey Coordination Centre and the comparison to other London Acute Trusts, we determined a 'long list' of 10 themes for a potential Big 5 focus and, following consultation with the divisions, we have agreed to focus on the following five areas over the coming months, with one area of focus each month:

Tackling Violence and Agression
Whilst results in the survey have shown some improvements, anecdotal evidence suggests increase in abuse from relatives

May 2022

Staff recovery and wellbeing
Looking after your physical and mental health

June 2022

Living Our Values
Making sure our values are at the centre of all we do

July 2022

Speaking Up, Speaking Out
Results are similar to last year but still behind National and London averages on relevant questions. Evidence from F2SU also suggests there are concerns around speaking up

August 2022

Line manager development
Consistently a below averages for relevant questions and similar results to last year

September 2022

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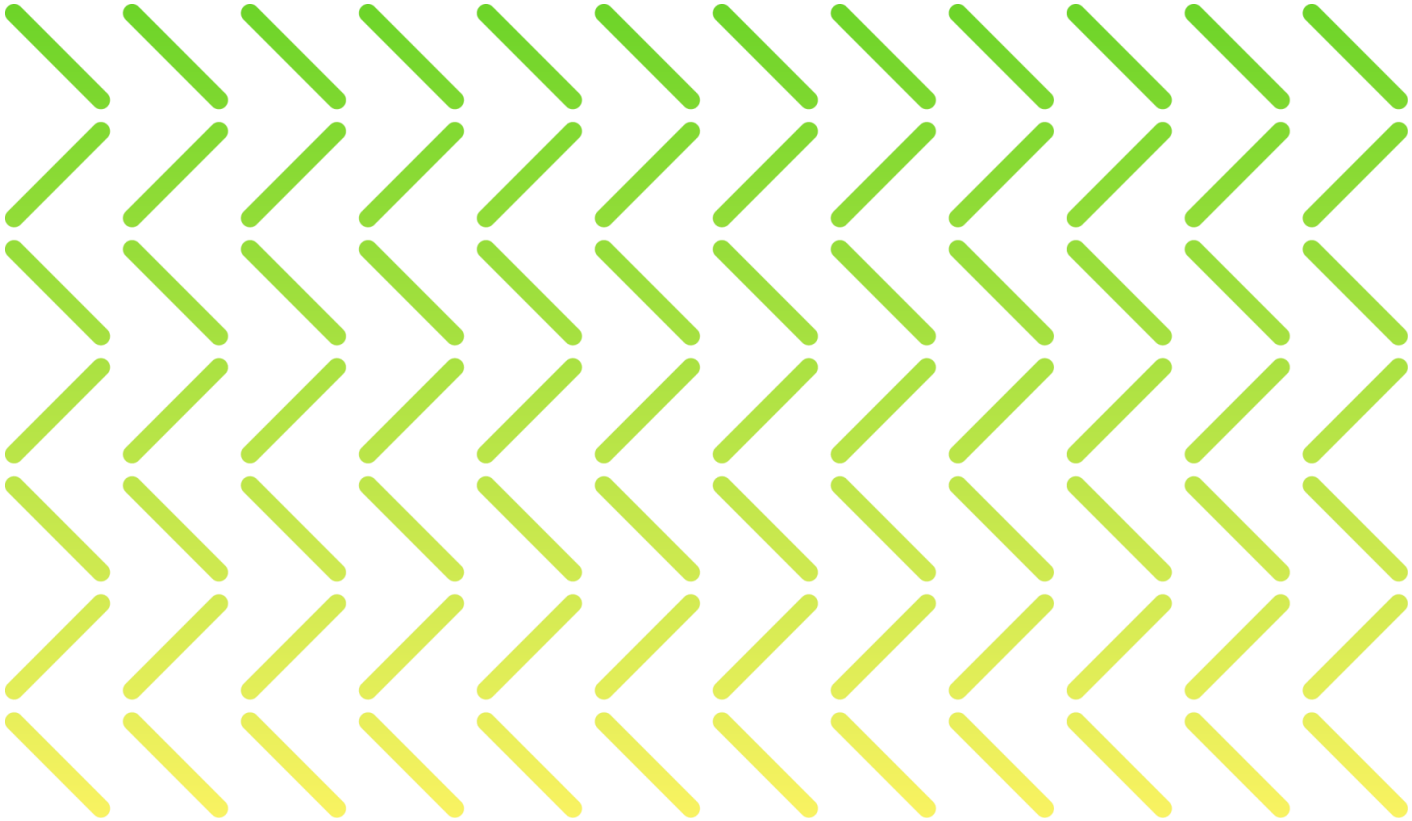
COLLABORATION

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.



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Developing our hospital group with Epsom and St Helier
Update

At the Council of Governors meeting on 10 March 2022, I provided an update on the commencement of the new Group Executive structure, which had started on 1 February 2022.

We continue to make strides towards collaboration with Epsom and St Helier for the benefit of staff and patients. We are starting to have good conversations on cancer collaboration and how we work with our partners in the system. We continue to look at where we have variations in care, where we can learn from each other, integrate services across the group and are asking our staff to talk to their partners at Epsom and St Helier. We are also in the early stages of developing a new strategy across the Group, and the Council has an update on these plans later on the agenda for this meeting.

We have recently appointed **Natilla Henry** as our new site Chief Nursing Officer at St George's. Natilla will join the Trust in September from University College London Hospitals (UCLH) where she is currently Deputy Chief Nurse and Head of Nursing for the Medicine Clinical Board. Natilla has extensive senior nursing experience. Prior to working at UCLH she held roles as matron, clinical governance lead, and community manager – as well as being Head of Midwifery at King's. She holds a BSc (Hons) in Health Studies and a master's degree in Maternal and Child Health. She is also a Chief Nurse Fellow in the CNO Safer Staffing Faculty. Stephanie Sweeney, Deputy Chief Nursing Officer for St George's will continue in the role of interim site Chief Nursing Officer until Natilla starts in post. I am very pleased to welcome Natilla to Team St George's.

My Deputy CEO, Dr James Marsh, has brought together four interims who will help us make progress over the next year and I am pleased to welcome:

- **Liz Howarth**, who has been appointed as our director of integration to explore how we can collaborate, learn and potentially integrate services across the group.
- **Anna Clough** who has been appointed director of performance who will interrogate our performance data and support stretch conversations.
- **Martin Haynes** who has been appointed director of quality improvement and our programme management office. He will take forward a structured approach to QI and service transformation as well as develop a PMO structure.
- And finally, **Ralph Michell** who has been appointed Director of Strategy and will develop a clear strategy and strength of purpose for the Group over this first year.

Congratulations to them all on their new roles.

We held our second all staff engagement event for everyone who works at both hospitals and in community and almost 400 people joined live with dozens more watching on catch up. It is at these sessions that we are sharing our plans and actively encouraging our staff to get involved.

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The new Health and Care Act 2022
Overview

South West London Health & Care Partnership

APC

Last time, I briefed the Council of Governors on the legislation which was at that time going through Parliament to establish Integrated Care Systems on a statutory footing.

The Health and Care Bill received Royal Assent on 28 April to become the Health and Care Act 2022. It is the biggest legislative reform to the NHS in a decade reducing competition and supporting collaboration by creating a legal framework for integrated care systems.

The Act abolishes CCGs and introduces two-part statutory ICSs, made up of an integrated care board (ICB), responsible for NHS strategic planning and allocation decisions, and an integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.

The Act also introduces other measures to help tackle long waiting lists and address challenges such as inequalities in health outcomes. It will also regulate unhealthy food and drink advertising and establish the Health Services Safety Investigations Body, an independent public body which will investigate incidents that have implications for patient safety.

This Act will allow us to build on the work we have already begun in South West London to improve the health of our local population.

ICSs will become statutory organisations from 1 July 2022 and are currently operating in 'shadow form'. The devolution of budgets for some specialised services is expected from April 2023 though NHS England is continuing to engage with the sector on its plans.

SW London Integrated Care Board has announced ICB executive director appointments with each executive remaining designate until 1 July 2022. The remaining appointments will be made over the coming weeks, including Non-Executive and partner members.

Appointments continue to be made across the six South West London Places for the leadership roles, including Place convenor and primary care lead roles. Our SWL Places are agreeing their 2022/23 ambitions reflecting their Local Health and Care Plans.

Outstanding care every time

Other key updates

18,000 patients register for MyCare at St George's

MyCare St George's is our new, secure online portal that allows patients to access their hospital record, view upcoming appointments, and receive test results and messages from clinicians.

Allowing patients to be better informed about their care is really important to us, especially as evidence shows that people being more actively involved in their own care can improve outcomes and experience for patients.

Since its launch in March, I'm pleased to say that more than 18,000 patients have signed up to the portal. One patient got in touch with some lovely feedback, writing: "Not a technical problem - a technical compliment! Portal is fab, thank you so much. Getting to see all my results going back years is fascinating, but also being able to go paperless for appointments is wonderful."

Over the coming months, we'll continue to add new features to make the service even more useful, including being able to rearrange appointments.

New finance system

Being part of a hospital group with Epsom and St Helier has presented us with lots of opportunities to make ways of working easier and more efficient for staff. One such opportunity has been our move to a new finance system, which is the same system used at Epsom and St Helier, and by Trusts across south west London.

The new system will make ordering a much smoother and simpler process for our teams, and by using the same system as ESTH, it makes collaboration and benchmarking of finances a much easier thing to do.

St George's Hospital Charity

The charity continues to work hard for our staff and patients and last month raised £50,000 in a three day abseil event. I nervously joined the 120 staff, former patients and friends of St George's who went over the edge of the Pelican Hotel and abseiled down to the ground. The Charity delivered its first Gala Dinner in May to help raise funds to improve the environment of our paediatrics department which is rated outstanding by CQC, and the event was a big success.

New training suite for parents at St George's

A brand new training suite for parents and carers of ill children has recently opened at St George's, offering training in life-saving interventions.

Parents will be supported by a new specialist nurse, in the WellChild Better at Home training suite, which was funded by WellChild, the national charity for seriously ill children.

Previously, training for parents and carers would often take place at a child's hospital bedside prior to discharge. This training can be limited and does not always prepare families for emergency situations which might arise.

We are extremely proud of our 'Outstanding' rated children's services at the Trust, and this training suite is a wonderful addition that is already helping parents and carers learn the skills they need to care for children after they leave hospital.

International Nurses Day 2022

We celebrated International Nurses Day 2022 earlier this month with nurses working night shift being given breakfast vouchers, and snack boxes and cupcakes being delivered throughout the day to all clinical areas with nursing establishments. Teams and patients from across the Trust sent video messages of thanks to our nursing staff.

Joyful celebrations took place in the Hyde Park room, where we hosted our annual International Nurses Day awards ceremony. Over 200 nominations were received for the awards - and whilst everyone is deserving of praise, congratulations and well done to all of our fantastic nominees and winners – and everyone who joined to cheer and applaud.

The winners of our annual awards are as follows:

- Dental Nurse of the Year: Linda Holden
- Nurse Associate of the Year: Rafael Jose Loureiro Lopez
- Nurse Associate of the Year Runner Up: Emilija Mirkovic
- HealthCare Assistant of the Year: Michelle Watt
- Rising Star of the Year: Jonah Toda
- Lifetime Achievement Award: Marlene Johnson
- Team of the Year: Emergency Department nursing team and Paediatric Respiratory Medicine
- Student of the Year: Ogechi Umeokoli
- Nurse Mentor of the Year: Kim Geyrozaga
- Nurse of the Year Runner Up: Rommel Pengson
- Nurse of the Year: Sally Pannifex

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Awards

It has been quite a month for recognition at St George's:

Arlene Wellman, Group Chief Nursing Officer

Our Group CNO, Arlene Wellman, was awarded her MBE at Windsor Castle by HRH Prince Charles at the end of April. I'm incredibly proud of Arlene and she massively deserves this recognition and honour. She is a fantastic role model and visible leader who listens to staff and flies the flag for the thousands of nurses, midwives and health care support workers across our hospital group.

Jenni Doman

I am especially pleased to report that Jenni Doman, our Director of Estates & Facilities and Non-Clinical Staff Governor, has been shortlisted for the Health Estates and Facilities Management Association Leader of the year. Jenni was nominated by her line manager Andrew Asbury, Director of Estates and Facilities, who collected supporting comments from a range of staff who spoke of her commitment to patient care and described her as the 'ultimate problem solver' who goes out of her way to look after all our staff. Jenni is already a winner in my eyes.

Baby Surgeons documentary

St George's documentary 'Baby Surgeons: Delivering Miracles' has been nominated for a BAFTA. The documentary was filmed inside our fetal medicine, neonatal and maternity units at St George's. and follows the extraordinary work of our staff as they treat women experiencing rare and complex pregnancies.

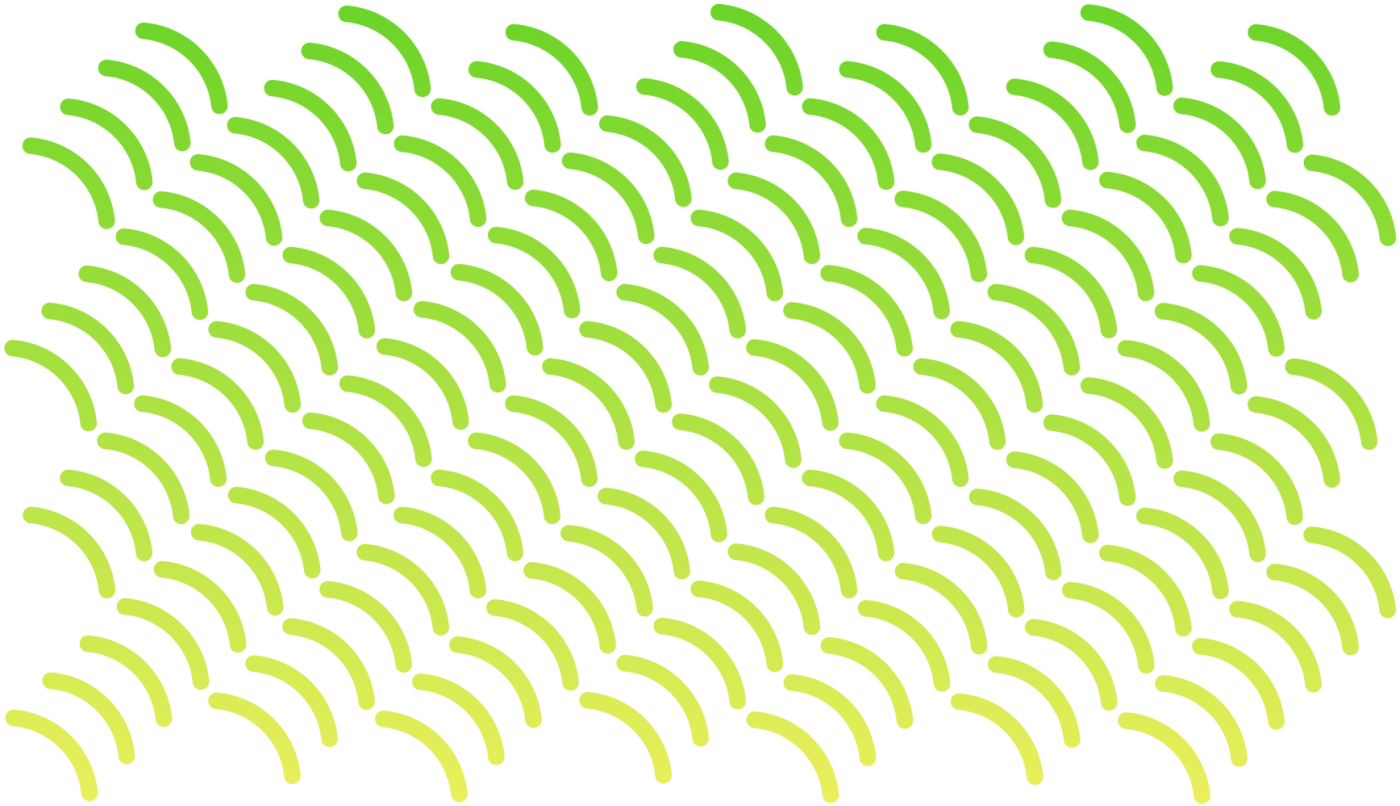
Celebrating our Outstanding Paediatric Services: Awards Ceremony

On 12 May 2022, our paediatric services held a special recognition event and awards ceremony to celebrate the excellent work that teams across the directorate have demonstrated over the last few years. The event was also a belated celebration for Children's services being rated as Outstanding in the most recent CQC inspection (the event had to be postponed at the time due to the pandemic)

Other

And finally, I too was recognised last month. I am proud to be named as one HSJ's top 50 hospital CEO's - which coincides with my five-year anniversary at St Georges. The 15 strong panel look at a range of criteria including performance during the pandemic, overall performance and the trusts contribution to the wider health and social care system. In my view, HSJ's recognition is for what we have all achieved together – despite the pressure and challenges – and my thanks goes to everyone at George's for helping make this hospital a truly great place to work.

Well done to all our staff who have been recognised with these prestigious award nominations.



Meeting Title:	**Council of Governors**		
Date:	30 May 2022	**Agenda No**	**2.2**
Report Title:	**Group Governance Arrangements: Update**		
Lead Director/ Manager:	Gillian Norton, Chairman		
Report Author:	Stephen Jones, Group Chief Corporate Affairs Officer		
Presented for:	Noting		
Executive Summary:	Further to the Chairman's verbal update to the Council of Governors at its meeting on 10 March 2022, this paper provides an update on the new governance arrangements to support the new St George's, Epsom and St Helier University Hospitals and Health Group. These arrangements were developed through extensive engagement with the Boards of both Trusts between November 2021 and April 2022 and were approved by the Boards of St George's and Epsom and St Helier at their meetings on 5 and 6 May 2022 respectively. While both Boards will continue to meet separately in 2022/23, there are opportunities to bring together a number of the committees of the Boards into 'in common' arrangements, which will help promote greater synergy and learning between the two Trusts, while strengthening assurance across the Group: quality, finance and people committees will meet as committees-in-common, supported by a common agenda which permits for ongoing scrutiny of Trust-specific items. Chairing of the committees-in-common will alternate between the established chairs of the respective ESTH and SGUH committees. The Audit Committees of the two Trusts will meet separately in order to provide assurance to their respective Boards on the robustness of governance and internal control for each separate corporate entity. The Boards will review this later in the year to consider the scope for establishing the Audit Committee on an 'in common' in the future. The SGUH Council of Governors will continue to meet as it does at present. Governors will continue to be able to observe Board Committees, including the new Committees-in-Common with ESTH. This is on the proviso that Governors respect the confidentiality of information relating to ESTH. A single Group Executive has been established and has been in place since 1 February 2022. The Group Executives are the accountable Executive Directors and Board members of both organisations. Each of the Managing Directors, for ESTH, SGUH and Integrated Care will lead a site-based leadership team which is tailored to the specific needs of each site.		
Recommendation:	The Council of Governors is asked to note the update on the new Group governance arrangements.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well-Led		

NHS System Oversight Framework:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	Failure to put in place effective group governance arrangements that reflect the statutory and regulatory position of the two Trusts could impact on regulatory or statutory compliance or otherwise undermine the integrity of the governance of either Trust. The proposals set out in this paper ensure that each Trust continues to operate with effective Board and Committee structures and processes which are robust both at group and trust level.		
Legal/Regulatory:	As sovereign statutory organisations, each trust is required to have in place effective systems of governance and internal control. The group governance arrangements set out in this paper take account of this.		
Resources:	There are no specific material resource implications in relation to the governance arrangements set out in this paper. However, the strategic case for the establishment of the group identifies potential efficiencies and enhanced sustainability of both organisations as a result of the formation of the group.		
Equality and Diversity:	The proposals set out in this paper ensure that there continues to be in place effective and robust arrangements for the scrutiny of and assurance in relation to equality, diversity and inclusion issues impacting on patients and staff.		
Previously Considered by:	SGUH Board of Directors ESTH Board of Directors	**Date**	5 May 2022 6 May 2022
Appendices:	Appendix 1: Memorandum of Understanding		

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Developing the St George's, Epsom and St Helier University Hospitals and Health Group:

Update to the St George's Council of Governors on the new Group governance arrangements

30 May 2022

Executive Summary

St George's University Hospitals NHS Foundation Trust

Purpose

Further to the Chairman's verbal update to the Council of Governors at its meeting on 10 March 2022, this paper provides an update on the new governance arrangements to support the new St George's, Epsom and St Helier University Hospitals and Health Group. These arrangements were developed through extensive engagement with the Boards of both Trusts between November 2021 and April 2022 and were approved by the Boards of St George's and Epsom and St Helier at their meetings on 5 and 6 May 2022 respectively.

The paper includes:

- An overview of the new governance framework.
- Details of the establishment of Board Committees-in-Common across the quality, finance and people committees
- The agreed Memorandum of Understanding (MoU) between the two Trusts, which provides a clear framework for closer collaboration between the two organisations which will be achieved through the formation of the Group
- A summary of the agreed Information Sharing Agreement between the Trusts, which provides a framework through which the two sovereign Trusts can share information for the purposes of the Group as set out in the MoU.

Background

After years of collaboration and creating closer working ties, Epsom and St Helier University Hospitals NHS Trust (ESTH) and St George's University Hospitals NHS Foundation Trust (SGUH) have formed a hospital group, the St George's, Epsom and St Helier University Hospitals and Health Group (GESH). Working as a hospital group enables greater joined-up decision-making for the benefit of local people, a larger and more resilient workforce, reduced variation in levels of care, and greater access to a wider range of clinical services for the patients of both organisations. The Trusts remain separate legal entities but with a single executive team and harmonised corporate governance arrangements which enable and support closer collaborative working.

Group governance arrangements

- While both Boards will continue to meet separately in 2022/23, there are opportunities to bring together a number of the committees of the Boards into 'in common' arrangements, which will help promote greater synergy and learning between the two Trusts, while strengthening assurance across the Group: quality, finance and people committees will meet as committees-in-common, supported by a common agenda which permits for ongoing scrutiny of Trust-specific items. Chairing of the committees-in-common will alternate between the established chairs of the respective ESTH and SGUH committees.

Executive Summary

St George's University Hospitals NHS Foundation Trust

- The Audit Committees of the two Trusts will meet separately in order to provide assurance to their respective boards on the robustness of governance and internal control for each separate corporate entity. The Boards will review this later in the year to consider the scope for establishing the Audit Committee on an 'in common' in the future.

- The SGUH Council of Governors will continue to meet as it does at present. Governors will continue to be able to observe Board Committees, including the new Committees-in-Common with ESTH. This is on the proviso that Governors respect the confidentiality of information relating to ESTH.

- A single Group Executive has been established and has been in place since 1 February 2022. The Group Executives are the accountable Executive Directors and Board members of both organisations. Each of the Managing Directors, for ESTH, SGUH and Integrated Care will lead a site-based leadership team which is tailored to the specific needs of each site.

Memorandum of Understanding and Information Sharing Agreement

To support the establishment of the new St George's, Epsom and St Helier University Hospitals and Health Group, a Memorandum of Understanding (MoU) and a Information Sharing Agreement (ISA) have been agreed between the two Trusts and approved by the Boards. Together, the MoU and ISA provide a robust framework to support the collaborative arrangements provided for through the group model. These will, of course, need to be reviewed and updated as the collaboration through the Group develops.

Recommendations

The Council of Governors is asked to note the update on the new Group governance arrangements.

2. Group Governance Structure (1 of 4)
Overview

St George's University Hospitals NHS Foundation Trust

Under the new Group arrangements, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust remain separate legal entities.

As such, each Trust within the Group will continue to be led by their Board of Directors, under the leadership of a Group Chairman. The Board of Directors for each Trust will continue to be responsible for setting strategy, ensuring accountability, and shaping a healthy culture. Each Board will hold separate meetings in public every other month. Board development will be undertaken on a group-wide basis.

A new cycle of meeting dates had been introduced, where the Boards meet on consecutive days on the first Thursday and Friday of the month. The Boards of both organisations have resumed in-person Board meetings. At St George's, Governors and members of the public will be able to attend meetings of the Boards held in public, and will be able to submit questions in advance of Board meetings. Governors will continue to be able to observe private Board meetings.

Each Board is supported by a Committee structure which provides the Board with assurance in relation to the issues within its remit. The quality, finance and people committees are now meeting 'in common', which supports greater collaboration, closer working, and enhanced learning between the two Trusts. Committees established on a Trust-specific basis continue to meet separately.

The Group Executive Directors are the accountable Executive Directors of each Trust and the members of the respective Boards. Each of the Managing Directors - for ESTH, SGUH and Integrated Care - lead a site-based leadership team which is tailored to the specific needs of each site.

A Group Operating Model has been developed which sets out the role of the Group Executive and the role of the site-based leadership teams. The following principles underpin the Group Operating Model:

- Focus on the delivery of benefits to our patients and staff working together as a Group;
- Deliver on our aspiration to be clinically-led organisations: empowering clinical teams to develop solutions to their problems, supporting clinical leaders to see and lead all aspects of their service, and ensuring clinicians shape every aspect of how the organisations run;
- Take decisions that affect the Group with a single mind, and foster a collective / shared purpose across the wider leadership teams;
- Empower site teams to deliver, and delegate decision-making authority to the lowest appropriate level, supported by a common accountability framework;
- Ensure clarity of roles and responsibilities at all levels across the Group to avoid duplication, supported by a standardised governance framework across the sites;
- Support clinical collaboration and reduce unwarranted clinical variation whilst supporting sites to respond to the different needs of their local communities and to actively embrace the local cultures of the different sites;
- Recognise the continuing legal and regulatory requirements of the Trusts as sovereign statutory organisations – and internal accountabilities of Group Executives and Board members of each Trust.

2. Group Governance Structure (2 of 4)
Overview

St George's University Hospitals NHS Foundation Trust

In high level terms, the Group Operating Model provides for the following:

Accountability for day-to-day operations, safety and performance is devolved to sites. This includes responsibility for: implementation of Group strategy at site level; local service transformation; oversight of clinical safety; delivery of operational performance standards; delivery of control total and cost improvement plans; site-based workforce planning; site-level risk management; management of local estates and site infrastructure; oversight of place interface; and oversight of research and educational delivery.

The Group Executive is responsible for strategic direction and support to sites. This includes: development of Group-wide strategy; oversight of Group benefits; enabling site performance; developing Group-wide policies, standards and frameworks; developing a Group-wide approach to risk; leadership of corporate governance; promoting cultural alignment across the Group; leading equality, diversity and inclusion across the Group; leading engagement with the ICSs; and development Group-wide communications.

The Group Executive and Sites are developing collaborative ways of working, which will include matrix working, joint Group and Site teams meeting jointly to solve key challenges, with a range of mechanisms to ensure that collectively grip is maintained on quality, operational performance, and finance and effective assurance is provided upwards to the two Boards.

The Group Executive is developing plans for the establishment of Group-wide corporate services where these plans assist in the delivery of the anticipated Group benefits.

The new structure supports enhanced oversight and assurance across the two Trusts, as well as enhance the Trusts' effectiveness working at Place, with the South West London and Surrey Downs Integrated Care Systems, and with regional and national bodies.

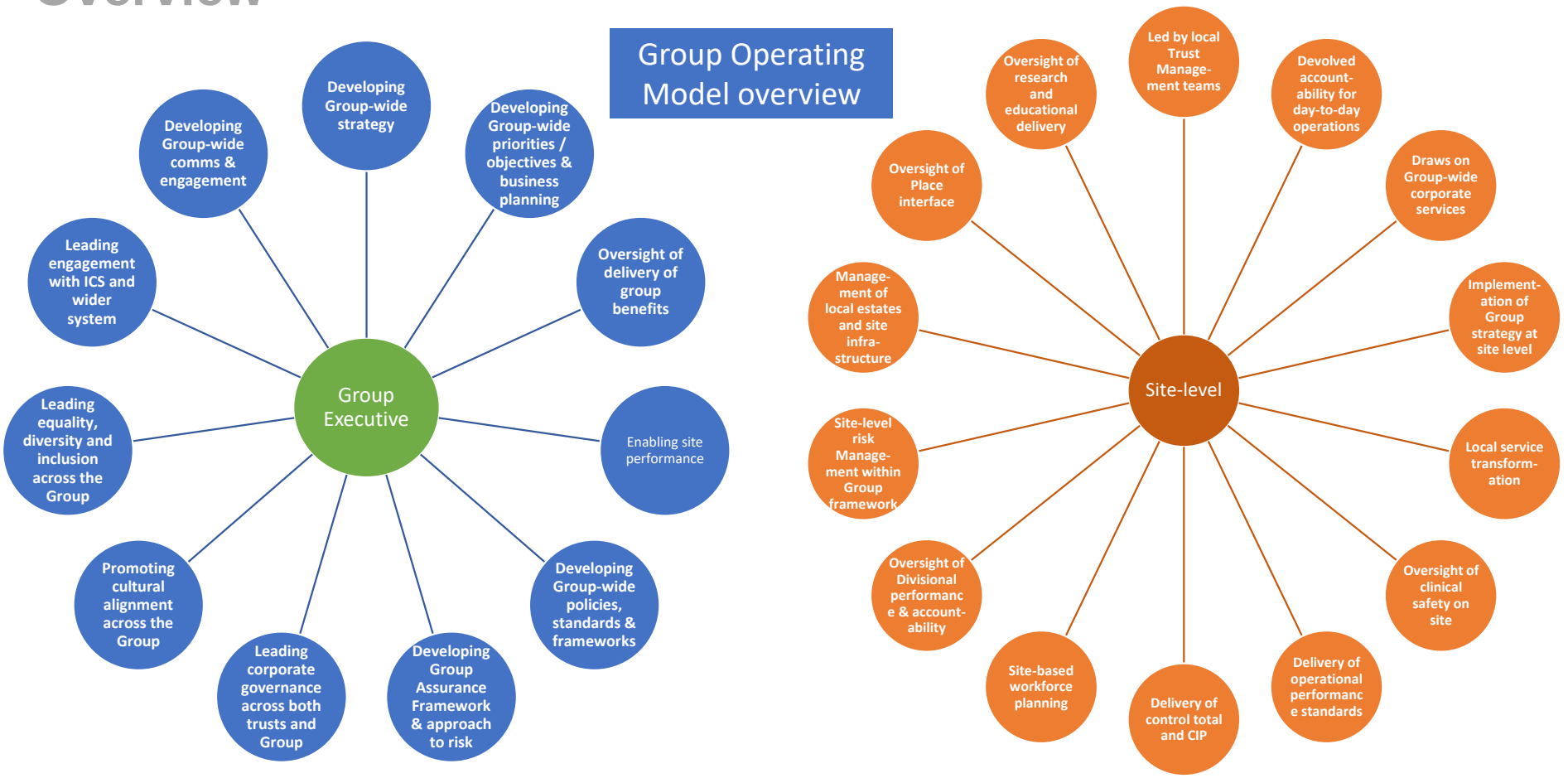
Collaboration will be furthered by the development of clinical networks between clinical teams across the organisations.

