



Group Board

Agenda

Meeting in Public on Friday, 05 May 2023, 10:00 - 12:50

Whitehall Lecture Theatre, Education Block, St Helier Hospital, Wrythe Lane, Sutton SM5 1AA

Feedb	Feedback from Board visits					
Time	Item	Title	Presenter	Purpose	Format	
10:00	-	Feedback from visits to various parts of the site	Board members	-	Verbal	

Introd	Introductory items						
Time	Item	Title	Presenter	Purpose	Format		
	1.1	Welcome and Apologies	Chairman	Note	Verbal		
10:30	1.2	Declarations of Interest	All	Note	Verbal		
10.30	1.3	Minutes of previous meeting	Chairman	Approve	Verbal		
	1.4	Action Log and Matters Arising	Chairman	Review	Verbal		
10:35	1.5	Group Chief Executive Officer's Report	GCEO	Review	Verbal		

Items	for Re	view			
Time	ltem	Title	Presenter	Purpose	Format
10:45	2.1	Maternity Services Report	GCNO	Review	Report
10:55	2.2	Integrated Quality and Performance Report	GCEO	Review	Report
11:10	2.3	Finance Report (Month 12 2022/23)	GCFO	Review	Report
11:20	2.4	NHS Staff Survey Report and Action Plan	GCPO	Review	Report

Items	Items for Assurance						
Time	Item	Title	Presenter	Purpose	Format		
11:35	3.1	Quality Committee-in-Common Report	Committee Chair	Assure	Report		
	3.2	Finance Committee-in-Common Report	Committee Chair	Assure	Verbal		
	3.3	People Committee-in-Common Report	Committee Chair	Assure	Report		
	3.4	SGUH Audit Committee Report	Committee Chair	Assure	Verbal		
	3.5	ESTH Audit Committee Report	Committee Chair	Assure	Verbal		
	3.6	ESTH Estates Assurance Committee Report	Committee Chair	Assure	Report		
	3.7	Sutton Health and Care and Surrey Downs Health and Care Partnership Boards Report	Committee Chair	Assure	Report		





Items 1	Items for Noting					
Time	Item	Title	Presenter	Purpose	Format	
12:05	4.1	Healthcare Associated Infection Report	GCNO	Note	Report	
	4.2	Gender Pay Gap Report	GCPO	Note	Report	
	4.3	Fit and Proper Person Test Compliance	GCPO	Note	Report	
	4.4	Group Board Arrangements	GCCAO	Note	Report	

Closin	Closing items					
Time	Item	Title	Presenter	Purpose	Format	
12:20	5.1	New Risks and Issues Identified	Chairman	Note	Verbal	
	5.2	Any Other Business	All	Note	Verbal	
	5.3	Reflections on the Meeting	Chairman	Note	Verbal	
12:30	5.4	Patient / Staff Story	GCNO	Review	Verbal	
12:50	-	CLOSE	-	-	-	

Questions from Members of the Public and Governors

The Board will respond to written questions submitted in advance by members of the Public and from Governors of St George's University Hospitals NHS Foundation Trust.





Membership and Attendees			
Members	Designation	Abbreviation	
Gillian Norton	Chairman – ESTH / SGUH	Chairman	
Ann Beasley	Non-Executive Director ESTH / SGUH, Vice Chair - SGUH	AB	
James Blythe*	Managing Director – ESTH	JB	
Stephen Collier	Non-Executive Director – SGUH	SC	
Chris Elliott*	Associate Non-Executive Director – ESTH	CE	
Paul da Gama*^	Group Chief People Officer	GCPO	
Andrew Grimshaw	Group Chief Finance Officer	GCFO	
Jenny Higham	Non-Executive Director – SGUH	JH	
Richard Jennings	Group Chief Medical Officer	GCMO	
Stephen Jones*^	Group Chief Corporate Affairs Officer	GCCAO	
Yin Jones^	Associate Non-Executive Director – SGUH	YJ	
Peter Kane	Non-Executive Director – ESTH / SGUH	PK	
Martin Kirke	Non-Executive Director and Vice Chair – ESTH	MK	
Derek Macallan	Non-Executive Director - ESTH	DM	
James Marsh	Acting Group Chief Executive Officer	A-GCEO	
Aruna Mehta	Non-Executive Director – ESTH	AM	
Andrew Murray	Non-Executive Director – SGUH	AM	
Thirza Sawtell*	Managing Director – Integrated Care	MD-IC	
Kate Slemeck [^]	Managing Director – SGUH	MD-SGUH	
Arlene Wellman	Group Chief Nursing Officer	GCNO	
Phil Wilbraham*	Associate Non-Executive Director - ESTH	PW	
Tim Wright	Non-Executive Director - SGUH	TW	
In Attendance			
Deirdre LaBassiere	Deputy Director – Corporate Governance	DD-CG	
Apologies			
Andrew Asbury*^	Group Chief Infrastructure, Facilities & Environment Officer	GCIFEO	
Jacqueline Totterdell	Group Chief Executive Officer	GCEO	

The quorum for the Group Board (Epsom and St Helier) is the attendance of a minimum 50% of the members of the Committee including at least two voting Non-Executive Directors and at least two voting Executive Directors.

Quorum:

The quorum for the Group Board (St George's) is the attendance of a minimum 50% of the members of the Committee including at least two voting Non-Executive Directors and at least two voting Executive Directors.

^{*} Denotes non-voting member pf the Group Board (Epsom and St Helier)

[^] Denotes non-voting member of the Group Board (St George's)





Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting in Public, Thursday 2 March 2023

Hyde Park Room, 1st Floor, Lanesborough Wing, St George's Hospital, Tooting

PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Stephen Collier	Non-Executive Director	SC
Paul Da Gama*	Group Chief People Officer	GCPO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Stephen Jones*	Group Chief Corporate Affairs Officer	GCCAO
Peter Kane	Non-Executive Director	PK
Yin Jones*	Associate Non-Executive Director	YJ
Kate Slemeck*	Managing Director – St George's	MD-SGUH
Arlene Wellman	Group Chief Nursing Officer	GCNO
Ann Beasley	Non-Executive Director/Vice Chair	AB
Tim Wright	Non-Executive Director	TW
Luci Etheridge	Chief Medical Officer – SGUH (deputising for Group Chief Medical Officer)	CMO-SGUH
IN ATTENDANCE		<u>'</u>
Deirdre LaBassiere	Deputy Director, Corporate Governance (minutes)	DD-CG
OBSERVERS		<u>'</u>
Richard Mycroft	Public Governor, South West Lambeth	
Huon Snelgrove	Staff Governor – Non-Clinical	
Afzal Ashraf	Public Governor, Wandsworth	
Lucy Mowatt	Public Governor, Wandsworth	
Anna Macarthur	Director of Communications and Engagement	
Anna Wickins	Senior Business Manager to the GCEO	
APOLOGIES		
Jenny Higham	Non-Executive Director	JH
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Andrew Murray	Non-Executive Director	AM
Richard Jennings	Group Chief Medical Officer	RJ
Andrew Asbury	Group Chief Infrastructure, Facilities & Environment Officer	AA

^{*} Denotes Non-voting members of the Board

Feedback from Board Visits





Board members provided feedback from the visits conducted in the following areas: Transfer of Care Team; Trevor Howell Ward and Day Unit; Champneys Ward and Florence Ward; and Cardiac ITU.

Trevor Howell Ward and Day Unit and Gordon Smith Unit – Jenny Higham, Ann Beasley and Arlene Wellman: The Trevor Howell Unit was well run, well organised and tidy, and staff exhibited high levels of commitment and enthusiasm. The major issue facing the Unit was a lack of side rooms, which was a factor where patients were vulnerable to infection, were infectious or at the end of life. At the time of the visit to the Unit there were no patients present, and there was a discussion regarding productivity and service start times, but 56 patients were scheduled to be seen on the day which, for a Unit with 15 beds, demonstrated good throughput. The Gordon Smith Day Unit was also well-run. Of significant note was the ambulatory oncology service which enabled patients with problems with their chemotherapy treatment to bypass ED and go to the Unit for advice and treatment.

Champneys Ward and Florence Nightingale Ward – Tim Wright, Kate Slemeck and Yin Jones: On Champneys Ward one of the challenges reported by staff was that renal services were geographically dispersed across the hospital and this impacted on the opportunity for staff to see the breadth of the services. The major challenge for the Ward was the absence of an operable sluice, which had been a longstanding problem. There were also challenges in relation to space and capacity; the Ward was crowded with some equipment in the corridors. The group moved on to Florence Nightingale Ward, a surgical head and neck ward which dealt principally with patients with airway and breathing difficulties. About three months ago the Ward achieved a 'gold' rating in the Ward Accreditation and staff were very positive about this. Estates issues included difficulties with the macerator. The Ward also encountered pressures through taking patients from Holdsworth Ward, which was currently being refurbished. The sense of pride in the Ward by staff was clearly clear.

Cardiac ICU – GCPO: The GCPO reflected that it had been a very positive visit compared to the last visit where mood had previously been low and there had been challenges in regard to staffing. The staffing position had improved and despite the impact of strikes there was obvious excitement about increased activity in cardiac services. Staff highlighted that more could be done to promote the role of ICU both within the organisation and externally and promotion through social media was suggested. The Chairman highlighted that Epsom and St Helier had previously done some great work getting coverage of ICU during Covid and the Trust might learn from this.

Chaplaincy and Staff Support – Stephen Collier: These two service areas which support the Trust were critical and focused on how staff and patients feel rather than treatments provided. Staff were enthusiastic, committed and informed. Staff had adopted a very impressive and a very proactive approach to spiritual support to patients and staff. Patients and family could attend the Spiritual Care Centre but staff also went out to patients and family on wards. A key issue to be addressed was the condition of the multi-faith room, which urgently needed refurbishment. This would be taken up with Estates. The Staff Support Meeting Room was a well-managed support area for staff which held confidential staff support projects and programmes and the support on offer ranged from counselling and work-place adjustment measures to referral on to professionals and mediation.

Transfer of Care Team – Gillian Norton: The team were responsible for tackling some of the Trust's biggest challenges around length of stay, and their work was very impressive. Nurses displayed real empathy with and knowledge of their patients and were committed to getting the right outcome for each patient. Some of the challenges and complexities of the team's work demonstrated the importance of avoiding sweeping generalisations about the lack of pace in moving patients on, whether by the Trust or social care services. Relationships with the London Borough of Wandsworth were strong and this was a good local authority to work with. The visit demonstrated that the Trust was working well on transfer of care, that it had built the right relationships with external bodies, and that there are systems and processes that were working practically to get patients home as quickly and safely as possible. However, the scale of the challenge remained immense.

Action





1.0	OPENING ADMINISTRATION	
1.1	Welcome, introductions and apologies	
	The Chairman welcomed everyone to the meeting and noted apologies as set out above. Luci Etheridge was representing the Group Chief Medical Officer who was unable to attend.	
	The Chairman introduced Chiew Yin Jones, newly-appointed Associate Non-Executive Director, to the Board. The Chairman noted that there were some final elements of the Fit and Proper Person Test checks which had not yet been received in relation to Chiew Yin's appointment, and asked the Board to authorise the commencement of the appointment pending satisfactory completion of the checks. The Board agreed, and noted the importance of benefiting from Chiew Yin's skills and experience and the assurances it could take from both the checks already completed and the fact that Chiew Yin had met all requirements in relation to her previous professional roles.	
	The Chairman further welcomed long-serving members of the Council of Governors as observers to the meeting, Richard Mycroft and Afzal Ashraf, and in particular newly elected Governors, Huon Snelgrove and Lucy Mowatt.	
1.2	Declarations of Interest	
	The standing interests in relation to the shared roles with Epsom and St Helier University Hospitals NHS Trust (ESTH) of the following directors was noted, which had previously been authorised by the Board:	
	Gillian Norton as Chairman-in-Common;	
	 Ann Beasley and Peter Kane as Non-Executive Directors; 	
	 Jacqueline Totterdell, Paul Da Gama, Andrew Grimshaw, Stephen Jones and Arlene Wellman, as Executive Directors. 	
1.3	Minutes of the Previous Meeting	
	The minutes of the meeting held on 12 January 2023 were approved as a true and accurate record.	
1.4	Action Log and Matters Arising	
	The Board reviewed the Action Log, agreed to close those actions proposed for closure, and noted the following updates on the open actions:	
	 PUBLIC220901.1: The GCNO confirmed that a message reiterating to staff that they should not tolerate abuse had been prepared by herself and the GCMO and would be sent out shortly. The action remained open. 	
	 PUBLIC220901.3: The Chairman stated that she would discuss the progression of this item with the GCMO and it was agreed that this item would be brought forward to the next Board meeting. 	
1.5	Group Chief Executive's Officer (GCEO) Report	
	The Board received the report from the GCEO, who made the following points:	
	• <u>Junior Doctor's Strike Action:</u> The GCEO stated that the Trust had undertaken extensive preparation ahead of industrial action by nursing staff in February and in advance of scheduled action by junior doctors in March.	





Mitigations had been put in place to look after patients and keep them safe, and minimise the impact on those who use the Trust's services.

- <u>Financial Planning 2023 /24:</u> Planning was continuing for the forthcoming financial year, which was expected to be extremely challenging.
- <u>Paediatric Cancer:</u> Following an options appraisal completed in January 2023, NHS England (NHSE) had announced that it would take both options through a formal consultation later in the year. The GCEO note that St George's paediatric services had been rated 'outstanding' by the Care Quality Commission (CQC) and the Trust had over 25 years of experience in caring for children with cancer.
- <u>Awards:</u> The GCEO congratulated Seamus McMann, who had been shortlisted as Porter of the Year for the NHS England's National My Porter Awards, and Lieutenant Colonel Jeyasankar Jeyanathan, Consultant in Anaesthetics and Intensive Care Medicine, who had received an OBE in His Majesty's New Years Honours List.

The following comments and questions were raised and noted in discussion:

- In response to a query from Peter Kane regarding whether winter pressures were easing and whether this provided greater space for planning, the GCEO responded that winter pressures were easing and there was a focus on delivering elective care, however managing the continued pressures on the Emergency Department (ED) and improving flow through the hospital remained key priorities. She noted that the Transfer of Care Team had been a great support in this. The GCEO added that while the Trust's performance against the four hour ED standard was, comparatively, good there was an emphasis on reducing 12-hour breaches, recognising that there was a correlation between long waits in ED and adverse outcomes for patients.
- In relation to paediatric cancer, Ann Beasley commented that recent media coverage had noted the outcome of NHSE's options appraisal and that there was a difference in the scoring of the two options but had not referenced how close the scoring was between these. The Chairman agreed and noted that the Trust was making preparations for the planned consultation.
- The Chairman invited the Site CMO-SGUH to comment on the forthcoming industrial action by junior doctor, who explained that action was scheduled for a 72-hour period between 13 and 16 March 2023 with no derogations. This posed particular challenges to planning and the Trust was doing everything it could to prepare, however the action would inevitably significantly impact the Trust's ability to deliver services and result in the cancellation of a large number of elective procedures. All clinical divisions were engaged in intensive planning and the core priorities were supporting key functions such as critical care and emergency surgery, maternity and children; caring for in-patients, including recognition and management of deteriorating patients; ensuring continued provision of more urgent care such as elective procedures for P1 cancer patients; and minimising as far as





possible the impact on planned care. Active planning was underway to understand areas of particular risk.

The Board noted the Group Chief Executive's report.

2.0 CARE

2.1 Quality Committee Report

In the absence of Andrew Murray, newly-appointed Chair of the Quality Committee, Peter Kane, a member of the Committee, presented the report of the meetings held in January 2023 and February 2023 and highlighted the issues set out in the report which the Committee wished to escalate to the Board. These included the analysis of actions taken by the Trust to protect patient safety during the industrial action by the Royal College of Nursing; maternity services where four of the ten safety actions in the NHS Resolution Maternity Incentive Scheme were non-compliant and the Trust was bidding for funding to address this; cardiac surgery, where the Committee received assurance that the outcomes being achieved were in line with the expected range; and fundamentals of care, where the Committee had held a deep dive on nutrition, hydration, pressure ulcers and falls and a number of areas for improvement had been identified and the Committee would seek assurance around the implementation of these actions.

The following issues were raised and noted in discussion:

- Stephen Collier enquired whether a recent ED case concerning a young patient, which had been separately communicated to the Board, had been discussed by the Committee. The Site CMO-SGUH confirmed that this had been discussed and the Trust was working with the South West London (SWL) Integrated Care Board (ICB), Epsom and St Helier University Hospitals, local authorities and other partners. There was learning to be taken from the case which raised broader issues regarding how the system was insufficiently set up to support this group of patients across health, social care and education. The GCNO added that the CQC had been informed of this case and that the Trust was responding to questions raised, and a Trust investigation was underway.
- The GCCAO highlighted the Committee's consideration of the risks relating to the shortage of cardiac anaethetists and those relating to access to Intensive Treatment Unit (ITU) beds, both of which had been escalated to the Corporate Risk Register, which was also a theme which emerged at the last meeting's ward visits. The MD-SGUH responded to a query from the Chairman as to whether the issue regarding cardiac anaesthesia had moved forward and stated that she and the Site CMO-SGUH have regular meetings with the services impacted (ITU, Theatres and Cardiac Surgery) to consider how to improve access to theatres and ITU. She confirmed that the most acute issue was anaesthesia as a number of cardiac anaesthetists had recently left the Trust. This was being managed closely with an emphasis on recruitment and retention. Discussions were being held with King's College Hospital NHS Foundation Trust regarding closer working on cardiac surgery which were progressing positively. The Site CMO-SGUH added that the Trust remained closed to inter-hospital transfers for cardiac surgery, which had started just before Christmas due to availability of ITU beds. While there was a way forward with ITU capacity, the biggest current constraint was the lack of anaesthetists. This matter is under active review with an aim





to reopen as soon as possible. Yin Jones enquired whether there had been a call for cardiac anaesthetists through Royal College of Anaesthetists (RCA). The CMO-SGUH explained that whilst the RCA had not been approached previously she would take that forward but had been working with the BMJ in regard to recruitment.

 The GCCAO also confirmed that the Committee had approved the Trust's submission to NHS Resolution under the Maternity Incentive Scheme, following the decision of the Board in January 2023 to delegate this to the Committee given the timing required for submission.

The Board noted the updates from the January and February 2023 Committee meetings, and the Chairman welcomed the new format of the Committee's report which helpfully drew out the assurances received and matters for escalation to the Board.

2.2 Maternity Services

The GCNO introduced the report and highlighted the Trust had submitted a bid for £800,000 from NHS Resolution to support compliance against the four noncompliant safety actions in the Maternity Incentive Scheme which had been discussed by the Quality Committee. The GCNO advised that the Trust was taking forward plans to undertake an external review following the MBRRACE data showing a 'more than 5% higher than average for type of hospital' for still birth and non-natal death. The Group was also currently planning how best to take forward the planned review of culture in maternity across both St George's and Epsom and St Helier, which the Board had agreed to in January 2023 in line with the learning from the Kirkup Review. Teams had been working together across the Group in relation to mock CQC inspections and some early learning had been identified during this process and actions were being taken in response. The GCNO added that the Trust had been notified by the CQC that an inspection of maternity services would be conducted by end of March 2023. The team felt supported and the mock inspection had assisted in the planning for the inspection.

In discussion, the following points were raised and noted:

- In response to a question from Tim Wright about whether the complexity
 of cases undertaken at the Trust was a contributing factor to the
 apparent elevated still birth and neo-natal mortality rates, the GCNO
 explained that the data was benchmarked against Trusts of a similar size
 and type of case mix, so this was unlikely to be the issue, but the
 external review would assist in identifying any issues.
- Tim Wright further asked about the well-being survey in maternity conducted in December, and commented that it would helpful to see the full report which would provide insight into staffing issues and challenges. In response, the GCNO stated that the report would be taken to the Quality Committee.

The Board noted the report.

The GCEO left the meeting at this point.

2.3 Healthcare Associated Infection (Infection Control) update report

The Group Chief Nurse and Director of Infection Prevention and Control (GCNO), introduced the report and highlighted the following to the Board:



- There had been a CPE outbreak at SGUH in December 2022. It had been established following a thorough review of cases there were no actions taken that contributed negatively.
- The Trust would end the year with higher incidence of C.difficile infection than previously forecast. The Board noted that there had been a steep rise in C.dificile cases in October and November 2022. All the cases had been reviewed with root cause analysis completed in each and with learning identified.
- The Infection Control teams at ESTH and SGUH continued to work closely together and were moving towards a single Infection Control management Committee across the hospital group.

The Chairman expressed disappointment with the lower levels of vaccination amongst St George's staff and commented that careful planning for next year's vaccination campaign, which drew on the lessons from the low levels this year, would be crucial.

The Board noted the update and noted in particular the *C.dificile* position and the vaccination rates for staff across the Trust.

2.3 Integrated Quality and Performance Report (IQPR)

The IQPR for December 2022 had been scrutinised at both the Finance Committee and Quality Committee prior to the Board meeting. The MD-SGUH introduced the report in the GDCEO's absence and highlighted the following:

- The Trust continued to experience significant pressure, although this was expected at this time of year. The MD-SGUH and the CMO-SGUH have met with ED consultants who had raised concerns about the impact of the pressures on waiting times. While performance against the four hour operational standard was, comparatively, good, the 12-hour position required improvement. Ambulance handover delays had improved but further progress was needed. Discharge arrangements had improved considerably, recognising the complexity of needs and availability of support services. The length of stay of patients had increased, although there had been a slight reduction in January 2023. Regularising flow continued to be a challenge and the site leadership team continued to focus on supporting staff in addressing this.
- The Referral-to-Treatment (RTT) Patient Treatment List (PTL) had stabilised, and further work was being undertaken to get activity levels up to required levels with a focus on tightening systems and processes. The number of patients waiting more than 52 weeks continued to fall. The Trust was on track to deliver against year-end targets for both 52+ and 78+ week waits, despite the two nursing days of strikes in January which had impacted overall activity. Diagnostic waits above six weeks had reduced to 4.4% from 6.5% in the previous month with cardiac MRI scans now compliant. Challenges remained with endoscopy.
- Theatre productivity had risen to 81% and the number of cases had now surpassed pre-Covid levels.
- Challenges remained with cancer performance although there had been slight improvements in meeting the 2-week wait standard. Breast continued to be challenging which had been made worse by the loss of two days' activity during the nurses' strike.





 In relation to people, the Group Chief People Officer (GCPO) informed the Board that there had been a reduction in staffing absences in December 2022 and confirmed that SGUH performed better compared with other London trusts. In relation to appraisals, the Trust was below target but advised that there had been no dip in appraisals during the winter months. Vacancy rates had improved to 8.3%.

The following issues were raised and noted in discussion:

- In response to a query from Stephen Collier regarding anaesthetic and complex surgical capacity, the MD-SGUH stated that it was important to acknowledge that a loss of anaesthetic capacity post-Covid was a challenge across the NHS. The Trust had been successful in recruiting but were behind target and, as discussed earlier, the challenges were particularly acute in cardiac anaesthesia.
- Peter Kane asked whether the target for clearing the backlog of patients for breast cancer, in May 2023, was on track. The MD-SGUH advised that the Trust was working to meet that target.
- In response to a question from Ann Beasley regarding reducing length of stay, the MD-SGUH agreed that it would be necessary to consider the Trust's risk appetite on this. If length of stay was reduced to the appropriate level this would have a material impact on flow. The MD-SHUH stated that the level of care needed for patients needing to leave hospital had increased and had become more complex. There was a need to balance the pressure of bed-space against the care for patients. Responding to a comment by the Chairman that some of the complexity in regard to moving patients related to ensuring that they had the appropriate care settings and care packages, the MD-SGUH acknowledged there were patients who spent longer at the hospital, such as those who suffer from dementia or have behavioural issues, and that the Trust worked with care homes to place those patients.

The Board noted the report. It further noted that anaesthetist staffing was a challenge and regular updates would be provided.

3.0 CULTURE

3.1 People Committee Report

Stephen Collier, Chair of the Committee, provided an update on the People Committee meetings held in January and February 2023 and highlighted the following:

- The Committee had noted that the Trust had increased its staff base by 170 full-time equivalents over the last 12 months and this would bring challenges which were being jointly addressed by the GCPO and GCFO, with oversight from the Finance and People Committees.
- Agency spend at 3% was below the 3.7% target that NHS England had set for 2023/24.
- The People Committees-in-Common were overseeing the programme of work to develop Group-wide corporate services.

The following issues were raised and noted in discussion:

 Peter Kane asked about collaboration across the SWL system on workforce issues and the value this added. Stephen Collier commented that there was an established practice of joint working. The GCPO added





that the Trust was working closely with its partners in the Acute Provider Collaborative (APC), but collaboration on workforce at system level was still developing.

 Ann Beasley emphasised the challenges the Trust faced in relation to the financial impact of headcount growth, which was driven in part by Covid and in part through the recommendations from national investigations on quality and safety. It would be important to understand the drivers for that increase in headcount and manage this carefully in order to deliver the Trust's financial targets for 2023/24.

The Chairman commented that the People Committee had not yet considered the Trust's Gender Pay-Gap report and noted that there was a 31 March deadline for submitting and publishing the pay gap data. As such the Chairman requested the Board delegate authority to the People Committee to approve for submission and publication the Trust's gender pay gap report. The report would be brought to the next Board meeting for information. This was approved by the Board. The Board also approved the delegation of authority for approval of the Ethnicity Pay-Gap report to the Committee, which would be circulated to the Board.

GCPO

The Board noted the update and approved delegation of the Gender Pay-Gap and the Ethnicity Pay-Gap reports to the People Committee.

3.2 Freedom to Speak Up Guardian Report Q3 2022 / 23

Karyn Richards-Wright, Freedom to Speak Up (FTSU) Guardian, introduced the report, which had been reviewed by the People Committee in February 2023. A total of 118 concerns had been raised with the FTSU Guardian during the period Q1 to Q3 2022/23, which represented a 57% increase in the number of concerns over the same period the previous year. The staff groups raising the most concerns remained nursing staff and administrative and clerical staff. The highest number of concerns was registered in the Children's Women's Diagnostics and Therapies (CWDT) division, which was also the largest of the clinical divisions. The principal themes arising from the concerns in 2022/23 were largely the same as in previous years; concerns around Trust systems and processes, staff safety, and line management and leadership. It was notable, however, that whereas a few years ago no patient safety concerns were raised with FTSU such issues were increasingly raised with the Guardian. Incorporating FTSU in the Trust's Mandatory and Statutory Training (MAST) programme had substantially boosted training on raising concerns, with 4,114 staff having completed the Speak Up training over the past year. Timely resolution of concerns remained an issue, though this was improving and a new case management approach was being developed by the Guardian and Executive Lead aimed at ensuring early ownership and responsiveness to concerns. A link had been identified between staff on long term sick and those who have raised concerns through FTSU who felt their concerns were not being addressed in a timely manner. The increase in collective concerns highlights that there is still a culture of safety in numbers.

The following points were raised and noted in discussion:

 Peter Kane commented that, on the face of it, an increase of 57% in the number of concerns year-on-year was worrying. He also queried how staff tasked with investigating concerns could balance these responsibilities with their day job. The FTSU Guardian responded that while the increase was sizable, it was welcome that more staff felt able to raise concerns with FTSU. The FTSU service had greater capacity to





manage this increase with a Deputy Guardian having been appointed in June 2022. The GCCAO highlighted that the increase in the number of concerns that required formal investigation, as opposed to advice and signposting, had also increased. Early case management of these cases engaging the relevant managers was key. Training of managers in undertaking investigations and being clear about expectations was also important. The GCPO added that an Investigation Service will be launched at a system level to help mitigate some of the risk in regard to the length time being taken to resolve some HR cases and it may be that this can help in relation to FTSU investigations.

- Yin Jones queried whether there were enough workers appointed to lead investigations. The FTSUG responded that this can be a challenge and where there are issues she raises these with the GCCAO for escalation. A pool of investigating officers that can be accessed quickly to be able to investigate fairly and objectively is being developed. The GCCAO added that bespoke training was required as investigations raised under the Raising Investigations Policy were different from those in formal HR processes.
- Responding to a query by Ann Beasley on whether there was any analysis of areas or staff groups where there were not enough concerns raised, the FTSUG explained that she examined staff groups and departments where there were low levels of concerns. This was particularly the case for staff in junior positions, and in particular HCAs and porters. The FTSUG stated that there had, more recently, been an increase in senior staff raising concerns.
- Tim Wright commented that there appeared to be good engagement with the FTSU function from the positive trend over the past few Guardian reports. He queried whether the data was being skewed in relation to how the collective concerns in relation to formal cases was presented in the report. The FTSUG explained that the National Guardian's Office guidelines were that each individual who raises a concern has to be recorded separately, even where a number of staff in the same raise a collective concern.
- The MD-SGUH stated that her team connects regularly with the FTSUG
 to support the resolution of concerns. She added that staff can struggle
 with the time to conduct in-depth investigations and the pressures they
 face with also doing their operational day jobs.

The Board noted the number of concerns raised in Q1 to Q3 2022/23, the themes emerging from FTSU cases in this period, and the recommendations from the FTSU Guardian arising from recent concerns.

Jacqueline Totterdell returned to the meeting at this point.

4.0 COLLABORATION

4.1 Audit Committee Report (SGUH)

Peter Kane, Chair of the Committee, provided an update on the Audit Committee meeting held in January 2023 and highlighted the following:

 The Committee had reviewed plans for the preparation of the Trust's Annual Report and Accounts (ARA) which were due for submission at the end of June 2023, and considered the external audit plan for 2022/23.