An overview of the responsibilities of the Group Executive and Site-based leadership teams, as set out in the Group Operating Model, is set out on slide 6.

An overview of the governance structures at Board and Committee level is set out on slide 7.

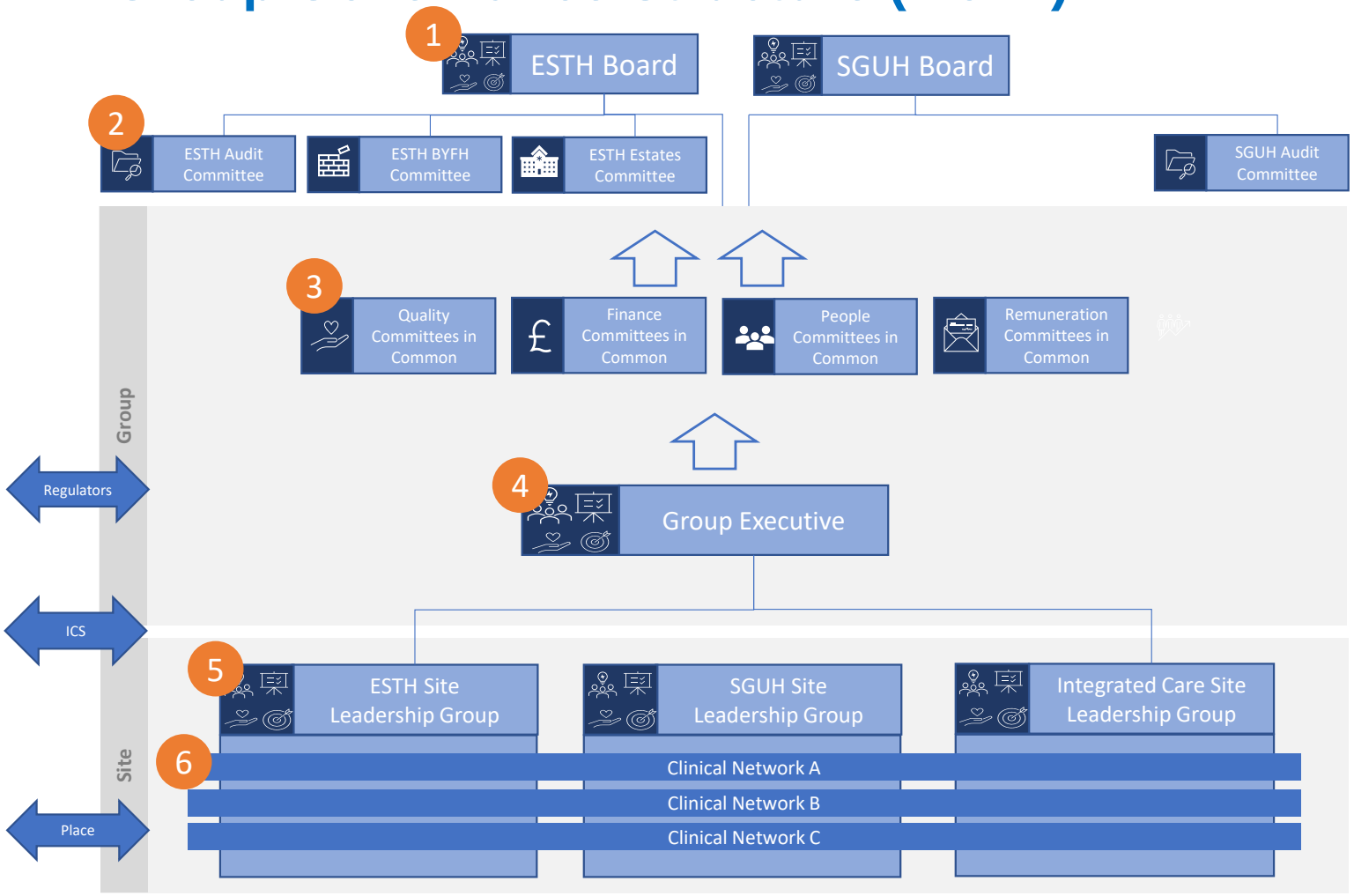
2. Group Governance Structure (3 of 4)
Overview

St George's University Hospitals NHS Foundation Trust



2. Group Governance Structure (4 of 4)

St George's University Hospitals
NHS Foundation Trust



1. **Boards** set strategy, hold Executive accountable and shape culture for each sovereign Trust
2. **Audit Committees** provide Trust-specific scrutiny of internal control, governance and compliance
3. **Committees-in-Common** meet concurrently and provide assurance to each Board on issues within their remit.
4. **Group Executive** responsible for developing strategy, ensuring robust governance, developing culture and leading system engagement
5. **Site leadership** with devolved accountability for day-to-day operations, safety and performance managed through local Trust Management Groups
6. **Clinical networks** across Trusts develop collaboration between teams, led by local clinicians, aligned with divisions

3. Board Committees

Developing ‘in-common’ arrangements

St George's University Hospitals NHS Foundation Trust

To promote greater scope for greater collaboration, enhanced assurance and shared learning, the quality, finance and people committees are now meeting ‘in common’.

- Under these arrangements, Board Committees for each trust are constituted with their own separate chairs, their own memberships, and need to be quorate in their own right.
- Meetings of ‘in common’ committees are chaired by one of the two committee chairs on an alternating basis. Finance Committee has a common chair across both Trusts.
- Meetings of ‘in common’ committees will operate with a single agenda, developed to cover the respective assurance needs of both committees and Boards.
- These single agendas will provide for both common agenda items as well as items that are specific to an individual trust.
- A single set of minutes and a common action log will be prepared for the committees-in-common.
- Audit Committees are continuing to meet separately in order to provide assurance to their respective boards on the robustness of governance and internal control for each separate corporate entity.

A summary of the role, key duties, standard monthly reports, membership and attendance for each of the proposed committees-in-common are set out in slides 9-11. The detailed Terms of Reference for the Quality and Finance Committees were approved by the Boards in May 2022. The Terms of Reference for the People Committee will be presented to the Board following review by the People Committee in June 2022.

The key points to highlight in terms of changes to the committees’ proposed responsibilities are:

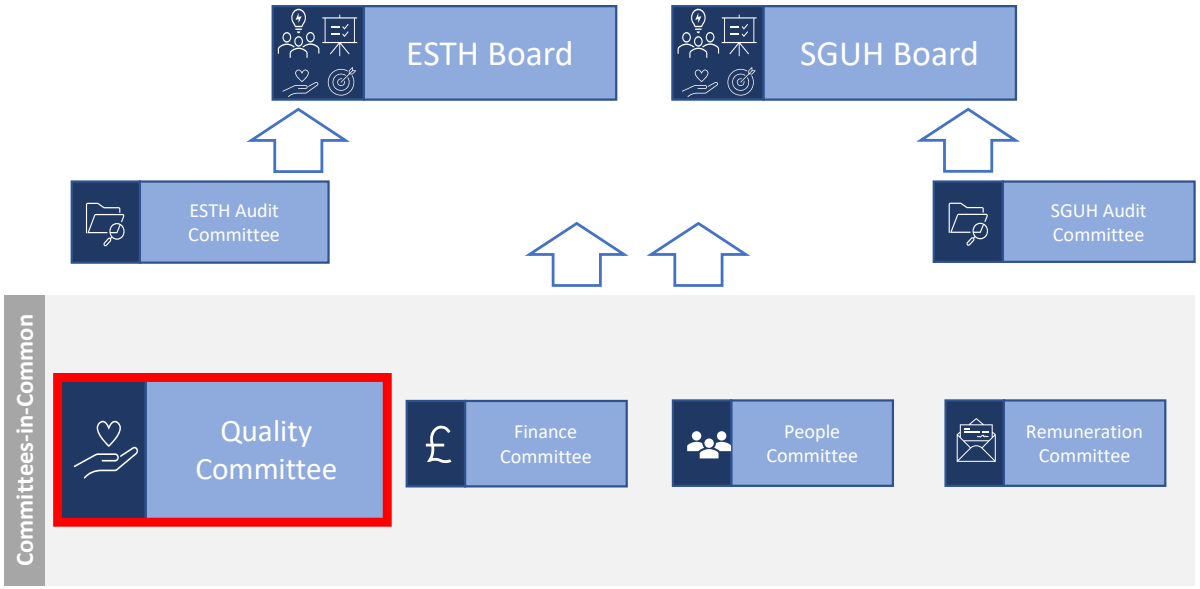
- Patient-related equality, diversity and inclusion issues have been brought within the scope of the Quality Committee;
- Health and safety has been transferred from the Quality Committee to the Finance Committee given the synergy between this and the estates roles of the Finance Committee

3. Board Committees
Quality Committee

St George's University Hospitals NHS Foundation Trust

Role

The role of the Quality Committee is to provide assurance to the Board on the quality of care provided by the Trust, specifically in relation to patient safety, clinical governance and effectiveness, and patient experience. The Committee is responsible for ensuring the Trust has in place appropriate quality and clinical governance systems, processes and controls to achieve high quality care; to identify and review key themes and trends in quality indicators, assess risks to the delivery of high quality care, and oversee the implementation of the quality and safety strategy and associated plans.



Key duties

- Patient safety
- Clinical Effectiveness
- Patient Experience
- Research
- Health and Safety

Standard reports

- Quality Performance Report
- Serious Incidents
- Safe Staffing
- Risk Report
- Deep Dive

Membership

- x4 NEDs (inc. Committee Chair)
- Group Chief Medical Officer
- Group Chief Nursing Officer & DIPC
- Managing Director(s)

Regular attendees – at all meetings

- Trust Chief Medical Officers
- Trust Chief Nursing Officers
- Trust Chief Operating Officers
- Director of Quality
- Governance & Compliance
- Group Chief Corporate Affairs Officer

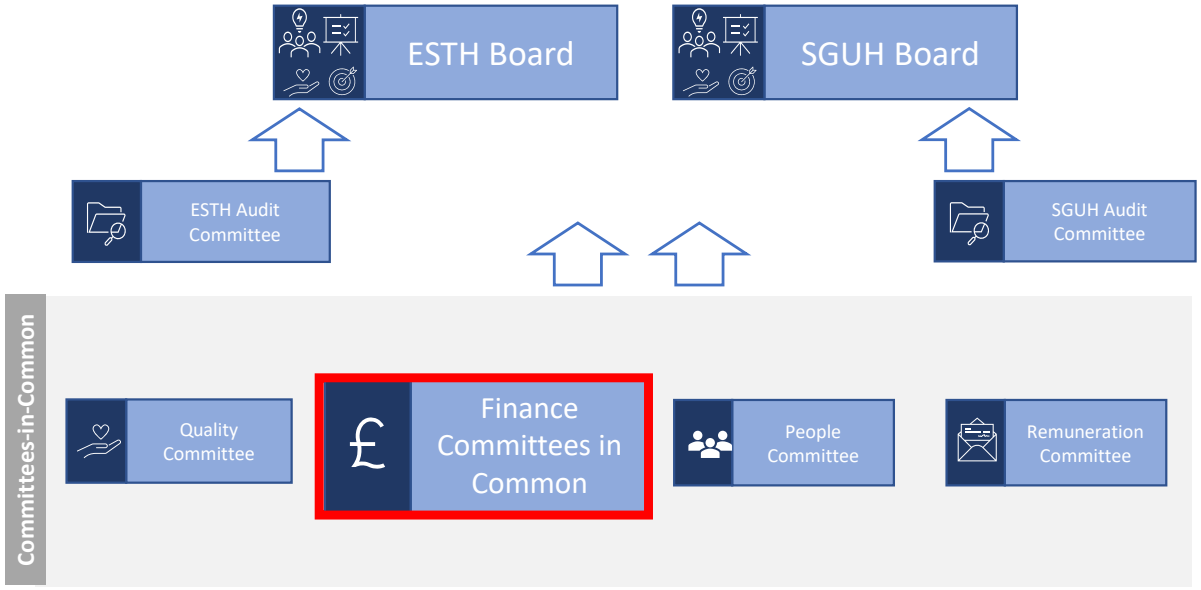
3. Board Committees
Finance Committee

St George's University Hospitals NHS Foundation Trust

Role

The role of the Finance Committee is to assist the Board in maximising its healthcare provision within the available constraints by:

- Approving the annual financial plan and reviewing financial performance to ensure the Trust achieves its financial goals and uses public funds wisely
- Approving the annual operational plan and reviewing performance to ensure the trust achieves its annual performance targets
- Reviewing and approving investment in service development opportunities and approving tenders
- Overseeing management of the Trust's estates, facilities and IT services



Key duties

- Financial and Business Planning
- Financial strategy and management
- Procurement
- Business cases, benefits realisation
- Operational performance
- ICT
- Estates

Standard reports

- Monthly Finance Report
- Financial Planning Report
- Integrated Performance Report
- Risk Reports
- Business Cases

Membership

- x4 NEDs (inc. Committee Chair)
- Group Chief Finance Officer
- Group Deputy CEO
- Group Chief Medical Officer **or** Group Chief Nursing Officer & DIPC
- Managing Director(s)

Regular attendees – at all meetings

- Deputy CFO (both sites)
- Trust Chief Operating Officers
- Chief Digital Officer
- Group Chief Corporate Affairs Officer

3. Board Committees
People Committee

NHS
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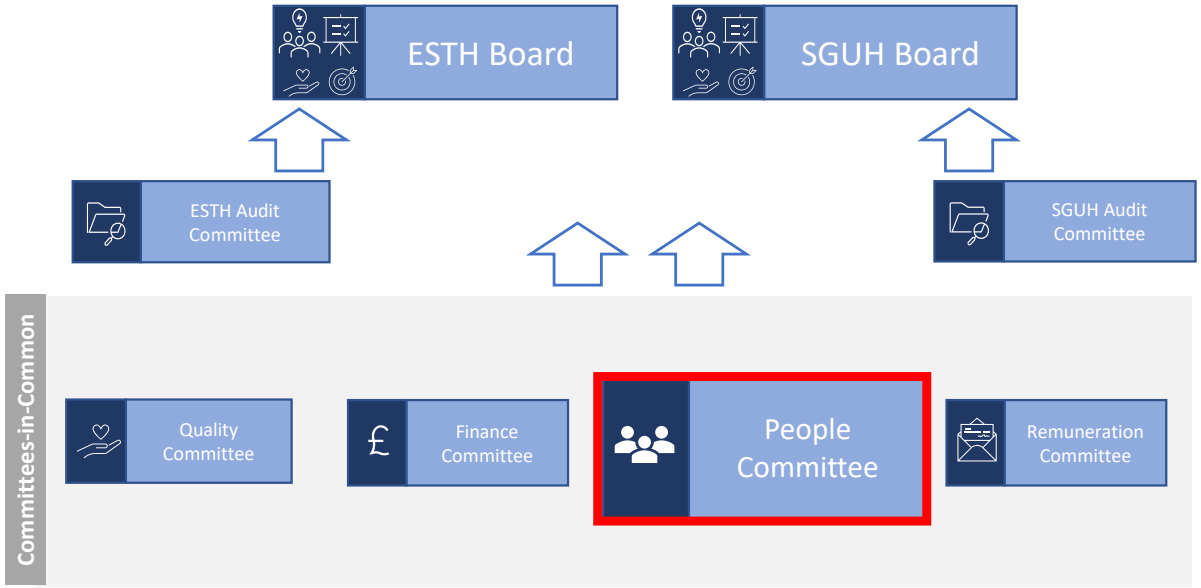
NHS Foundation Trust

Role

The role of the People Committee is to provide assurance to the Board on the delivery of the Trust's strategies and action plans in relation to workforce. The Committee is responsible for overseeing and monitoring workforce planning, employee relations, education, staff health and wellbeing, and the impact of workforce on the overall performance of the Trust. It oversees the work of the Trust in developing organisational culture and values. It is responsible for seeking assurance in relation to equality, diversity and inclusion within the Trust's workforce.



Key duties

- Workforce Planning
- Employee Relations
- Staff Engagement
- Culture
- Equality and Diversity
- Education and Development

Standard reports

- Workforce KPIs
- Diversity and inclusion report
- Risk Report
- Deep dive

Membership

- x4 NEDs (inc. Committee Chair)
- Group Chief People Officer
- Group Chief Medical Officer
- **or** Group Chief Nursing Officer & DIPC
- Group Chief Finance Officer
- Managing Director(s)

Regular attendees – at all meetings

- Deputy CPO – OD & Culture
- Deputy CPO – HR Ops
- HR Director of Strategy, Planning and Change
- People Director
- Group Chief Corporate Affairs Officer

4. Memorandum of Understanding

A framework for closer collaboration

St George's University Hospitals NHS Foundation Trust

Under the new Group arrangements, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust remain separate legal entities. As such it is important that there is a clear framework for the closer collaboration between the two organisations which will be achieved through the formation of the Group.

A Memorandum of Understanding (MoU) has been agreed between ESTH and SGUH. An MoU is not legally binding, but sets out the agreement reached between the Trusts and their expectations of each other.

The draft MoU sets out:

a) The parties to the Memorandum, and summary background to the Trusts;

b) The purpose of the Memorandum in setting out the intentions and responsibilities of the parties

c) The purpose and scope of the Group, drawing on the strategic case

d) The governance of the Group, including leadership and management arrangements at Group and site level, corporate governance arrangements including the ongoing sovereignty of the two Trusts and their respective Boards and the establishment of committees-in-common, the principles informing the Group operating model;

e) Provisions for the duration, variation and termination of the MoU;

f) Processes for resolving disagreements and disputes arising from the establishment of the Group as provided for under the MoU;

g) Provisions relating to charges and liabilities of the parties;

h) Provisions, at a high level, relating to the sharing of information, with the expectation that an Information Sharing Agreement is incorporated as a Schedule to the MoU.

The MoU, by necessity, will need to be reviewed and updated as the Group develops and the wider collaboration between the Trusts evolves. The MoU is therefore drafted in such a way as to capture the core elements of the collaboration agreed by the Trusts as set out in the Strategic Case and core information related to the purpose, scope and governance of the Group, rather than seeking to set out every potential future area of collaboration between the Trusts. It therefore seeks to provide a high level framework for realising the purpose of establishing the Group rather than a detailed operating framework.

5. Information Sharing Agreement

A framework for the lawful sharing of information

St George's University Hospitals NHS Foundation Trust

The Information Sharing Agreement provides a framework through which the two sovereign Trusts can share information for the purposes of the Group as set out in the MoU. Given that the Group has been established in order to enhance clinical quality and sustainability including delivering services jointly, to maximise capacity of management resources to deliver change, to deliver corporate functions more effectively, and to speak with one voice to key stakeholders, amongst other objectives, it is clear that the Trusts will need to share a range of information in order to realise the purposes and anticipated benefits of the Group. This information is likely to include the sharing of personal data, including some special categories of personal data, as well as other confidential information. An ISA is necessary to set out how the Trusts will ensure that this data sharing will comply with the requirements of relevant data protection legislation and confidentiality obligations, and how the Trusts will assist each other to ensure compliance.

Specifically, it is important to ensure that we have a robust information sharing arrangements that:

- Supports and facilitates the identification and implementation of opportunities for closer collaboration and joint working across the Trusts, particularly clinical collaboration between clinical teams
- Ensures Group Executives and Non-Executives with joint appointments (who are accountable directors at both Trusts) are able to access information they need to discharge their responsibilities.
- Enables the sharing of confidential corporate information (such as Board and Committee papers) with individuals from the “other” Trust.
- Supports the establishment of group-wide corporate functions
- Ensures both Trusts meet their statutory and regulatory obligations in relation to data protection legislation at all times, including in relation to shared personal data, special categories of data, and other confidential information.

The draft ISA sets out:

- The intention and scope of the ISA;
- The agreed purposes for the sharing of personal data and other confidential information;
- The types of shared personal data that would be relevant to the ISA;
- The commitment of both Trusts to comply with data protection legislation;
- Provisions for role-based access to ensure only staff who have a need to know have access to share personal data;
- Arrangements for data retention and storage;
- Provisions relating to personal data breaches;
- Provisions for the resolution of disputes with data subjects or the Information Commissioner;
- Provisions for the review and termination of the ISA

As with the MoU, the ISA will, by necessity, will need to be reviewed and updated as the Group develops and the wider collaboration between the Trusts evolves.

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NHS Foundation Trust

Memorandum of Understanding

May 2022

Epsom and St Helier University Hospitals NHS Trust

St George's University Hospitals NHS Foundation Trust

Contents

Epsom and St Helier University Hospitals NHS Trust

St George's University Hospitals NHS Foundation Trust

1. Introduction

1.1 After years of collaboration and creating closer working ties, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust ("**the Trusts**") have formed a hospital group, the St George's, Epsom and St Helier University Hospitals and Health Group ("**the Group**").

1.2 Working as a hospital group enables greater joined-up decision-making for the benefit of local people, a larger and more resilient clinical workforce, reduced variation in levels of care, and greater access to a wider range of services for our patients. The Trusts remain separate legal entities but with a single executive team and harmonised corporate governance arrangements which enable and support closer collaborative working.

1.3 This Memorandum of Understanding is an agreement between the Trusts which sets out the framework through which we are formalising our shared commitment to working more closely together.

2. Parties to the Memorandum

2.1 The parties to this Memorandum are:

- Epsom and St Helier University Hospitals NHS Trust; and
- St George's University Hospitals NHS Foundation Trust

2.2 As parties to the MoU, the Trusts agree to the governance and accountability arrangements set out herein, commit to the vision and principles of the Group, and to maximising the benefits to patients and local communities of strengthening the collaboration between the Trusts.

Background to the Trusts

2.3 Epsom and St Helier University Hospitals NHS Trust (ESTH) is an acute, community and specialist renal services provider based in South West London and Surrey. ESTH provides local hospital services in the London boroughs of Sutton and Merton and the Surry boroughs/districts of Epsom and Ewell, Mole Valley, Elmbridge and Reigate, and Banstead. ESTH operates from two principal sites: St Helier Hospital (SHH) in the London borough of Sutton; and Epsom General Hospital (EGH) in Surrey. In 2020, via the Improving Healthcare Together programme, the Trust secured approval to develop a new Specialist Emergency Care Hospital (SECH) at the Sutton Hospital site in Belmont, Sutton. Under this plan, now termed Building Your Future Hospitals (BYFH) programme, the Trust will retain district hospital services at both SHH and EGH, centralising six major acute services at the SECH. The Trust employs around 6,500 staff.

2.4 St George's University Hospitals NHS Foundation Trust (SGUH) is an acute and specialist services provider based in South West London. SGUH provides local hospital services to the London boroughs of Wandsworth, Merton and south west Lambeth, and a range of specialist services to South West London, Surrey, Sussex and beyond, including major trauma, cancer services, paediatrics, and neurosciences.

SGUH operates from two principal sites: St George's Hospital (SGH) in Tooting, and Queen Mary's Hospital in Roehampton, with additional services provided from St John's Centre in Battersea and the Nelson Hospital in Raynes Park, Merton, as well as a number of community premises. The Trust employs around 9,300 staff.

2.5 Taken together, provision by ESTH and SGUH stretches across a population of around 3 million in South West London and Surrey. Both Trusts operate within the South West London Integrated Care System, with SGUH principally involved in Merton and Wandsworth and ESTH via Sutton Health and Care. ESTH also operates within the Surrey Heartlands Integrated Care System. SGUH's specialist provision and ESTH's specialist renal provision extends into other localities in Surrey Heartlands Integrated Care System and Frimley Health and Care Integrated Care System.

3. Purpose of the Memorandum

3.1 The purpose of this Memorandum is to set out the intentions and responsibilities of the participating Trusts working as the St George's, Epsom and St Helier University Hospitals and Health Group (GESH). In doing so, it codifies the shared ambitions and commitment of the Trusts to work together for the benefit of the patients and communities served by both organisations.

3.2 This Memorandum sets out:

- the purpose of the St George's, Epsom and St Helier University Hospitals and Health Group;
- the principles and operational approach of the Group;
- the governance and accountability arrangements for the Group;
- the arrangements for resolving disagreements and disputes;
- the duration of the agreement;
- provisions for the approval, variation and termination of the agreement;
- the liabilities of the Trusts;
- the arrangements for the sharing of information between the Trusts under the agreement.

3.3 The MoU does not create a new organisation, but rather establishes new ways of working for the benefit of our patients and for meeting the changing needs of our local communities. It does not, and is not intended to, replace or supersede the Standing Orders, Scheme of Delegation, Standing Financial Instructions or the Constitution of either Trust.

3.4 The MoU is not a legal contract between the Trusts. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the parties from this Memorandum. It is a formal understanding between the Trusts which have entered into this Memorandum intending to honour all obligations under it. It is based on the ethos that the Group is established to improve the health and care of people in South West London, Surrey and beyond.

3.5 The MoU does not replace or override the legal and regulatory frameworks that apply to the Trusts as statutory bodies established under the Health and Social Care Act

2006 (as amended). Instead, this Memorandum sits alongside and complements the existing statutory and regulatory frameworks relating to each of the Trusts.

3.6 Nothing in this agreement is intended to, or shall be deemed to, establish any partnership or joint venture between the parties to the Memorandum, constitute a party as the agent of another, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

4. Purpose and scope of the Group

4.1 The overriding purpose of the St George's, Epsom and St Helier University Hospitals and Health Group is to maximise the benefits of collaboration across the two Trusts, in particular:

- Enhanced clinical quality and sustainability through greater scale in the provision of acute, community and specialist care;
- More effective and efficient corporate functions delivered once on behalf of two statutory bodies;
- Maximising the capacity of management resources to deliver change;
- Enhancing the ability of the participating Trusts to speak with one voice to key stakeholders including Integrated Care Systems and regional and national system leaders and to engage effectively at Place;
- Learning from good practice in working with local health and care systems;
- Enhancing co-operation with other Trusts, including through the South West London Acute Provider Collaborative;
- Enabling the Trusts to manage the performance of existing shared services.

4.2 There are significant synergies between the two Trusts' existing strategies and opportunities to enhance and combine the delivery of both strategies through the formation of the Group. The Trusts will work to develop a single Group-wide strategy within which there is a clear articulation of the role and identity of each Trust. This will provide a common sense of direction and clear set of priorities for the years ahead.

4.2 It is expected that the majority of strategic service developments undertaken by the Trusts will benefit from a co-ordinated approach across the Group. Each Trust will remain independently responsible for the planning and delivery of service developments but will ensure a co-ordinated, Group-wide approach is adopted.

4.3 If the Group proposes to establish any partnership or joint venture:

- specific business cases will be prepared for approval by the respective Trusts setting out the costs and benefits on both a Group-wide and Trust basis;
- each business case will set out the terms of any proposed single budget and risk sharing agreement for the initiative.

4.4 The Trusts will continue to be required to submit separate annual plans to NHS England and NHS Improvement annual plans. With the development of a Group-wide

strategy, each Trust's annual plan will be developed in a co-ordinated way across the Group.

Principles informing the Group

4.5 This MoU recognises the sovereignty of the Trusts as independent statutory bodies.

4.6 It recognises that the operation of the Group relies on the agreement of the two boards of directors to delegate powers to groups and individuals to give effect to the Group arrangements.

4.7 To ensure the effective operation of the Group, the Trusts commit to maintain a positive and trusting relationship and promote co-operation and efficient use of resources.

4.8 The Trusts recognise that there will be a need to review the scope and nature of the Group on a regular basis, and that the Group's approach will need to be flexible and responsive and this may necessitate adjustments to the Group model.

4.9 The governance arrangements to take forward the Group will require changes to existing Trust governance so that executive directors are able to operate effectively across the two Trusts.