- Of the three internal audit reports considered, the ICT Project
 Management Report had received a 'substantial assurance' rating, and
 the payroll report 'limited assurance'. The Committee was assured that
 there were plans for addressing the issues highlighted in the payroll
 report, and this would also be reviewed by the People Committee.
- Good progress was being made in ensuring decision-making staff made declarations of interest (or nil returns) in line with national guidance. The internal management target for the year was to achieve 70% of decisionmaking staff recording declarations; the current compliance rate was 49% and there were plans in place to increase this over the final quarter of the year.
- The Committee approved the appointment of a new internal auditor from April 2023 and there would now be a common provider of internal audit services across the St George's, Epsom and St Helier University Hospitals and Health Group and Croydon Health Services NHS Trust. The same internal audit provider also provided services to South West London and St George's Mental Health NHS Trust and to SWL Integrated Care Board. As a result, there was scope for learning from internal audit work undertaken across the system and a SWL Audit Chairs Forum had been established to assist with the identification and dissemination of learning.

The Chairman commented that the outcome of the payroll audit was disappointing. The GCFO stated that a significant level of work was currently being undertaken by the GCPO and himself and this included reviewing issues relating to the provider of payroll services. One key issue was the Trust's internal HR integrated processes when staff join and leave the organisation. The GCPO added that a contributory factor in the limited assurance rating was engagement by staff in the audit process due to time pressures and steps were being taken to ensure proper engagement with audit work by the team.

The Board noted the update.

4.1 Finance Committee Report

Stephen Collier, a member of the Finance Committee, introduced the report as the Committee Chair has been unable to attend the most recent Committee meeting, and the following points were highlighted from the meetings held on 20 January 2023 and 17 February 2023:

- The Committee had discussed in detail planning for 2023/24 and noted the challenges this presented for the Trust and the wider system. There remained significant areas where greater clarity from the system was needed, particularly on income and specialised commissioning.
- Productivity was a key priority for the Committee and further focus would be brought to this in the coming months, looking at operational and workforce productivity in particular. The Committee had considered the conclusions that could be drawn for the Trust from an external benchmarking report on productivity and considered some of the data quality issues and analysis that would be useful following this.

Ann Beasley commented on the national focus on Trusts and systems delivering against financial targets, and added that the Committee had agreed to establish a small task group comprising NEDs and the GCFO to meet in between Committee meetings to keep up the momentum on delivering savings and on developing plans for 2023/24.





	The Board noted the update.	
4.3	Finance Report (Month 10) 2022/23	
	The Board received and noted the Trust's financial performance at month 10 and the following points were made:	
	 Overall, the Trust was reporting a deficit of £27.1m, which was £20.4m adverse to plan. The shortfall is mainly due to CIP under-delivery. 	
	 The forecast had been formally adjusted through the NHSE reporting process to reflect the Board's understanding of the position. 	
	 Capital continued to be monitored closely in the approach to the year- end to ensure optimal use of resources. 	
	Peter Kane queried whether there were any immediate consequences to the Trust as a result of reporting this deficit position. The GCFO responded that the Trust had been consistent in its forecasting through the year and had ensured that SWL and NHSE were aware of the position. The NHSE CFO was aware that SGUH was working to return to balance as soon as possible with an expectation of achieving this within two years. The key focus was on planning for 2023/24. He added that as the Trust moves into 2023/24 centralised controls and interventions were likely to be introduced for trusts that either did not have credible plans for moving back to balance or which failed to deliver against the trajectory that they had put forward. For SGUH, it was important to develop a robust plan and deliver against it.	
	The Board noted the month 10 financial position.	
4.4	Board Assurance Framework	
	The GCCAO introduced the Board Assurance Framework (BAF) as at Q3 2022/23, which had been reviewed by relevant Committees ahead of presentation to the Board. For the risks that were not retained by the Board, none of the committees had recommended changes either to the strategic risk scores nor the assurance ratings at Q3. The Board had previously discussed whether to reduce the risk score for Strategic Risk 4 (System Working), which is reserved to the Board, from 12 to an 8 and that it had discussed whether the risk score was moving upwards rather than decreasing. For Q3, the proposal was to retain a risk score of 12 and an assurance rating of good, but the Board may wish to consider at Q4 whether increasing the risk was necessary given the level of risk in the system particularly in relation to financial sustainability, the level of change arising from specialised commissioning devolution and the new ICB structure which was still developing.	
	Commenting that 6 of the target risk scores would likely not be met within the current year, Peter Kane queried whether the Board had been overly-optimistic in setting the targets risk scores for the year or whether the context had changed, and whether there were lessons to be learnt on the setting of target risk scores. The GCCAO responded that the Board had set the target risks in May 2022 and had sought to strike a balance between setting targets that were achievable and targets that were ambitious and stretching. Regarding lessons learned, the GCCAO explained that a new Group-wide BAF would need to be developed to support the new Group Strategy which was currently being developed. A discussion about identifying new strategic risks aligned to the new Group strategic objectives would be considered by the two Boards at a development session in April 2023, and as part of this the Boards would need to consider their risk appetites for these new risks in the context of the challenging	





external environment. In relation to the question of over-optimism versus the situation changing, the GCCAO explained that there were elements of both. For example, on Strategic Risk 1 (patient safety), pre-Covid the risk score had been 12 and this had been increased to 16 in the context of specific challenges of the pandemic. In May 2022, it was reasonable to project that the risk score for SR1 could be lowered given the evolution of the pandemic in the context of the vaccine programme. However, the risk score remains 16, but rather than being driven by Covid the score reflects the risks to patient safety as a result of the acute operational pressures in the system and industrial action. The risk score was the same but the driver of the risk score had changed. In some areas, for example Strategic Risk 5 (financial sustainability), the risk score was originally set at 16 and was now 25 for reasons that had been discussed by the Board.

The Board agreed the proposed risk score of 12 (4 consequence x 3 likelihood) (no change) and agreed the proposed assurance rating of 'good' (no change) for Strategic Risk 4 (system working) which was reserved to the Board. The Board endorsed the risk scores and assurance ratings for the remaining 9 strategic risks assigned to its Committees at Q3 2022/23, noted progress with mitigating identified gaps in control and assurance, and noted that a new BAF would be developed following the agreement of the new Group Strategy.

5.0 CLOSING ADMINISTRATION

5.1 Questions from Governors and the public

No questions were received from members of the public.

Afzal Ashraf, Public Governor – Wandsworth, asked about how the Trust engaged with other bodies in the context of the issues discussed earlier regarding the care of a young patient where a number of bodies had responsibility for aspects of care. The Site CMO-SGUH explained that the case had been referred to the local authority for review under their processes and it was also being considered at national level as to whether it met the criteria for Practice Safeguarding Review. The MD-SGUH added that in relation to delayed discharges, the Trust works closely with local authorities through Health and Well-Being Boards and partnership committees as well as through dialogue and discussion facilitated through the ICB. The way the Trust handled discharges was under constant review. The GCEO added that the Trust pursues a policy of collaboration with partners and the focus is relationships. Stephen Collier added in relation to the first case that the internal escalation to Board, through Quality Committee, was well-judged and executed quickly.

5.2 Any new risks or issues identified

There were no new risks or issues identified for escalation to the Corporate Risk Register.

5.3 Any Other Business

There was no other business.

5.4 Draft Agenda for Next Meeting

The draft agenda was noted.

5.5 Reflections on meeting

The Chairman invited the MD-SGUH to provide her reflections on the meeting and the following points were highlighted:





- It was welcome to have Yin Jones attend the meeting so quickly following her appointment and to have so many Governors attending as observers, including new Governors.
- The Board visits were positive and staff appreciated these.
- Reports had been well-structured and the meeting had been run efficiently and kept good time.
- Industrial action had been a theme running through the meeting, as
 evidenced in the various reports that emphasised the focus on keeping
 patients safe and supporting staff. Financial capability for 2023/24 was
 also a theme that ran through the agenda. The discussion regarding
 length of stay was helpfully enhanced by the Chairman's visit that
 morning to the Transfer of Care Team.
- The FTSU Report had demonstrated the good work being done but also the challenges around more timely investigations, the positive effect of early intervention and the link between long term sickness and nonresolution of cases.
- The BAF was very well structured and the discussion demonstrated the challenge of the scoring being kept updated and for the Board to balance ambitions for reducing risk against the challenging external environment.

Yin Jones added that she enjoyed the meeting and commented that there was great diversity of thought.

The Site CMO-SGUH commented that the brevity and conciseness of the papers was welcomed. She suggested that the Board might want to consider feeding back a summary of its discussions to the Site Leadership Team. The GCEO noted that staff were welcome to attend the meeting and consideration would be given to how best the discussions at Board could be communicated both to the Site Leadership Team and to staff across the organisation.

GCEO

5.6 Patient Story

The Board welcomed Andy Adamson who had taken part in a Patient Engagement Event in in Autumn 2022 and Andy shared a short overview of his experience relating to his outpatient care following a torn meniscus, with a focus on his experience of pharmacy. His story highlighted his experience and several places where his care could have been improved. Areas such as communication and contact with the clinical team, contact with pharmacy, and streamlining outpatient attendance when multiple attendances are required. Andy's experience demonstrated the absence of joined-up care at times and points where it was clear that services could provide better patient experience.

Dr Caroline Hing and Vinod Kumar, Chief Pharmacist, highlighted that there were a number of areas of learning, including:

- The importance of correct contact details for clinical team
- The importance of correct contact details for pharmacy
- Pharmacy layout
- Timesaving and efficiencies
- Minimising frustration for patients and staff
- Improving patient experience
- Ensuring appointments slots are appropriately used to minimise wastage





One of the issues Andy raised was when you attend pharmacy, it is not immediately obvious where you should go, and how to move around the department. Andy, the Pharmacy team and the head of Patient Experience had that morning undertaken a walkthrough around the pharmacy department to identify ways to improve patient experience.

In relation to communication, work was underway to review outpatient letters and templates. Staff would be asked to check and update their contact details on the internet. Collaborative working was imperative – Switchboard, Departments, Transformation – reviewing all avenues to ensure details were up to date, including posters, leaflets, websites, intranet, phonebooks, and generic emails.

The Chairman stated that it was important that systematic out-patient transformation was prioritised such that the Board can be confident that in future patient experience was improved. The MD-SGUH stated that the organisation was on a journey of getting back to basics with a view to embedding transformation. This had been evidenced recently in a whiteboard exercise undertaken with Dr Caroline Hing.

Ann Beasley commented that it is important that transformation takes place from the perspective of the patient and that the workshops should reflect that coproduction.

The Board thanked Andy for sharing his feedback.

CLOSE

Date of next meeting: 10 am on 5 May 2023, Whitehall Lecture Theatre, Education Block, St. Helier Hospital, Wrythe Lane, Sutton SM5 1AA

The meeting closed at 12:55



EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST BOARD MEETING IN PUBLIC

Minutes of the meeting held on Friday, 3 March 2023, 10.00-12.40 Conference Room 1, 2nd Floor, Wells Wing, Epsom Hospital

Present: Gillian Norton Group Chairman

Ann Beasley
Peter Kane
Martin Kirke
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director

Phil Wilbraham Associate Non-Executive Director Jacqueline Totterdell Group Chief Executive (GCEO)

Andrew Asbury Group Chief Facilities, Infrastructure and Environment Officer

(GCIFEO)

James Blythe Managing Director – Epsom and St Helier (MD-ESTH)

Paul da Gama Group Chief People Officer (GCPO)
Andrew Grimshaw Group Chief Finance Officer (GCFO)

Stephen Jones Group Chief Corporate Affairs Officer (GCCAO)
Thirza Sawtell Managing Director – Integrated Care (MD-IC)

Arlene Wellman Group Chief Nursing Officer (GCNO)

Ruth Charlton Site Chief Medical Officer – ESTH (CMO-ESTH) deputising for

the Group Chief Medical Officer

In Attendance:

Deirdre LaBassiere Deputy Director - Corporate Governance (Minutes)

Apologies:

Aruna Mehta Non-Executive Director

Chris Elliott Associate Non-Executive Director Richard Jennings Group Chief Medical Officer (GCMO)

James Marsh Group Deputy Chief Executive Officer (GDCEO)

FEEDBACK FROM BOARD VISITS

Board members provided feedback from the visits conducted in the following areas: HDU & Swift Ward; Gloucester Ward and Cardiac Care Unit (CCU); Buckley Ward; Bereavement Office; Acute Medical Unit (AMU).

Gloucester and CCU – Ann Beasley and GCMO: Gloucester Ward was a respiratory ward with 30 beds. The ward was well ordered and well run. Space was a particular challenge, with areas previously used by staff to hold 'difficult conversations' having been converted into clinical areas. Gloucester ward was seeking to innovate given the shortages in Occupational Therapy (OT) staff; nursing staff were now undertaking some of the roles OTs had historically undertaken, but this also put additional pressures on nursing staff. Staff wished to highlight to the Board the importance of therapy provision on the ward when looking at nurse staffing ratios. In CCU, the Unit was well run with good relationships existing amongst very experienced staff. Space was also an issue in CCU. Staff had fed back that the recreation of staff-only areas in canteens which allowed for proper breaks away from the ward would help the team to feel valued.

HDU and Swift – Derek Macallan and MD-ESTH: Swift Ward was a surgical ward. It was clean and tidy with the resuscitation trolley visible and fire exits clear. High vacancy rates and high levels of agency staff were raised by staff as a particular challenge. Fundamentals of care were discussed at the ward huddle at the beginning and end of each day, and it appeared that this was well managed. One patient who had a 9 ½ hour surgery and was on his second day post-surgery described the care provided as excellent. There was a significant turnover of day case patients,

which ensured good productivity but could be intensive for the nursing staff. On HDU, the fact that the Unit was dispersed presented challenges. Estates issues were flagged, including the air conditioning unit, and the fact that the pod for isolation was not in use. Staff were working together well as a team and there was a good atmosphere.

Buckley Ward - Chairman and GCCAO: Buckley was a 37-bedded ward, the largest in the Trust, which officially dealt with acute gastro and elderly patients but, in practice, managed a much broader mix of patients including mental health and geriatric patients. The layout and size of the ward presented challenges for staff. While there was sufficient clinical space, there was a lack of space for multidisciplinary team meetings (MDTs). The ward was very hot and the vent had been broken for over 2 years. The Matron highlighted a number of improvements made in the ward over the last few months and she hoped to achieve 'silver' in the upcoming ward accreditation. One issue which was highlighted was the extent to which the ward was dealing with a high level of frail, elderly and palliative care patients, who would be better treated outside an acute hospital environment. The Site CMO-ESTH explained that this issue had been discussed at the recent End of Life steering group meeting with good representation from external providers. Teams were working together to expedite discharges. The GCEO added that, for both ESTH and SGUH, it took on average 17 days to get a patient identified as being at end of life into their preferred setting. This was not acceptable and the Trust was working to ensure that patients were supported to be in their preferred settings as quickly as possible. The MD-IC confirmed that there had been a good deal of wraparound support to care homes to take people from acute trusts in a way that they feel comfortable.

Bereavement office, Phlebotomy, Haemophilia, and Butterfly Ward – Martin Kirke and GCNO: Martin Kirke commented that the GCNO was well known, well-respected and knew most of the staff on the wards who were clearly comfortable in talking to her about issues, as a senior manager. The haemophilia team highlighted issues around flexible working, and highlighted that retention was an issue in the absence of this. On Butterfly Ward, which was the haematology day unit, the new Director for Education had discussed how to progress end of life care education around the Trust, and had emphasised the need for an end-of-life care discharge facilitator as well as the importance of ensuring sufficient training slots for palliative care. The Chairman commented that while the Trust strongly supported improved palliative care, structured judgement reviews had shown there was room for improvement and innovation in palliative care.

Acute Medical Unit – Phil Wilbraham and GCPO: Staff described the AMU as a great team to work in and morale was good. Discharge was highlighted as a key focus given the short-stay nature of the care provided. There were two discharge co-ordinators who worked hard to ensure flow. Change over time for beds was 20 minutes, and all beds were full and the unit was consistently busy. The space was clean and clear, with the only estates issue being the need for a new desk at the front door. The major issue was staffing and there had been challenges with recruitment of nursing staff on a permanent basis, with a resultant reliance on agency or bank staff. A cleaner had stated that she was happy working in the unit. The food supplier had said he had been transferred from Mitie and was very happy in his role in the NHS. The GCNO stated that the turnaround in AMU demonstrated good nursing leadership.

Reflecting on the themes around staffing that had emerged during the visits, the GCEO encouraged Board members to consider not only issues around whether wards had enough staff but also to ask the question, "what would you change to release time to care for patients?" . She added that as part of the 'high performing teams' work that the Trust was undertaking, managers needed to think innovatively and creatively about how changes in working practices could improve care, productivity and efficiency.

1. OPENING ADMINISTRATION

1.1 Welcome and Apologies for Absence

The Chairman welcomed everyone to the meeting. The Chairman introduced Andrew Asbury to his first meeting as Group Chief Infrastructure, Facilities and Environment Officer. Apologies had been received from Aruna Mehta, Chris Elliott, James Marsh, and Richard Jennings. It was noted that Ruth Charlton,

	Site Chief Medical Officer for ESTH was deputising for the Group Chief Medical Officer.	
1.2	Declarations of Interest	
	The standing interests in relation to shared roles with St George's University Hospitals NHS Foundation Trust (SGUH) of the following directors was noted, having previously been notified to the Board: Gillian Norton, Group Chairman Ann Beasley and Peter Kane as a Non-Executive Directors Jacqueline Totterdell, Paul da Gama, Arlene Wellman, Stephen Jones, Andrew Grimshaw, Andrew Asbury and Thirza Sawtell as Executive Directors.	
1.3	Minutes of the Previous Meeting	
	The minutes of the meeting held on 13 January 2023 were approved as a true and accurate record.	
1.4	Action Log and Matters Arising	
	The Board reviewed the action log and agreed to close those actions proposed for closure and noted that there were no further actions.	
1.5	Group Chief Executive Officer's Update (GCEO)	
	The Board received and noted the report from the GCEO who highlighted the following points:	
	 <u>Performance:</u> Despite improvements, there remained a high number of 12-hour waits in the Trust's EDs. It was important that this was not normalised and the Trust was actively working to improve its performance against the four hour emergency operating standard, given the link between long waits in ED and poorer outcomes for patients. 	
	St Helier Hospital estate: The condition of the estate at St Helier Hospital had recently been covered in the media and this was important in demonstrating the need for the new hospital. The MD-ESTH and Director of Communications and their teams were thanked for their work to support this.	
	 Awards: Gus Morgan from the Private Patients Team was runner up at the National Multicultural Apprenticeship Awards in the Public Sector Category. Also, through the MD-IC and the Surrey Downs Healthcare, the lead pharmacist, Temmy Adeshina Healthcare Awards were held in February 2023, in honour of Temmy who was a lead pharmacist at the Homes Service who sadly passed away over 12 months ago. Over 90 people attended the ceremony to celebrate the winners and remember Temmy. 	
	The following points were raised and noted in discussion:	
	 Peter Kane asked about the Trust's preparations for the forthcoming industrial action by junior doctors and the steps being taken to protect patients. The Site CMO-ESTH explained that the Trust had undertaken considerable preparations for the 72-hour action and was working with junior doctors to make sure that they were supported. Consultants who covered for junior doctors were being provided with support and training, where needed, to access systems that they did not normally access. 	

 On the issue of the industrial action, the GCEO emphasised the likely impact of the action, given the absence of derogations, and explained that elective care would be severely impacted, and this could include P1 cancer cases. The GCEO added that there was a widespread concern across the NHS that the action could lead to patient harm and the action was likely to be the most impactful yet seen.

The Board noted the Group Chief Executive's report.

2. PATIENT SAFETY, QUALITY AND PERFORMANCE

2.1 Committee Reports

Quality Committee Report

In the absence of Aruna Mehta, Derek Macallan, a member of the Committee, presented the report of the meetings held in January 2023 and February 2023. The following matters from the Committee were highlighted:

- Royal College of Nursing Industrial Action: Noting that the ballot among ESTH nurses had not met the threshold for strike action, the Committee noted the lessons learned about mitigating the impact on patient safety of the nursing strike at SGUH and it was felt that this learning could be applied to preparations for the industrial action by junior doctors.
- Maternity Services: Overall, the position was strong and the Committee
 had a high level assurance. A few areas of non-compliance were
 observed for which action plans were in place. The Trust was bidding
 for funding from NHS Resolution via the Maternity Incentive Scheme to
 resolve the safety actions where compliance had not yet been
 achieved.
- Fundamentals of Care: The Committee had conducted a deep dive on nutrition and hydration which had highlighted some gaps in documentation, MUST assessments were not always completed appropriately, and care plans were not consistently created on admission. However, the Committee was assured that an action plan was in place and that there were robust ongoing monitoring arrangements.

The Board noted the Quality Committee Report.

Finance Committee Report

Ann Beasley, Chair of the Committee, provided an update from the Finance Committee meetings held on January and February and highlighted the following points:

- The Committee noted a deficit for year end 2022/23 as forecasted. The financial risk was assessed as high and would remain so given the challenging position. The Committee was giving detailed focus on financial planning for 2023/24 and touchpoint meetings involving nonexecutive directors and the GCFO were being held between Committee meetings to maintain momentum in developing the 2023/24 plan.
- The Committee had noted that clear messages from Government and NHSE that Trusts needed to exercise greater financial control. Staffing resource accounted for a large part of the ESTH spend and as such staffing levels would need to be reviewed and tough decisions were likely to be required.

- The Committee received assurance of continued good performance on cancer metrics, with all of the standards met.
- The Committee approved a proposal to create a joint bank staff across ESTH and SGUH.
- The Committee had reviewed and was recommending to the Board a 25-year lease extension for the Robin Hood Lane facility at a capital cost of £4.377m, noting that costs associated with the lease were largely funded by the Integrated Care System (ICS).

Phil Wilbraham queried whether the Committee was assured that the Trust could reduce the deficit in 2023/24. Ann Beasley commented that the Committee was scrutinising the developing plans in great detail and was focused on the development and delivery of a robust Cost Improvement Plan (CIP). At present, there were a number of unidentified CIPs. The Trust was not yet in a place to be able to agree a budget for next year, but the Committee was assured that the Executive team was working through these challenges and identifying savings opportunities. The MD-ESTH added that the approach was to break the plan into manageable portions which would help to deliver savings. These included consideration of how the Trust delivers corporate services and transformation of services across South-West London. However, significant savings were not expected to be delivered until the latter part of 2023/24. The Chairman concluded that the nature of the challenge could not be underestimated and that demonstrable progress needed to be made.

The Board noted the Finance Committee report, approved the extension of the Robin Lane lease and, given the timings for submitting a budget to NHSE, delegated authority to the Finance Committee to approve the budget for 2023/24.

People Committee-in-Common

Martin Kirke, Chair of the People Committee, provided an update on the meetings held in January and February 2023 and highlighted the following:

- Freedom to Speak Up (FTSU): The Committee had considered the regular FTSU report, which would be considered later on the Board's agenda. One issue of concern was the increase in the number of staff reporting detriment after raising concerns.
- Mitie TUPE Lessons Learned: The Committee received a paper which focused on the lessons learnt in relation to the TUPE transfer of cleaning, portering and catering staff. It demonstrated that the Trust had inherited an extremely complex pay structure and that in any future insourcing work the Trust would need to factor into any business case a high level of employee relations and financial support. Cultural issues were highlighted and future insourcing would need to factor this in, alongside ensuring there was sufficient management and leadership capability.
- Facilities: The Committee has noted for some time the high vacancy rate in Estates & Facilities. The Committee was assured that the quality of service that patients were receiving was not impacted. The Committee received data that there were some staff who were working long hours and asked management to look further into this.
- Payroll: The Committee received assurance regarding the basics of staff being paid on time with a focus on the supplier responding in a timely fashion to staff queries. The Committee had requested the GCPO to put more pressure on the supplier to improve performance.

Referencing recent discussions at the SGUH Board in relation to FTSU, Peter Kane enquired about what was driving the increase in the number of concerns

raised with FTSU. He agreed with Martin Kirke that the increase in the number of cases of reported detriment was a concern. The GCCAO, as Executive Lead for FTSU, agreed and explained that all cases of detriment were concerning and such cases were reported to the National Guardian's Office. The Trust was clear in its communications with staff that there was zero tolerance of victimisation of those who had raised concerns. Coupled with this, better training for all staff in raising concerns, and particularly for managers, would help and there was a focus on how to increase training.

The Board noted the report from the People Committee.

Audit Committee Report (ESTH)

Peter Kane, Chair of the Committee, provided an update on the Audit Committee meeting held on 27 January 2023 and highlighted the following:

- The Committee had reviewed plans for the preparation of the Trust's Annual Report and Accounts (ARA) which were due for submission at the end of June 2023, and considered the external audit plan for 2022/23.
- The Committee received two internal audits with reasonable assurance and was also assured the plan is progressing against targets. The change of internal audit provider for 2023/24 would require detailed transition planning.
- The Committee had received an update on improvements in the Trust's processes for managing conflicts of interest. A new system had been implemented in December 2022 and an internal target of ensuring 50% of decision-making staff had logged declarations by year-end had been set by the GCCAO. The Committee would keep this under review.
- The Committee approved the appointment of a new internal auditor from April 2023 and there would now be a common provider of internal audit services across the St George's, Epsom and St Helier University Hospitals and Health Group and Croydon Health Services NHS Trust. The same internal audit provider also provided services to South West London and St George's Mental Health NHS Trust and to SWL Integrated Care Board. As a result, there was scope for learning from internal audit work undertaken across the system and a SWL Audit Chairs Forum had been established to assist with the identification and dissemination of learning.

The Chairman thanked the Peter Kane for the positive initiative he was taking in regard to collaboration.

In response to a query from Martin Kirke in relation to the cost saving of combining auditors, Peter Kane stated that there was a marginal cost saving but price was not the dominant factor and considerations around quality, and the scope for embedding learning across the system was key.

Martin Kirke queried the average salary overpayments. The GCFO responded that there were £2.2m of outstanding salary overpayments of which £798k had been invoiced. Those who had received overpayments had been contacted and either been invoiced or recovery plans had been put in place. One of the most effective controls to guard against salary overpayments was prompt logging of leavers on ESR, but performance on this was patchy at present. Martin Kirke added that the Trust needed to be responsible in reclaiming overpayments and alive to the fact that some staff may experience hardship as result of recovery. The Chairman added that the Board had given a clear steer in regard to the Trust's duty to recover public money but it was important it did so in a way that

was sympathetic and compassionate to staff and recognised the complications that could occur such as loss of benefits as a result of overpayments.

On the issue of the transition to the new internal audit provider, the GCCAO added that the decision on the award of a contract had been made at the end of January, and suppliers had been informed of the outcome in recent weeks. There would be an intensive period of engagement and planning over the course of the coming month as RSM developed its internal audit plan for 2023/24. An initial planning meeting had been held with RSM to start this process. The Executive team and site team would feed into the plan which will be presented to the Audit Committee at its next meeting.

On the issue of declarations of interest, the GCCAO added that staff had engaged well with the introduction of the new online portal and the Trust had already exceeded the internal target by achieving compliance of 53% of decision-making staff in registering interests or nil returns as at 2 March 2023.

The Board noted the report from the Audit Committee.

Estates Assurance Committee

Ann Beasley, Chair of the Estates Assurance Committee, provided an update on the Committee meeting held on 27 January and highlighted the following:

- Noting that the Committee was originally time-limited to one year, the Board was asked to approve that the Committee continue to meet as it had not yet completed the tasks set out in its terms of reference. The Committee was also looking carefully at documenting the assurances that would enable the Committee to conclude its work.
- During the time the Committee has met over the last year it has reviewed low voltage electricity, water and medical gasses but it still needs to review decontamination and high voltage electricity.
- The Committee received assurance that the systems around medical gasses were working well.
- The Committee needed to undertake a full review of systems and the estate in light of delays to the new hospital programme, as the difference between 3 years and 7 years is material for some of the buildings.

Phil Wilbraham added that although the Committee received good assurance on medical gasses there were still basic improvements that could be made, such as knowing where the pipes were and having drawings of them.

The Board noted the Estates Assurance Committee report and approved the Committee extending its term beyond the current year.

Sutton Health and Care (SHC) and Surrey Downs Health and Care (SDHC)

In the absence of the Chair of the Committee, the MD-IC presented the update from the community services and highlighted the following:

- The Committee reviewed the risks on the Integrated Risk Register particularly in relation to Sutton Health and Care, particularly in relation to patient complexity and availability work force.
- The Partnership Board had focussed on recruitment and retention and ensuring that there were safe staffing levels. There was now an increased focus on the use of bank and agency staff.
- Work was progressing in relation to clinical caseloads and staffing and in particular the culture, communications and environment for

psychological safety focussing on the district nursing services in primary care networks.

Peter Kane enquired about delayed discharges and the MD-IC responded that she would cover the matter in the performance report.

The Board noted the Report from community services.