4.10 The resources that the Trusts commit to the leadership of the Group, as described in this MoU, should used equitably across the Trusts.

5. Governance of the Group

Leadership and management of the Group

5.1 At Executive level, the Group will be led by a Group Executive Team consisting of the posts set out below, all of which are joint appointments across the Trusts:

- Group Chief Executive Officer, who will act as the accountable officer for each of the Trusts;
- Group Deputy Chief Executive Officer;
- Group Chief Medical Officer;
- Group Chief Nursing Officer;
- Group Chief Financial Officer;
- Group Chief People Officer;
- Group Chief Corporate Affairs Officer;
- Group Chief Communications Officer;
- Managing Director – Epsom and St Helier
- Managing Director – St George's
- Managing Director – Integrated Care

5.2 The Group Executives will act as the relevant chief officers of each Trust.[1]

5.3 Each of the Managing Directors (for ESTH, SGUH and Integrated Care) will lead a site-based leadership team which is structured for the specific needs of each site.

Group governance arrangements

5.1 Each Trust within the Group will continue to be led by their Board of Directors, under the leadership of a Group Chairman. The Board of Directors for each Trust will continue to be responsible for setting strategy, ensuring accountability, and shaping a healthy culture. Each Board will hold separate meetings in public every other month. Board development will be undertaken on a group-wide basis.

5.2 Each Board will be supported by a Committee structure which will provide the Board with assurance in relation to the issues within its terms of reference.

5.3 Under the Group arrangements, each Board's Committee structure will provide for meetings to be held 'in common' with the corresponding Committee of the other Trust for the following Committees:

- Quality Committee
- Finance Committee
- People Committee

5.4 The following arrangements will apply to meetings of Committees-in-Common:

- A common terms of reference will apply for each in common Committee;
- Each Committee (from each Trust) will need to be constituted and quorate in its own right;
- The chairing of meetings will alternate between the chair's of each Trust's Committee;
- Meetings will operate with a single agenda, which will provide for reports from each Trust on the same subject to be taken under the same agenda item, and items specific to each Trust to be taken separately on the agenda;
- A single set of minutes for each meeting will be prepared.
- A common format of agendas, minutes, action logs, and papers will be used;
- Governors from SGUH will be permitted to attend as observers.

5.5 In order to provide assurance to their respective Boards on governance, risk and internal control, each Trust's Audit Committee will meet separately for the first year of the operation of the Group, after which this will be reviewed.

5.6 All other Board Committees will be held on a Trust-specific basis.

[1] Managing Directors are Executive Directors of the Trust for which they hold functional responsibilities.

5.7 The core governance documents for the Group will be the individual Establishment Orders / Constitutions, Standing Orders, Schemes of Delegation, and Standing Financial Instructions of the constituent Trusts. These documents will be developed to reflect the new Group arrangements and will be developed to ensure consistency in process and delegations within the Trusts across the Group.

5.8 The Boards of each Trust will provide effective oversight of the management of the interests of directors that relate to the Group.

5.9 The Group will develop a 'governance manual' which will describe the system of governance, assurance and internal control at Trust and Group level, with reference to the two organisations.

Group operating model

5.10 A Group Operating Model will be prepared which will set out the role of the Group Executive and the role of the site-based leadership teams. The following principles underpin the Group Operating Model:

- Focus on the delivery of benefits to our patients and staff working together as a Group;
- Deliver on our aspiration to be clinically-led organisations: empowering clinical teams to develop solutions to their problems, supporting clinical leaders to see and lead all aspects of their service, and ensuring clinicians shape every aspect of how the organisations run;
- Take decisions that affect the Group with a single mind, and foster a collective / shared purpose across the wider leadership teams;
- Empower site teams to deliver, and delegate decision-making authority to the lowest appropriate level, supported by a common accountability framework;
- Ensure clarity of roles and responsibilities at all levels across the Group to avoid duplication, supported by a standardised governance framework across the sites;
- Support clinical collaboration and reduce unwarranted clinical variation whilst supporting sites to respond to the different needs of their local communities and to actively embrace the local cultures of the different sites;
- Recognise the continuing legal and regulatory requirements of the Trusts as sovereign statutory organisations – and internal accountabilities of Group Executives and Board members of each Trust.

5.11 In high level terms, the approach to the Group Operating Model will provide for the following:

- Accountability for day-to-day operations, safety and performance will be devolved to sites. This would include responsibility for: implementation of Group strategy at site level; local service transformation; oversight of clinical safety; delivery of operational performance standards; delivery of control total and cost improvement plans; site-based workforce planning; site-level risk management; management of local estates and site infrastructure; oversight of place interface; and oversight of research and educational delivery.

- The Group Executive will be responsible for strategic direction and support to sites. This will include: development of Group-wide strategy; oversight of Group benefits; enabling site performance; developing Group-wide policies, standards and frameworks; developing a Group-wide approach to risk; leadership of corporate governance; promoting cultural alignment across the Group; leading equality, diversity and inclusion across the Group; leading engagement with the ICSs; and development Group-wide communications.
- The Group Executive and Sites will develop collaborative ways of working, which will include matrix working, joint Group and Site teams meeting jointly to solve key challenges, with a range of mechanisms to ensure that collectively grip is maintained on quality, operational performance, and finance and effective assurance is provided upwards to the two Boards.

Group shared services

5.12 The Group Executive will develop plans for the establishment of Group-wide corporate services where these plans assist in the delivery of the anticipated Group benefits.

5.13 Any Group-wide corporate services will be developed within a framework which will set out clearly arrangements for the hosting and / or employment of staff, arrangements for establishing service level agreements and cross charging mechanisms and rates, exit arrangements, and communications plans. Once developed, these arrangements will be incorporated as a schedule to this Memorandum.

6. Duration

6.1 This MoU shall commence on the date of the signature of the parties, following review and approval by the two boards of directors.

6.2 The agreement shall be reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Group. It shall thereafter be subject to an annual review of the arrangements by the boards of directors of the parties.

7. Variation

7.1 This Memorandum, and any schedules to it, may only be varied by written agreement of both parties, following review and approval by the Trusts' boards of directors.

8. Termination

8.1 The agreement shall remain in force until it is terminated. Either of the Trusts may terminate this agreement with the approval of its board of directors by giving a minimum of six months' notice in writing. Where a notice for termination of the agreement (served by either of the Trusts in accordance with the provisions of paragraph 5.2) expires on the last day of the financial year, the agreement shall terminate on that date. Where the notice expires on any other date, the agreement shall terminate at the end of the financial year in which the notice expires.

9. Resolving disagreements and disputes

9.1 The Trusts will be led by their individual boards of directors, under the leadership of a Group Chairman and Group Chief Executive, supported by a Group Executive team. These arrangements are expected to minimise the scope for disagreements and disputes between the Trusts.

9.2 In the event of disagreements and disputes, the Trusts will take all reasonable steps to reach a mutually acceptable resolution and will attempt to resolve disputes in good faith at the lowest possible level. Decisions on matters related to the overall governance of the Group are reserved to the boards of directors of each Trust.

10. Charges and liabilities

10.1 Except as otherwise provided, the Trusts shall each bear their own costs and expenses incurred in complying with their obligations under this agreement.

10.2 By separate agreement, the Trusts may agree to share specific costs and expenses (or equivalent) arising in respect of the agreement between them.

10.3 The Trusts shall each remain liable for any losses or liabilities incurred due to their own or their employees' actions.

11. Sharing of information

11.1 The Trusts will provide to each other all information that is reasonably required in order to achieve the objectives of the establishment of the Group as provided for in this Memorandum.

11.2 The Trusts have developed a separate information sharing agreement to facilitate joint working and the effective discharge of roles and functions which work across the group. This information Sharing Agreement is attached as Schedule 1 to this Memorandum.

11.3 The Trusts recognise they have obligations to comply with data protection legislation. The Trusts will therefore ensure that they share information, and in particular personal data, including special categories of personal data and other confidential information, in such a way that is compliant with data protection legislation.

11.4 Each Trust shall keep in strictest confidence all confidential information it receives from another party to this agreement except to the extent that such confidential information is required by law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by one of the parties. Each party shall use confidential information received from another party solely for the purpose of complying with its obligations under this Memorandum and for no other purpose. No party shall use any confidential information received under this Memorandum for any other purpose including its own commercial gain outside of the Group or to inform any competitive bid without the express written permission of the disclosing party.

11.5 To the extent that any confidential information is covered or protected by legal privilege, then disclosing such confidential information to the other party to this Memorandum does not constitute a waiver of privilege or of any rights which a party may have in respect of such confidential information.

11.6 Nothing in this paragraph will affect the parties' regulatory or statutory obligations, including but not limited to competition law and data protection law.

XXXX 2022

Meeting Title:	**Council of Governors**		
Date:	30 May 2022	**Agenda No**	**2.3**
Report Title:	**Developing a new Group Strategy**		
Lead Director/ Manager:	James Marsh, Group Deputy Chief Executive Officer		
Report Author:	James Marsh, Group Deputy Chief Executive Officer Ralph Michel, Director of Strategy		
Presented for:	Review		
Executive Summary:	This paper sets out plans for the development of a new strategy for the St George's, Epsom and St Helier University Hospitals and Health Group. As set out in the Strategic Case for change, which was considered by the Council of Governors in June 2021, there is significant alignment between the existing strategies of St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust. At a Board development session on 7 April and subsequently at the trusts' Board meetings in May, the two Boards agreed that a new strategy should be developed for the Group with the aim of having a new strategy in place by the end of the current financial year. The Boards have agreed that as we develop the new strategy the strategy will focus on the following strategic themes: giving staff a common purpose; setting priorities for collaboration across the Group; improving health of the local population through integrated care; tackling health inequalities; partnership working within our Integrated Care Systems and Acute Provider Collaborative; developing our tertiary and specialist services; and strengthening research and innovation. A full and robust programme of engagement will be undertaken throughout the development of the new strategy. As part of this, the SGUH Council of Governors will be involved in the development of the strategy both through informal engagement sessions later in the year as well as through the formal meetings of the Council.		
Recommendation:	The Council of Governors is invited to discuss the development of the new strategy to help shape the approach over the coming months.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All		
NHS System Oversight Framework:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	A new strategy across the Group will support the realisation of the Group benefits envisaged in the Strategic Care and failure to develop a new strategy presents a risk to realising these benefits. Also failure to review the existing Trust strategy in the context of the significant changes in legislation, the local SWL system, and those linked to the pandemic means the current strategy is in need of a refresh.		
Legal/Regulatory:	The Trust is required to have in place a clear strategy, and the development of a strategy is a key responsibility of the Board.		

Resources:	There are no specific material resource implications in relation to the development of the new strategy. There will be full engagement with clinical teams of both organisations and with the two Boards and the SGUH Council of Governors.		
Equality and Diversity:	Equality and diversity issues will be addressed through the development of the new strategy and population health and tackling health inequalities has been set as one of the key areas of focus in developing the strategy.		
Previously Considered by:	SGUH Board of Directors ESTH Board of Directors	**Date**	5 May 2022 6 May 2022
Appendices:	N/A		

Outstanding care every time

NHS
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Developing a new Group Strategy

Council of Governors meeting, 30 May 2022

30 May 2022

Summary

- Both Epsom and St Helier and St George's have existing strategies
- Since publishing these strategies we have created a Group and the external environment has changed in many ways
- Both boards agreed to develop a new strategy for the Group
- **Council of Governors is invited to discuss the development of the new strategy, to help shape the approach over the coming months**

Exisiting Strategies – Progress being made

St George's

- Strong Foundations
- Excellent Local Services
- Closer Collaboration
- Leading Specialist Healthcare

Epsom and St Helier

- Integration with primary and community care
- Continue to deliver major acute services at both sites until opening of new hospital (SECH)
- Implement commissioner's decision regarding SECH
- Deepen acute collaboration in SWL, particularly with St George's

What has Changed?

- Group Model
- Deepening Integration
- Covid-19
- Changes within wider Provider Landscape
- Advances in Science and Technology
- Public Attitudes
- Development of ICSs
- Devolution of Specialist Services

There are elements of existing strategies which will remain ‘fixed points’

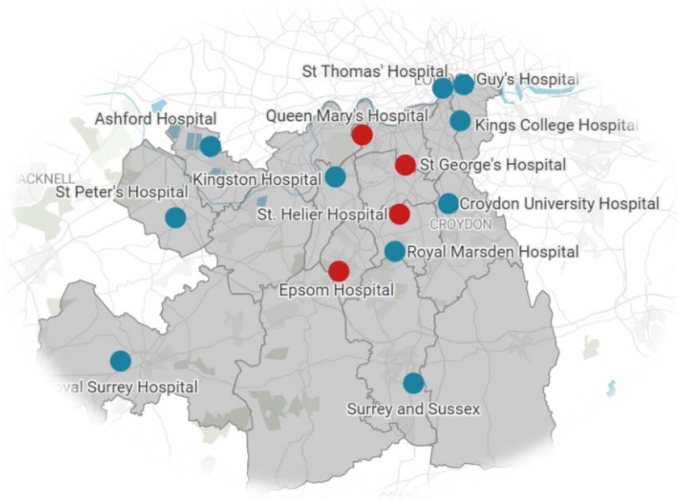
Both Boards have agreed on the following ‘fixed points’ – elements of existing strategies which should be reaffirmed and clearly communicated to staff and partners, rather than debated or changed.

1. The Group remains committed to St George’s and Epsom St Helier’s status as district general hospitals for their local populations in Wandsworth, Merton, Sutton and Surrey Downs

2. The Group remains committed to implementing commissioners’ decision for consolidating major acute services in a single specialist emergency care hospital at Sutton Hospital, and the associated clinical model

3. The Group remains committed to St George’s status as a centre for specialist healthcare: the major trauma centre and tertiary provider for South West London and Surrey, and a centre for research and education

4. The Group remains committed to acting as a collaborative player at place, ICS and regional level – including Epsom St Helier’s leadership role in pursuing place-based integration in Surrey Downs and Sutton



There are key strategic questions we need to consider which will shape our future strategy

At the joint April Board development session, and in their formal May meetings, the Boards agreed that in the months ahead as we develop the strategy focus will be on the following strategic themes:

1. Articulate vision to give staff a **common purpose**
2. Priorities for **collaboration across the Group**?
3. Improving health of local population through **integrated care**
4. Tackling **health inequalities**
5. **Partnership working** within our ICSs and the Acute Provider Collaborative
6. Development of our **tertiary/specialist services**
7. Strengthen **research** and **innovation** in healthcare?

Process and Engagement

A robust programme of continuous engagement is critical to delivering a fit-for-purpose strategy. Engagement will run throughout every stage of the development of the strategy, including with:

- **SGUH and ESTH Staff:** Clinical, operational, corporate
- **SGUH Council of Governors**
- **SGUH Foundation Trust Members**
- **Patients and Public:** including through existing patient engagement groups and bespoke engagement sessions
- **External Stakeholders & Partners:** ICSs, local government, Primary Care, Voluntary Sector, other hospitals, place-based partnerships, the University, the hospital charity, MPs, counsellors and commissioners.

Stakeholders will have their say across a number of different platforms and forums, e.g. online sessions, face to face sessions, workshops, surveys.

Now that the Boards have agreed to develop a strategy and some key parameters for it, this engagement programme will start in earnest over the summer.

Recommendation

Council of Governors is invited to discuss the development of the new strategy, to help shape the approach over the coming months.

St George's University Hospitals NHS Foundation Trust

Meeting Title:	**Council of Governors**		
Date:	30 May 2022	**Agenda No**	**4.1**
Report Title:	**Maternity Services Update: Following the Ockenden Review**		
Lead Director/ Manager:	Arlene Wellman, Group Chief Nurse and Director of Infection Prevention and Control		
Report Author:	Jan Bradley, Director of Midwifery and Gynaecology Nursing Alison Benincasa, Director of Quality Governance & Compliance		
Presented for:	**Inform**		
Executive Summary:	**Purpose** The purpose of this report is to: 1. Provide the background to the Ockenden Review 2. Provide a high level overview of Maternity Services 3. Confirm the Trust's position in relation to the Ockenden recommendations and the Midwifery Continuity of Carer pathway 4. Highlight areas where the Maternity Service is doing well from the recent external assurance visit, together with current challenges **Context** Following the publication of the Ockenden Report in December 2020, NHS England sought assurance from all maternity services across England that by February 2021 they had benchmarked themselves against the Immediate and Essential Actions outlined in the report, see Appendix 1. Throughout 2021 and 2022 the Trust responded to this and further requests from NHS England and provided assurance with reference to on-going self-assessment, external compliance reviews and assurance reports to the Trust Board, see Appendix 2. In February 2022 the Trust reported 100% compliance with the Immediate and Essential Actions. On 12 May 2022 the regional Chief Midwife conducted an assurance visit to the Trust to establish to what extent the Immediate and Essential Actions were embedded in practice. Verbal feedback during the visit confirmed 100% compliance. The written report is awaited. By 15 June 2022, and in line with the maternity transformation programme, the Trust is required to submit the plan for Midwifery Continuity of Carer and ensure that safe midwifery staffing plans are in place in order to deliver the Midwifery Continuity of Carer plan by March 2024.		
Recommendation:	The Council of Governors is asked to: 1. Note the progress made to date and the Immediate and Essential Actions compliance 2. Note the external annual assurance process and internal and external governance 3. Note the Trust plan for Midwifery Continuity of Carer		

St George's University Hospitals NHS Foundation Trust

Supports			
Trust Strategic Objective:	All		
CQC Theme:	All		
Single Oversight Framework Theme:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	None		
Legal/Regulatory:	Enforcement undertakings applicable to SGUH Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations		
Resources:	N/A		
Equality and Diversity:	No issues to consider		
Previously Considered by:	N/A	**Date**	
Appendices:	Appendix 1: Ockenden Report: Immediate and Essential Actions Appendix 2: Outline of Internal and External Compliance Reports		

St George's University Hospitals NHS Foundation Trust

Maternity Services Update: Following the Ockenden Review

Council of Governors
30 May 2022

1.0 Purpose

The purpose of this report is to provide the background to the Ockenden Review, a high level overview of the Maternity Service, the Trust's position in relation to the Ockenden recommendations the Midwifery Continuity of Carer pathway, and to highlight areas from the recent external assurance visit where the service is doing well together with the current challenges.

2.0 Background to the Ockenden Review

On 30 March 2022 the final Ockenden Report was published following the review of maternity services at Shrewsbury and Telford Hospital NHS Trust (SaTH). The review led by Donna Ockenden followed the interim report published in December 2020. The interim and final reports identified Immediate and Essential Actions to improve the safety and quality of maternity care nationally.

The maternity services review at SaTH looked at 1,592 clinical incidents between 2000 to 2019 which found 'significant or major concerns' relating to 201 deaths, 131 stillbirths, 70 neonatal deaths and nearly 100 permanent injuries including brain damage and cerebral palsy. Widespread avoidable harm and death were identified which were due to the quality of care provided and failings around governance. Over 60 local actions were identified for SaTH as well as a national 'call for action' in 15 Immediate and Essential Actions, that all organisations providing maternity services were recommended to consider, see Appendix 1.

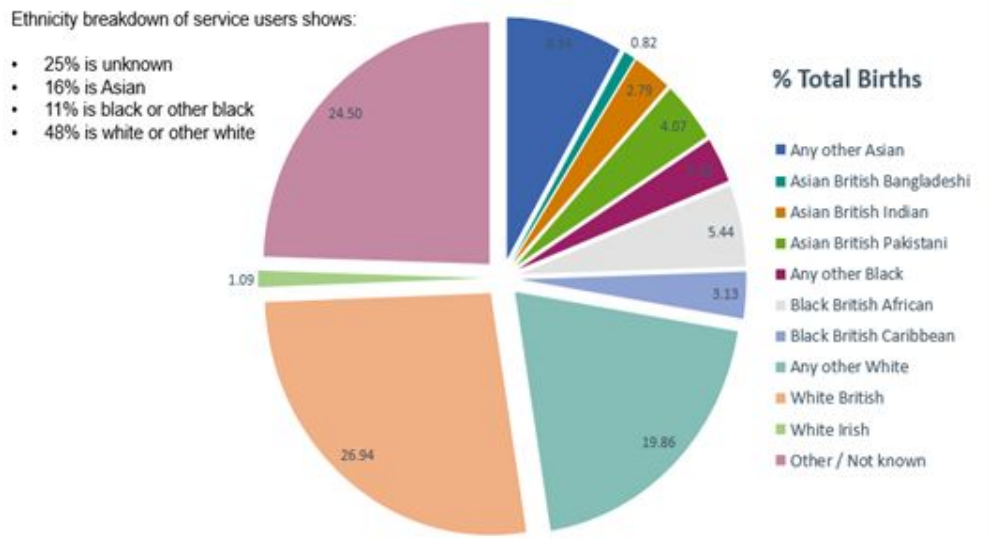
The Ockenden Report made recommendations for the following specific areas:

- funding for a safe maternity workforce
- improved postnatal care
- ensuring proper training for staff who work together
- improving Trust board oversight of maternity services
- conducting robust investigations that lead to wider learning
- the development of robust procedures to assess and manage risk with established pathways for complex pregnancies
- listening to families

3.0 High level service overview

The Maternity Services at St George's Hospital currently deliver approximately 4,700 to 5,000 births per year within a local population of 1.3 million across South West London, Surrey, Sussex and beyond. The ethnicity of service users is shown in figure 1 overleaf and is of particular relevance to the Trust plans for the implementation of the Midwifery Continuity of Carer pathway; by March 2024 75% of women from Black, Asian and Mixed race backgrounds, as well as those from our most deprived areas, should be offered Midwifery Continuity of Carer (see section 7 for definition). At present, over a third of women from these groups have Maternity Continuity of Carer, with one of the Continuity Teams based in an area of Merton identified as having a very ethnically diverse population.

Figure 1: Ethnicity of service users



4.0 Assessment and Compliance with the Immediate and Essential Actions (IEAs)

Throughout 2021-22 the Trust responded to all requests from NHS England to provide assurance with reference to on-going self-assessments, external compliance reviews and assurance reports to the Trust Board against the Ockenden Immediate and Essential Actions, see appendix 2.

In February 2022 the Trust reported 100% compliance with the Immediate and Essential Actions to NHS England as assessed by the SW London Sector Local Maternity and Neonatal System and additionally by a regional peer review panel.

5.0 External Assurance Visit

On 12 May 2022 the regional Chief Midwife conducted an assurance visit to establish to what extent the Immediate and Essential Actions were embedded in practice. The Trust is awaiting the formal report, however verbal feedback on the day was positive (as outlined in Table 1 below) and 100% compliance was confirmed.

Table 1: Verbal feedback received at external assurance visit on 12 May 2022

Positive feedback
• 100% compliance assured • Evidence of triangulation between evidence submitted and staff feedback on the day • Strong governance processes in place to support safety and reduce harm and to provide feedback to both women and staff • Culture of honesty, transparency, inclusivity and respect with an acknowledgement of determination in how to seek to improve • Examples of excellent clinical practice and outcomes with innovation through Quality Improvement and academic strands • Acknowledgement of continued support from the Trust Board • Support and acknowledgment for the Professional Obstetric Advocate role • Observed and experienced extremely friendly and warm atmosphere across the unit • Development and investment in Maternity Support Worker roles (band 2)
Areas for Improvement
• Identified areas of hospital estate

6.0 Ockenden Compliance Governance Process: External Assurance

The external assurance report will be reported to the Trust Board. From an external governance perspective, the Local Maternity and Neonatal System Board will report to its Quality Committee within the Integrated Care System. The Regional Maternity Team will report to the London Perinatal Board and Regional Joint Strategic Oversight Group. At National level, information will be reported to the National Maternity Programme Insights Group.

Going forward external assurance visits will continue on an annual basis. For 2022, the Regional Maternity Team will lead each visit, with involvement from Local Maternity and Neonatal System leads. Each year the process will be reviewed and amended accordingly. From 2023 it is expected that the Integrated Care System Board, through its Local Maternity and Neonatal Systems (LMNS) will lead the process, with support from Regional Maternity Teams.

7.0 Midwifery Continuity of Carer (MCoC)

Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for Midwifery Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England.

The default model of care means that all women should be offered the opportunity to receive the benefits of Midwifery Continuity of Carer across antenatal, intrapartum, and postnatal care. However, not all women will be able to receive Midwifery Continuity of Carer, having chosen to receive some of their care at an alternative maternity service. Also in a small number of cases, women will be offered a transfer of care to a specialist service for maternal/ fetal medicine reasons. Providing Midwifery Continuity of Carer by default therefore means:

1. Offering all women Midwifery Continuity of Carer as early as possible antenatally but definitively prior to 28+6 weeks; and
2. Putting in place clinical capacity to provide Midwifery Continuity of Carer to all women receiving antenatal, intrapartum, and postnatal care at the provider

By 15 June 2022, and in line with the maternity transformation programme, the Trust is required to submit the Midwifery Continuity of Carer plan to NHS England and ensure that safe midwifery staffing plans are in place in order to deliver the plan: by March 2024 75% of women from Black, Asian and Mixed race backgrounds, as well as those from our most deprived areas, should be offered Midwifery Continuity of Carer.

The Trust has assessed the midwifery staffing position and confirmed that services will continue to be provided for existing women on Midwifery Continuity of Carer pathways. The Trust currently has four continuity teams with a fifth team being introduced by October 2022, within the current staffing establishment, to offer continuity to women who live in an area of high deprivation in the West Wandsworth area.

The Trust has previously completed the BirthRate Plus midwifery staffing workforce review and secured additional national funding in response. A recruitment and retention plan is in place to achieve the recommended midwife to birth ratio of 1:24.

Appendix 1

Ockenden Report: Immediate and Essential Actions

IEA 1: Workforce Planning and sustainability
Essential Action – financing a safe maternity workforce

- *The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented.*

Much more investment will be needed through recurrent annual spending to ensure safe level of workforce. To facilitate this, there should be an agreement on the minimum staffing levels required nationally or, when not possible, within Local Maternity and Neonatal Systems (LMNS), which must incorporate and consider the increased level of complexity and acuity of pregnancies and births, vulnerable families, as well as further mandatory training, to help trusts meet the organisational requirements from the Care Quality Commission (CQC) and Clinical Negligence Scheme for Trusts (CNST).

Additionally, minimum staffing levels must also incorporate a 'locally calculated uplift', which considers the data from the previous three years on staffing around sickness absences, annual and maternity leave, as well as mandatory training.

All relevant health bodies should review the feasibility and accuracy of the BirthRate Plus tool.

Essential action – training

- *We state that the Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented.*

All trusts should establish a 'robust preceptorship programme' for newly qualified midwives (NQM), to aid in their supernumerary status over the course of their orientation, as well as time set aside for professional development, in line with the RCM's position statement from 2017. Additionally, all NQMs should remain within the hospital setting for at least one year after they qualify to facilitate the development of their knowledge and skills. Beyond NQMs, all trusts should ensure that midwives responsible for coordinating care in a labour ward attend a fully funded and national recognised education model for labour ward coordination.

All trusts should develop and train a core team of senior midwives in 'high dependency maternity care', with the team large enough to ensure that there is always one high dependency unity (HDU) trained midwife on each shift. A plan should be developed for succession-planning to support and develop the knowledge and skills of future potential clinical leaders and senior managers.

IEA 2: Safe staffing

- *All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals*

When agreed staffing levels are not achieved routinely, the report says this should be escalated to the senior management team, the chief nurse, medical director, as well as patient safety champion and Local Maternity System (LMS).

Where there are no separate consultant rotas for obstetrics and gynaecology within trusts, there should be protocols established around risk assessment and escalation for periods of competing workload, as agreed by the board.

All trusts must review and suspend the practice of the Midwifery Continuity of Carer (MCoC) model unless they can demonstrate that they meet the minimum safe staffing requirements to protect the safety of patients in consideration of the current operational pressures faced by trusts.

The report also states that there should be time provided around maternity training for consultants and local doctors within their job plans, which will set aside additional protected time beyond that of generic trust mandatory training.

Trusts should also ensure that there are 'visible, supernumerary clinical skills facilitators' to support all midwives, with newly appointed Band 7/8 midwives also being allocated an experienced mentor. Finally, trusts should develop strategies to maintain robust pathways across midwifery staff in the community and hospital settings and follow the latest RCOG guidance on the management of locums.

IEA 3: Escalation and accountability

- *Staff must be able to escalate concerns if necessary.*
- *There must be clear processes for ensuring that obstetric units are staffed by appropriately trained staff at all times.*
- *If not, resident there must be clear guidelines for when a consultant obstetrician should attend.*

The review found that the staff were fearful of speaking up about concerns. All trusts must develop a policy to support all staff to be able to escalate any clinical concerns when there is a disagreement between clinicians. Assurance processes should also be developed to ensure that any trainee or middle grade obstetrician has an adequate level of competence when managing the service without a direct presence of a consultant. Additionally, all trusts should aim to increase the presence of resident consultant obstetricians where possible, develop local guidelines for when their attendance is mandatory in the unit, as well as create local guidelines informing when the midwifery manager and consultant obstetrician on-call should be informed of any activity within the ward.

IEA 4: Clinical governance-leadership

- *Trust boards must have oversight of the quality and performance of their maternity services.*
- *In all maternity services the Director of Midwifery and Clinical Director for obstetrics must be jointly operationally responsible and accountable for the maternity governance systems.*

Several recommendations are made around clinical governance and leadership. Trust boards must work closely together with maternity departments to jointly develop routine progress and exception reports, assurance reviews, as well as regularly review the progress of any plans based on improvement and transformation. All maternity service senior leadership teams must complete the National Maternity Self-Assessment Tool using appreciative inquiry and share it with the Trust board. Additionally, they suggest that all trusts have a patient safety specialist dedicated to maternity care.

Concerning all clinicians with maternity governance responsibilities, trusts should provide enough time for them to engage with these responsibilities, as well as ensuring maternity governance teams are trained in 'human factors, causal analysis and family engagement'.

Trusts should establish midwifery and obstetric co-leads for developing any guidelines in maternity care and have these co-leads for audits of maternity care.

IEA 5: Clinical governance – incident investigation and complaints

- *Incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner.*

The language used by maternity governance teams in reports should be understandable by families and written in simple and lay language. Any lessons from clinical incidents should be reflected within the delivery of the local multidisciplinary training plan, and any actions from a serious incident

investigations (SI's) should be audited when there is a change in practice within six months of the incident.

Complaints which meet the threshold for SI's should be investigated, and Trusts should involve service users in developing processes for responding to complaints. Any trends and themes emerging from complaints should be monitored by the team dedicated to maternity governance within each trust to help identify underlying concerns earlier.

IEA 6: Learning from maternal deaths

- *Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies.*
- *In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings.*

NHSE/I should work with the relevant Royal Colleges to ensure that post-mortem examinations by a specialist maternal physiology and pregnancy related pathologist are provided in the case of any death. Any joint review panel must have an independent chair, be aligned with local and regional staff and must seek external clinical expert opinions where needed. The panel should include representation of all services involved in the provision of maternity care. Any learnings from such reviews should be introduced into clinical practice within six months of the panel and the learning should be shared across the local maternity system (LMS).

IEA 7: Multidisciplinary training

- *Staff who work together must train together.*
- *Staff should attend regular mandatory training and rotas. Job planning needs to ensure all staff can attend.*
- *Clinicians must not work on labour ward without appropriate regular CTG training and emergency skills training.*

All members of the maternity multidisciplinary team should attend regular joint training events and regular training time should be included as a part of staff job plans. This training should also integrate the use of local handover tools into teaching programmes at trusts, and training recommended by the report includes annual human factor training for all staff working in a maternity setting.

There should be regular multidisciplinary skills drills and on-site training for the management of common obstetric emergencies and all trusts should have a system in place to ensure that staff have the most up to date training in cardiotocography (CTG) and emergency skills. Clinicians should not work on labour wards or provide intrapartum care in any location without the appropriate regular CTG training and emergency skills training.

IEA 8: Complex antenatal care

- *Local Maternity Systems, Maternal Medicine Networks and trusts must ensure that women have access to pre-conception care.*
- *Trusts must provide services for women with multiple pregnancy in line with national guidance.*
- *Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy.*

Any woman with pre-existing medical disorders, including cardiac disease, epilepsy and chronic hypertension, must have access to a specialist who is familiar with managing that disorder and who can understand the impact that pregnancy may have. Trusts should have specialist antenatal clinics dedicated to women with multifetal pregnancies, and these should have dedicated consultant and specialist midwifery training.

Trusts should follow the NICE Diabetes and Pregnancy Guidance 2020 when managing women with pre-existing or gestational diabetes. For women with chronic hypertension, trusts should develop antenatal services that care for them. Trusts should ensure that women with chronic hypertension are seen in a specialist consultant clinic to discuss and evaluate the risks and benefits to treatment, and they should be cared for in accordance with the NICE Hypertension and Pregnancy Guideline (2019).

IEA 9: Preterm birth

- *The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth.*
- *Trusts must implement NHS Saving Babies Lives Version 2 (2019).*

Senior clinicians, the LMNS, commissioners and trusts must work in collaboration to make sure there are systems in place to manage women who are at high risk of 'very pre term birth'. Expert advice for women and their partners on what the most appropriate fetal monitoring should be, and what mode of delivery should be considered. Any conversations should involve local and tertiary neonatal teams, so that parents have the chance to understand the risks of possible associated disability and the chances of neonatal survival. Additionally, audits should be a continuous process where all in utero transfers, cases where a decision has been made to not transfer, and when a delivery occurs in the local unit, are all reviewed. Trusts across England should implement NHS Saving Babies Lives Version Two.

IEA 10: Labour and birth

- *Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary.*
- *Centralised CTG monitoring systems should be mandatory in obstetric units.*

All midwifery-led units must undertake both yearly operational risk assessments and regular multidisciplinary team 'skills drills'. Additionally, any woman who is presenting in early or established labour must undergo a full clinical assessment, which includes a review of risk factors that may change the recommendations around place of birth. Any woman who decides to give birth outside a hospital setting must receive accurate and up to date written information about transfer times to the consultant obstetric unit, and this information should be co-produced by both maternity services and the local ambulance trust. For induction of labour, Trusts must have a mechanism in place to describe a clear, safe pathway in case delays occur due to high activity or short staffing. In addition, CTG monitoring systems must be made mandatory in obstetric units across England.

IEA 11: Obstetric anaesthesia

- *In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm.*
- *Documentation of patient assessments and interactions by obstetric anaesthetists must improve. The determination of core datasets that must be recorded during every obstetric anaesthetic intervention would result in record-keeping that more accurately reflects events.*
- *Staffing shortages in obstetric anaesthesia must be highlighted and updated guidance for the planning and provision of safe obstetric anaesthesia services throughout England must be developed.*

Conditions that require further follow up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia or neurological injury relating to anaesthetic interventions. This will help to create a pathway for outpatient postnatal anaesthetic follow-up, which must be available in every trust to address incidences of physical and psychological harm, in addition to the routine inpatient obstetric anaesthesia follow-up.

All anaesthetic departments must review the adequacy of maternity patient records documentation, and where necessary, take steps to improve this as recommended in Good Medical Practice by the General Medical Council (GMC). Resources must be made available for the anaesthetic professional

bodies to determine a consensus regarding what constitutes a satisfactory anaesthetic record and the contents of core datasets.

Staffing shortages in obstetric anaesthesia must be highlighted, and updated guidance for the planning and provision of safe obstetric anaesthesia services throughout England must be developed. Anaesthesia staffing guidance should include:

- What the role of consultants, staff, SAS doctors, and doctors in training is in service provision, as well as understanding where the need is for prospective cover to ensure safe services continue whilst allowing for staff leave.
- The full range of obstetric anaesthesia workload including elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity.
- What competency is required for consultant staff who cover obstetric services out of hours, but who have no regular obstetric commitments.
- How anaesthetists participate in the multidisciplinary ward rounds, as recommended in the interim report.

IEA 12: Postnatal care

- *Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review.*
- *Postnatal wards must be adequately staffed at all times.*

Trusts must develop systems that ensure consultants review all postnatal readmissions and unwell postnatal women, including any women who require care on a non-maternity ward. Unwell women should have timely consultant involvement in their care and should be seen daily as a minimum.

Additionally, postnatal readmissions must be seen within 14 hours of readmissions or urgently if necessary. Postnatal wards must be appropriately staffed to cover the activity and acuity of care required for both mothers and babies, day and night.

IEA 13: Bereavement care

- *Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services.*

Trusts must provide bereavement care services for women and families who suffer pregnancy loss, and these services must be provided seven days a week. All trusts must ensure appropriate numbers of staff are trained to take post-mortem consent, so that families can be counselled about post-mortem within 48 hours of birth. Staff should also be trained to deal with bereavement and the purpose and procedures of post-mortem examinations. Trusts must develop a system to ensure that families can be offered follow up appointments after perinatal loss or serious neonatal outcome. For all families who experience a perinatal loss, trusts must deliver compassionate, high quality and individualised care to them, with reference to guidance such as the National Bereavement Care Pathway.

IEA 14: Neonatal care

- There must be clear pathways of care for provision of neonatal care.
- *This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families. This work must now progress at pace.*

Neonatal and maternity care providers, commissioners, and networks must agree on pathways of care, including both the designation of each unit and on the level of neonatal care that is provided. Any care that is delivered outside of this agreed pathway must be monitored by at least quarterly exception reporting, which should be reviewed by providers and the network. The results of this should then be reported to both commissioners and Local Maternity Neonatal Systems quarterly.

Neonatal Operational Delivery Networks must ensure that staff in provider units have the opportunity to share best practice and education to ensure provider units do not operate in isolation from their local clinical support network. Each network should report annually to commissioners summarising the steps they are taking in this work.

Maternity services should work towards a position of at least 85% of births at less than 27 weeks gestation taking place at a maternity unit with an onsite neonatal unit (NICU).

The report highlights the importance of sufficient staffing numbers who are appropriately trained in neonatal providers, and they must be available in every type of unit to deliver safe care. During neonatal resuscitations, if the consultant is not immediately available, there must be a mechanism in place that allows for real time dialogue. Additionally, the report endorses the recommendations from the Neonatal Critical Care Review and says this work must progress at pace. This includes increasing neonatal cot numbers, developing the workforce and enhancing the experience of families.

IEA 15: Supporting families

- *Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision.*
- *Maternity care providers must actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care.*

There must be robust mechanisms for identifying psychological distress and clear pathways for women and their families to access support. This must be an integral aspect of all parts of maternity care. Timely psychological support should be available without a formal mental health diagnosis, but for those who have complex needs, support should be delivered by specialist psychological practitioners who have experience in maternity care. This should be underpinned by ensuring maternity care providers actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care.

St George's University Hospitals NHS Foundation Trust

Appendix 2

Outline of SGUH Internal and External Compliance Reports

December 2020: On 11 December 2020, NHS England wrote to all Trusts providing maternity services to ask them to confirm and commit to the implementation of 12 clinical priorities which were identified from the Immediate and Essential Actions detailed in the interim report. On 18 December 2020 in accordance with this requirement, the Trust responded to confirm commitment to ensuring that all the urgent actions identified were prioritised by the Trust and the Local Maternity Systems (LMS).

January to March 2021: NHS England also asked every Trust providing maternity services to review the interim Ockenden Report at the next public Trust Board and asked the Trust Board to reflect on whether the assurance mechanisms within the Trust were effective. To support these discussions, NHS England asked Trusts to complete an Assurance and Assessment Tool and to share this with the Board, the Local Midwifery Systems and the regional teams by 15 February 2021. The Trust's self-assessment assurance template was scrutinised by the South West London (SWL) Sector Local Maternity and Neonatal System (LMNS) in February 2021 and additionally by a Regional Peer Review panel in March 2021.

April 2021: Report to the Trust Board on the progress of the requested assessment and assurance template to NHS England which had been approved by the Trust Board Safety Champion (Chief Nurse) and Non-Executive Director (specifically appointed for maternity and neonatal services) and the Chair and Chief Executive.

March to June 2021: Participated in an external peer review process. Following this the Trust was asked to upload evidence of compliance/completion of actions through a nationally developed portal by the deadline of 30 June 2021.

December 2021: Received the outcome following submission of the evidence and committed to working towards full compliance.

January to April 2022: NHS England asked every Trust to again assure themselves one year on that they are confident that mothers and babies are safe in their maternity units. The previously used NHSE Assurance and Assessment Tool was updated to demonstrate the Trust position against the Immediate and Essential Actions as previously set out. The Trust demonstrated 100% compliance.

By 15 June 2022: In line with the maternity transformation programme, Trusts have been asked to submit plans to NHS England/ Improvement for full implementation of Midwifery Continuity of Carer to eligible women by March 2024.

Meeting Title:	**Council of Governors**		
Date:	30 May 2022	**Agenda No**	**4.2**
Report Title:	**Draft Quality Account 2021-22**		
Lead Director/ Manager:	Arlene Wellman, Group Chief Nurse and Director of Infection Prevention and Control		
Report Author:	Alison Benincasa, Director of Quality Governance and Compliance		
Presented for:	Review		
Executive Summary:	Attached at appendix 1 is the draft Quality Account 2021-22 for St George's. The Quality Account is due for final review by the Board on 21 June 2022 and will be included as part of the Trust's the Annual Report and Accounts 2021/22. The performance of the Trust as documented in the Quality Account is set out against: ➢ Agreed local quality priorities set against 3 quality improvement themes ➢ National Clinical Audits and national confidential enquiries ➢ National core set of quality indicators ➢ National measures used to monitor access to services via the NHS Improvement System Oversight Framework **NOTE:** Red text denotes any areas where information is still awaited. Green text is mandated text as per the requirements for Foundation Trusts and cannot be changed. Prior to the changes to the regulatory requirements introduced during the pandemic, NHS Improvement required the Trust's external auditors to review the Quality Account ahead of consideration of the draft report by the Board. As part of that process, the Council of Governors were required to select a quality indicator for review by the auditors. The removal of the role of the auditors means that the Council is not able to select such an indictor for review this year. However, it is important that the Council of Governors has an opportunity to review the draft report and feed in any comments ahead of its review and approval by the Board. Comments from the Council will be considered by the Board during the approval process. The Board's Quality Committee considered the draft Quality Account 2021/22 at its meeting on 19 May 2022.		
Recommendation:	The Council of Governors is asked to review and provide any feedback on the draft Quality Account 2021-22 ahead of submission to the Trust Board in June 2022.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All		
NHS System Oversight Framework:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	None		

Legal/Regulatory:	Publication of a Quality Account is a statutory requirement for all NHS foundation trusts. Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations		
Resources:	N/A		
Equality and Diversity:	No issues to consider		
Previously Considered by:	Quality and Safety Committee Quality and Safety Committee Group Executive Committee Quality Committee	**Date**	11.02.22 24.03.22 18.05.22 19.05.22
Appendices:	Appendix 1: SGUH Draft Quality Account 2021-22		

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Quality Report (Account) 2021/22

Outstanding care every time

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Part 1

Statement on quality from the Chief Executive

I am pleased to introduce our Quality Report which outlines the progress we have made in advancing the quality of services for our patients. This document summarises our commitment to continually improve and put patients at the forefront of everything we do. Of course, we still have a way to go to deliver our vision of providing outstanding care every time, and the challenges we have faced are also detailed in this report.

However, it's been inspiring to see how much our teams at St George's have been able to achieve during periods of high operational pressure, while supporting the safety of our patients. Staff have had to react very quickly to changing rules, restrictions and guidance, with many going above and beyond to give patients the best experience of care – I am very grateful for their hard work and dedication. Some key achievements from the year are outlined below, as well as some of our challenges.

Although we continue to respond to the effects of the pandemic, we have worked hard to reach national access measures and ensure patients get the planned and emergency care they need.

The impact of Covid on our waiting lists has been significant, but part of our recovery efforts have involved working collaboratively with Epsom and St Helier, Croydon and Kingston hospitals and partners in the region – for example the opening of the Surgical Treatment Centre at Queen Mary's Hospital in June 2022 created four new operating theatres. We have also increased elective and diagnostics capacity overall which has led to improved performance in these areas.

At the end of 2020/21, there were 2,644 patients waiting more than 52 weeks for routine surgery at St George's as a direct result of the pandemic. In January 2022 this number had reduced to 887. While this is a significant improvement, our focus over the coming months will be to reduce this number to an absolute minimum.

Over the past year we have committed significant time and resource to tackling the backlog and responding to an increase in operational pressures, however we recognise that we have more to do to make sure all our patients have timely access to the care and treatment they need. Improving our performance in cancer access is one of the areas where we will focus our attentions, as well as ensuring more people visiting our emergency department are seen, treated, and either admitted or discharged within four hours.

We continue to review nosocomial infections at a local and system level and have revised infection prevention and control procedures as and when necessary. I am pleased to say that the steps we have taken to keep patients, staff and visitors safe has resulted in a reduction in nosocomial infections when compared to last year.

I am pleased to report on our progress with compliance against the eight 'immediate and essential actions' as part of the ongoing assurance processes for the Ockenden review. St George's is one of only six NHS Trusts in London demonstrating 100% compliance, validated by external review – despite the staffing challenges we faced over the year. As well as this, we have achieved Baby Friendly Gold Status, launched a maternity helpline for pregnant women, and introduced a new Maternity Support Worker Development Programme

to upskill our staff – all ensuring we provide a safe and compassionate service for women who have their babies at St George's.

As well as improvements in care, we have also made progress with upgrading the environments that patients are treated in – for example the modernisation of our emergency department, upgrading cardiac catheter labs, and expanding MRI capacity. Patients as well as our staff have benefitted from these new environments

We sustained our significant research portfolio and recruited over 7,500 patients to 50 clinical research studies. We are among the top NHS Trusts in the country for the number of urgent public health Covid studies, and we are leading a major Vaccine Task Force funded clinical trial on Covid vaccines in pregnancy – due to collaborative working with St George's, University of London.

Our performance metrics continue to evidence the shift in culture to one of an organisation constantly looking to improve, consistent achievement of SHMI (Summary hospital level mortality indicator) at lower than expected, VTE (venous thromboembolism) assessments have increased to 96.4%, a further reduction in C.difficile cases due to lapses in care. We also delivered a clinical audit programme where the Trust performed above the national average on a number of important quality and safety indicators.

Strengthening our own governance processes has been integral to our quality priorities. We completed the third external governance review last year and this year focussed on delivering its recommendations which have all been successfully completed giving the Trust increased confidence in this area.

The formation of the St George's, Epsom and St Helier University Hospitals Health Group this year builds on our existing, long-standing relationship with Epsom and St Helier University Hospitals NHS Trust. As a group, we will continue to run efficient and high-quality services for the benefit of the health and wellbeing of our local people and communities.

The partnership continues to bring benefits to patient care, for example in February we signed a joint contract with Cerner to share electronic patient records. This new, shared system will allow clinical teams to access patient information and records, irrespective of where care is provided across the group.

To the best of my knowledge the information contained in this document is an accurate and true account of the quality of the health services we provide. I would like once again to thank our staff for continuing to deliver compassionate and outstanding care for our patients during another challenging year.

Jacqueline Totterdell
Chief Executive

24 June 2022

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Part 2

2.0 Priorities for improvement and statements of assurance from the board

2.1 Our quality priorities for 2022/23

Context

Our vision is to provide outstanding care, every time for our patients, staff and the communities that we serve as described in the Trust's Clinical Strategy 2019/2024.

In September 2020 the Trust Board agreed a refresh of our corporate objectives, setting out our priorities for rest of the year (October 2020 – March 2021). This did not change our vision or our five-year strategy and the new corporate objectives continued into 2021/22.

Our new corporate objectives drive everything we do, and help us focus our efforts on what matters most. They are not designed to be an exhaustive list of everything we are doing, but to help us prioritise and guide decision-making, at a Trust, managerial and staff level.

For each of our three new objectives of **Care, Culture and Collaboration**, a series of priorities underpin them, and these are set out below.

Care	Culture	Collaboration
We will keep staff safe, and invest in their health and wellbeing	We will make sure we are prepared to meet the demands of Covid-19, flu and winter	We will provide routine and planned care, and keep patients safe during their stay
We will share the findings of our culture discovery project, so we understand how staff feel about working at St George's	We will develop a plan with staff to improve our culture, and measure the impact it is having	We will celebrate diversity, and support our leaders to be more inclusive
We will work more closely with local hospitals and partner organisations in south west London	We will overcome challenges together, rather than as individual organisations	We will work with St George's, University of London to build our training and research expertise

Throughout 2021/22 the Trust continued to implement the quality priorities set out in 2021/22 which were aligned to the seven priority areas in our Quality and Safety Strategy 2019/24:

1. We will minimise avoidable harm across our organisation, utilising the developments in technology and embedding further, robust quality assurance and learning processes
2. We will improve outcomes for patients through timely diagnosis, exceptional care and treatment and by working with our partners to ensure we contribute to developing the whole pathways of care for our patients

3. We will provide patients with an excellent experience through their journey with us, monitoring and acting on feedback to ensure continual improvements in the areas that matter the most to our patients
4. We will improve staff experience, enabling staff to feel valued, supported, and equipped to deliver high quality safe care and improve their work via quality improvement methodology
5. We will provide patients with an equitable experience by proactively reaching out with system partners to our communities and our vulnerable groups
6. We will embed a culture in which quality, safety and learning is embraced across the organisation, and is supported by robust systems of safety governance
7. We will be at the forefront of providing and developing pioneering and leading edge treatments for today and for the future

To support the delivery of our Quality and Safety Strategy we maintained our approach to quality improvement to help teams solve problems at their own level and to embed a culture of quality, safety and learning. Our experience is that we will best achieve this by continuing to use a simple yet effective improvement model to bring about positive change: Plan, Do, Study, Act (PDSA).

Staff undertaking service improvement initiatives continued to be able to draw upon support from our Quality Improvement Academy with particular emphasis on culture, leadership support, accountability, reliability and sustainability.

In 2021/22 we developed the year 2 implementation plan to support the delivery of our five-year Quality and Safety Strategy. Although, the objectives of the implementation plan were not fully met due to the impact of the pandemic, progress was made across all areas. The progress we made was reported on a quarterly basis to our Quality and Safety Committee, which is a sub-committee of the Trust Board.

Our quality priorities 2022/23 and why we chose them

The quality priorities for 2022/23 were informed by:

- Our progress against the Quality Priorities for 2021/22 which was impacted by the Covid-19 pandemic
- Themes highlighted from our ward and departmental accreditation scheme
- Actions from the 2019 CQC inspection which we implemented during 2020-21
- Analysis of our complaints and PALs enquiries
- Analysis of our serious incidents, moderate and low harm incidents
- Previous feedback from Healthwatch 'Enter and View' visits
- Local and national audit
- National priorities for sepsis, safe staffing, falls, and infection prevention and control

We have not held specific listening events in the last year

Each quality priority comes under one of three quality themes:

Priority 1 – Improve patient safety: having the right systems and staff in place to minimize the risk of harm to our patients and, if things do go wrong, to be open and learn from our mistakes

Priority 2 – Improve patient experience: meeting our patients' emotional as well as physical needs

Priority 3 – Improve effectiveness and outcomes: providing the highest quality care, with world class outcomes whilst also being efficient and cost effective

Priority 1 – Improve patient safety

Patients are safer when there is a safety culture that is fully embedded in everyday business. We believe that all our staff have responsibility to take all necessary steps to avoid harm to our patients, to learn from best practice, deliver the best possible outcomes and reduce unwarranted variation.

In 2022/23 due to the impact of the pandemic on our progress we want to continue to focus on nosocomial infection, Treatment Escalation Plans and consent, which were identified in 2021/22.

In order to address these patient safety priorities, we will work collaboratively across the new St George's and Epsom and St Helier University Hospitals Health Group. For the purposes of the quality account the measures for success will reflect St George's University Hospitals NHS Foundation Trust performance only.

What	How	What will success look like
Prevent Nosocomial Covid-19 infection for in-patients	Review Nosocomial Covid-19 infections at a local and system level and revise infection prevention and control procedures	Reduction in the level of Nosocomial Covid-19 infection when compared with 2021/22
Emergency patients will have Treatment Escalation Plans (TEP)	Ensure non-elective adult inpatients have a TEP in place within 24 hours of admission	60% of all adult inpatients will have a TEP in place by March 2023 (compared with 33% in April 2021 and 43% in March 2022) Reduction in the number of cardiac arrests compared with 2021/22
Consent for treatment	All patients will be supported to give consent for treatment	60% of adult inpatients will have a TEP (compared with 33% in April 2021 and 43% in March 2022) Audit of consent demonstrates an improved position when compared with 2021/22

Priority 2 - Improve patient experience

We want to provide the fundamentals of care that matter to our patients: communication; privacy; dignity; safety; nutrition and hydration; comfort; and warmth, in order to meet both their emotional and physical needs. We will listen to our patients and their carers, and use patient feedback to focus on continuous improvement.

In 2022/23 due to the impact of the pandemic on our progress we want to continue to focus on patient feedback, equitable experience and discharge, which were identified in 2021/22.

In order to address these patient experience priorities, we will work collaboratively across the new St George's and Epsom and St Helier University Hospitals Health Group. For the purposes of the quality account the measures for success will reflect St George's University Hospitals NHS Foundation Trust performance only.

What	How	What will success look like
Learn from complaints to provide patients with an excellent experience	Monitor and review feedback to ensure continual improvement so we provide patients with an excellent experience through their journey	Reduction in the number of complaints when compared with the 2021/22 baseline
Provide an equitable experience for patients from vulnerable groups	Undertake NHS benchmark assessment against the National Learning Disability Standards having had the opportunity to make service improvements following the self-assessment in 2021	Improvement in our self-assessment when compared to baseline
Improve patient flow particularly with reference to improved discharge processes	Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required	See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2021/22 Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2021/22 Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2021/22

Priority 3 - Improve effectiveness and outcomes

We want to support continuous learning and improvement. We want to demonstrate measurable improvement in patient outcomes and reduce unwarranted variation as evidenced in the results of national audits and quality standards reviews.

In 2022/23 due to the impact of the pandemic on our progress we want to continue to focus on the quality, safety and learning culture, learning from cardiac surgery and waiting times for treatment, which were identified in 2021/22.

In order to improve effectiveness and outcomes for patients, we will work collaboratively across the new St George's and Epsom and St Helier University Hospitals Health Group. For the purposes of the quality account the measures for success will reflect St George's University Hospitals NHS Foundation Trust performance only.

What	How	What will success look like
Develop and implement an integrated training and education framework	With SWL and St George's Mental Health Trust we develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting	We will have an integrated education and training framework
Embed a culture of quality, safety and learning	Implement the national patient safety training syllabus across the Trust Launch the new Patient Safety Incident Reporting Framework Establish Patient Safety Partners Share learning via the bi-monthly Patient Safety Bulletin	Improvements in related questions in the NHS Staff Survey Level 1 and level training launched and 85% training performance target met by March 2023 Patient Safety Incident Reporting Framework in place Patient Safety Partners in place and active participants in place
Patients will not wait too long for treatment	Deliver care in line with activity plans [revised to reflect the impact of the pandemic]	Achievement of targets for: • Four hour operating standard • Cancer standards Achievement of agreed trajectories for target recovery due to the impact of the pandemic for: • Referral to Treatment (RTT) within 18 weeks • Diagnostics within six weeks

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2.1.4 How progress to achieve these priorities will be reported

The progress against 'what will success look like' outlined against our quality priorities above will be reported and monitored by progress reports to the Patient Safety Quality Group and the Quality and Safety Committee, a sub-committee of the Trust Board.

2.1.5 Progress against priorities for 2021/22

[See part 3]

2.2 Statements of assurance from the Board of Directors

This section contains the statutory statements concerning the quality of services provided by St Georges University Hospitals NHS Foundation Trust. These are common to all quality reports and can be used to compare our Trust with other organisations.

St Georges University Hospitals NHS Foundation Trust is the largest healthcare provider in south west London, and one of the largest healthcare providers in the country. The Trust serves a population of 1.3 million people across south west London. A number of services, such as cardiothoracic medicine and surgery, neurosciences and renal transplantation, also cover significant populations from Surrey and Sussex, providing care for about 3.5 million people in total.

Most of our services are provided at our main site, St George‘s Hospital in Tooting, but we also provide services from Queen Mary‘s Hospital in Roehampton and from health centres in Wandsworth.

We also provide care for patients from a larger catchment area in south east England for specialist services such as complex pelvic trauma. A number of our services treat patients from across England this includes family human immunodeficiency virus (HIV) services and bone marrow transplantation for non-cancer diseases.

A number of our services are members of established clinical networks which bring together doctors, nurses and other clinicians from a range of healthcare providers working to improve clinical outcomes and patient experience. These networks include the South London Cardiac and Stroke Network and the South West London and Surrey Trauma Network, for which St George‘s Hospital is the designated heart attack centre, hyper-acute stroke unit and major trauma centre.

In April 2021 there were two really exciting developments at the Trust. The first was the start of Baby Surgeons: Delivering Miracles, a brand new Channel 4 documentary filmed at St George’s. The documentary was a fascinating look at the work of our fetal medicine, neonatal and maternity units, showcasing some of the pioneering procedures they carry out on our tiniest patients. The first virtual meeting of the St George’s Children and Young People’s Council took place. The council serves as a platform for our younger patients to give us feedback on our services and suggest ways for us to improve. The council is an important voice for children and will help our teams to further improve the care we provide.

In May 2021 we opened a new facility to care for patients undergoing interventional radiology (IR), which involves radiologists using minimally invasive imaging procedures to diagnose and treat a wide range of diseases. The new facility provides a dedicated space for day case and inpatients before and after their IR procedures.

In June 2021 we started treating patients in our new NHS surgery treatment centre on the Queen Mary’s site. The new centre was set up in direct response to the pandemic to address the longer waiting times for patients for routine operations and procedures. Procedures that will be carried out include plastic surgery procedures for skin cancer, as well diagnostic urology procedures (e.g. cystoscopies), gynaecological, vascular, general surgery and maxillofacial procedures. We run the treatment centre but it is also used by surgical teams from Kingston Hospital NHS Foundation Trust, and over time, it will be available for use by patients from across south west London requiring day surgery procedures.

In June 2021 we reopened two newly refurbished cardiac catheter labs containing state of the art equipment and the very latest in x-ray imaging technology. The cath labs contain specialist imaging equipment to allow for the diagnosis and treatment of cardiovascular diseases and conditions like heart attacks, palpitations, and thickened heart valves. The refurbishment of the first two labs was an essential upgrade to improve both the environment that patients are treated in, and the areas where staff work. The new labs bring the necessary x-ray imaging up to modern standards, which allows the team to more rapidly and effectively treat heart conditions.