2.2 Integrated Quality and Performance Report

In the absence of the DGCEO, the MD-ESTH presented the highlights from the Integrated Quality and Performance Report (IQPR) for December 2022 noting:

- Whilst there were still significant operational pressures, performance had improved in January compared with December. One of the consequences of the ambulance strikes was the introduction of new ways work working, including changes in processes such as focus on flow out of ED as evidenced in the low 4- and 12-hour delay numbers and the ambulance handover number hours.
- There had been a reduction in overall size of waiting lists. There had been successes in some specialties, supported by the work being done on outpatient transformation and pathway changes across South West London (SWL) and locally with GPs to optimise referrals.
- On diagnostic waiting times, there had been specific challenges regarding MRI and Echocardiography. Mitigations were in place to recover the position quickly but there were some specific challenges in relation to estates particularly on capital. Cancer performance had been sustained through a difficult period and remained a key area of focus.
- On community paediatrics, there had been extensive discussions amongst the acute trusts about how to manage demand for community paediatrics and with local authorities about how to make best use of community paediatricians' time.

In relation to the quality metrics, the GCNO and Site CMO-ESTH highlighted the following points:

- The challenge regarding fundamentals of care continued to be around VTE risk assessments and dementia but a lot of work was being undertaken to address this. There had been a significant decrease in falls for in-patient areas.
- Compliance for the 25-day response time for complaints was only 58% and improvement work was being taken through the group integration work relating to systems and backlog.
- Mortality rates at ESTH remained elevated and this had received intense focus over the past year. Deep dives had not identified any systemic themes that required focus and attention.

Commenting on community performance, the MD-IC noted that progress was being made on delayed discharges but more could be done. For Surrey Downs and Sutton there had been progress with patients going home with packages of care. There were innovative schemes such as the Recovery at Home team which was a hybrid team between social care and health that provided short-term cover. More work needed to be done with care homes from a funding and support perspective in both Surrey and Sutton to look at people with most complex needs and help care homes to be more confident to accept those people. Helping end of life care patients to be discharged to their preferred setting was one of the biggest quality areas which should be focussed on.

The following points were raised and noted in discussion:

- Phil Wilbraham asked about the large number of children with waits of more than over 52 weeks. The MD-ESTH stated that this was a problem and the majority of these cases involved children with a developmental or neo-developmental challenge presenting a diagnosis such as autism. There were significant vacancies within the paediatric workforce and actions were being taken to address this.
- Peter Kane congratulated the MD-ESTH and the team for maintaining performance levels in challenging circumstances and trialling new ways of working. He queried what the overall position of the Trust was in relation to ward accreditation, which appeared a helpful method of motivating staff, improving patient safety and supporting staff retention. The GCNO responded that the accreditation programme was currently being reviewed across the Group and benchmarking against peers was part of this. The Chairman commented that that this was an area that the Quality Committee should review.

The Board noted the Integrated Quality and Performance Report and delegated authority to the Quality Committee to review ward accreditation.

2.3 Maternity Services

The GCNO introduced the report and highlighted the following points:

- The Trust had not achieved compliance with certain safety actions in NHS Resolution's (NHSR) Maternity Incentive Scheme (MIS) and had submitted a bid for funding from NHSR for £500,000 to help it achieve compliance with safety actions 5 and 8 (coordinator supernumerary status and mandatory training).
- Performance in training compliance had increased but remained impacted by sickness absences and staff being taken off mandatory training to support the scute clinical area.
- The Trust had been informed that a CQC visit in maternity was likely by the end of March 2023. The team were undertaking preparatory work and mock inspections would be undertaken.

The Chairman commented that anaesthetist training remained low. The GCMO-ESTH responded that part of the challenge had been aligning the training across different specialties. Anaesthetic training had been comparatively easy in maternity among midwives and obstetricians but there had been challenges with other departments. As such, the Trust was taking action to ensure individuals completed the necessary training.

The Board received noted the report and further noted that the Quality Committee had exercised the authority delegated by the Board to approve the Trust's MIS submission to NHSR.

2.4 Healthcare Associated Infection (Infection Control) Update Report

The GCNO gave the update on matters arising in infection prevention and control (IPC) up to and including March 2023, which had been scrutinised in detail by the Quality Committee. The GCNO noted:

• The outbreak of Carbapenemase-producing Enterobacterales (CPE) on CCU in December 2022 involving four patients had been investigated thoroughly. While the source of the infection remained unclear, the investigation had established that there had been no onward transmission. Learning had been identified through the investigation, including the need for local teams to escalate such issues to the site leadership team in a prompt way. The incident was now closed.

- As previously reported to the Board, legionella had been identified during a major refurbishment on the second floor in Langley Wing, which had been identified through testing of water samples as the refurbishment works were nearing completion. Remedial works had been undertaken and all water samples were now clear and Croft Ward relocated to the refurbished space in January 2023.
- A total of 56.25% of Trust staff had received the influenza vaccination against a CQUIN target of 70% and 41.95% of staff had received the latest Covid-19 vaccination. Learning from the current year would be applied to planning for the winter of 2023/24.

The Chairman expressed disappointment with the lower levels of vaccination and commented that careful planning for next year's vaccination campaign, which drew on the lessons from the low levels this year, would be crucial.

The Board noted the Healthcare Associated Infection update report and noted the current vaccination figures.

3 CULTURE

3.1 Freedom to Speak Up Guardian Report Q3 2022 / 23

The GCCAO, as Executive Lead for Freedom to Speak Up (FTSU), introduced the report noting that the FTSU Guardian, who would typically present the paper, was currently on long-term sickness absence. The GCCAO extended his best wishes to the Guardian for a full and speedy recovery and thanked the two Deputy FTSU Guardians for all of their hard work over the past three months; their commitment and dedication was a credit to the service and they had managed ably in challenging circumstances.

In terms of the substance of the report, which covered the period Q1 to Q3 2022/23, the GCCAO highlighted that the total number of concerns raised via the FTSU service was 298 in the reporting period, which amounted to 94% of the total number of concerns raised the previous year as a whole. If the trend continued in Q4, there would be a 20% increase in concerns over the 317 concerns raised in 2021/22. The GCCAO explained that it was positive that staff felt confident in using the service and raising concerns, but there were some concerning trends, particularly in relation to staff reporting suffering detriment as a result of raising concerns. The staff groups which had raised the highest number of concerns over the past year were nursing and midwifery, administrative and clerical staff. The main types of concern raised over the past year – which has been broadly consistent with the previous year had been concerns around 'management conduct' and bullying and harassment. Concerns with an element of patient safety had also been more prominent. Beyond these areas, a number of concerns have related to: discrimination, staffing levels, pay. HR policy and process, and transformation. Common themes relate to concerns around Trust infrastructure and process. racism, and health and wellbeing. The service had also seen increased concerns regarding cost of living increases, particularly in the context of concerns around payroll, support and policies being followed. The GCCAO explained that timeliness in resolving concerns by management had been a particular challenge, and it was important to recognise that this impacted on staff perceptions of the service, particularly in staff querying the value of speaking up. Some of the drivers of this, particularly the issues within employee relations, were understood and action was being taken to address this. The service was working well with the site leadership team and plans were being developed to trial a new approach to case management to seek to ensure prompt action to respond to concerns. A number of complex cases had also been raised via FTSU which had required external investigation. In terms of next steps, the priorities were to develop a common policy and set of processes across the Group, work towards developing a new FTSU strategy,

put in place a management triangulation process to identify hotspot areas, and increase training levels in raising concerns.

The following issues were raised and noted in discussion:

- Derek Macallan observed that many of the issues raised were cultural in nature and he queried how plans for the culture work would come to the Board and whether FTSU was engaged in this. The GCCAO confirmed the FTSU service were involved in the Culture, Equity and Inclusion Programme Board. The service was working to develop a new management level triangulation group to bring together the themes emerging through FTSU, and cross referring these with HR data, patient safety and Datix reporting. The GCPO added that a culture diagnostic had been conducted at the Trust and this work was progressing to the design phase. The Big 5 response to the NHS Staff Survey would also pick up on many of the themes raised through FTSU and the plan for this would be brought to the Board via the People Committee.
- Ann Beasley commented on the disproportionately high number of concerns within the estates department and queried how this was being addressed. The GCCAO responded that a cluster of concerns had arisen in the estates department over the last year and an investigation had been conducted into these concerns. The GCFIEO added that it appeared there were issues related to TUPE and pay, and staff had raised concerns with FTSU in part because staff had felt they were not being heard. Action was being taken to address this.
- In relation to the issue of 'cold spots' raised by Ann Beasley, the GCCAO confirmed that the service actively reviewed not only those areas with high numbers of concerns but also looked at those areas and staff groups where concerns were absent or unusually low. As a matter of good practice, the Guardians engage with those areas to understand what the barriers to speaking up might be.
- Martin Kirke commented that some staff were being asked to use their personal mobiles for work and stated that this should not be happening. The GCFO, in his role as SIRO, agreed to look into this and review arrangements. Where a member of staff needed a mobile device for work purposes they would be provided with one. Martin Kirke commented that it might be helpful for communications to clarify the position of staff using their personal phones for NHS business. Derek Macallan commented that, as a clinician, he used his personal mobile frequently as part of his work and expressed concern at the potential impact of a decision to prohibit the use of personal devices. The Chairman commented that this was a big and complicated issue involving a delicate balance of issues and suggested it was taken forward by the Finance Committee which oversaw IT issues.
- The MD-ESTH echoed the thanks of the GCCAO to the two Deputy FTSU Guardians. He also highlighted that some concerns raised via FTSU were extremely complex and involved multiple different aspects which could take time to explore and resolve. These often provide intelligence on matters otherwise unknown and were useful to the organisation which could factor these issues into decision-making.

The Board noted the number of concerns raised in Q1 to Q3 2022/23, the themes emerging from FTSU cases in this period, and the priority areas over the coming months. It also thanked the two Deputy FTSU Guardians for their hard work in maintaining the service in recent months and conveyed its good wishes to the FTSU Guardian for a speedy recovery.

4.	FINANCE	
4.1	Finance Report - Month 10, 2023-24	
	The GCFO reported that the Trust is reporting a deficit of £35m as of Month 10 against break even plan set at the beginning of the financial year, noting that position improved throughout the year. The Trust had been transparent with the SWL and with the NHSE London Regional team and national team about the forecast position.	
	The Board noted the month 10 financial position.	
4	CLOSING ADMINISTRATION	
5.1	Any Other Business	
	There was no further business raised.	
4.2	Reflections on the meeting	
	The Chairman invited Martin Kirke to offer his reflections on the meeting and the following were highlighted:	
	 The meeting had concentrated on the right areas and the quality of discussion had been good, with a high level of engagement by Board members. 	
	 The visits across the Trust prior to the meeting had helped to enrich the discussion on specific items and it was important for Board members to get out across the Trust and speak to staff. 	
	 The Executive team had helped progress many areas of improvement despite the challenging financial environment and the particular pressure caused by the industrial action. 	
	The GCIFEO added that since joining the Board in January 2023 he had got to know the issues at the Trust and felt the Board's discussions were a good reflection of the key issues facing the organisation. He suggested the meeting was one of the most effective Board meetings he had attended.	
4.3	Patient Story	
	The Chairman invited two consultants from Emergency Department to introduce the patient story. A brief synopsis was provided. A patient had attended the Emergency Department with a severe nose bleed as they had recently been prescribed medication for a DVT. During triage, the patient reported a known nut allergy and that they carried an EpiPen. When the bleeding had stopped, the patient had been seen by the ED Doctor who had advised that they may need to see an ENT specialist. In the meantime, he prescribed a cream for their nose and the patient could be discharged. The patient had asked which cream was being prescribed and advised that they thought it contained peanut oil. The ED Doctor advised he would check and returned to advise that it did not contain peanut oil. On arrival home, the patient checked the advisory sheet for the cream, which confirmed that it did in fact contain nut oil. The patient re-contacted ED to request an alternative medication, and was informed that there was no alternative cream available. The patient later confirmed with her GP that an alternative cream was available that did not contain nut oil. The patient had raised concerns in regard to the impact this could have on other patients who were not as aware of medications or had the ability to check.	
	As a result of this complaint, the clinical lead for ED had discussed the case with the ED Doctor concerned and re-enforced that it is the dispensing person's responsibility to make sure the medication was safe. To prevent	

future such instances, an internal safety alert had been raised to alert staff to check medication against allergies. This would also be shared in the monthly newsletter alongside planned teaching 'learning from complaints' delivered to the junior doctors in the ED. A further project on how to improve the discharge of patients with medication was being discussed with the ED quality manager. From a complaints process, an apology was provided, lessons were learned, there was a change in practice and plans for future improvements.

The MD-ESTH asked whether there was anything that the Trust could do to enhance information systems to help identify food allergies. It was acknowledged that it would be helpful for the relevant guidelines to incorporate food and drug allergies. Electronic prescribing would also be useful. In addition, it would also be helpful for the allergies section on paper prescriptions to include food allergies.

Martin Kirke commented that he has personal experience with family members in relation to food allergies and expressed concern at the patient's experience. In response, it was clarified that as part of lessons learned patients were now asked if they had any food allergies as a matter of course.

The Site CMO-ESTH commented that in children's services electronic prescriptions were used which did contain alerts of food allergies and this enabled her to change prescriptions where necessary. She also suggested that the presentation had highlight two system issues that the ED need support with and she would work with the GCMO and the Site Chief Nurse to address these.

The Chairman thanked the ED consultants for sharing the story and the vigorous approach that they had taken to identifying and acting on the learning from this case.

5. DATE OF NEXT MEETING

5.1 Trust Board meeting in Public, 10:00 on Friday 5 May 2023.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC

6.1 Questions from members of the Public

A total of 10 questions had been submitted by Mr Chelliah Lohendran, Chair of the Merton Seniors Forum and Vice Chair of Merton Healthwatch. The MD-ESTH provided responses to the question posed:

- In response to the questions regarding current bed capacity, current ED
 waiting times, and ambulance waiting times, the MD-ESTH stated that
 this information was set out in the Trust's Integrated Quality and
 Performance Report, which had been discussed earlier in the agenda.
- In relation to the questions submitted on the Trust's current workforce capacity, and the percentage of agency staff employed at the Trust, the MD-ESTH stated that there were approximately 7,000 staff at the Trust. Agency staff represented a small percentage of the total, with around 5-6% typically engaged from month-to-month.
- Responding to the question regarding a recent Place assessment and how many of the actions had been implemented, the MD-ESTH stated that the Trust was still reviewing these.

- On the question of whether the Trust had adopted a Virtual Ward, the MD-ESTH confirmed that it had and that the Trust flexed capacity within virtual ward services depending on demand.
- In terms of whether immediate building works identified during inspections had been completed, the MD-ESTH confirmed that there were significant backlog maintenance challenges and the total cost of addressing these was around £130m. The Trust prioritised the most urgent works within its available capital.
- On the question regarding whether the Trust should focus on its current estate rather than the new hospital, the MD-ESTH responded by reaffirming the Trust's commitment to the development of the Specialist Emergency Care Hospital as well as making improvements to the Trust's existing sites. It would not be possible to simply refurbish current buildings because they were not capable of meeting modern standards for acute healthcare. However, until the new hospital was built, the Trust was ensuring that the estate was maintained to provide safe care to patients and was prioritising the most urgent works as set out above.