In February 2022 the new St George's and Epsom and St Helier University Hospitals Health Group was formed which will provide further opportunities for collaboration across the new hospital group for the benefits of patients. Together with Epsom and St Helier University Hospitals NHS Trust we have signed complimentary contracts with Cerner to provide a shared electronic patient records system to deliver streamlined patient care. Due the complete in 2024, the shared system means that our clinical teams will in future be able to access patient hospital information and records, irrespective of where care is provided across the group. It also enables more effective working with health and care partners including neighbouring hospitals, with the potential for benefits to be scaled across the south west London Integrated Care System (ICS).

In March 2022 our Midwifery Services were awarded the London CapitalMidwife Quality Kite Mark Award for our Preceptorship Midwife Programme. CapitalMidwife is a regional programme across London which aims to ensure that midwives are supported to develop and grow throughout their career and which ultimately improves the quality of the support and training we offer to our newly registered midwives.

Also in March 2022 after a successful pilot period we launched MyCare St George's which now means that every time a new or follow up appointment is made our patients will receive a text message inviting them to register for MyCare St George's. Once registered, they can access MyCare StGeorge's from any computer or mobile device. MyCare St George's provides the ability for the patient to:

- View upcoming appointments and appointment letters, receive messages directly from your consultant or care lead
- Complete questionnaires prior to attending hospital, such as pre-op questionnaires
- View hospital letters and documentation
- View test results
- View known allergies
- Access links to useful healthcare information

2.2.1 During 2021/22 the Trust provided and/or subcontracted 64 relevant health services. A detailed list is available in the Statement of Purpose on our website www.stgeorges.nhs.uk/about

2.2.1.1 The Trust has reviewed all the data available to us on the quality of care in 64 of these relevant health services through our performance management framework and our assurance processes.

2.2.1.2 The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by St George's University Hospitals NHS Foundation Trust for 2021/22.

2.2.2 Participation in clinical audit and National Confidential Enquiries

During 2021/22, 69 national clinical audits and 1 national confidential enquiry covered relevant health services that St George's University Hospitals NHS Foundation Trust provides.

2.2.2.1 During that period St George's University Hospitals NHS Foundation Trust participated in 99% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2.2.2 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust was eligible to participate in during 2021/22 are as listed in Table 1:

Table 1

Key:
N/A – Audit postponed due to the impact of COVID-19

Title		Relevant	Participating
Case Mix Programme	Neurology Intensive Care Unit	✓	✓
	General Adult Intensive Care	✓	✓
	Cardiothoracic Intensive Care Unit	✓	✓
Child Health Clinical Outcome Review Programme	Transition from Child to Adult Health Services	✓	✓
Chronic Kidney Disease registry		✓	✓
Cleft Registry and Audit Network Database		X	X
Elective Surgery (National PROMs Programme)		✓	X
Emergency Medicine QIPs	Pain in Children (care in Emergency Departments)	✓	✓
	Infection Prevention and Control	✓	✓
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	✓
	National Audit of Inpatient Falls	✓	✓
	National Hip Fracture Database	✓	✓
Inflammatory Bowel Disease Audit		✓	✓
Learning Disabilities Mortality Review Programme		✓	✓
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries	✓	✓
	Perinatal Mortality Surveillance	✓	✓
	Perinatal confidential enquiries	✓	✓
Medical and Surgical Clinical Outcome Review Programme	Epilepsy	✓	✓
	Physical Health in Mental Health	X	X
Mental Health Clinical Outcome Review Programme		X	N/A
National Adult Diabetes Audit	National Diabetes Core Audit	✓	✓
	National Pregnancy in Diabetes Audit	✓	✓
	National Diabetes Footcare Audit	✓	✓
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	✓	✓
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Paediatric Asthma Secondary Care	✓	✓
	Adult Asthma Secondary Care	✓	✓
	Chronic Obstructive Pulmonary Disease Secondary Care	✓	✓
	Pulmonary Rehabilitation-Organisational and Clinical Audit	✓	✓
National Audit of Breast Cancer in Older Patients		✓	✓
National Audit of Cardiac Rehabilitation		✓	✓
National Audit of Cardiovascular Disease Prevention		X	N/A
National Audit of Care at the End of Life		✓	✓
National Audit of Dementia		✓	✓
National Audit of Pulmonary Hypertension		X	N/A
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		✓	✓
National Cardiac Arrest Audit		✓	✓

National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	✓	✓
	Myocardial Ischaemia National Audit Project	✓	✓
	National Adult Cardiac Surgery Audit	✓	✓
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	✓
	National Heart Failure Audit	✓	✓
	National Congenital Heart Disease	X	N/A
National Child Mortality Database		✓	✓
National Clinical Audit of Psychosis		X	N/A
National Comparative Audit of Blood Transfusion	Audit of Patient Blood Management & NICE Guidelines	✓	✓
	Audit of the perioperative management of anaemia in children undergoing elective surgery	✓	✓
National Early Inflammatory Arthritis Audit		✓	✓
National Emergency Laparotomy Audit		✓	✓
National Gastro-intestinal Cancer Programme	National Oesophago-Gastric Cancer	✓	✓
	National Bowel Cancer Audit	✓	✓
National Joint Registry		✓	✓
National Lung Cancer Audit		✓	✓
National Maternity and Perinatal Audit		✓	✓
National Neonatal Audit Programme		✓	✓
National Paediatric Diabetes Audit		✓	✓
National Perinatal Mortality Review Tool		✓	✓
National Prostate Cancer Audit		✓	✓
National Vascular Registry		✓	✓
Neurosurgical National Audit Programme		✓	✓
Out-of-Hospital Cardiac Arrest Outcomes Registry		X	N/A
Paediatric Intensive Care Audit		✓	✓
Prescribing Observatory for Mental Health	Prescribing for depression in adult mental health services	X	N/A
	Prescribing for substance misuse: alcohol detoxification	X	N/A
Respiratory Audits - National Outpatient Management of Pulmonary Embolism		✓	✓
Sentinel Stroke National Audit Programme		✓	✓
Serious Hazards of Transfusion		✓	✓
Society for Acute Medicine Benchmarking Audit		✓	✓
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment		✓	✓
Trauma Audit & Research Network		✓	✓
UK Cystic Fibrosis Registry		X	N/A
Urology Audits	Cytoreductive Radical Nephrectomy Audit	✓	✓
	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	✓	✓

2.2.2.3 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust participated in during 2021/22 are listed in table 2 below:

Table 2

Title		Relevant	Participating
Case Mix Programme	Neurology Intensive Care Unit	✓	✓
	General Adult Intensive Care	✓	✓
	Cardiothoracic Intensive Care Unit	✓	✓
Child Health Clinical Outcome Review Programme	Transition from Child to Adult Health Services	✓	✓
Chronic Kidney Disease registry		✓	✓
Emergency Medicine QIPs	Pain in Children (care in Emergency Departments)	✓	✓
	Infection Prevention and Control	✓	✓
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	✓
	National Audit of Inpatient Falls	✓	✓
	National Hip Fracture Database	✓	✓
Inflammatory Bowel Disease Audit		✓	✓
Learning Disabilities Mortality Review Programme		✓	✓
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries	✓	✓
	Perinatal Mortality Surveillance	✓	✓
	Perinatal confidential enquiries	✓	✓

Medical and Surgical Clinical Outcome Review Programme	Epilepsy	✓	✓
National Adult Diabetes Audit	National Diabetes Core Audit	✓	✓
	National Pregnancy in Diabetes Audit	✓	✓
	National Diabetes Footcare Audit	✓	✓
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	✓	✓
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Paediatric Asthma Secondary Care	✓	✓
	Adult Asthma Secondary Care	✓	✓
	Chronic Obstructive Pulmonary Disease Secondary Care	✓	✓
	Pulmonary Rehabilitation-Organisational and Clinical Audit	✓	✓
National Audit of Breast Cancer in Older Patients		✓	✓
National Audit of Cardiac Rehabilitation		✓	✓
National Audit of Care at the End of Life		✓	✓
National Audit of Dementia		✓	✓
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		✓	✓
National Cardiac Arrest Audit		✓	✓
National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	✓	✓
	Myocardial Ischaemia National Audit Project	✓	✓
	National Adult Cardiac Surgery Audit	✓	✓
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	✓
	National Heart Failure Audit	✓	✓
National Child Mortality Database		✓	✓
National Comparative Audit of Blood Transfusion	Audit of Patient Blood Management & NICE Guidelines	✓	✓
	Audit of the perioperative management of anaemia in children undergoing elective surgery	✓	✓
National Early Inflammatory Arthritis Audit		✓	✓
National Emergency Laparotomy Audit		✓	✓
National Gastro-intestinal Cancer Programme	National Oesophago-Gastric Cancer	✓	✓
	National Bowel Cancer Audit	✓	✓
National Joint Registry		✓	✓
National Lung Cancer Audit		✓	✓
National Maternity and Perinatal Audit		✓	✓
National Neonatal Audit Programme		✓	✓
National Paediatric Diabetes Audit		✓	✓
National Perinatal Mortality Review Tool		✓	✓
National Prostate Cancer Audit		✓	✓
National Vascular Registry		✓	✓
Neurosurgical National Audit Programme		✓	✓
Paediatric Intensive Care Audit		✓	✓
Respiratory Audits - National Outpatient Management of Pulmonary Embolism		✓	✓
Sentinel Stroke National Audit Programme		✓	✓
Serious Hazards of Transfusion		✓	✓
Society for Acute Medicine Benchmarking Audit		✓	✓
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment		✓	✓
Trauma Audit & Research Network		✓	✓
Urology Audits	Cytoreductive Radical Nephrectomy Audit	✓	✓
	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	✓	✓

2.2.2.4 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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Title		Submission rate (%)
Case Mix Programme	Neurology Intensive Care Unit	Ongoing
	General Adult Intensive Care	Ongoing
	Cardiothoracic Intensive Care Unit	Ongoing
Child Health Clinical Outcome Review Programme	Transition from Child to Adult Health Services	Ongoing
Chronic Kidney Disease registry		Ongoing
Elective Surgery (National PROMs Programme)		0%
Emergency Medicine QIPs	Pain in Children (care in Emergency Departments)	Ongoing
	Infection Prevention and Control	Ongoing
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	Ongoing
	National Audit of Inpatient Falls	100%
	National Hip Fracture Database	105.8%
Inflammatory Bowel Disease Audit		100%
Learning Disabilities Mortality Review Programme		Ongoing
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries	Ongoing
	Perinatal Mortality Surveillance	Ongoing
	Perinatal confidential enquiries	Ongoing
Medical and Surgical Clinical Outcome Review Programme		100%
National Adult Diabetes Audit	National Diabetes Core Audit	Ongoing
	National Pregnancy in Diabetes Audit	Ongoing
	National Diabetes Footcare Audit	Ongoing
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	100%
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Paediatric Asthma Secondary Care	100%
	Adult Asthma Secondary Care	Ongoing
	Chronic Obstructive Pulmonary Disease Secondary Care	Ongoing
	Pulmonary Rehabilitation-Organisational and Clinical Audit	Ongoing
National Audit of Breast Cancer in Older Patients		100%
National Audit of Cardiac Rehabilitation		100%
National Audit of Care at the End of Life		100%
National Audit of Dementia		Data collection paused due to COVID-19 pandemic
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		Ongoing - submission deadline 31st March
National Cardiac Arrest Audit		100%
National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	Ongoing
	Myocardial Ischaemia National Audit Project	Ongoing
	National Adult Cardiac Surgery Audit	Ongoing
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Ongoing
	National Heart Failure Audit	Ongoing
National Child Mortality Database		100%
National Comparative Audit of Blood Transfusion	Audit of Patient Blood Management & NICE Guidelines	100%
	Audit of the perioperative management of anaemia in children undergoing elective surgery	100%
National Early Inflammatory Arthritis Audit		Ongoing
National Emergency Laparotomy Audit		Ongoing
National Gastro-intestinal Cancer Programme	National Oesophago-Gastric Cancer	100%
	National Bowel Cancer Audit	Ongoing
National Joint Registry		96.2%
National Lung Cancer Audit		100%
National Maternity and Perinatal Audit		100%
National Neonatal Audit Programme		100%
National Paediatric Diabetes Audit		Ongoing
National Perinatal Mortality Review Tool		Ongoing
National Prostate Cancer Audit		100%
National Vascular Registry		Ongoing
Neurosurgical National Audit Programme		100%
Paediatric Intensive Care Audit		100%
Respiratory Audits - National Outpatient Management of Pulmonary Embolism		100%

Sentinel Stroke National Audit Programme		Ongoing
Serious Hazards of Transfusion		100%
Society for Acute Medicine Benchmarking Audit		100%
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment		Ongoing
Trauma Audit & Research Network		87%
Urology Audits	Cytoreductive Radical Nephrectomy Audit	100%
	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	100%

2.2.2.5 National clinical audits - action taken

The reports of 31 national clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2021/22 and the Trust intends to take the following actions to improve the quality of healthcare provided.

National Clinical Audit	Action*
Falls and Fragility Fracture Audit Programme - Fracture Liaison Service (FLS) Database	The Fracture Liaison Service (FLS) audit report was released in October 2021. The results showed Trust performance to be above or in line with 4 of 11 key performance metrics but there was room for improvement in a number of areas. The clinical audit project lead provided an update on actions for the upcoming year: • Medical and nursing position vacancies continue to impact the ability to improve services. • New staff have been recruited and are currently undergoing training. The service is targeting independent working by summer 2022. FLS nurse clinic has been successfully implemented and has seen referral waiting times decrease.
Falls and Fragility Fracture Audit Programme - National Hip Fracture Database	The latest report was released in November 2021 examining data from 2020. 30-day mortality was recorded as 8.3% locally and nationally, with St George's performance improving despite the COVID-19 pandemic. The Trust was in the top quartile in cases that met the best practice criteria, as well as in surgery being supervised by a consultant surgeon and anaesthetist. Areas for improvement that the clinical lead is focussed on in the coming year are admittance to an orthopaedic ward within 4 hours, and the overall length of stay for patients.
Maternal and Newborn Infant Clinical Outcome Review Programme: Maternal mortality surveillance and confidential enquiries	The latest report was published in November 2021 and examined lessons learned in order to inform maternity care. The key findings based on national data show a non-significant decrease in overall maternal deaths, which indicates the need for continued focus on recommendations to work towards and achieve a reduction in deaths. There remain disparities in maternal mortality rates amongst women from black, Asian and white ethnic backgrounds. Cardiac disease remains the leading cause of direct maternal deaths, while neurological causes are the second most common cause. Thrombosis and thromboembolism continue to be the leading cause of deaths during or up to 6 weeks' post-partum and maternal suicide is still a leading cause of death within a year post-partum. The report has been shared with the service and actions for the following year will be based on the recommendations.
National Adult Diabetes Audit - National Inpatient Diabetes Audit, including National Diabetes In-patient Audit (NaDIA) Harms	The national report was published in July 2021. Although the report does not provide site level data, it does show that St George's were a key contributor to national data. St George's also continue to be compliant with all the key recommendations for NaDIA Harms. The clinical lead reports that the service has received additional funding to appoint a specialist diabetes nurse, and a project manager to support inpatient diabetes work.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Chronic Obstructive Pulmonary Disease Secondary Care	The latest report was published in June 21 for results in 2019/20. The Trust fell below the national average for 3 key quality improvement priorities. The project lead reports that the issues highlighted are the ability to identify smokers in a timely fashion, and then once identified, offering behavioural change intervention and/or a prescription. In response to these findings the service are planning a series of grand round teaching sessions, coupled with a drive to add a mandatory training module for all staff.
National Asthma and Chronic Obstructive Pulmonary Disease Audit	The 2021 data indicates good performance with patients starting pulmonary rehab within 90 days of referral, and average wait times from referral at 34 days.

Programme - Pulmonary Rehabilitation-Organisational and Clinical Audit	The service has been running virtual clinics alongside face-to-face sessions with standard operating procedures in place, which is a key recommendation. The clinical lead reports that a service allowing all patients to complete a walk test has been implemented, along with a remote excursive test. In the coming year the service is looking towards: • Starting initiatives to improve completion rates of patients enrolled on pulmonary rehabilitation programmes. • Complete discharge assessments with the non-completers, despite them having chosen not to continue with the course.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Adult Asthma Secondary Care	The latest report was released in January 2021. The data showed that St George's performed well against 3 of the 6 key performance indicators. The service lead reports that workforce pressures continue, and that an action plan is being developed in line with the latest report recommendations.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme: Paediatric Asthma Secondary Care	The latest report shows the Trust performed well in a number of key metrics: recording of exposure to second-hand smoke; outcome measures - community follow-up requested within 48 hours, and referral to asthma clinic requested within 4 weeks. The Trust fell below the national average for the following metrics: patients reviewed by MDT member; administration of systemic steroids. The clinical lead has received the report and is working to draw up a comprehensive action plan.
National Audit of Breast Cancer in Older Patients	Most recent data shows that the service is generally in line with national averages. Performance with regards to risk-adjusted rates of reoperation (percentage of patients experiencing this are lower across all three age ranges – 50-69, 70-79, 80+) is good. The project lead is looking forward to continuing the positive performance in the coming year.
National Audit of Cardiac Rehabilitation	The latest national report showed that St George's obtained full certification for achieving green in the 7 key performance metrics. The clinical project lead reports that key recommendations have been responded to. The service is offering face-to-face clinics in conjunction with remote services for greater patient choice and improved outcomes. A goal for the service is to increase staffing numbers and obtain funding to explore the feasibility of additional group exercise and education sessions in a local leisure centre.
National Audit of inpatient Falls (NAIF)	The latest national audit report was published in November 2021 and examines data from 2020 and 2021 facilities data. Six recommendations were published in this report. An action plan has been completed by the project lead with all relevant recommendations being addressed: • Conducting a baseline retrospective audit of 50 inpatient falls across the organisation to identify, clarify, and gain greater clarity on the issues exposed and the changes that are required. • Commissioning local ward level audits across all sites of the Trust. Develop structured clinical pro-forma based on best practice tariff for hip fracture as a mechanism for reviewing femoral fracture management in inpatient settings.
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	The national report looks at data from December 2018 to November 2019. The Trust continues to be a best practice clinic for this audit, with 100% of data submitted with data completeness at 96% compared to 82% nationally. The clinical lead has reviewed the findings and provided a response to the findings. St George's performed well for the 12 key performance measures and comprehensive care planning for patients. One area for improvement is children diagnosed with epilepsy being seen within 2 weeks of referral by a paediatrician with expertise in epilepsy. The project lead believes this highlights a need for more paediatricians with expertise in epilepsy.
National Cardiac Audit Programme - Myocardial Ischaemia National Audit Project	The latest report was published in October 2021 and examines data from 2019/20. The clinical lead has received and acknowledged findings. The service is formulating an action plan in conjunction with the central clinical audit team.
National Cardiac Audit Programme - National Adult Cardiac Surgery Audit	The latest report was published in October 2021 and examines data from 2019/20. The clinical audit project lead is continuing to drive high standards across the service, with performance being closely monitored and reported on.
National Cardiac Audit Programme - National Audit of Cardiac Rhythm Management	The national report was published in October 2021 with data from 2019/20. The audit lead is pleased with the overall performance with the report results reflecting this. One metric examining the re-intervention rates within a year of implanting some pacemaker models were high, but within control limits. The service is investigating whether this is due

	to a duplication of data issues are at fault. The clinical lead is to contact the audit provider and investigate the issue further.
National Cardiac Audit Programme - National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	The latest national report was released in October 2021 and examines data from 2019/20. Several key findings were highlighted in the report: • 58% of STEMI patients were treated within 60 minutes of arrival at the organisation. This is below the national average, but has improved by 9% compared to last year's publication. • 92% of PCI procedures were performed using radial access at the Trust which is above the national average, and shows significant improvement compared to previous results. The use of drug-eluting stents (DES) during PCI procedures in specific syndromes (2008-2020) was recorded at 80%, which is below the national average. The clinical lead believes this is a result of the age of the software system being used The database system has recently been updated, and it is hoped that future national results will provide a more accurate reflection of performance.
National Cardiac Audit Programme - National Heart Failure Audit	The latest report was published in October 2021. The results showed the organisation was above the national average for 12 of the 15 key measures. The clinical lead has highlighted the following areas for improvement over the next year: • Hospitals should ensure that high-risk cardiac patients have access to cardiology wards. Heart failure patients are often the highest risk. Our most recent data shows we only achieved this for 38% of patients in 20/21. Hospitals should review their pathways for referral to cardiac rehabilitation to allow greater access and uptake for heart failure patients. Our referral rate to cardiac rehabilitation is 12% which is below the national average of 15%.
National Diabetes Core Audit	The results of the latest report showed that St George's care processes and treatment targets were good for patients with Type 1 Diabetes. With the Trust being either in line or above for 8 of the 9 key metrics. However, the results showed St George's were below the national average for the metrics of patients with Type 2 Diabetes. An action plan is being compiled by the service to address these areas.
National Early Inflammatory Arthritis Audit	The Trust has historically struggled to participate in this project. However, this year the service has resumed participation in the audit. The clinical lead has highlighted the following actions for the coming year: • Recruiting a new consultant post in order to lead on an early inflammatory arthritis pathway. Recruiting more staff into the audit process, including Physicians Associates to assist with data entry onto the audit platform to reduce the burden on consultants and increase compliance.
National Emergency Laparotomy Audit	The national report was released in November 2021 and covered data from December 2019 to November 2020. The report shows that: • Adjusted mortality rate nationally was 8.7%, with STG performance at a near identical rate (8.8%). • Final case ascertainment in this audit round was 86.3% (RAG rated green), and significantly higher than the national average of 78.8%. • Trust patients arriving in theatre in a timescale appropriate to their urgency was 82.9%, slightly better than the national average (80.9%). • St George's also performed favourably (either in line with or above) national average on all measures relating to consultant surgeon and anaesthetist's input. • Finally, SGH performed better than the national average in terms of proportion of patients returning to theatre after an emergency laparotomy (3.4% against 4.8%). The service lead is producing an action plan in line with the latest report recommendations.
National Gastro-intestinal Cancer Programme - National Bowel Cancer Audit	The latest report is structured in two parts. The first part is based on patients diagnosed with bowel cancer in England and Wales between 1 April 2019 and 31 March 2020. Key findings include: • 90-day mortality improved from 3.5% in the 2015/16 audit period to 2.6% in the 2019/20 audit period • Patients presenting via screening programmes were more likely to have earlier stage disease and to undergo curative treatment (9 in 10 likely to be cured) • 61% of patients undergoing major resection for stage III colon cancer received adjuvant chemotherapy • Two-year all-cause mortality for all patients remained stable at 33% The second part of the report focuses on the recovery of bowel cancer services from the COVID-19 pandemic, and found that early in the COVID-19 pandemic there was a large

	impact on the diagnosis and treatment of bowel cancer patients, however service provision has largely recovered since then. The clinical lead is focussing on the quality of data collection in the coming year.
National Gastro-intestinal Cancer Programme - National Oesophago-Gastric Cancer	The latest report was December 2021 and examined data from April 2018 to March 2020. The report recommends that all patients with oesophageal cancer undergo a PET-CT scan when being considered for curative treatment. St George's measured 61.1% of cases against 67.6% nationally. One area of possible concern is patients with clinical stage 0-3 disease who have a treatment plan. 60.8% of patients nationwide fit this criteria but only 28.1% of patients at St George's do. However, there are many reasons that could contribute to these figures. These clinical lead is investigating this further and is working to assemble an action plan for the coming year.
National Joint Registry	The latest report shows that the Trust meets achieved a Quality Data Provider Certificate for the year. With an expected compliance was 95% and which the Trust exceeded with 96.15%. The project lead is satisfied with the progress made. An action plan for the year ahead will focus on embedding current best practice.
National Lung Cancer Audit	The latest annual report was released in January 2022. The report data from January 2019 and December 2019 in Wales and Guernsey, and between January 2019 and December 2020 in England. The key findings include the 1-year survival of patients in England and Wales; curative treatment rates of non-small-cell lung cancer (NSCLC) patients with stage I/II and good performance status; lung cancer patient's diagnosis in England. The clinical lead reports that the Trust is working to expand its data quality and completeness.
National Maternity and Perinatal Audit	Two national reports were published in 2021 examining different aspects of care. The first report examined care for women with BMI 30+. The report makes core recommendations based on the likelihood of adverse outcomes for these women in pregnancy and birth. Ensuring accurate records of their care and that they are given information tailored to their circumstances. The clinical lead compiled an action plan with many of these are tracked through the Clinical Negligence Scheme for Trusts. The second report was a sprint audit report examining at ethnic and socio-economic inequalities in NHS maternity and perinatal care for women and their babies. The report key findings show that: There are differences in outcomes for women and their babies living in the most deprived areas, compared with those in the least deprived areas, and between minority ethnic groups compared to white ethnic groups. The report recommends improving access to information for women based on their individual circumstances and to help address the wider social determinants of health; for each Trust to understand backgrounds of women who access their services and use this to improve care and reduce inequality; improving and establishing facilities to support avoiding term admissions to neonatal units; review training around diversity and equality for staff and better recording around ethnicity. The clinical lead is working to compile an action plan for the upcoming year.
National Paediatric Diabetes Audit	Two national reports were published in 2021 examining different aspects of care. The audit core report was published in June 2021. The Trust is performing in line with or above national average for key health checks. The report shows that St George's completion of all health checks since 2015/16 have improved year on year. The clinical lead has implemented all the recommendations made by the report. The second report examined young people with type 2 diabetes in England. The report recommends that services implement care plans for this group, and to ensure easy access to and usage of weight management programmes. These recommendations have been discussed within the service and are due to be implemented in the upcoming year.
National Prostate Cancer Audit	The latest report was released in January 2022. Based on data between April 2019 and March 2020, the report assessed the care provided and outcomes in addition to the impact of COVID-19. St George's compares favourably to the national average in both available measures. This report has been shared with the clinical leads who look forward to continuing the high quality work in the coming year, and closely monitoring results with supplementary local level audits.
National Vascular Registry	The national report was published in November 2021 for data collected in 2020. Benchmarking of the 5 key measures shows that St George's are either meeting the standard or within the expected range for 4 of these.

	The metric where the organisation fell slightly below the national average was for case ascertainment. The clinical lead has responded to these findings and is working towards addressing them in in the coming year.
Paediatric Intensive Care Audit	The 2021 annual report Focuses on 5 key metrics: case ascertainment, retrieval mobilisation times, number of qualified nurses per bed, emergency readmissions within 48 hours of discharge, and mortality. • The St George's site achieved 100% case ascertainment rate • The Trust were lower than the Paediatric Intensive Care Society (PICS) standards of a minimum number of 7.01 WTE qualified nurses to staff one level 3 critical care bed, with the Trust's level being just over 6 • Emergency readmission rates were lower at St George's than the national average • The risk-adjusted mortality rate for the Trust's paediatric intensive care unit fell below the 'expected' level and is therefore a positive result for the service. The clinical lead is working to compile an action plan based on the findings.
Sentinel Stroke National Audit Programme	The national report shows that the Trust is performing above or in line with national averages on all key indicators. Case ascertainment was down slightly this year (at 70-79% which is amber RAG rated), COVID could have played a part in this as generally ascertainment is green RAG rating. The audit lead has acknowledged this report and working to high standards across the service.
Society for Acute Medicine Benchmarking Audit	The service participated fully in this audit round, with the national audit report published in October 2021. The report is highlights 3 key quality indicators. St George's are in-line or above the national average for 2 of the 3 measures. The metric for improvement was for patients that had an early warning score recorded within 30 minutes of arrival, which was recorded at 67% at St George's compared to 77% nationally. The clinical lead has presented these findings and is working to improve this metric in the upcoming year.

*Based on information available at the time of publication

2.2.2.6 Local clinical audits – actions taken

The reports of 7 local clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2021/22 and the Trust intends to take the following actions to improve the quality of healthcare provided.

Local Clinical Audit	Action*
Audit of Patient Group Direction (PGD)	An annual audit and review of every PGD in practice must be undertaken as per Trust Clinical Audit Policy (Org 2.23) and Trust PGD Policy. The Patient Directions Authorisation Group (PAG) are responsible for providing assurances and compliance is maintained as per Trust PGD policy. The 2021/22 audit took place in June 2021 and 125 PGDs were audited across the Trust over a 2-week period. PGD's were audited against 14 standards and greater than 80% compliance was achieved in all 14 standards. Action is taken through issuing of red, amber, or green letters which respond to compliance levels with standards in each of the specialities audited.
Children and Young People's Patient Safety Thermometer	This is a monthly audit which takes place on all Paediatric wards, Paediatric Intensive Care and the Paediatric Assessment Unit within the Emergency Department. It aims to measure commonly occurring harms in CYP patients who access these services. Between April 2021 and Feb 2022, the harm free rate has been above 90% for all months except one. 100% harm free rate was achieved for 3 of the 12 months. Actions are taken every month by the relevant wards to understand why the harms occurred and how to learn from them going forward.
Controlled Drug and Stock Check Audit	This audit is carried out quarterly and ensures that controlled drugs are correctly stored and secured and that an adequate record is kept which complies with controlled drug guidance. The project lead confirmed that performance in this quarterly project, that ensures storage and security of controlled drugs has been largely positive, despite wider disruptions due to COVID-19. Compliance was recorded at or above 90% for 15 or more of the 22 standards each quarter. Actions for the year ahead include expanded training outreach to ensure learning points are embedded across the organisation.
Early Warning Score Audit	This audit measures the graded response strategy used by the Trust for patients identified as being at risk of clinical deterioration as per NICE guidelines, the project is carried out bi-annually. The 4 key measures for the audit are: frequency of observations consistent with

	triggers; complete set of observations recorded; NEWS scored correctly; and where NEWS has triggered a score, an appropriate response has been documented. The compliance target is 100% for each of these. The lead for this project laid out actions for the next audit round: • Ensuring that the audit results are shared further in the organisation • Working with ward managers to target below compliance areas to examine the causes. • Appoint NEWS compliance champions on each ward • Ensuring familiarity with Trust and local policies Working with the internal training department to continue to develop nursing staff.
Local Safety Standards for Invasive Procedures (LocSSIPs) Audit	This audit project examines the use of LocSSIPs for all invasive procedures across the entire organisation. It is made up of a theatre and non-theatre versions, and the project runs quarterly. The latest round of Theatre audit makes use of a redesigned audit tool and has led to a significant change in results, with departments no longer reporting 100% across all areas. This speaks to the efficiency of the new tool, and with results improving quarter on quarter, an effort from relevant teams to improve their performances. The clinical lead is satisfied with the performance so far and is working to compile an action plan.
Protected Mealtimes and Nutritional Screening	This audit is carried out quarterly across the Trust and is made up of two elements, firstly the audit examines the principals of avoiding non-clinically urgent mealtime interruptions for inpatients, along with if appropriate assistance was provided - the nursing team carry out this part of the audit. The nutritional screening component examines if appropriate measurements are taken of patients, and if nutritional assessments were carried out – dieticians carry out this element of the audit. Results for protected mealtimes showed good adherence to most standards of the audit, however some work remains around adequately preparing all vulnerable patients for their meals. Action for the coming year centre around targeted training in poorer performing areas. Results of the nutritional screening audit found that standards around weighing patients and if nutritional screening tool were completed within 24hours of admission, also if body mass index being recorded were missed.
Smoking Cessation Audit	The organisations smoking cessation team conducted a local review of data based on the metrics laid out in the national audit. The findings indicate a fall in the prevalence of inpatients who are current smokers, however the clinical lead cautions that smoking status is not recorded in all cases. Another finding was that only 35% of inpatient smokers were offered medication to support abstinence and reduce nicotine withdrawal symptoms during their stay, and only 25% were offered very brief advice and asked if they would like support to quit. The clinical lead is working towards the following goals in the upcoming year: • Smoking status to be documented in all patient notes. • Non-cigarette smoking to be documented in all patient notes. • All patients asked if they would like to stop smoking. Current smokers should be routinely offered nicotine replacement products to help them abstain from tobacco as well as referral to tailored smoking cessation support.

*Based on information available at the time of publication

2.2.3 Our participation in clinical research

Research is core to the purpose of St George's. Through research, we play our part in developing the treatments for tomorrow, give our patients access to new treatments and improve our clinical care. We lead and undertake research across our clinical specialities, supported by our diverse research nursing teams and Clinical Research Facility.

St George's 2019/24 Research Strategy sets out plans to build on our strong research base, including investing more in our staff to support their research ambitions and developing our IT research infrastructure. Another key part of our research strategy is to gain core National Institute for Health Research (NIHR) funding, which we have achieved through a successful

application for NIHR Clinical Research Facility designation which will commence in September 2022.

Crucial to our research is our partnership with St George's, University of London. We have set up four Clinical Academic Groups in specific areas where both institutions have expertise and critical mass, in which clinicians, clinical academics and scientists can collaborate to improve research activity. In 2020, we established the St George's Translational and Clinical Research Institute (TACRI), a joint NHS-University structure to increase collaboration and further our research.

A key way to develop and offer new treatments is through participation in clinical research studies that are approved by the NIHR, which supports NHS and academic institutions to deliver quality research that is patient-focused and relevant to the NHS. Recently, much of our focus has been on, Covid-19 clinical research. We have recruited over 7,800 patients to 53 clinical research studies and we are amongst the top NHS Trusts in the country for the number of urgent public health Covid studies. We are leading a major Vaccine Task Force funded clinical trial on Covid vaccines in pregnancy.

The number of patients receiving relevant health services provided or subcontracted by St George's University Hospitals NHS Foundation Trust in 2021/22 that were recruited during that reporting period to participate in research approved by a research ethics committee was 7,955.

2.2.4 Our Commissioning for Quality and Innovation (CQUIN) performance

No CQUIN schemes were published in 2021/22 for either CCG or specialised Commissioning (NHSE) due to ongoing COVID 19 pandemic. The CQUIN schemes were not applicable contractually and were brought within the scope of The NTPS. Block payments to NHS providers are deemed to include CQUIN financial values. Accordingly, the Trust received full CQUIN finding through its block allocation.

CQUINs have been reintroduced for the 2022/23 contract at the rate of 1.25% of the API contract value.

2.2.5 Our registration with the Care Quality Commission (CQC)

St George's University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions or restrictions".

The CQC has not taken any enforcement action against St George's University Hospitals NHS Foundation Trust during 2021/22.

The last formal CQC inspection of a group of core services was in July 2019; the report was published in December 2019 and our rating was confirmed as 'Requires Improvement'.

At that time we were pleased to see significant improvement in our ratings across the key lines of enquiry for core services when compared with the 'Requires Improvement' position in the 2018 CQC inspection. Services for children and young people were rated as 'Outstanding' overall and there were services that were rated as 'good' overall. In the caring domain we were also pleased to receive a rating of 'Outstanding' for services for children and young

people and 'Good' for all other services. The table overleaf shows the published ratings for our core services and our overall rating.

In December 2019 the CQC also made a recommendation to NHS England and Improvement (NHSE/I) for the Trust to be removed from Quality Special Measures. In March 2020 NHSE/I confirmed the removal of the Trust from Quality Special Measures, a significant step forward and one that recognises the improvements in quality and safety for our patients, their families and our staff. In April 2021 the Trust was also removed from Financial Special Measures.

Ratings for St George's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement →← Dec 2019	Good ↑ Dec 2019	Good →← Dec 2019	Requires improvement →← Dec 2019	Good ↑ Dec 2019	Requires improvement →← Dec 2019
Medical care (including older people's care)	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement →← Dec 2019
Surgery	Good ↑ Dec 2019	Good ↑ Dec 2019	Good →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Good ↑ Dec 2019
Critical care	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Maternity	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Services for children and young people	Good ↑ Dec 2019	Good →← Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019	Good ↑ Dec 2019	Outstanding ↑↑ Dec 2019
End of life care	Requires improvement Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Outpatients	Good ↑ Dec 2019	Not rated	Good →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement →← Dec 2019
Overall*	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019

*Overall ratings for the Trust are identified by the CQC by combining the ratings for the services. The CQC decisions on overall ratings take into account the relative size of services. The CQC uses their professional judgement to reach fair and balanced ratings.

During the pandemic CQC inspection visits were suspended and over the last year the Trust has met with the CQC on a three monthly basis to discuss service and Trust wide issues of quality and safety.

During the last year the CQC has continued to explore and test new ways of working (which were not an inspection and Trust services were not rated) including the provision of an Emergency Support Framework and a Transitional Regulatory Approach which both included enhanced monitoring and the gathering of evidence against a set of structured questions. The structured assessments looked at Infection Prevention and Control practice in the Trust in July 2020, provision of care and treatment in Urgent and Emergency Care in October 2020. There were no structured assessments using this format in 2021/22. The Trust and the CQC continued to meet on a regular basis in 2021/22.

Throughout 2021/22 the quality and safety standards were maintained within the cardiac surgery service which is supported by the data from the National Institute for Cardiovascular Research (NICOR). The Trust Board continues to review the service's mortality on a regular basis.

2.2.7 St George's University Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Previous reports of inspections carried out of services provided by St George's University Hospitals NHS Foundation Trust are available on the CQC website at www.cqc.org.uk

2.2.8 Our data quality

St George's University Hospitals NHS Foundation Trust submitted records during 2021/22 for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.6% for admitted patient care (against 99.7% national average)
- 99.8% for outpatient care (against 99.8% national average)
- 98.7% for accident and emergency care (against 98.9% national average)

The percentage of records in the published data which included the patient's valid General Medical Practice code was:

- 99.1% for admitted patient care (against 99.7% national average)
- 99.1% for outpatient care (against 99.6% national average)
- 99.3% for accident and emergency care (against 99.5% national average)

2.2.9 Our Information Governance Assessment Report

The Trust was compliant with all the mandatory requirements of the NHS Data Security and Protection Toolkit (DSPT) for 2020/21 and planned compliance for 2021/22 by 31 March 2022. The Trust's Information Governance Manager together with the Informatics, Digital and Technology Services continued to work on the Toolkit submission under the leadership of the Chief Information Officer while tackling emergent challenges due to the impact of COVID-19. The Trust aims to submit the Toolkit with all the mandatory requirements by "Satisfactory Standard Met Status" by 30 June 2022.

The Data Security and Protection Toolkit managed by NHS Digital is available at https://www.dsptoolkit.nhs.uk/ together with facilities to view organisation compliance status.

2.2.10 Payment by results

St George's University Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22.

2.2.11 Learning from deaths

During 2021/22 1,487 **of St George's University Hospitals NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of this reporting period:**

- 298 in the first quarter
- 358 in the second quarter
- 433 in the third quarter
- 398 in the fourth quarter

By 31 March 2021, 145 case record reviews have been carried out in relation to 9.8% of the deaths included.

The number of deaths in each quarter for which a case record or an investigation was carried out was:

- 36 in the first quarter
- 26 in the second quarter
- 40 in the third quarter
- 43 in the fourth quarter

4 representing 0.27% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter this consisted of:

- 1 representing 0.34% of the number of deaths which occurred in the first quarter
- 0 representing 0% of the number of deaths which occurred in the second quarter
- 3 representing 0.69% of the number of deaths which occurred in the third quarter
- 0 representing 0% of the number of deaths which occurred in the fourth quarter

These numbers have been estimated using the structured judgement review, which was based on the Royal College of Physicians (RCP) tool. Any death that was judged to be more than likely avoidable (more than 50:50) was included in this figure.

What we have learnt and action taken

During the year a number of investigations were conducted. As part of these investigations issues were highlighted for local reflection and learning, including instances where excellent practice was observed, for example:

- The Trust has continued to demonstrate full compliance with the Clinical Negligence Scheme for Trusts (CNST) Safety Action One, as evidenced by the quarterly Perinatal Mortality Review Tool reports. In addition to summarising compliance with the safety standards each report also detailed potential areas for learning and improvement. Over the year these included enhancements to bereavement care through recruitment to a specialist bereavement midwife role and review of the bereavement pathway to ensure compliance with national standards. Improvements to the documentation and support provided to parents following loss, and provision of staff education and training has further strengthened this service.

- A review of mortality following major trauma has progressed significantly, leading to changes designed to improve clinical documentation, governance, and clinical pathways. Enhancements to our electronic patient record to enable improved documentation of immediate major trauma care have been designed to support efficient delivery of best practice care and accurate data collection. Clinical pathways that have been amended following the mortality review include those for patients admitted medically and those who have experienced pelvic trauma. The Trust is continuing to seek opportunities for improvement which will be further informed through a strengthened prospective mortality review process.

Summary of action taken in 2021/22 and plans for 2022/23

This year we have made significant progress against the action plan arising from the external review of morality conducted in 2019. The aim of this work is to maximise the learning identified through review and investigation of mortality and to support implementation of improvements as a result. This year we have introduced a team of six Mortality and Morbidity Coordinators to support clinical teams and to facilitate enhanced governance across the Trust.

Each clinical team has an allocated coordinator who is facilitating Mortality and Morbidity meetings. The team are working with governance leads to develop and implement consistent approaches to mortality governance. This includes defining a core, but adaptable, range of data that will be examined for each death reviewed, alongside guidelines and protocols for the operation of the meeting and sharing of findings. Pilots are underway which will inform the agreed approach to be implemented in the coming year. The coordinators are beginning to support shared learning through facilitating liaison between teams where discussion identifies that consideration of the case is required within another service. A strengthened link with the learning from deaths review process has also been established.

This year our clinical lead for Learning from Deaths recruited two additional consultants to the Mortality Review Team. This team of four consultants working on a sessional basis support independent mortality reviews using the structured judgement review developed by the Royal College of Physicians. Through this increased team we have been able to support a larger number of timely reviews of deaths that meet the criteria defined within our Learning from Deaths policy. These include:

- Deaths where the Medical Examiner has identified a potential concern
- Deaths where bereaved families, or staff, had raised a significant concern
- Deaths of inpatients with learning disabilities
- Deaths of inpatients with a clinical diagnosis of autism
- Deaths of inpatients with severe mental illness
- Deaths in a speciality where the Mortality Monitoring Group agreed that enhanced oversight was required or that learning would inform the Trust's quality improvement work
- Deaths where the patient was not expected to die including all deaths following elective admission

For any death where the Mortality Review Team felt there was significant concern, the case was escalated immediately to the Patient Safety Team to consider if a serious incident, or other, investigation was required. Significant problems of care, whether or not it affected the outcome, were highlighted to the clinical team for discussion and local learning in their Mortality and Morbidity meetings. In addition to promoting reflection and learning by highlighting to governance and clinical teams where care or treatment could potentially have been better, the Learning from Deaths Lead also highlighted excellent practice.

During the year the Medical Examiner (ME) service continued to scrutinise all non-coronial deaths in addition to those referred to the coroner. The service continued to support accurate and consistent certification of death and to support the bereaved. Where the ME identified potential governance issues that need to be further explored these have been referred either to the Lead for Learning from Deaths, to the Patient Safety Team, or to the clinical team involved with the patient's care.

This year the service has prepared for the expansion of the service to encompass the scrutiny of all deaths that occur within Merton and Wandsworth. Through collaboration with colleagues in primary care the service have agreed a pilot in several practices prior to the introduction of the statutory system. Three Medical Examiner Officers have been appointed to the team and recruitment of two Medical Examiners from non-acute services is underway. These enhancements to the team are essential to the successful expansion of the ME service.

The Trust identified an Associate Non-Executive Director as the nominated individual with Non-Executive responsibility for Learning from Deaths.

There were no (0) case record reviews and no (0) investigations completed after 30 April 2021 which related to deaths which took place before the start of the reporting period.

0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement review, which is based on the Royal College of Physicians (RCP) tool.

2.2.12 Standards for Seven Day Services

In 2021/22 having undertaken a further risk-based review the Trust remained non-compliant with standard 2 (consultant review within 14 hours of admission), standard 5 (access to diagnostics – MRI at weekends) and standard 8 (regular consultant review of high dependency patients).

In 2021/22 there was no requirement to make an assurance statement to the Board. However, quarterly progress reports were reported to the Trusts Quality and Safety Committee, a sub-committee of the Trust Board. The quarterly reports demonstrated that progress was made to achieve 7-day equitable access to MRI scanning and reporting, on care group recruitment to improve weekend access to consultant review and on the establishment of a divisional review process to facilitate divisional oversight and ownership of seven-day service compliance.

2.2.13 How our staff can speak up

Staff are encouraged and supported to speak up and have various ways of doing so. Staff are encouraged in the first instance to raise issues with their line manager, often concerns can be resolved at this level. However, it is recognised that some staff may not feel comfortable in taking this route, especially if the concern being raised pertains to their line manager.

Staff can raise concerns with:

- Any manager/ leader within their department
- Freedom to Speak up Guardian/ Champion

- Their Human Resource Adviser/ Manager
- Executive and non – executive leads for Freedom to Speak Up
- Chief Corporate Affairs Officer
- Chairman

Staff can raise concerns in different ways such as:

- Face to Face (verbally)
- In writing (letter/ email)
- Telephone contact

Staff are also advised of external reporting routes if they are unhappy with using any of the internal reporting routes or if they indicate that after raising a concern they do not feel the concern was investigated in line with Trust procedures, for example Care Quality Commission, and recognised professional or union body.

Staff who speak up are advised to report incidents where they feel due to speaking up they have come to a detriment. If it is found that this is the case, the Trust will take appropriate action to mitigate the risk to the staff member concerned and if necessary appropriate action taken under the Trusts disciplinary procedure. Staff are also regularly referred for additional support after raising concerns to our staff support team and or Occupational Health by agreement with the staff member.

Once an outcome is received the feedback is given to the person raising the concern either in writing or verbally dependent upon the issue raised, how it was resolved i.e. formally or informally and the preference of the person raising the concern. Anonymous concerns cannot be fed back however the outcome is logged by the Trust.

2.2.14 Guardian of safe working

The year 2021/2022 continued to be dominated by the Covid-19 pandemic. During the first wave (April to June 2020) the Doctors in training were redeployed into acute areas. The result was a flexible workforce supported by senior colleagues; but who have had to compromise on many training opportunities despite the accommodation of speciality colleges and examination boards. Annual leave catch-up was completed by the end of March 2021. The second wave (November 2020 to March 2021) saw a different approach with doctors working shorter periods and rotating back to their specialities as soon as possible. The third wave (April 2021 to date) saw a more restricted redeployment into the Omicron variant wave and saw a fatigued junior doctor workforce with concerns raised with acute medicine about the inability to take breaks and the extra work generated by staff shortages. The Trust had provided wellbeing support with psychologists visiting the wards, wellbeing hubs and a mentoring scheme was offered although the take up suggests that junior doctors find it difficult to seek support, which is a national finding.

Unfortunately, exception reporting dropped from 210 compared with 458 in the previous year, which may in part be reflecting that trainees were committed to their work during the pandemic and they did not want to log their overtime. This may also be in part due to the increased vigilance consultants made to ensure that the shift work ran smoothly and trainees could get home on time where possible. Exception reporting is encouraged to help identify patient safety needs as well as supporting junior doctors to have their correct pay, training and rest. Rota

gaps were not analysed in the same way as direct comparisons could not be made as the rotas were rewritten to support the Covid-19 response. Exception reporting has increased in the months of January-February 2022.

The majority of exception reports arise from the acute medical teams and early 2022 is seeing strategic meeting with the JDF to find solutions for staff shortages, delayed locum pay and non-taking of breaks working with medcard clinical leads, the deputy chief medical officer and Trust wellbeing lead.

Development for 2021/2022 included improving attendance to the Junior Doctors forum (JDF) which has already begun with the appointment of the new JDF chair who is the Chief Registrar, and three vice chairs, who will be encouraging speciality representatives to attend again after the pandemic has receded.

By April 2022 the BMA wellbeing fund will need to be spent and so junior doctor mess development plans have been finalised. The pilot for the mirror exception reporting scheme for fellow and trust doctors was delayed by the pandemic but is projected to be in effect by the beginning of quarter 1 2022/23 with the expected improvement of patient safety and junior doctor wellbeing in a section of the workforce who have lacked a voice. Further engagement with educational supervisors to support doctors to exception report will be supported through post graduate medical education and training into 2022/23.

From the wellbeing fund in 2021/22, £27,397 was spent on rest facilities and new bathroom facilities for the Doctor's mess; £32896 remains to be spent. No fines were issued in the last year.

2.3 Reporting against Core Indicators

National Core Set of Quality Indicators

In 2012 a statutory core set of quality indicators came into effect. Eight indicators apply to acute hospital Trusts. All Trusts are required to report their performance against these indicators in the same format with the aim of making it possible for the reader to compare performance across similar organisations.

For each indicator our performance is reported together with the national average and the performance of the best and worst performing Trusts.

2.3.1 Mortality

The Summary Hospital Level Mortality Indicator (SHMI) is a mortality measure that takes account of a number of factors, including a patient's condition. It includes patients who have died while having treatment in hospital or within 30 days of being discharged from hospital. The SHMI score is measured against the NHS average which is 1, a score below 1 denotes a lower than average mortality rate. It is recognised that the SHMI cannot be used to directly compare mortality outcomes between Trusts and for this reason 'best' and 'worst' Trusts are not shown for this indicator.

Summary hospital level mortality indicator (SHMI)	Jun 18 – May 19	Jul 18 – Jun 19	Aug 18 – Jul 19	Sep 18 – Aug 19	Oct 18 – Sep 19	Nov 18 – Oct 19	Dec 18 – Nov 19	Jan 19 – Dec 19	Jan 20- Dec 20	Dec 20- Nov 21	Jan 21- Dec 21

SHMI	0.81	0.83	0.83	0.83	0.85	0.85	0.85	0.86	0.84	0.90	0.91
Banding	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	As expected	As expected
% Deaths with palliative care coding	50	49	49	50	49	49	48	47	49	54	54

Source: NHS Digital-
https://app.powerbi.com/view?r=eyJrIjoiMjAyMmRjMzItYWZlZC00MWU4LWFjYTQtNzRkODYyNmFmOTYxIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

2.3.1.1 The Trust considers that this data is as described for the following reasons:

- Our data is scrutinised by the Mortality Monitoring Committee and validated through the examination of additional data including daily mortality monitoring drawn directly from our own systems, and monthly analysis of information from Dr Foster. When validated internally we submit data on a monthly basis to NHS Digital. The SHMI is then calculated by NHS Digital with results reported quarterly for a rolling year. Our coding team work closely with our palliative care team to continually improve the accuracy of coding to fully capture the involvement of palliative care services.

2.3.1.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- We have fully implemented the Learning from Deaths Framework and embedded the implementation of the Medical Examiner System. We undertook a review of our mortality monitoring process. We have recruited an additional 6.0 wte posts to strengthen the administrative support to the monitoring process and additional Medical Examiner Officers to support the reviews. We review all deaths to ensure we identify and share every opportunity to learn and improve the care our patients receive.

2.3.2 Patient reported outcome measures

Patient reported outcome measures (PROMs) measure quality from the patient perspective and seek to calculate the health gain experienced by patients following one of two clinical procedures, which are hip replacement or knee replacement.

Percentage of patients reporting an increase in health following surgery		2017-18		2018-19		2019-20		2020-21		2021-22*	
		SGH	National average	SGH	National average	SGH	National average	SGH	National average		
Hip replacement	EQ-5D™	71	90	66.7	90.2	No Data	90.1	No Data No questionnaires returned			
	EQ-VAS	43	68.3	66.7	69.6	No Data	69.8				
	Specific	75	97.2	100	97.2	No Data	97.3				
Knee replacement	EQ-5D™	0	82.6	No data	82.7	50.0	83.2				
	EQ-VAS	33	59.7	No data	59	No data	60.1				
	Specific	33	94.6	No data	94.7	100	94.7				

Source: NHS Digital 9https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/hip-and-knee-replacement-procedures---april-2019-to-march-2020

***2021/22 – No data submitted**

For both hip and knee replacement procedures, the EQ-5D™ and EQ-VAS scores give the patients view of their general health improvement. The specific score comes from questions about improvement related to the hip or the knee replacement, higher scores are better. It should be noted that at St George's we perform only a small number of complex cases of knee and hip replacements, with the majority of routine cases being referred to the South West London Elective Orthopaedic Centre for treatment and coupled with the current lack of data collection tool this explains our variance from the national average score for these measures. A new data collection provider was expected to be in place for 2021/22 however, this was not in place until March 2022 which meant that the Trust could not participate in this audit.

2.3.2.1 The Trust considers that this data is as described for the following reasons:

- The Trust was unable to participate in this audit in 2021/22 due to the absence of a data collection provider

2.3.2.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- From March 2022 when the new data provider was in place, to offer patients the opportunity to participate in PROMs and contact the patient at the three month intervals to prompt a further response

2.3.3 Readmission within 28 days of discharge

Emergency readmission occurs when a patient has an unplanned re-admission to hospital within 28 days of previous discharge.

Readmissions	2018-19			2019-20			2020-21			2021-22		
	0-15	16 and over	Total	0-15	16 and over	Total	0-15	16 and over	Total	0-15	16 and over	Total
Discharges	13975	48206	62181	13022	47103	60125	8,522	34,886	43,408	9,945	35, 549	45, 494
28 day readmissions	751	4006	4757	932	4218	5150	524	3,638	4,162	672	3,233	3,905
28 day readmissions rate	5.37%	8.31%	7.65%	7.16%	8.95%	8.57%	6.15%	10.43%	9.59%	6.76%	9.09%	8.58%

2.3.3.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.3.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- By committing to reducing re-admission for all patients irrespective of whether that care is planned or unplanned, by ensuring that all patients are discharged when it is safe to do so and that there is a coordinated approach with our partners and local authorities to ensure that the right support is in place for them.

2.3.4 Patient experience

In the national inpatient survey five questions are asked focussing on the responsiveness and personal care of patients. Our scores are better than the national average shown below. The data below shows the average, highest and lowest performers and our previous performance.

Patient Experience	*2017-18*	*2018-19*	*2019-20*	*2020-21*	*2021-22**
St George's University Hospitals	**65**	**67.2**	**67.1**	65	
National average	68.6	67.2	64.2	67.1	
Highest (best)	85	85	84.2	84.4	
Lowest	60.5	58.9	59.5	54.4	

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-4-ensuring-that-people-have-a-positive-experience-of-care-nof/4-2-responsiveness-to-inpatients-personal-needs

* The 2021/22 data has not been published at the time of submitting this report. This data will be included in the Quality Report 2022/23.

2.3.4.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.4.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to maintain and improve performance, by continually engaging with patients, family, friends and carers
- Respond to the findings of our ward and department accreditation programme
- Take improvement action in line with our Quality and Safety Strategy 2019/24

2.3.5 Staff recommendation to friends and family

We consider that this data is as described for the following reasons: we outsource the collection of data for the NHS National Staff Survey; it is collected and submitted annually to the Staff Survey Co-ordination Centre. The data for 2021/22 shows a 4.8% reduction in staff who would recommend St George's to their friends and families.

Staff recommendation	2017-18	2018-19	2019-20	2020-21	2021-22
St George's University Hospitals	73%	69%	72%	76%	71.2%
Average for Acute	69%	70%	71%	74%	66.9%
Highest Acute Trust	86%	87%	87%	92%	89.5%
Lowest Acute Trust	47%	41%	40%	49%	43.6%

http://www.nhsstaffsurveyresults.com/wpcontent/uploads/2021/02/NHS_staff_survey_2020_RJ7_full.pdf

https://public.tableau.com/app/profile/piescc/viz/ST20localdashboards/Aboutthesurvey

2.3.5.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.5.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- Focus on staff engagement and quality improvement, listening to staff and addressing their concerns.

2.3.6 Patient recommendations to friends and family

Our patients are very positive about our inpatient services in 2021/22 with 97.7% of our Inpatients saying they would recommend our services to their friends and family.

Unfortunately, due to the significant demand for A&E D services and the associated waiting times 78.8% of those visiting our A&E department said they would recommend our services to their friends and family.

Friends and Family Test	2018-19		2019-20		2020-21- Dec21		2021-22- Mar 22	
St George's University Hospitals	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient
Response rate	26.20%	26.40%	15.27%	34.38%	18.97%	28.74%	12.82%	32.71%
% would recommend	87.00%	97.00%	82.41%	96.5%	89.83%	97.5%	77.86%	97.70%
% would not recommend	8.50%	1.00%	12.36%	1.14%	6.52%	0.75%	12.82%	0.60%
National comparison positive response rate	12.3%	24.6%	12.1%	24.4%	80%	94%	81%	94%
National comparison as at March 2020 % would recommend	86%	96%	85%	96%	N/A*	N/A*	N/A*	N/A*
National comparison as at March 2020 % would not recommend	8%	2%	9%	2%	13%	3%	12%	3%

..\Performance Visibility Team\Performance Board & Quality Monthly Reports\Archive Friends-and-Family-Test-inpatient-data-January-2022.xlsm (live.com)

* FFT data collection was suspended in March 2020 and was re-started in December 2020 due to Covid-19. No national data has been published since national collection restarted.

2.3.6.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.6.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to improve the quality of its services, by listening to patients and addressing their concerns

2.3.7 Venous thromboembolism

Venous thromboembolism (VTE) occurs when a deep vein thrombosis (blood clot in a deep vein, most commonly in the legs) and pulmonary embolism (where such a clot travels in the blood and lodges in the lungs) causes substantial long term health problems or death. Risk assessments for VTE ensures that we intervene with preventative measures at the earliest possible time. Our scores are better than the national average shown below and were an improvement on the previous year. The data below shows the average, highest and lowest performers and our previous performance.

2.3.7.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

VTE Assessments	2017-18	2018-19	2019-20	2020-21	2021-22
St George's University Hospitals	**95.90%**	**96.0%**	**93.9%**	**96.18%**	**96.8%**
National Average	95.80%	95.6%	95.5%	95.33%	N/A
Best performing Trust*	100%	100%	100%	100%	N/A
Worst performing Trust*	72%	74.4%	71.7%	77.16%	N/A

https://improvement.nhs.uk/resources/venous-thromboembolism-vte-risk-assessment-q2-202021/

2.3.7.2 The Trust plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to working to achieve higher VTE risk assessment rates
- Optimisation of iClip

2.3.8 Infection control

We are committed to improving safety by avoiding or reducing Clostridium Difficile which results in shorter length of stay and improved patient experience.