Meeting closed at 12:38





Group Board (Public) - 5 May 2023 2023



Action Log								
ACTION REFERENCE	MEETING DATE	ITEM NO.	ITEM	ACTION	WHEN	WHO	UPDATE	STATUS
PUBLIC220901.1 (Transferred from SGUH Board Action Log)	1 Sep 2022	1.5	Chief Executive's Report	The GCMO offered to coordinate an all-staff message reiterating that staff do not have to tolerate abuse in any form and to provide staff with the confidence to respond to incidents and escalate, as required.	1 Sep 2022		<u>Update on 2 March 2023:</u> The GCNO confirmed that a message reiterating to staff that they should not tolerate abuse had been prepared by herself and the GCMO and would be sent out shortly. Verbal update to be provided at May Group Board meeting.	DUE
PUBLIC220901.3 (Transferred from SGUH Board Action Log)	1 Sep 2022		Infection Prevention and Control Annual Report	GCMO to check statistical benchmarking data and provide an update to the Board as to whether the Trust was an outlier in terms of surgical site infection.	1 Sep 2022		<u>Update on 3 November:</u> The GCMO confirmed that it was already in the public domain that St George's was not an outlier in respect of surgical site infection. However, he was still considering other data and a further update would be provided at the Board's January meeting. The action would remain open. GCMO to confirm.	DUE





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	1.5			
Report Title	Group Chief Executive Officer's Report			
Executive Lead(s)	James Marsh, Acting Group Chief Executive Officer			
Report Author(s)	James Marsh, Acting Group Chief Executive Officer			
Previously considered by	n/a	05 May 2023		
Purpose	For Noting			

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A summary of key events over the past two months to update the Board on strategic and operation	ona
activity at across the St George's, Epsom and St Helier University Hospitals and Health Group.	

Action required by Group Board

The Board is asked to note the report.





Committee Assurance			
Committee	N/A		
Level of Assurance	N/A		

Appendices				
Appendix No.	Appendix Name			
Appendix 1	N/A			

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





Group Chief Executive Officer's Report Group Board, 05 May 2023

1.0 Purpose of paper

1.1 To provide an update to the Board on Trust activity over the past two months.

2.0 Background

2.1 Regular update to the Board.

3.0 Leadership and Group Update

- 3.1 As you know, we are currently under interim leadership arrangements whilst Jacqueline takes her leave of absence to recover from her recent illness. I am pleased to report to you that I have been in touch with Jacqueline, who is despite her instincts to dive back in resting and recovering well, under strict doctor's orders, and I look forward to keeping you fully updated on her return to work in the early summer. In the meantime, Jacqueline thanks you for all the well wishes.
- 3.2 This is our first Group Board meeting. With that in mind, I'd like to welcome you all today and take the opportunity to mark this occasion which demonstrates the important steps we are taking towards creating the architecture for GESH. Drawing two large NHS providers together under one governance structure is a significant task, and it is right to celebrate these milestones, with particular thanks to Stephen Jones who, together with his team, has overseen the creation of this framework for us.
- 3.3 Later this month we will be publishing our Group Strategy, which has already been reviewed and approved by the Board. As a leadership team, my Group Executive colleagues and I will be spending time this month on the next phase: Launch and implementation. We will be working with all the Site Leadership Teams to present the strategy and gain their input in implementing its key objectives across the organisation. We will be communicating to all staff about what the strategy is, and what it means for them. It is crucial for us to work closely with all our staff to successfully communicate the priority areas and strategic initiatives, in order to garner support for our goals which will be cascaded throughout our teams, "from Board to Ward". I am delighted to have reached this stage of our strategy development, and I will keep you closely informed of our progress in turning our strategy into real results for GESH.
- 3.4 Of course, we are implementing these big transformations and new strategic goals cognisant of, and aimed at tackling, a highly strained operational and financial landscape. I am working closely with regional Chief Executives as well as system leaders to liaise closely on how we are managing industrial action, tackling the budget deficit and balancing the over-arching NHS priorities of performance, efficiency and quality.





4.0 Industrial Action

- 4.1 At the time of writing this, we are carefully reviewing lessons learnt from the recent BMA industrial action of junior doctors across all sites in April, and we are focused on preparing for the next round of RCN industrial action over the Bank Holiday weekend too. Industrial action, and maintaining safe services, is top of my mind.
- 4.2 During the recent strikes, I walked around all of our acute sites, and I can report that the hard work, collaboration and flexibility of staff enabled us to deliver safe services and stable operations. I would like to wholeheartedly thank those that continuously go above and beyond for our hospitals. Of course, the impact on planned care was significant and our most strained areas were, as expected, our Emergency Departments (despite, thankfully, lower attendance and admittances). We will continue to plan for, and manage, the industrial action going forward, but we are aware that looking after our patients as we would wish throughout these periods is exceptionally challenging, and we know that recovery after each event is becoming more and more difficult.
- 4.3 As well as ensuring we were prepared operationally for the junior doctors' strikes, we made use of all communications channels available to us to inform the public of key information. This involved welcoming BBC London to St George's to talk to senior staff about the expected pressures we expected to see over the period and encouraging people to use services wisely. As well as this, we issued two press releases on similar themes, which resulted in pick up from a variety of local and national media potentially reaching hundreds of thousands of people.
- 4.4 We will continue to carefully plan for the impact of the ongoing industrial action, and I will keep you closely informed of our work to do so.

5.0 Financial Planning

- 5.1 In addition to the operational challenges of ongoing industrial action, we are also highly focused on our financial position and I am acutely aware of the challenges ahead. Together with system partners, we continue to work through plans to tackle our budget deficit and balance our financial plans in order to deliver our services within a highly constrained financial environment.
- 5.2 The coming period of time will be highly challenging, and we are led by Chief Finance Officer Andrew Grimshaw engaging closely with the Southwest London Integrated Care Board and NHS London leaders to work through the issues at hand. Andrew will have more detail to share on this aspect in his update, and I can assure you that financial planning is of the utmost priority to me and my colleagues in the Executive Team. In addition, our work on Southwest London Financial Sustainability will soon come to a close and will aid our analysis of the regional financial landscape. I will keep you informed of these findings at the earliest opportunity.

6.0 NHS Staff Survey Results 2022

6.1 Our Staff Survey Results are now being shared, with accompanying analysis. Clearly, there is much work to be done and we are focused on learning everything we can from this diagnostic tool, to ensure our efforts will tackle the most pressing areas. We are also triangulating the

Group Board, Meeting on 05 May 2022

Agenda item 1.5





Staff Survey results with our Culture Programme to ensure all activity is informed by these results and we can collectively focus on the right goals.

- 6.2 To address our challenges, the plan for the next 18 months will aim to deliver impact and have a significantly positive effect on staff. It has been provisionally agreed at Executive level to adopt a plan that can be delivered across the Group, and this plan is currently under development. A prioritised and concentrated plan from the 'Big 5' will work alongside programmes of work to increase staffing levels and aide retention.
- 6.3 In terms of specific results, Chief People Officer Paul Da Gama will be providing more detail, but it is worth highlighting that at St George's the themes where we scored below the national average included:
 - We are compassionate and inclusive
 - We work flexibly
 - We are recognised and rewarded
 - Morale
- 6.4 At St George's, the most declined scores compared to last year included:
 - Satisfied with level of pay
 - If friend/relative needed treatment would be happy with standard of care provided by organisation
 - Last experience of physical violence reported
 - Would feel secure raising concerns about unsafe clinical practice
 - Would feel confident that organisation would address concerns about unsafe clinical practice
- 6.5 At Epsom and St Helier, the scores overall were largely in line with national averages, but the most declined scores compared to last year's Staff Survey for ESTH included:
 - Organisation made reasonable adjustments to enable me to carry out work
 - Satisfied with level of pay
 - If friend/relative needed treatment would be happy with standard of care provided by organisation
 - Have adequate materials, supplies and equipment to do my work
- 6.6 I look forward to sharing our action plan with you on this area in due course.

7.0 Appointments, Awards and Events

- 7.1 In Mid-May, Dr. Ruth Charlton will step down in her post as Site Chief Medical Officer for Epsom and St Helier. Dr Rebecca Suckling has been appointed as her successor. Beccy is Associate Medical Director for Transformation and a Consultant Nephrologist at Epsom and St Helier. I would like to sincerely thank Ruth for her hard work, commitment and diligence in her role. Congratulations to Beccy, who I know is looking forward to picking up the mantle and we all look forward to working with her in this capacity and welcoming her into the post.
- 7.2 Our staff and teams have recently been successful in a range of award programmes. Just a few of the successes include:
 - HealthTech Partnership of the year award: We are delighted that our Musculoskeletal (MSK) Physiotherapy team won the NHS HealthTech Partnership of the year award for





their involvement in the GetUBetter project after being shortlisted in December. This digital self-management tool helps musculoskeletal patients self-manage their symptoms, giving them more independence and freeing up time for clinicians. A big congratulations to the team.

- Professor Indranil Chakravorty awarded MBE: We are so proud of Professor Indranil
 Chakravorty, who was recently awarded an MBE at Windsor Castle from The Princess
 Royal. Professor Chakravorty is a Consultant Physician at St George's and was awarded
 for his dedication to promoting diversity and inclusion in healthcare, including work on the
 Bridging the Gap project which helps to improve fairness in the workplace for doctors. This
 is an amazing achievement well done to Indranil.
- Neonatal Unit achieves UNICEF 'Baby Friendly Initiative' reaccreditation: Our
 Neonatal Unit at St George's has been reaccredited as Baby Friendly by UNICEF UK, a
 programme that aims to improve practice for infant feeding in healthcare settings. We were
 the first tertiary neonatal unit in London to be fully Baby Friendly accredited in September
 2019. The team has now been fully re-accredited, despite the additional challenges of the
 Covid pandemic, which is a brilliant achievement.
- Shortlisted for RCM Equality, Diversity and Inclusion: March saw Consultant Midwife
 Julia Lidderdale and other maternity colleagues attend the National Down's Syndrome
 Policy Group's World Down's Syndrome Day event at Parliament and in the same
 month, Julia was shortlisted for the Royal College of Midwives Awards in the Equity,
 Diversity, and Inclusion category.
- 7.3 We have held some wonderful events across the Group recently, below are just a few examples:
 - Adult Critical Care Emergency Support Service launch: A specialist ambulance service
 for transporting critically ill patients between hospitals was launched earlier this month.
 The Adult Critical Care Emergency Support Service (ACCESS), is a partnership of St
 George's, Barts Health Trust, Imperial College Healthcare Trust, and the London
 Ambulance Service (LAS). It involves a fleet of specialist ambulances on standby in
 London so that the sickest patients who need expertly tailored care at a specialist can be
 safely moved between local hospitals and specialist centres. A lot of hard work has gone
 into this, so thank you to all involved.
 - Visit from the Prime Minister and Secretary of State for Health and Social Care: St
 George's hosted a visit from Prime Minister Rishi Sunak and Secretary of State for Health
 and Social Care Steve Barclay. The ministers visited Caroline Ward our specialist
 thoracic surgery ward speaking with staff about their experiences working here. We were
 able to show them the exceptional care we provide and I know they welcomed the
 opportunity to speak with some of our staff about their roles and the day-to-day challenges
 they face. Thank you to everyone who was involved.
 - National Supported Internship Day: Project SEARCH here at St George's held an event celebrating National Supported Internship Day. Project SEARCH is a programme which helps local young people with learning disabilities and autism to find great jobs. The day was a chance to showcase the tremendous contribution that young adults with Special Educational Needs and Disability (SEND) can make to the workforce. There were





speeches, break out group discussions with young people with learning disabilities and/or autism, and a chance for potential employers to speak with them one on one. The event was a roaring success, and it was wonderful seeing all these young people so ambitious about getting into work.

- For Young Carers Action Day on 15 March, the Patient Experience Team held Staff Carers Cafes at both sites, for unpaid carers employed by the Trust. Stands were staffed by our HR Unpaid Carers Lead and a member of Action for Carers, who provided a drop-in service for advice and guidance on what support is available to them.
- Safeguarding Team members Venise Boateng and Pedra McKenna ran a lunchtime
 domestic abuse awareness stall for staff on Thursday 9 March, as part of UK Say No
 More Week in the restaurant at St Helier. Venise and Pedra offered information about
 domestic abuse and violence, signposting support and service information, as well as
 providing refreshments and some merchandise to remember the day and its messages.

8.0 Recommendations

8.1 The Group Board is asked to note the report.





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	2.1	
Report Title	Maternity Services Report	
Executive Lead(s)	Arlene Wellman, Group Chief Nursing Officer	
Report Author(s)	Laura Rowe, Lead Midwife for Clinical Governance and Risk, ESTH; and Jan Bradley, Director of Midwifery and Gynaecology, SGUH	
Previously considered by	Quality Committee-in-Common 27 April 2023	
Purpose	For Review	

Executive Summary

This report provides assurance on the compliance at ESTH and SGUH with Safety Action 9 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS): the requirement for Trusts to complete the Perinatal Quality Surveillance Report and present this to the Board (see Appendix 1). Table 1 below details the CNST MIS safety action 9 reporting measures for both ESTH and SGUH and provides a comparison on the quantitative data provided for both Trusts:

Safety Action 9 reporting measure (Quantitative information only)	ESTH	SGUH
1.Perinatal Mortality: Total number of deaths (rolling report year)	13	41
Perinatal Mortality reviews held	2	6
3. Cases referred to HSIB for review	2 open cases	2 open cases
	0 closed	0 closed
4. Incidents graded at moderate harm and above	3	4
5. Serious incidents completed	0	0
Overdue serious incident report actions	2	0
7.Mandatory training compliance	Performance across staff groups from 33% to 94%	Performance across staff groups from 81.82% to 94%
8. Minimum safe staffing	STH 90%	94%
	EGH 81.5%	
Bid to NHS Resolution for CNST funding – final outcome awaited	£500K	£800K

In March 2023, NHS England published a new Three Year Delivery Plan for Maternity and Neonatal Services which sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. A gap analysis for the Group will be undertaken led by the respective Site Chief Nurse on behalf of the Group.

Action required by Group Board

The Group Board is asked to review the report and note the assurances regarding Safety Action 9.

Group Board, Meeting on 05 May 2022

Agenda item 2.1

1





Committee Assura	Committee Assurance		
Committee	Quality Committee-in-Common		
Level of Assurance	Reasonable Assurance: The report and discussions assured the Committee that the system of internal control is generally adequate and operating effectively but some improvements are required, and the Committee identified and understood the gaps in assurance		

Appendices	
Appendix No.	Appendix Name
Appendix 1	N/A

Implications					
Group Strategic Obje	ectives				
☐ Collaboration & Partn	erships	⊠R	ght care, right place, right t	ime	
☐ Affordable Services, f	it for the future	□ E	mpowered, engaged staff		
Risks					
As set out in report.					
CQC Theme			į.		
⊠ Safe	☑ Effective	☑ Caring	☑ Responsive	☑ Well Led	
NHS system oversig	ht framework				
☑ Quality of care, access	ss and outcomes	□ Pe	eople		
☐ Preventing ill health a	and reducing inequalities	⊠ Le			
☐ Finance and use of re	esources		ocal strategic priorities		
Financial implication					
The financial implication out in the report.	s in relation to the NHS	Resolution Maternit	y Incentive Scheme for bot	h Trusts are set	
Legal and / or Regula	atory implications				
 Enforcement undertakings applicable to ESTH and SGH. Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations. 					
Equality, diversity and inclusion implications					
No EDI issues to consider.					
Environmental sustainability implications					
No environmental sustainability issues to consider.					





Maternity Services

Perinatal Quality Surveillance Measures March 2023 (CNST Maternity Incentive Scheme: Safety Action 9)

Group Board



5 May 2023







Internal and External Assurance Processes For Both Trusts

The safety of Maternity Services is monitored on an internal and external perspective and has seen increased scrutiny at both National and local level in response to the Ockenden enquiry.

Internal Governance and Monitoring

- Monthly Division Risk Report monitored by Women's Health DMT
- Quarterly Quality Report to QCAC
- Attendance at RADAH and SI Panel
- Monthly Maternity update to QCiC including CNST compliance, Serious Incident Update, Perinatal Quality Surveillance data and other updates
- Maternity Specific Risk Management Policy and Guideline
- Weekly programme of risk and governance meetings and Quality Half Day
- Quarterly PMRT case report and actions submitted to the Quality Committee

External Governance and Monitoring

- Integrated Care Board
- CQC (including the Maternity Survey)
- HSIB
- MBRRACE-UK (PMRT)
- CNST
- LMNS (Surrey Heartlands and SWL)
- Maternity Voices Partnership
- NHS Resolution (ENS scheme)





Perinatal Mortality

This data reflects late miscarriages, antepartum stillbirths and neonatal deaths. All cases underwent a PMRT review and where applicable, a local/HSIB investigation

olling Report - April 202		arch 2023	April 2022 – March 2023	
		ESTH	SGUH	
otal Number of Dea	ths	13	41	
	Antepartum Stillbirths	9	25	
Type of Mortality	Intrapartum Stillbirths	1	3	
	Neonatal Deaths	3	15	
	<24 weeks	2	13	
	24-27 weeks	3	10	
Contational Are	28 - 31 weeks	0	5	
Gestational Age	32 - 36 weeks	3	7	
	37-41 weeks	5	8	
	≥ 42 weeks 0		0	
	4 White British 2 Indian 2 Black Caribbean		20 White 8 Asian/Asian British 4 Mixed	
	1 Bangladeshi		4 Black/black British	
Ethnicity	1 Other Asian1 White/mixed1 Other1 Chinese		4 Missing or declined 1 Other	

For ESTH: Annual figures published in November 2022 by MBRRACE-UK indicate that the 2020 extended perinatal mortality is **comparable to similar Trusts**. The neonatal death rate was higher than similar Trusts, however none of the six babies died in the Trust (they were born in the Trust and transferred out). A detail analysis of the report in partnership with the LMNS is currently being undertaken

For SGUH: Annual figures published by MBRRACE-UK indicate that the 2020 stillbirth rate and the neonatal death rate has changed since the last publication and is in the 'more than 5% higher than average for type of hospital' category (stillbirth 3.92/1000, neonatal death 2.52/1000 and extended perinatal (both together) 6.41/1000). An external review has been commissioned and is in progress.

All cases undergo a PMRT review and where applicable, a local/HSIB investigation and learning is shared locally and at the SWL LMNS Serious Incident meetings.

St George's, Epsom and St Helier

Perinatal Mortality Reviews

Details of reviews and learning from PMRT (Perinatal Mortality Review Tool)



PMRT Panel	Number of cases reviewed	Care and delivery issues contributing to outcome	Learning or actions arising
ESTH: 1 panel meeting	2	1 case (INC-129066) had care and delivery issues but at this stage it is unclear whether these contributed to the outcome.	These issues were around communication with the family (they felt they did not understand the seriousness of the situation) and around the pathway for placenta praevia). It has been agreed that the Trust will await the results of the post mortem and reassess the case and any improvement actions when all the details are available.
SGUH: 2 panel meetings	6	Panel 1 - 2 neonatal deaths and 1 late mid trimester loss Panel 2 - 1 neonatal death and 2 Intrauterine Deaths	Overall themes identified within the review process were lack of communication between patient and clinicians. This impacted on lack of understanding which caused distress to the patient and resulted in a formal complaint and escalated an adverse incident investigation which is in progress The panel deemed care to be of a high standard and appropriate.

PMRT Review: Emerging Themes	Open actions from previous PMRT reviews	
ESTH: No clear themes identified to date	INC-104052	Review referral pathway to the bereavement midwife – date for completion TBC Management of intrauterine growth restriction (IUGR) – develop a communication tool to inform Maternal assessment Unit of women who need additional appointments - date for completion TBC
SGUH: No clear themes identified to date	SGUH: Datix Number: TBC	An area of concern regarding appropriate dissemination of discharge paperwork – action for this is being led by the bereavement team who have been liaising with ward clerks on PN ward. Planned generic email for cancellation for ongoing appointments is being managed through the DNA quality improvement project to be completed by June 2023.





Cases referred to HSIB (Healthcare Safety Investigation Branch)

HSIB are mandated to investigate cases of intrapartum stillbirth and neonatal death within 7 days of birth (not associated with a congenital abnormality) and incidences of severe brain injury, and focus on human factors.

Trust	Number of cases closed in month	Number of open cases under review	Number of open actions from previous cases	Action detail and date for completion	Top 5 recommendation themes from HSIB reviews
ESTH	0	2	1	Datix number INC-86093: Implement BSOTS (Birmingham Symptom-specific Obstetric Triage System). The implementation of BSOTS is currently paused whilst adherence to the current NICE guidance Triage process is maintained.	 Staffing Holistic review and management of women CTG interpretation Escalation Communication
SGUH	0	2	0	Open cases under review Case 1 - Breech vaginal birth – NNU admission – no safety actions; care was commended Case 2 - Neonatal Death. Coroner referral - awaiting tripartite meeting and finalisation of the action plan	Staffing Holistic overview and management of women CTG Interpretation Escalation Communication



Incidents graded at moderate harm and above



Trust	Number of incidents graded at moderate harm or above	Incident detail and immediate safety actions
ESTH	3	 INC-130133: Pre-term delivery and missed opportunities to transfer to a tertiary unit. Both midwife and SpR involved have been asked to write a note addendum to fully explain care as contemporaneous notes were not adequate. The Education Supervisor has been asked to meet with the junior involved and communicate to all trainees the process for managing abdominal pain. An extreme premature resus bag has been placed on Delivery Suite and Clinical Director meeting with the neonatal team involved INC-130636: Bladder injury at caesarean section. Bladder injury at caesarean section is a recognised risk; there were no immediate safety action identified INC-130352: Perinatal stroke diagnosed in the newborn due to placental thrombus. Very unlikely to have been avoidable but investigation being undertaken due to the outcome.
SGUH	4	2 moderate incidents:
		 DW186494 - Miscarriage on Train following TTTS (twin to twin syndrome) review in FMU DW186362 - unresponsive; intra abdominal bleed - ITU 2 extreme incidents: DW 186630 - Maternal Death within community setting Day 18 postnatal, confirmed suicide. Patient delivered at
		Kingston University Hospital, with care provide by SGH in the community setting. • DW 186869 - Neonatal Injury on PN Ward - (suspected to be non accidental – charge of GBH against mother)
		Investigations are in progress for all 4 incidents.





Contributory Factors and Root Cause for Completed Serious Incident Reports

Trust	Number of serious incidents closed in month	Root cause and learning
ESTH	0	N/A
SGUH	0	N/A





Progress against Serious Incident Action Plans

Trust	Datix number	Progress update and timeline for delivery
ESTH	INC-105148	The Standard Operating Procedure in relation to the newborn blood spot (NBBS) which will address the process for raising concerns and sharing KPI data has been drafted and is awaiting approval. This includes the processes for checking samples before they are sent to the laboratory. This is currently with the library and will be uploaded when they have finished their checks – anticipated to be completed in the next 2-3 weeks.
	INC-118946	A review of the jaundice guidance has been completed. Once the library has completed final checks the revised guidance will be uploaded onto the intranet.
SGUH	N/A	All current Serious Incident actions have all been completed





Mandatory training compliance

Гуре of Training	Staff Group	Febru	uary 23	Mar	ch 23	In month performance		
		ESTH	SGUH	ESTH	SGUH	ESTH	SGUH	
	Midwifery Staff	82%	90%	90%	81.86%	+8%	-8.14%	
PROMPT	Maternity Support Workers	77%	87.23%	84%	81.82%	+7%	-5.41%	
	Consultant Obstetricians	73%	91.30%	85%	91.30%	+12%	<>	
	Trainee and Staff Grade Obstetricians	67%	97.06%	62%	88.24%	-5%	-8.82%	
	Anaesthetics	27%	86.98%	33%	88%	+6%	+1.02%	
CTC Training	Midwifery Staff	84%	90.4%	88%	87.56%	+4%	-3.84%	
CTG Training	Obstetricians	78%	92.5%	92%	92.5%	+14%	<>	
NLS								
(Newborn Life		82%	94%	90%	94%	+8	<>	
Support)								

For ESTH: All midwives/and midwifery support workers have now been booked to attend to ensure 100% compliance for the next CNST submission in 2024 (date TBC). For medical staff, there is now a named lead consultant for training who is following up non-attendance. ESTH is currently looking at ways to facilitate 100% compliance with the anaesthetists, including running one-off MDT study sessions which they can all attend.

For SGUH: In line with the immediate safety action required by the Section 29a Warning Notice there is a weekly review of training needs vs current staffing availability to determine and prioritise mandatory training needs. This weekly review is reported as part of the CQC response with the Site and Group CNO's.



Minimum safe staffing



Staff group	Measure		Jan 23			Feb 23			Mar 23	
		ESTH ST H	ESTH EGH	SGUH	ESTH ST H	ESTH EGH	SGUH	ESTH STH	ESTH EGH	SGUH
Midwifery	Fill Rate (target >94%)	90% (overall)	90% (overall)	85.4%	91%	80%	82%	90%	81.5%	94%*
01	Expected vs fill	100%	100%	100%	100%	100%	100%	100%	100%	100%
Obstetric	Number of step downs/pull across	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

For ESTH:

- The fill rate in March 2023 was 86% (90% at STH and 81.5% at EGH) against the target of 94%. High cost agency has been approved where staffing falls 30% lower than planned. During the day shift, specialist midwives are utilised to support the clinical area
- · Continuity of Carer The roll out of CoC this has been paused to support safe staffing
- During March 2023 there were a total of 42 red flags recorded on BR+ acuity tool for EGH (co-ordinator not supernumerary (38), delay in time critical activity (1) and delay to IOL (2)). There were a total of 18 red flag recorded at STH (co-ordinator not supernumerary (10), delay in time critical activity (1) and delay in IOL (7). There were no reported clinical incidents related to red flags (please confirm this is correct, if not state the number of incidents and give a brief description

For SGUH:

- The fill rate in March was 93.4% (The shifts assessed were only for the acute areas where staff had been redeployed). The Birth Centre and Homebirth service have been suspended to support staffing on the labour ward. This position will be reviewed on a weekly basis.
- Continuity of Carer The roll out of CoC has been paused to support safe staffing and will be reviewed on a weekly basis
- During March there were a total of 50 red flags recorded on BR+ acuity tool which related to delayed or cancelled care (20), unable to proved 1:1 care in established labour (4), Midwife in charge not supernumerary (11), delay in induction of labour (11), delay triage (3), delayed care (3). There were no reported clinical incidents related to red flags.

*Work is underway to ensure consistent application of criteria used when B7 report via BR plus. Sit Rep also now used daily to escalate and share staffing and acuity across Site and Group.



Maternity Dashboard



Indicator	Threshold	ESTH Performance	SGUH Performance
CO monitoring at booking	95%	95%	92.3%
CO monitoring at 36/40	95%	75%	21.6% - paper based antenatal notes -requires retrospective uploading to MIS
3 rd /4 th degree tear		1.49%	1.4%
PPH >1500mls		2.55%	4.0%
PPH>2000mls		0.36%	1.1%
Term NNU admissions		6.23%	1.4%
Stillbirths (rate per 1000 births)		2.95 (latest is 2020 published annually by MBRRACE)	5.6% (adjusted rate - 3 stillbirths in March, including 1 fetocide for fetal anomalies
NND (rate per 1000 births)		1.22 (latest is 2020 published annually by MBRRACE)	0

For ESTH: CO monitoring at 36/40 is audited monthly to identify individual areas for support. All NNU term admission undergo an ATAIN review and safety and improvement actions are identified for implementation.

For SGUH: Delivery Suite MWs are required to check the handheld notes and retrospectively document the CO reading at 36wks. Realtime CO monitoring at 36/40 to be continuously audited monthly to identify individual areas for support





Service user feedback

ES	тн	SG	UH
Feedback	Action	Feedback	Action
Lack of communication around induction of labour/what to expect Lack of explanation about the	1.1 A range of new leaflets has been co-produced with the MVP 2.1 Individual feedback given as not	Concerns around Birth Centre Closure due to staffing pressures and immediate actions required for the CQC.	1.1 Regular updates via communications team to ensure website and social media is current and reflective of the dynamic
effects of epidural (woman complained that she feel asleep during her labour)	unusual for women to sleep when pain relief is administered	CQC.	approach to services. 1.2 Weekly review of the temporary closure of the Birthing Centre at the
Lack of respect and kindness from staff	3.1 Feedback to matrons 4.1 Women are now expected to		Maternity Services CQC Steering Group
4. TTOs not given	supply their own simple analgesia; this is not given as a TTO.	Concerns around the suspension of the Homebirth Service due to staffing pressures and immediate actions	2.1 Regular updates via communications team to ensure website and social media is current
5. Better access to drinking water (i.e. self service)	5.1 All women have access to drinking water on labour ward from the patient kitchen. Partners are	required for the CQC.	and reflective of the dynamic approach to services. 2.2 Trust response to MP letter
6. General communication issues	encouraged to access this if a woman is unable to mobilise. Midwives are		raising concerns regarding Maternity services and availability of the full
7. Positive comments included excellent care and treatment and kind and caring staff	also aware to ensure sufficient hydration of their patients.		spectrum of choice for birthing families. 2.3 Weekly review of the temporary suspension of the Homebirth service.