Clostridium Difficile	2017-18	2018-19	2019-20	2020-21	2021-22
St George's University Hospitals * Data is from April 21 to Mar 22					
Trust apportioned cases *Change in reporting: denotes those Cases confirmed due to lapses in care	16	31	8	34	33
Trust bed-days	296,981	282,339	285,321	225,244	278,832
Rate per 100,000 bed days	5.4	11.0	2.8	15.09	11.8
National average	31.2	33	3	21.52	28.47
					99.74
Worst performing trust	113	177	15	90	0
Best performing trust	0	0	0	0	0

NHSI HCAI Dashboard: Trust Overview - Tableau Server (england.nhs.uk)
Bed Occupancy: Acute Bed Occupancy - Tableau Server
C. difficile infection: monthly data by prior trust exposure - GOV.UK (www.gov.uk)

Data showing National, Worst and Best performing Trust included all CDIff data. Does not separate Hospital and Community Onset.

NOTE: Hospital capacity has had to be organised in new ways as a result of the pandemic to treat Covid-19 and non-Covid-19 patients separately and safely in meeting the enhanced Infection Prevention Control measures. This results in beds and staff being deployed differently from in previous years in both emergency and elective settings within the hospital. As a result, caution should be exercised in comparing overall occupancy rates between this year and previous years. In general, hospitals will experience capacity pressures at lower overall occupancy rates than would previously have been the case.

2.3.8.1 The Trust considers that this data is as described for the following reasons:

- We have a process in place for collating data on Clostridium Difficile cases. The data is collated internally and submitted to Public Health England. The CCG reviews the

root cause analysis undertaken and provides validation as to whether Clostridium Difficile acquisition was due to a lapse in our care

2.3.8.2 The Trust plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to implement a range of measures to tackle infection and improve the safety and quality of our services. These include a strong focus on improved environmental hygiene and antibiotic stewardship supported by continuous staff engagement and education

2.3.9 Patient safety incidents

Patient Safety Incidents	Oct 14 - Mar 15	Apr 15 - Sep 15	Oct 15 - Mar 16	Apr 16 - Sept 16	Oct 16- Mar 17	Apr 17- Sep 18	Oct 18- Mar 19	Apr 19- Sep 19	Oct 19 – Mar 20	Apr 20- Mar 21	Apr 21- Mar 22
St George's University Hospitals											
Total reported incidents	5,188	5,353	5,453	5,964	5,928	5,548	5934	6268	6697	12352	Data not yet published
Rate per 1000 bed days	34.1	33.2	32.8	36.5	37.6	34.2	39.5	45.3	45.4	51.2	
***National average (acute non-specialist)**	37.1	39.3	39.6	40.8	41.1	42.8	46.1				
***Highest reporting rate**	82.2	74.7	75.9	71.8	69	111.7	95.9				
***Lowest reporting rate**	3.6	18.1	14.8	21.1	23.1	23.5	16.9				

Patient Safety Incidents	Oct 14 - Mar 15	Apr 15 Sep 15	Oct 15 - Mar 16	Apr 16 - Sept 17	Oct 16- Mar 17	Apr 17 - Sep 18	Oct 18 Mar 19	Apr 19- Sep 19	Oct 19 – Mar 20	Apr 20- Mar 21	Apr 21- Mar 22
St George's University Hospitals											
Incidents causing Severe Harm or death	16	23	20	15	13	14	23	10	9	21	Data not yet published
% incidents causing Severe Harm or death	0.31 %	0.43 %	0.37%	0.25%	0.22%	0.25%	0.38%	0.16%	0.13%	0.17%	
****National average (acute non-specialist)***	0.50 %	0.43 %	0.79	0.38%	0.37%	0.35%	0.36%				
****Highest reporting rate***	5.10 %	1.96 %	1.33%	1.38%	1.09%	1.23%	0.49				
****Lowest reporting rate***	0.05 %	0.09 %	0%	0.02%	0.03%	0.02%	0.01%				

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-5-treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5-6-patient-safety-incidents-reported-formerly-indicators-5a-5b-and-5-4

*As of April 2019 NHS Digital no longer publishes data on the national averages for patient safety incidents

The data submitted to the National Reporting and Learning System (NRLS) was previously published every six months. This has now changed to use annual timeframes, rather than six-monthly, and from 2020/21 the data will now be published on an annual basis.

2.3.9.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.9.2 The Trust has taken the following actions to improve this indicator and so the quality of our services:

- Continue to work towards enhancing existing mechanisms throughout 2022/23. These include: risk management input into training programmes, increased frequency of root cause analysis (RCA) training, increased involvement from medical staff in following up incidents, a bi-monthly patient safety newsletter and a quarterly analysis report and thematic learning.

Outstanding care every time

St George's University Hospitals NHS Foundation Trust

Part 3

3.1 Our performance against the NHS Improvement Single Oversight Framework

NHS Improvement uses a number of national measures to assess access to services and outcomes, and to make and assessment of governance at NHS foundation Trusts. Performance against these indicators acts as a trigger to detect potential governance issues and can be seen in the table below.

Key performance indicators

		Target	Annual performance 2018-19	Annual performance 2019-20	Annual performance 2020-21	Annual performance 2021-22
Referral to treatment times	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	N/A (Not reporting)	84.2%	69.3%	72.3%
Referral to treatment times	Number of 52 week breaches	0	N/A (Not reporting)	32	2,644	846
ED access	95% of patient wait less than 4 hours	>=95%	88.4%	83.2%	92.8%	81.6%
Cancer access	% cancer patients treated within 62 days of urgent GP referral	>=85%	86.9%	85.2%	77.1%	72.6%
	% patients treated within 62 days from screening referral	>=90%	86%	88.8%	80.8%	75.9%
Diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	99%	95.7%	89.8%	98.2%

3.2 Our performance against our Quality priorities in 2021-22

The progress we have made in delivering our quality priorities for last year is set out in the table below and where able, compared with performance for the previous year, 2020/21. All the data used to assess our success in achieving our objectives has been derived from the Trust performance management systems and, where applicable, the indicators are consistent with national definitions. In addition, all qualitative measures of success have been assured through the relevant Trust governance frameworks.

Patient Safety			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**

We will review Nosocomial Covid-19 infection for in-patients at a local and system level and revise infection prevention and control procedures	Reduction in the level of Nosocomial Covid-19 infection when compared with the previous year	**We did not achieve this** Between April 2021 and March 2022 the Trust had reported 227 cases of HOHA (hospital onset, hospital acquired) nosocomial hospital onset healthcare associated >14 days after admission Between April 2021 and March 2022 the Trust had reported 137 cases of HOPA (hospital onset, probable acquired) nosocomial hospital onset healthcare associated 8-14 days after admission	***Important note:*** *National definitions for HOHA and HOPA were not confirmed until June 2020.* In 2020/21 we reported 180 cases of HOHA nosocomial hospital onset healthcare associated >14 days after admission In 2020/21 we reported 199 cases of HOPA nosocomial hospital onset healthcare associated 8-14 days after admission
We will ensure timely escalation and response to deteriorating patients	All adult inpatients will have a Treatment Escalation Plan (TEP) Reduction in avoidable harm and death associated with missed opportunities when compared with the previous year Improved response to the	**We did not achieve this** We monitored TEP performance on a monthly basis in the Integrated Quality and Performance Report We developed an electronic mechanism to monitor the number of TEPs in place for adults within 24 hours of admission In March 2022 37.4% of adults had a TEP in place within 24 hours of admission The number of cardiac arrests in March 2022 was 7.7/1000 inpatient admissions	In 2020/21 we established an improvement project and built an electronic TEP in the test domain of iClip In March 2021 33.8% of adults had a TEP in place within 24

	National Early Warning Score (NEWS2) when compared with the previous year Reduction in the number of cardiac arrests compared with the previous year	NEWS2 audits showed an appropriate response performance of 90.8% in March 2022	hours of admission. The number of cardiac arrests in 2020/21 was 2.3/1000 inpatient admissions NEWS2 audits showed an appropriate response performance of 89% in March 2021 which was a reduction in appropriate response performance from 94.1% in March 2020
We will ensure the identification, protection and care of patients who lack mental capacity to make certain decisions	We will demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly and have proper protection and care. We will achieve compliance with our training targets for Mental Capacity Act (MCA) training	**We did not achieve this** Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 training performance was 85.9% in March 2022 against the target of 85% Level 2 training performance was 69.7% in March 2022 against the target of 85% **Important note:** In 2021/22 the Trust was awaiting the release of the guidance for the implementation of the new framework for MCA/DoLS – the Liberty Protection Safeguards. The revision of the Level 2 training module was paused whilst the new framework was awaited which impacted on training performance	The electronic forms to standardise recording were implemented on iClip A Trust wide audit of Consent was undertaken in December 2020 Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training –

			Level 1 training performance had achieved the target of 90% or above since 2019 Level 2 training performance was 79% in March 2021 against the target of 85%
All patients will be supported to give consent for treatment	All non-elective adult inpatients will have a treatment escalation plan (TEP) in place within 24 hours of admission	**We did not achieve this** In April 2021 35% of adults had a TEP in place within 24 hours of admission, performance in March 2022 was 37.4% At the time of writing this report consent audit data has not been published	In April 2020 45% of adults had a TEP in place within 24 hours of admission, performance in March 2021 was 33.8% No consent audit data was available in 2020/21
Embed medical examiner service and learning from deaths processes	Maintain Summary Hospital Level Mortality Indicator (SHMI) within confidence intervals	**We achieved this** Mortality as measured by the summary hospital-level mortality indicator (SHMI) remained as or lower than expected	Mortality as measured by the summary hospital-level (SHMI) was lower than expected
Patient experience			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**

We will undertake thematic analysis of our complaints to identify recurrent themes and share their findings	Reduction in the number of complaints when compared with the 2019/20 baseline (complaint numbers impacted in 2020/21 and 2021/22 due to the pandemic)	**We partially achieved this** We undertook thematic analysis on a quarterly basis which identified recurrent themes: care and treatment; communication; and staff attitude When compared with 2019/20 and 2018/19, the total number of complaints was 1,044	The number of complaints received in previous years was as follows: • 2020/21: 708* • 2019/20: 956 • 2018/19: 1101 *Impacted by Covid-19
Provide an equitable experience for patients from vulnerable groups	Improvement in our self-assessment against the National Learning Disability Standards having had the opportunity to make service improvements following the first self-assessment in 2020	**We partially achieved this** The second self-assessment was completed against national standards for Learning Disability patients and at the time of writing we are awaiting the results The action plan to address improvements identified against 11/79 national standards did not progress as expected due to significant staffing shortages in the team	In March 2021 we received the results of the NHS benchmark assessment that was completed against national standards for Learning Disability patients. There were 107 national benchmark Learning Disability Standards, of which 79 benchmark standards applied to SGH. 48/79 (61%) were in line with the national standard 20/79 (25%) were above

			the national standard 11/79 (14%) were below the national standard
Improve patient flow particularly with reference to improved discharge processes	Continue with our clinically led long length of stay meeting with local authority input to support patients with complex discharge needs. Progress further the implementation of Red to Green in iClip to highlight the issues that delay discharge Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or	**We achieved this** Collaboration continues across SW London and in discussion with local authority partners with reference to Discharge to Assess The multi-agency Discharge Forum has continued The discharge summary for in-patients in iClip has been extended to include a multidisciplinary section for the inclusion of nursing and social care needs	Discharge hub implemented and aligned to the site team to enable increased oversight of expected discharges Implemented South West London system approach of agreed discharge to assess process Created a monitoring process: the multi-agency Discharge Forum

	investigation date if required		
Clinical effectiveness and outcomes			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
With SWL and St George's Mental Health Trust we will develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting	An integrated training and education framework will be in place with SWL and St George's Mental Health Trust	**We did not achieve this** Progress was impacted by Covid-19 and although this remains an objective of the SWLSTG-SGUH Mental Health reference group, further development work is now needed across the integrated care system in order to drive the work forward	The integrated training and education framework was not developed due to the new post of Head of Nursing commencing in post December 2020
We will embed a culture of quality, safety and learning by implementing the recommendations from the external reviews of our clinical governance processes to ensure they support the delivery of safe, high quality care	Improvements in related questions in the NHS Staff Survey 2021	**IMPORTANT NOTE:** In 2021 the NHS Staff Survey altered its methodology to focus on 6 People Promises together with Staff Engagement and Morale. https://cms.nhsstaffsurveys.com/app/reports/2021/RJ7-benchmark-2021.pdf Therefore, it has not been possible to make a direct comparison with 2020 scores as set out in the column to the right. We are compassionate and inclusive: Trust score 7.1 (average trust score 7.2) We each have a voice that counts: Trust score 6.5 (average trust score 6.7)	**NHS Staff Survey 2020** Quality of Care: 7.6 (average trust score 7.5) Safety Culture: 6.6 (average trust score 6.8)
Deliver care in line with our revised activity plans to ensure our patients do not wait too long for treatment	Achievement of targets for: • Referral to Treatment (RTT) within 18 weeks	**We did not achieve achieved this** As reported in section 3.1, page 37 RTT: We delivered against the revised trajectories for 78 week waits other than for General Surgery and Cardiology. As required, we maintained the end of September	The Trust was unable to supply annual performance for 2020-21 due to the impact of Covid-19

	• Diagnostics within six weeks • Four-hour operating standard • Cancer standards	2021 position for the 52-week trajectory **Diagnostics:** We did not meet our diagnostics within 6-weeks standards **Cancer:** We did not meet our cancer access standards **Four-hour target:** We did not deliver against the four-hour operating standard	on data reporting and data flows

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and Scrutiny Committees

A1.1 Statement from South West London Clinical Commissioning Group

To be requested for return on 6 June 2022

A1.2 Statement from Healthwatch Wandsworth

To be requested for return on 6 June 2022

A1.3 Statement from Wandsworth Adult Care and Health Overview Scrutiny Committee

To be requested for return on 6 June 2022

A1.4 2021/22 limited assurance report on the content of the Quality Reports and mandated performance indicators

[Not provided due to Covid-19 pandemic]

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St George's University Hospitals NHS Foundation Trust

A1.5 Independent auditor's report to the Council of Governors of St George's University Hospitals NHS Foundation Trust on the Quality Report

[Not provided due to Covid-19 pandemic]

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Annex 2:

A2.1 Statement of Directors' responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2020/21* and supporting guidance *Detailed requirements for quality reports 2010/21*
- the content of the quality report is not inconsistent with internal and external sources of information including:

  - board minutes and papers for the period April 2020 to 24 June 2022
  - papers relating to quality reported to the board over the period April 2021 to June 2022
  - feedback from commissioners dated x June 2022
  - feedback from governors dated x June 2022 [Governors invited to comment]
  - feedback from local Healthwatch organisations dated x June 2022
  - feedback from overview and scrutiny committee dated [Not provided due to Covid-19 pandemic] or x June 2022
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated x June 2022
  - the latest national patient survey Inpatient, June 2019; Urgent and Emergency Care, October 2019; Children and Young People, November 2019; and Maternity, January 2020
  - the latest national staff survey dated March 2022
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated [Not provided due to Covid-19 pandemic]
  - the CQC inspection reports dated 18 December 2019

- the quality report presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporate the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board.

Gillian Norton

Chairman

24 June 2022

Jacqueline Totterdell

Chief Executive

24 June 2022

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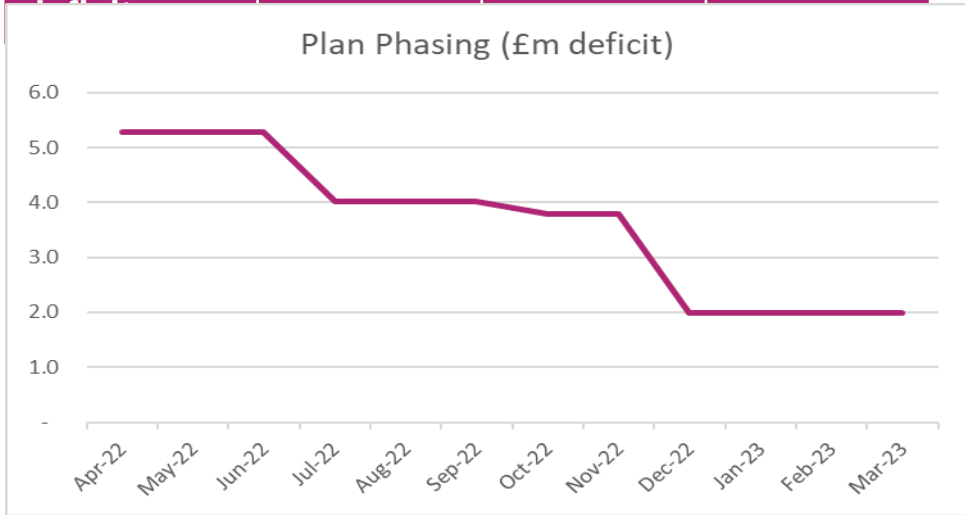
Financial Planning 2022/23:
Update to the Council of Governors

Andrew Grimshaw
Group Chief Finance Officer

30 May 2022

Annual Plan 2022/23
Scoping the financial challenge

£m	2021/22 outturn	2022/23 Plan	Movement
Income	1016	1015	(1)
Pay	605	637	32
Non-pay	367	374	7
Cap charges	44	55	11
Deficit	**--**	**(51)**	**(51)**
System		**23**	**23**
Residual		**(27)**	**(27)**

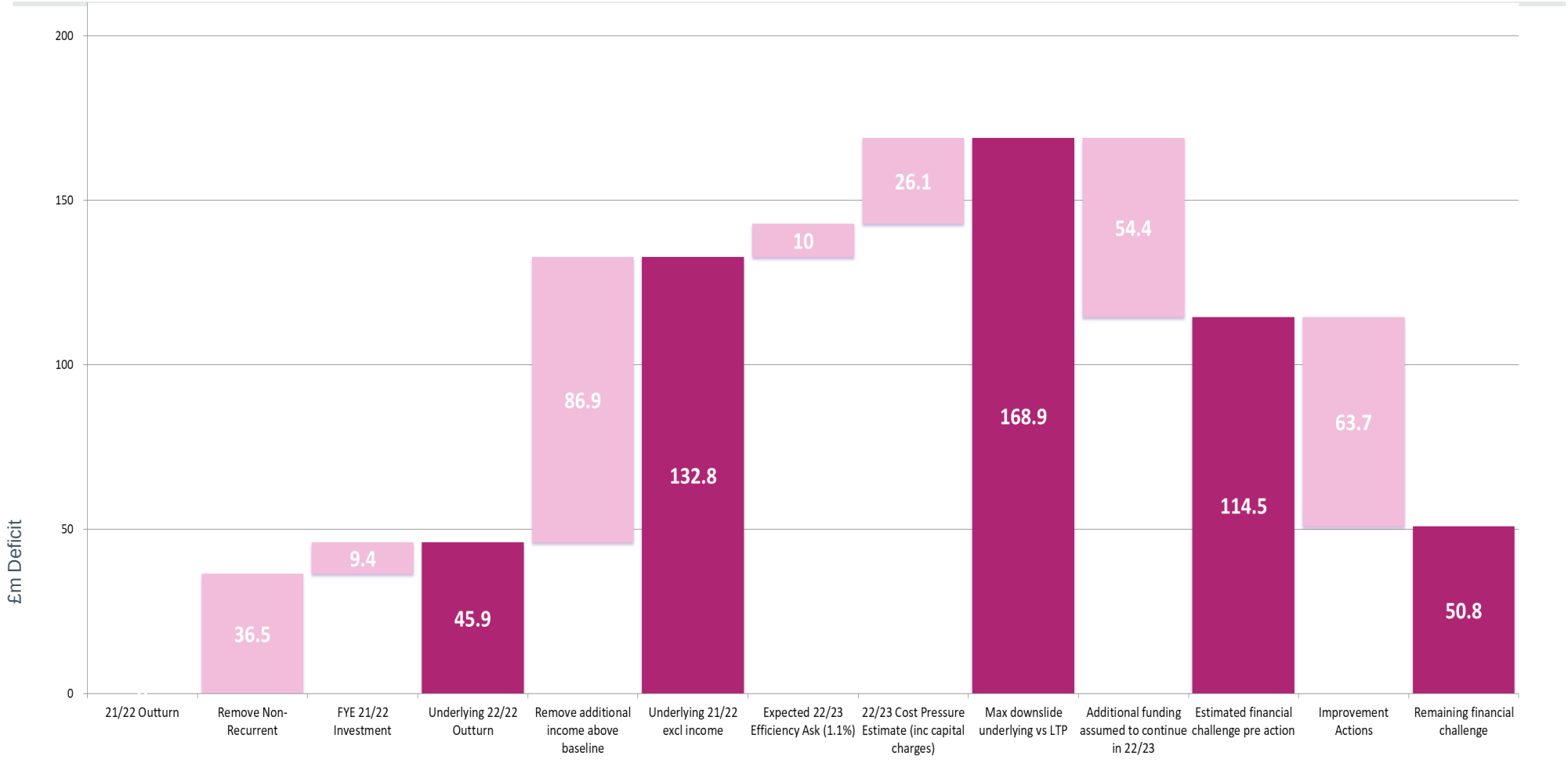


- A financial plan was submitted to NHSE on 28th April. This reported a £51m deficit. Since then further actions/support has been agreed with SWL which has reduced the deficit to £27m.
- The key drivers of the deficit come from the loss of financial support received under the pandemic support mechanism which has highlighted;
  - The Trust exited 21/22 with a underlying deficit.
  - The low level of recurrent CIP delivery over the last two years. Most trusts are reporting this.
  - Cost pressures and service developments across the last two years that will be maintained; e.g. ITU investment.
  - A less generous income settlement for SWL.
- All trusts in SWL are working to identify a 4.5% CIP to minimise the deficit; trust and system. The benefit of this is included within the £51m deficit.
- Confirmed capital resources are low at the start of the year again. More funding is expected to become available as the year progresses.
- Performance plans are in place against national standards. Further work is ongoing to confirm delivery of all targets.

- The Trust and SWL have been asked to improve the I&E position and achieve breakeven. While recognising delivering this will be a massive challenge the Trust Board has accepted the challenge and actions to deliver breakeven are being developed.
- A further national plan submission is required on 20th June.

Annual Plan 2022/23

21/22 plan to 22/23 Expected Gap Bridge



Annual Plan 2022/23
Cost Improvement actions (4.5% target)

	£m	Comment
Pay savings	13.9	Address overspending departments, vacancy review, bank and agency rates
Procurement	4.0	Procurement price and use, SWLP
Income	6.5	Known allocations from SWL
Covid cost reduction	5.0	Transport, soft FM. IN line with IPC guidance
Productivity	6.0	Improve elective recovery costs/productivity
Non-recurrent	15.6	Known and expected one off actions/income
Unidentified & WIP	12.7	Plans under development to achieve 4/5%
	63.7	

Capital Plan 22/23

£m	22/23	Per Mar FIC	Change
Depreciation	25.0	25.0	(0.0)
SWL critical infrastructure (assumed share)	3.4	5.8	(2.4)
TIF - ITU scheme & Digitisation	6.1	6.2	(0.1)
UTF - ICT Frontline Digitisation	0.1	-	0.1
NHP - Renal	0.0	-	-
Emergency Floor	0.0	1.0	(1.0)
Funding (known and expected)*	**34.6**	**38.0**	**(3.4)**
Estates	4.5	3.2	(1.3)
Medical Physics	6.1	8.6	2.5
ICT	4.9	4.1	(0.8)
Cath Labs 21/22 Slippage	1.9	1.9	-
MRI 21/22 Slippage	1.2	1.2	-
PACS 21/22 Slippage	1.5	1.5	-
Other 21/22 Slippage	1.5	2.3	0.8
Renal	1.3	-	(1.3)
ESTH EPR	1.5	1.5	-
SWLP	0.7	0.7	-
Internally Funded	**25.0**	**25.0**	**0.0**
SWL critical infrastructure (assumed share)	3.4	5.4	2.0
ITU	6.1	6.1	-
ICT Frontline Digitisation	0.1		(0.1)
Renal	0.0		-
Emergency Floor	0.0	1.0	1.0
Other Capital Projects	0.0	0.5	0.5
Externally Funded	**9.6**	**13.0**	**3.4**
Headroom/(deficit)	**-**	**-**	**-**
Other projects unfunded: risk-based	31.1	36.7	5.6
Other projects unfunded: strategic	2.0	2.0	-
Other requests (incomplete)	3.0	3.0	-
Total headroom/(deficit)	**(36.1)**	**(41.7)**	**5.6**

- This table reflects the capital plan submitted to SWL in April 2022 and principles approved at Capital Programme Management Group (CPMG) on 15th March 2022.
- Known funding is based on;
  - Internally generated funds (depreciation).
  - Known and expected external funding; SWL critical infrastructure funding has been assumed as figures are not confirmed.
- A risk based prioritisation process has been used to identify the projects to support in year as requests exceeded available funding.
- Other capital funds are expected to be available to bid for in year. The Trust is working to have schemes/business cases ready to submit.

Key Activity and Performance Assumptions

Metric	Target	Plan position	RAG	Comment
Elective Activity	104% 19/20 activity	100%		Minimum trust level expected position, however ongoing work to challenge position to reach 104% aspiration.
Outpatient Activity	104% 19/20 activity	100%		Minimum trust level expected position, however ongoing work to challenge position to reach 104% aspiration.
Virtual OP %	25%	25%		Prudent assumption inline with target
RTT incomplete 52w	0 by March 2025	800		March 2023 position shown. Flat position throughout 2023/23, but risk reduced to 4 key specialties (General Surgery, ENT, Cardiology and Plastics) with compliance expected in all others.
RTT incomplete 78w	0 by April 2023	20		Currently at 60 – expect to reduce to 20 by March due to ongoing Cardiology and General Surgery risk
RTT incomplete 104w	0 by July 2022	0		Currently at zero – expect to maintain this position
RTT incomplete Total	Total size no higher than Sep 21	47,169		Average figure throughout year – maintains at September 2021 levels and does not go above this level
Cancer 62 days	return to pre-pandemic levels by March 2023	144		March 2023 position shown – this is lower than pre pandemic numbers
Cancer 28 days	75% by March 2024	75%		75% of urgent cancer referrals will receive a diagnosis within 28 days by March 2023 (a year ahead of target)

Meeting Title:	**Council of Governors**		
Date:	30 May 2022	**Agenda No**	**5.1**
Report Title:	**Council of Governors: Governance Update**		
Lead Director/ Manager:	Stephen Jones, Group Chief Corporate Affairs Officer		
Report Author:	Stephen Jones, Group Chief Corporate Affairs Officer		
Presented for:	Review		
Executive Summary:	This paper provides the Council of Governors with an update on a number of governance issues relating to the operational of the Council and Governors' participating in Trust meetings. The paper: • confirms the dates of the Council of Governors in 2022/23 • sets out a draft Council of Governors forward work programme for 2022/23 • provides an update on current vacancies on the Council of Governors • sets out a proposed approach to undertaking a review of Governor skills and training and development needs to support the development of a Governor training and development programme for 2022/23 • sets out expectations around the timing of circulation of papers for meetings, Governor participation at Board and Board Committee meetings • sets out an updated Code of Conduct which references the confidentiality of information relating to Epsom and St Helier University Hospitals to which Governors will be party with the commencement of 'in common' meetings of the Trust's Quality, Finance and People Committees.		
Recommendation:	The Council of Governors is asked to review the update on key governance issues, and to consider the update to the Code of Conduct in the context of the confidential ESTH information available to Governors as part of the new Group governance arrangements.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	Well-Led		
NHS System Oversight Framework:	Leadership and Improvement Capability (Well-led)		
Implications			
Risk:	It is important to have clear governance arrangements in place for the Council of Governors, to ensure a clear plan of work, ensure appropriate training and development is in place, and to manage the risks of sharing confidential ESTH information with SGUH Governors.		
Legal/Regulatory:	NHS Foundation Trust Code of Governance, Monitor, 2014		
Resources:	N/A		
Equality and Diversity:	Governors come from a variety of backgrounds and circumstances and good governance processes are essential in ensuring all governors are treated fairly and equitably.		

Previously Considered by:	N/A	**Date**	
Appendices:	Appendix 1: Updated Code of Conduct for Governors		

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Council of Governors: Governance Update

Stephen Jones
Group Chief Corporate Affairs Officer

30 May 2022

1. Council of Governors Meetings 2022/23

Meeting dates for the formal meetings of the Council of Governors have now been confirmed for the remainder of 2022/23. Further dates will be confirmed for Governor training and development sessions as set out later in the paper – subject to the views of the Council the proposal is that we include two half day Council of Governors training and development sessions facilitated by the GovernWell programme within NHS Providers.

Meeting dates for the Governors Nominations and Remuneration Committee will be scheduled as necessary during the year. Meetings of the Governors Membership Engagement Committee are currently being scheduled for the balance of the year, with the intention that each takes place in the weeks leading up to a Council meeting.

Meeting dates

Month	Date and time	Venue*
May 2022	30 May, 14:00 – 17.30	Wandsworth Professional Development Centre
July 2021	5 July, 14:00 – 17.00	Wandsworth Professional Development Centre
September 2021	22 September, 14:00 – 17.00	Wandsworth Professional Development Centre
December 2021	8 December, 14:00 – 17.00	Wandsworth Professional Development Centre
February 2022	23 February, 14:00 – 17.00* ** Subject to final confirmation*	Wandsworth Professional Development Centre

Quorum	The quorum of any meeting of the Council of Governors shall be at least one third of the Governors present.
Secretariat Support	Corporate Affairs team (governors@stgeorges.nhs.uk)

Name	Role on Committee	Position
Gillian Norton	Chairman of the Board	Trust Chairman, Non-Executive Director
Nasir Akhtar	Governor	Public, Merton
Adil Akram	Governor	Public, Wandsworth
Mia Bayles	Governor	Public, Rest of England
Padriag Belton	Governor	Public, Rest of England
Alfredo Benedicto	Governor	Appointed, Wandsworth Healthwatch
Patrick Burns	Governor	Public, Merton
Jenni Doman	Governor	Staff, Non-Clinical
Sandhya Drew	Governor	Public, Rest of England
John Hallmark	Governor	Public, Wandsworth
Hilary Harland	Governor	Public, Merton
Marlene Johnson	Governor	Staff, Nursing and Midwifery
Shalu Kanal	Governor	Public, Wandsworth
Basheer Khan	Governor	Public, Wandsworth
Tunde Odutoye	Governor	Staff, Medical and Dental
Richard Mycroft	Governor	Public, South West Lambeth
Dr Sangeeta Patel	Governor	Appointed, Merton & Wandsworth CCG
Alex Quayle	Governor	Staff, Allied Health Professionals
Stephen Sambrook	Governor	Public, Rest of England
Khaled Simmons	Governor	Public, Merton
Ataul Qadir Tahir	Governor	Public, Wandsworth
TBC	Governor	Appointed, St George's University
TBC	Governor	Appointed, Wandsworth Council
TBC	Governor	Appointed, Merton Council

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2. Draft Council forward work programme 2022/23 (1 of 3)

It is good governance practice for the any formal governance forum to develop and review the forward plan of business to ensure it effectively achieved the matters outlined in its constituting document.

The proposed workplan for 2022-23 reflects key matters of business the Council of Governors is tasked to review during each year. The workplan also provides the opportunity for the Non-Executive Directors (NEDs) to jointly lead on key quality, safety, people, performance and financial updates supported by the relevant executive director (EDs). The proposed 2022-23 workplan has been extended to cover the spectrum of performance reports to give the Council an opportunity to cover the breadth of performance issues.

The workplan covers a range of items that will be taken at each meeting:

- Group Chief Executive's Report
- Integrated Care System Update
- Updates on the development of the St George's, Epsom and St Helier University Hospitals and Health Group – including development of a Group Strategy
- Questions to Non-Executive Directors
- Reports from Council of Governors Committees

It also includes a range of ad hoc reports linked to the responsibilities of the Council including and those where the Council has previously indicated an interest in receiving updates:

- Quality Priorities
- Annual planning
- Governor elections
- Governor training and development
- Culture programme implementation
- Strategy implementation

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2. Draft Council forward work programme 2022/23 (2 of 3)

Scheduled, Standing Agenda Item	Frequency	Lead NED/CoG	Lead ED	Author(s)	30/05/2022	05/07/2022	22/09/2022	08/12/2022	23/02/2023
OPENING ADMINISTRATION									
Welcome, Introductions and Apologies for Absence	Standing	All	All	Secretariat	√	√	√	√	√
Declarations of Interest	Standing	All	All	Secretariat	√	√	√	√	√
Minutes of Previous Meeting	Standing	Chairman	GCCAO	Secretariat	√	√	√	√	√
Matters Arising and Action Log	Standing	Chairman	GCCAO	Secretariat	√	√	√	√	√
QUALITY, SAFETY & PEOPLE, PERFORMANCE									
Group Chief Executive's Report (Key Updates and Highlights)	Standing	N/A	GCEO	Secretariat	√	√	√	√	√
Integrated Quality & Performance Report	Standing	Various	Various	Secretariat		√ (Outcome, Performance, Productivity)	√ (Patient Safety)	√ (People)	
Financial Performance Update	Every other meeting	N/A	GCEO	Secretariat		√		√	
Culture Programme Update (inc. D&I and Staff health and wellbeing)	Annual	N/A	GCEO	Secretariat		√		√	
Quality Priorities	Annual	NED QSC Chair	GCNO	DQGC					√
External Auditor's Report 2021/22	Annual	NED AC Chair	GCFO/ GCCAO	External Auditors		√			
ANNUAL PLANNING, STRATEGY & SYSTEM WORKING									
Development of Group Strategy	Standing	Chairman	GDCEO	DS	√		√	√	√
Annual Planning & Budget Setting	Annual	NED FIC Chair	GCFO	DCFO/CFO	√				√
Strategy Implementation Update	Annual	Chairman	DS	HoS			√		
Estates Strategy and Susainability Plan Update	Annual	NED FIC Chair	GCFO	DCFO/CFO		√			
Integrated Care System Updates	Annual	Chairman	GCEO/DS	HoS	√	√	√	√	√
Patient Experience include updates from PPEG/Complaints etc	Annual	NED QSC Chair	GCNO	HPEP			√		√
MEMBERSHIP, INVOLVEMENT & ENGAGEMENT									
Governor Engagement & Involvement Report	Standing	Lead Governor	GCCAO	Secretariat		√	√	√	√
Membership Engagement Strategy	Annual	Chairman	GCCAO	Secretariat		√	√	√	
Annual Membership Representative & Engagement Committee Report	Standing	Chairman	GCCAO	Secretariat					√
Membership Engagement Committee Report	Standing	MEC Chair	GCCAO	Secretariat		√	√	√	√
Governor Election (Plan/Results)	Standing	Chairman	GCCAO	Secretariat		√		√	

2. Draft Council forward work programme 2022/23 (3 of 3)

Scheduled, Standing Agenda Item	Frequency	Lead NED/CoG	Lead ED	Author(s)	30/05/2022	05/07/2022	22/09/2022	08/12/2022	23/02/2023
Annual Members Meeting (Plan/Outcome)	Annual	CCAO	GCCAO	Secretariat		√		√	
COUNCIL GOVERNANCE									
Council of Governors Nomination & Remuneration Committee (NED Appraisals and Proposed NED Appointment)	Ad hoc	Chairman	GCCAO	GCCAO	√		√		
Trust Constitution Review and Update	Annual	Chairman	GCCAO	GCCAO					√
Council of Governors Training and Development Plan 2022/23	Annual	Chairman	GCCAO	Secretariat		√			√
Council Training & Development - Self-Assessment against Foundation Trust Licence	Annual	Chairman	GCCAO	Secretariat					√
Council Annual Effectiveness Review (Plan/Results)	Annual	Chairman	GCCAO	Secretariat				√	√
Review of Council Workplan	Annual	Chairman	GCCAO	Secretariat	√				√
Review of Council of Governors Membership	Annual	Chairman	GCCAO	Secretariat	√				
Council Annual Review, Terms of Reference	Annual	Chairman	GCCAO	Secretariat					√
Council Sub-Committees Terms of Reference and Annual Review	Annual	Chairman	GCCAO	Secretariat					√
CLOSING ADMINISTRATION									
Items for the next meeting	Standing	All	All	Secretariat	√	√	√	√	√
Any other business	Standing	All	All	Secretariat	√	√	√	√	√
Reflection on the meeting	Standing	All	All	Secretariat	√	√	√	√	√

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3. Governor vacancies

- The Council of Governors is made up of 26 Governors:
  - 15 elected from our local constituencies (South West Lambeth, Rest of England, Merton and Wandsworth)
  - 7 appointed from local partner/stakeholder organisations (Universities, local Councils and Healthwatch)
  - 4 elected from the different groups of our staff membership

- The make-up of the Council of Governors reflects the constituencies served by the Trust to ensure that there is appropriate representation by key stakeholders. It is therefore important to have all seats on the Council of Governors filled.

Appointed Governor – Wandsworth & Merton Councils

At the local elections earlier this month, Sarah McDermott, appointed Governor for Wandsworth Council, stepped down from her role as a local councillor. Last year, Linda Kirby, appointed Governor for Merton Council, decided to discontinue her role on the Council of Governors. Following the local elections, the Trust has been in contact with Wandsworth and Merton local authorities to request they nominate representatives to serve on the Trust's Council of Governors. We anticipate receiving confirmation of the nominations ahead of the July Council of Governors meeting.

Appointed Governor – St George's University

The St George's University Governor is an appointed seat previously filled by Dr Fran Gibson who stepped down last year. The Principal, Professor Jenny Higham, has advertised the role across SGUL and we hope to be able to announce a successor to Dr Gibson shortly.

Elections to the Council of Governors 2022

The next round of elections to the Council of Governors is due to take place later this year. Plans for the elections will be presented to the Council at its meeting in July 2022.

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4. Governor training and development

Background

In order to perform their roles effectively, it is important that Governors receive appropriate training and development. To support this, the NHS Foundation Trust Code of Governance makes clear that the Trust should provide appropriate induction and training for Governors. The relevant sections of the Code are as follows:

> *"All directors and governors should receive appropriate induction on joining the board of directors or the council of governors and should regularly update and refresh their skills and knowledge. Both directors and governors should make every effort to participate in training that is offered." (Section B.4.a)*

> *"The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately." (Section B.4.3)*

Governor training and development in 2021/22

During 2021/22, Governors undertook the following training, though a wider programme of training and development was impacted by the ongoing pandemic and operational pressures:

- May 2021: A briefing session for Governors on the work of the new South West London Procurement Collaborative. The session was delivered by the Director of Procurement and covered the objectives in setting up the Collaborative, the operating model and principles, the culture change being targeted, and the next steps in its work. A session was also delivered on Caring for Adults with a Learning Disability in an Acute Hospital Setting, by the Clinical Nurse Specialist for Learning Disabilities. The session looked at the ways in which caring for adults with learning disabilities had developed, the services provided by the Trust, and looking forward to how the service would develop in future.

- June 2021: A briefing session was held for Governors on the development of collaboration between St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust. The session explored the ways in which the organisations were increasingly collaborating and the various options considered in terms of formalising the collaboration for the future. The strategic case for closer collaboration was presented, including the proposals that would be put to the two Boards on the formation of a hospital group across the two Trusts. This was in addition to regular briefings at the Council on developments in collaboration / the Group with ESTH.

- September 2020: In response to a request at its July 2021 Council meeting, the Trust held an in-depth seminar session for Governors focussed on Covid-19 infection prevention and control and the Trust's Covid-19 vaccination programme. This responded to the interest expressed by Governors at their formal Council meeting in July 2021 for a detailed seminar session on these topics. The session covered the Trust's approach to IPC in the first and second waves of the pandemic, the lessons learnt, the Trust's approach to Covid-19 testing of staff, the Trust's approach to the management of Covid-19 outbreaks, and vaccinations.

- January 2021: Building on the half day development sessions provided externally in 2020/21, the Trust held a development session for Governors provided externally by NHS Providers. The session, delivered as part of NHSP's GovernWell Programme, focused on: (i) A detailed briefing on key political, legislative, financial, regulatory and other national developments that were relevant to the NHS; (ii) A workshop session on membership engagement, the role of Governors in membership engagement, examples of good practice, and reflections on potential engagement activity.

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4. Governor training and development

Governor Training – Trust Self-Certification 2021/22

Based on the training and development undertaken in 2021/22, Governors were asked to review a paper on email circulation regarding the Trust's annual self certification of its licence condition relating to Governor training. A total of 16 members of the Council responded, 15 of whom agreed that the Trust could self-certify that the Trust had provided Governors with sufficient training and development to undertake their roles, with one Governor stating they were not content to support the self certification.

Although the Council endorsed the self certification, a number of Governors expressed a desire to undertake additional training and development in 2022/23 and to undertake a skills audit to help inform a training and development programme. While the 2021/22 programme included a training session provided by the GovernWell programme at NHS Providers, some Governors expressed an interest in receiving further training from GovernWell (GovernWell has undertaken three training sessions with Governors over the past two years and this has covered the "core skills" modules provided by NHS Providers). Some Governors suggested that independent HR consultants be employed to undertake a skills audit of Governors.

Developing a Governor Training and Development Programme for 2022/23

In order to help develop a Governor training and development programme, it is proposed that an audit of Governor skills and training needs assessment is undertaken.

The Trust has engaged with NHS Providers and with other Trusts to explore practice used elsewhere. Due to the costs involved, it is proposed to undertake the training needs assessment and skills audit in house, and to survey both the skills-based training and development that Governors feel they need to undertake to fulfil their roles effectively as well as issued-based training and development to explore which topics on which Governors consider they need to be better informed to fulfil their roles.

It is proposed that this is undertaken during June 2022, with the outcomes and plans brought to the Council of Governors meeting in July 2022. Subject to the discussion at the July meeting, specific dates for training and development would be scheduled for the balance of the year.

It is also proposed that towards the end of the year, the Council of Governors undertakes an effectiveness review, to review ways of working and areas for further development.

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5. Governance arrangements for Governors

Council of Governors meetings

As set out above, dates for Council of Governors meetings have now been identified for the rest of 2022/23 and calendar invites have been issued to all members of the Council, as well as to Non-Executive Directors and Executive Directors. The days for CoG meetings vary so as not to exclude governors (or potential governors) who may have commitments on specific days that would preclude them from attending any meetings. In resuming face-to-face meetings, which governors have in the main welcomed, we do also need to recognise that some governors are unable to meet face-to-face due to risk factors relating to Covid-19. We need to ensure that we do not inadvertently disenfranchise those Governors who are unable to attend face-to-face meetings.

Other meetings of the Trust

- Board meetings: Governors are entitled to receive Board agendas in advance of the meeting. They are also entitled to see minutes of Board meetings, including private Board meetings, although there may be a need to redact some information on occasion. Papers for public Board meetings will be circulated to governors and are also available via the website. The agenda and papers for the private meeting will also be shared with governors attending (in line with the timings of circulation of papers described in the Committee section below). Agendas for both public and private Board meetings will be sent to all governors at least five days before the meeting. Governors are invited to observe meetings of the Board in public and private. While the Board was meeting virtually, a limit of six Governors observing was introduced but with the resumption of face-to-face Board meetings any Governor who wishes to observe are welcome to attend, though we ask that Governors register their attendance in advance with the corporate governance team to ensure that relevant information relating to the meeting can be shared.

- Committee meetings: Governors are able to attend committee meetings as observers. Due to reasons of confidentiality, governors are not invited to attend Remuneration Committee or Audit Committee. Governors wishing to committee meetings are invited to put their names forward, and regular updates on forthcoming meetings will be shared with governors. Should more than three governors wish to attend any single meeting, then attendance will be determined by first giving preference to members that have not been to a meeting recently, and then on a first-come-first-served basis. In order to be respectful to governor colleagues, governors are requested not to put their names down to attend if they are not sure that they will be able to. Last minute cancellations may mean that the full allocation of governors is not utilised, and this is especially unhelpful if governors were turned down for attending. Any gaps in attendance caused by cancellations that take place more than three days before the meeting will be offered to other governors. It is important that governors are able to prepare for meetings by reading the papers provided in advance of the meetings. Again, the Trust's current standard is that Committee members receive papers five days before meetings although individual papers are sometimes provided after this time. It is proposed that the pack for governors attending committee meetings should also be sent out five days beforehand. Any late papers will be sent when all papers have been received (as a single pack) or by the close of business two days before the meeting if papers are still incomplete (as a single pack). Any remaining items will be sent separately when they have been sent to Committee members. This should minimise the number of emails sent and the number of different files governors will need to access.

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5. Governance arrangements for Governors

- Group arrangements and confidentiality of Epsom and St Helier information: With the adoption of the Group arrangements between the Trust and Epsom and St Helier University Hospitals NHS Trust (ESTH), arrangements need to be confirmed for governors having access to meetings of ESTH. The Trust has agreed to hold 'in common' meetings of Quality, Finance and People Committees with ESTH and therefore attendance by governors at those meetings will mean that information pertaining to ESTH will be discussed. In order to avoid the need to hold separate meetings, or to have to exclude governors from the meeting while discussions relating to ESTH take place, the code of conduct for governors has been amended to explicitly reference the need to hold information about ESTH in confidence. Governors will be asked to sign up to this new code of conduct before they can attend any of the joint meetings. The Code of Conduct for Governors has been updated to reference the need to maintain confidentiality of Epsom and St Helier information available to Governors through Committee meetings held 'in common'. This is attached at Appendix 1. Governors are asked to review the updated Code of Conduct and provide feedback so this can be finalised and circulated to Governors for signing.

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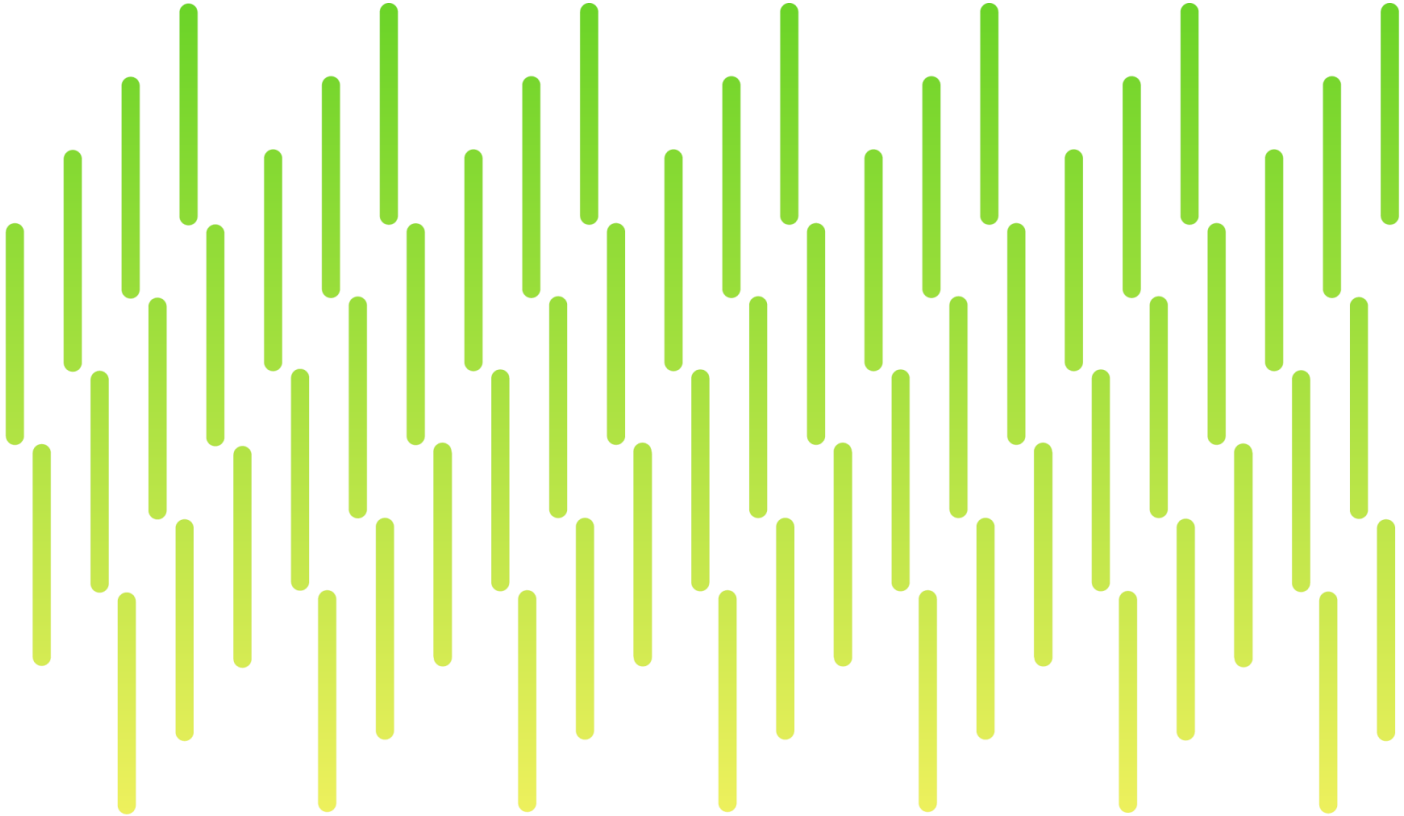

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Code of Conduct for Governors

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Code of Conduct

1 Introduction

The Code of Conduct seeks to outline the appropriate conduct for governors of St George's University Hospitals NHS Foundation Trust (the Trust). It addresses both the requirements of office and of personal behaviour. This is an essential guide for governors, who, during their term may be called upon to deal with difficult and confidential issues and required to act with discretion and care in the performance of their role. It is important that all governors carefully read the contents of this document and sign the declaration below to confirm they will comply with the Code of Conduct in all respects and that, in particular, they support the objectives of the Trust.

2 Role of the Council of Governors

The Council of Governors has two principle statutory duties:

- To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and
- To represent the interests of the Trust's members and the public.

Other duties of the Council include:

- Appointing and, if necessary, removing the Chairman and other non-executive directors (NEDs)
- Deciding remuneration allowances of Chairman and NEDs
- Approving the appointment (by the NEDs) of the Chief Executive
- Appointing and, if necessary, removing the Trust's external auditor
- Receiving the Trust's Annual Report and Accounts (and auditor report)
- Approving "significant transactions"
- Approving merger, acquisition, separation or dissolution
- Approving increases in non-NHS income of more than 5% turnover
- Requiring the attendance at Council of one of more Directors

The Council of Governors must ensure it carries out its duties in line with the Trust's Equality and Diversity Policy (attached). Individual governors must ensure that in carrying out their duties they avoid the promotion of any personal or political view that could undermine the objectives of the Trust as this may lead to grounds for removal from the Council of Governors

Governors are accountable to the membership and should demonstrate this by their communication with their electorate in order to best understand their views.

3 Qualification and Eligibility for Office

During their term of office all governors must continue to comply with the terms which qualified them for appointment or eligibility to stand for election as a Governor. Governors must advise the Head of Corporate Governance of any changes in circumstances that may impact on their eligibility and qualification to continue in their role.

4 Governors Roles and Responsibilities

To give effect to the duties outlined in section 2 above, governors, individually and collectively are required at all times, to:

- Act in the best interest of the Trust.
- Actively support and promote the vision and aims of the Trust.
- Contribute to the Council of Governors in order that it can fulfil its role as defined in the Trust's Constitution.
- Recognise that the Council of Governors exercises collective decision-making.

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- Acknowledge that, other than when attending meetings and events as a governor, they have no rights or privileges over any other member of the Trust.
- Recognise that the Council of Governors has no managerial role within the Trust.
- In their role and all their interactions with other governors, Trust staff, external stakeholders, members of the public and members of the Trust:
  - Demonstrate and live the values of the Trust – respectful, excellence, kind and responsible; and
  - Act in ways that positively reflect on the Trust.
- Respect the confidentiality of the information they receive in their role as a governor and act with integrity and objectivity and in the best interests of the Trust, without any expectation of personal benefit
- Attend meetings of the Council of Governors and training events on a regular basis in order to carry out their role.
- Abide by the Trusts policies and procedures that relate to governors

5 Attendance at meetings, training and visits to the Trust sites

Governors are required to attend all meetings of the Council of Governors and any training events organised by the Trust.

If a governor fails to attend two consecutive meetings of the Council of Governors their tenure of office will to be terminated one month following the second meeting unless, in the meantime, they have satisfied the Group Chief Corporate Affairs Officer in consultation with the Chairman, that:

- the absence was due to a reasonable cause; and
- they will be able to start attending meetings of the Council of Governors again within such a period as is considered reasonable.

Training and development are essential for governors so they may effectively carry out their role.

If a governor fails to attend a governor training session approved by the Council of Governors, by a date six months from the date of the governor's appointment then his/her tenure in office is to be terminated six weeks from the said date unless, in the meantime, they have satisfied the Group Chief Corporate Affairs Officer in consultation with the Chairman, that:

- the absence was due to a reasonable cause; and
- they will be able to attend a training session within such a period as is considered reasonable.

Where governors wish to visit the premises of the Trust, in a formal capacity, as opposed to a personal capacity, they should liaise with the Corporate Governance Team to make the necessary arrangements.

6 Confidentiality

All Governors are required to respect the confidentiality of the information they are privy to as a result of their membership of the Council of Governors or its sub-committees and when observing any meeting of the Board or its committees. Disclosing confidential information will result in dismissal from the Council of Governors. All information provided verbally or written at Board and Board committee meetings should be treated as confidential with the exception of the Public (Part 1) Trust Board meetings.

Governors will be entitled to attend certain meetings of the Trust held jointly with Epsom and St Helier University Hospitals NHS Trust (ESTH) and can only do so if they treat information heard about ESTH as confidential. Any governor not able to give such an undertaking will not be allowed to attend such meetings.

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7 Conflicts of Interest

Governors should act with the utmost integrity and objectivity and in the best interests of the Trust in performing their duties. They should not use their position for personal advantage or seek to gain preferential treatment.

All governors must declare any material interest, as defined in the Trust's Constitution and the Trust's Managing Conflict of Interest Policy, that may give rise to a conflict. Governors should read the Trust's Managing Conflict of Interest Policy and declare such interest using the Trust's online system Declare (https://stgeorges.mydeclarations.co.uk/home). This information is a matter of public record.

All governors are responsible for declaring any interest at meetings of the Council of Governors or its sub-committees that they believe may give rise to potential conflict of interest and may not be present for discussion on any issue where they have a conflict as described in the Trust's Constitution and Managing Conflict of Interest Policy. If in doubt, governors should seek advice from the Head of Corporate Governance. It is important that conflicts of interest are addressed and are seen to be actioned in the interests of the Trust and all individuals concerned. Governors must declare any involvement they (or a close relative) may have in any organisation with which the Trust may be considering entering a contract.

8 Nolan Principles

The Trust, its staff, Board and governors must adhere to the seven principles of public life (Nolan Principles):

i. **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

ii. **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

iii. **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards or benefits, holders of public office should make choices on merit.

iv. **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

v. **Openness:** Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

vi. **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

vii. **Leadership:** Holders of public office should promote and support these principles by leadership and example.

9 Code of Code Declaration

9.1 Standard of Conduct

Governors are required to adhere to the highest standard of conduct in the performance of their duties and in their interaction with others.

As a governor they must:

- Acknowledge that the Trust is an apolitical organisation

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- If a member of any trade union, political party or other organisation, recognise that should they be elected, they will not be representing those organisations (or the views of those organisations) but will be representing the constituency (public or staff) that elected them or the organisation who nominated them
- Be honest and act with integrity and probity at all times
- Respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies
- Ensure that fellow Governors are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded
- Accept responsibility for own actions
- Show commitment to working as a team member by working with colleagues in the NHS and wider community
- Seek to ensure that the membership of the constituency represented is properly informed and able to influence services
- Seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social or economic status or national origin
- At all times, comply with the Standing Orders and Standing Financial Instructions of the Trust
- Respect the confidentiality of the patients and comply with the confidentiality policies of the Trust
- Not make, permit or knowingly allow to be made any untrue or misleading statement relating to own duties or the functions of the Trust
- Seek to ensure that the best interests of the public, patients, carers and staff are upheld in decision making and the decisions are not improperly influenced by gifts or inducements
- Support and assist the Accountable Officer (the Chief Executive Officer) of the Trust in their responsibility to answer to NHS England and NHS Improvement, the Care Quality Commission, Commissioners and the public in terms of fully faithfully declaring and explaining the use of resources and the performance of the total NHS in putting national policy into practice and delivering targets
- Uphold the seven principles of public life as detailed by the Nolan Committee

9.2 Impact of Non-compliance with the Code of Conduct

Governors should acknowledge that non-compliance with the Code of Conduct may result in the following action:

- Where misconduct takes place, the Chairman shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting
- Where such misconduct is alleged, it shall be open to the Council of Governors to decide, by two-thirds majority of those in attendance, to lay a formal charge of misconduct.
- Notifying the governor in writing of the charge(s), detailing the specific behaviour which is considered to be detrimental to St George's University Hospitals NHS Foundation Trust, and inviting and considering their response within a defined timescale
- Inviting the governor to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence
- Deciding, by two-thirds majority of those present and voting, whether to uphold the charge of conduct detrimental to St George's University Hospitals NHS Foundation Trust.

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- Imposing such sanctions as shall be deemed appropriate. Such sanctions will range from the issuing of a written warning as to the governor's future conduct and consequences, non-payment of expenses and removal of the governor from office.

In order to aid participation of all parties, it is imperative that all governors observe the points of view of others and conduct likely to give offence will not be permitted. The Chairman will reserve the right to ask any governor who (in the Chairman's opinion), fails to observe the code to leave the meeting

This Code of Conduct does not limit or invalidate the right of governors or the Trust to act under the Constitution.

The entirety of this document represents the Code of Conduct and in signing below the governor agrees to adhere to all the requirements included therein.

Name: .....

Constituency: .....

Address: .....

.....

Post Code: .....

I agree to abide by the Code of Conduct of St George's University Hospitals NHS Foundation Trust.

Signature: .....

Date: .....

Please sign and return this information to the Corporate Governance Office: Room 1.037, 1st Floor, Grosvenor Wing, St George's Hospital, Blackshaw Road, Tooting, London. SW17 0QT or scan and email to Governors@stgeorges.nhs.uk