Staff feedback to Maternity Safety Champions



	ESTH	SG	UH
Issue	Action to be taken/ Progress update	Issue	Action to be taken/ Progress update
1. Staffing challenges 2. Homebirth services 3. Bed replacement	1. Bid submitted to CNST to fund pilot bleep-holder role and training uplift 2. Plan to provide second midwife from community. If a second cannot be provided either by the HB team or community service will need to be suspended. 3. Bid submitted for bed replacement. Outcome awaited	Frustration regarding closure of the BC and suspension of the HB service Frustration regarding the new process to support Maternity Triage – all women directed to DS Triage for initial review. Frustration regarding suspension of Continuity of Carer team services Frustration regarding Bank and substantive rates of pay. Frustration regarding skill mix across clinical areas – proportionately higher rates of newly qualified staff in acute settings Lack of nurse staffing in theatre	Weekly review as per CQC response Weekly review as per CQC response Weekly review as per CQC response National response regarding substantive pay Regular discussion via Unit/Ward/Team Meetings regarding rotational posts and supporting proportionate distribution of trained staff. Escalated via Divisional Governance to
		recovery impacting patient flow and care on Delivery Suite – post operative obstetric patients returning to DS rooms for recovery and care by inappropriately trained staff and area	link with Surgical Division and Corporate Nursing teams to support and respond.





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	2.2	
Report Title	Group Integrated Quality and Perfo	rmance Report
Executive Lead(s)	James Marsh, Acting Group Chief Ex	ecutive Officer
Report Author(s)	Tara Argent, Site Chief Operating Offic Alex Shaw, Site Chief Operating Offic Natilla Henry, Site Chief Nursing Offic Betty Njuguna, Site Chief Nursing Off	er, ESTH er, SGUH
Previously considered by	Finance Committees-in-Common Quality Committees-in-Common	28 April 2023 27 April 2023
Purpose	For Review	

Executive Summary

This report consolidates the latest operational management information and improvement actions across both St George's Hospital and Epsom & St Helier for the month of March 2023.

Action required by Group Board

The Group Board is asked to review the report and note the operational performance for the Group at March 2023.

Group Board, Meeting on 05 May 2022

Agenda item 2.2





Committee Assura	nce
Committee	Finance Committee-in-Common
Level of Assurance	Reasonable Assurance: The report and discussions assured the Committee that the system of internal control is generally adequate and operating effectively but some improvements are required, and the Committee identified and understood the gaps in assurance

Appendices	
Appendix No.	Appendix Name
Appendix 1	Group Integrated Quality and Performance Report

Implications								
Group Strategic Obj	ectives							
☑ Collaboration & Partr	nerships		☑ Right	care, right place, right ti	ime			
☑ Affordable Services, f	fit for the future			owered, engaged staff				
Risks								
As set out in report.								
COC Thomas								
CQC Theme	T	T						
☑ Safe	☑ Effective	☑ Caring		☑ Responsive	☑ Well Led			
NHS system oversig	ht framework							
☑ Quality of care, acces	ss and outcomes		□ Реор	le				
☐ Preventing ill health a	and reducing inequalities	;	□ Leadership and capability					
☐ Finance and use of re	esources		☐ Local strategic priorities					
Financial implication	ns							
The financial implication out in the report.	s in relation to the NHS	Resolution Ma	ternity In	centive Scheme for both	Trusts are set			
out in the report.								
Legal and / or Regula	atory implications							
Enforcement u	ındertakings applicabl	e to ESTH an	d SGH.					
	ith the Health and Soc	cial Care Act 2	2008 (R	egulations 2014) and	CQC			
Registration R	egulations.							
Equality, diversity ar	nd inclusion implicat	ions						
No EDI issues to consid								
Environmental susta								
No environmental sustai	mapility issues to consid	er.						

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Group Integrated Quality and Performance Report Group Board, 05 May 2023

1.0 Purpose of paper

This report consolidates the latest operational management information and improvement actions across both St George's Hospital and Epsom & St Helier for the month of March 2023.

2.0 Quality

For St George's, March 2023:

Mortality

 HSMR shows our mortality to be lower than expected. For emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend. SHMI performance was 0.93 and is as expected.

Never Event

A Never event was reported this month. This was about a retained foreign object(swab) in a
patient post an instrumental delivery. There was No harm, patient and the baby were
discharged after 2 days. Immediate actions included maternity governance matron attending
junior doctors training, reinforcing the effective communication of swab count, and using
Swabsafe tray.

Complaints

41 new complaints were received in March 2023 with 93.3% of them being responded to
within 25 days. There is a plan in place to address the backlog and the divisional team are
supporting the complaints team and collectively has achieved a good compliance rate.

Falls

 Fall rates remain consistent with 111 in March 2023. The number of falls per 100 bed days remains close to the lower process limit for the second consecutive month, with a value of 4.43 for March 2023.

Pressure Ulcers

- There were 13 category 3 & 4 unstageable pressure ulcers for March 2023, this is the same as February 2023. A Trust wide action plan is in place and on-going.
- The number of medical device related pressure ulcers overall for March 2023 has seen an increase with 28 compared to 20 in February 2023. However, none of these were category 3 & 4 unstageable pressure ulcers, this is an improvement from 4 in February and 6 in January 2023 and is likely to be due to earlier identification and on-going quality improvement work in critical care areas specific to this aspect of care.

MCA/ DoLS

 Mental Capacity Act level 2 training compliance for medical and dental has slightly improved at 61% compared to 53% in the previous quarter however still below target. Compliance for Allied Health Professionals is 82%, also below target.

Group Board, Meeting on 05 May 2022

Agenda item 2.2





- Mental Capacity Act level 2 training compliance for nursing staff continues to be good.
- Plans on in place to address this issue, including the Practice Educator for Safeguarding & MCA focusing on reviewing the current MCA online training to support compliance by condensing to support the target audience.

7.0 Maternity

- Percentage of births with 3rd/4th degree tears is down in March by 1.4% and remains below the ceiling target of 5%.
- MDT QI project in inpatient areas is in place and on-going for PPH >1.5L to sustain the reduced blood loss seen in women giving birth, e.g., in March the rate for PPH >1.5L is 2.6%, which is below the target of <4%
- CQC inspection held on 21st & 22nd March: immediate actions to support staffing deficits
 included suspending the homebirth service and closing the Carmen Birth Centre. The pathway
 for maternity triage was also reviewed and strengthened with a Standard Operating procedure,
 particularly ensuring women are seen according to NICE (within 30mins) and pain relief is
 timely.

8.0 Infection Prevention and Control

- There were 5 Clostridium Difficile infections during March 2023 and all 5 cases were classified as Hospital Onset Healthcare Associated. YTD C diff cases is 60 against a national objective of no more than 43 cases. Locally services are supported through a period of enhanced surveillance by the infection prevention and control team.
- No Trust attributed MRSA bloodstream infections with a year-to-date total of zero.
- E.coli is a key priority for the Infection Prevention and Control (IPC) Team in 2023/24. IPC
 Team to work closely with Corporate Nursing and Urology Clinical Nurse Specialists and
 produce a program of education and support across the Trust for urinary catheters

For ESTH March 2023:

Mortality

- HSMR remains above expected level. As reported previously, elective HSMR is significantly lower than expected level at 43.2, and non-elective HSMR dominates the trend at 111.70
- There is slight difference in HMSR for those patients admitted during the week and those over the weekend, but both cohorts remain above expected level
- 12 months rolling SHMI continues to rise at ESTH according to the latest available data up to October 22 (published 9 March 23).
 There is a slight difference between the two sites, but Epsom site figure falls under 'as expected'
 - band and St Helier site under 'higher than expected'
- The Trust continues to review all unexpected deaths via mortality review and SJR processes.
 Recent HSMR show excess of observed vs expected deaths coded as UTI, and one of the Consultant Mortality Reviewers is undertaking this deep dive along with the Clinical Coding team

Never Events and Serious incidents

- 2 Never Events were reported in March related to wrong side nerve block (SWLEOC) and a guide wire left in situ following CVC insertion (critical care)
- 2 serious incidents were reported in March related to inpatient falls in Frank Deas and CCU Epsom respectively.
- There has been a remarkable reduction in closure of the outstanding backlog of SI despite the current operational pressures. There are currently 26 outstanding SIs closure, 12 of which will be closed under the new arrangement with ICB in support of PSIRF implementation. These are related to falls, pressure ulcers and nosocomial infections.

Group Board, Meeting on 05 May 2022

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 Trust continues working jointly with ICB in implementation of PSIRF and presented the plan on 18th April 2023.

Complaints

- 33 formal complaints were received during this reporting period. 64% of these met the 25 days response timeframe which is a decline from last month's performance of 79%. The GCNO and GMO are actively supporting the responses.
- A weekly Tracker is in place which is shared with all Divisional DMTS and executives, and which supports local review of priority cases.
- Recruitment to Senior Complaints Officer role remains ongoing.
- Awaiting Group strategy regarding Complaints management to align working and policies across GESH.
- There are 2 PHSO investigations outstanding since last reporting period. 1 is awaiting closure after implementations of the actions identified.
- **FFT r**esponse rates remain low across all areas, similar to local Trusts across the system although positive responses have remained above 86%.

Heatmap /Fundamentals of Care

Pressure Ulcers:

- 14 acquired pressure damage cases were reported in March which is consistent with the recent trend. There were 2 Grade 3 pressure ulcers which involved 2 patients with complex conditions.
- Following a deep dive carried out last month, the Trust continues to implement the actions identified and which have been used to support closure of cluster of SIs related to pressure damage by SWL ICB.

Falls:

- Although March saw an increase in reported falls from the previous month, the data remains below the National Average, with 93 falls reported in the Acute Services, which equates to 4.7 per 1000 OBD's. Of these 67 incidents occurred in adult inpatient areas (3.4 per 1000 OBD's).
 2 incidents resulted in moderate harm (#NOF) which are being investigated.
- The Community Hospitals have continued to see a reduction in falls since December, with March seeing a 23% reduction from the previous month.
- Engagement to support bank staff to utilise available training continues.
- The launch of focused work with ED Epsom to support falls reduction will commence in May 2023.

Dementia and Delirium:

- Dementia assessments saw a decline of 61% from 71% reported last month attributed to loss of resource in the team. Recruitment to cover the gap is ongoing
- Last month saw initiatives to support therapeutic environments for 9 wards in the acute services

VTE

- Assessment within 24 hours of admission continues to vary across sites with a reported compliance of 79% which is a slight decline from performance reported last month.
- Findings from a deep dive completed in March will support implementation of recommendations identified which include increased training opportunities extending to bank staff, initial and follow up assessments, prophylaxis, and documentation.
- Further support has included support for VTE assessments, introduction of VTE champions, Introduction of a VTE information leaflet, screensaver, and video as part of QI project.

CQAC and **RADAH** Points of Escalation

- To align with SGUH's governance structure, CQAC will be replaced by Patient Safety and Quality Group (PSQG)from April 2023. The Terms of Reference have been agreed and were signed off during the last CQAC meeting last month.
- CQC inspection preparedness continues with particular focus to maternity services across site.

Group Board, Meeting on 05 May 2022

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3.0 Operational Performance

For St George's, March 2023:

Elective Care

Successes

At the end of March 98.2% of patients against a target of 99% were waiting for more than 6 weeks for their diagnostic test, this is compared to 95.1% in February. The decrease is driven by reductions in Endoscopy. Performance is meeting the elective recovery target of 95%.

At the end of February 481 patients were waiting for treatment for more than 52 weeks, this is below the plan of 800 and a reduction of 10.9% compared to January. The number of patients waiting over 65 and 52 weeks is on track to achieve year end targets.

Theatre utilisation increased to 82% and the average case per list continues to rise, we are currently at 1.65 compared to 1.4 which is our pre covid level.

TWW breast has shown significant improvements to performance, increasing our Trust Performance to 84.2% in February. FDS Performance returned to a compliant position in Feb with positive improvements in Breast and UGI pathways which moved to a compliant position.

Challenges

There are 727 patients with a projected wait of over 40 weeks for a first appointment. The largest numbers are in Neurosurgery, Neurology and Pain Management. The elective access meeting is focusing on bringing these appointments forward to reduce waits, ensuring that the PTLs are validated, more timely cashing up and that the access policy is being appropriately applied. Although FDS target of 75% was achieved in Feb 23, services with continued challenges are Haematology, Urology, H&N and LGI due to capacity and delays in the pathway to diagnosis. There are numerous plans in place within Cancer services and this is monitored through the weekly access meeting to ensure 23/24 targets are met.

Non-Elective Care

Successes

Overall 4-hour performance is still strong compared to peers with 78.3% against the new ED 4 hour target of 76% of patients either admitted, discharged or transferred within four hours, (consistently in top 12 nationally and 2nd in London), this was also against continued increases in attendances. With the support of two on site SGH LAS assigned HALOs, there has been a decline in LAS requiring to cohort at SGH with LAS performance improving.

In March, overall non-elective length of stay reduced – seeing a reduction in the number of in-patients in a hospital bed for more than 7 and 21 days.

Challenges

The hospital has an increasingly high number of patients not meeting the criteria to reside along with high numbers of patients awaiting Pathway 2A (Merton + Wandsworth) and Pathway 3. MADE events will now be occurring every 2 weeks, rotating between internal & external. The Trust, across both SGH and QMH sites, has had an increased number of infection outbreaks, leading to a high number of closed bays and closed & lost beds.

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The impact of junior doctor strikes in both March and April 2023, were mitigated as far possible with the rescheduling of elective and outpatient activity & additional hours worked by other colleagues. - There is proposed further strike action to be taken by the RCN from 8pm Sunday 30th April to 8pm Tuesday 2nd May 2023.

For Epsom and St Helier, March 2023:

Elective Care

Successes

Outpatient first activity remains significantly above BAU levels with 116% in Feb23.

ACTIVITY	May- 22	Jun- 22	Jul-22	Aug- 22	Sep- 22	Oct- 22	Nov- 22	Dec- 22	Jan- 23	Feb- 23
Outpatient First	120%	118%	107%	105%	110%	120%	119%	108%	123%	116%

Patient initiated follow-up increased from 2.5% in Jan23 to 3.4% in Feb23.

DM01 (diagnostics) remains pressured, but patients waiting more than 6 weeks in Feb23 reduced to **1,589** compared to 2393 in Jan23. The modalities with the highest volume of patients waiting over 6 weeks are MR, NOUS and ECHO.

Challenges

GP referrals remain above BAU levels. GP referrals for Feb23 were 17% higher than the volume received in Feb20.

REFERRALS	May- 22	Jun- 22	Jul-22	Aug- 22	Sep- 22	Oct- 22	Nov- 22	Dec- 22	Jan- 23	Feb- 23
VS BAU (19/20)	114%	116%	100%	119%	118%	109%	119%	110%	103%	117%

52 week waits continue on an upward trend each month with an increase from 370 in Jan23 to **385** in Feb23. Community Paediatrics remains the most pressured speciality with **171** children waiting over 52 weeks for a first appointment at the end of Feb23, an increase from 136 at the end of Jan23. A more substantial increase is expected in Mar23 for 52 week waits due to the impact of the junior doctor strikes.

The Admitted PTL (excluding diagnostics) continues to increase each month with 7,586 at the end of Mar23, up from 7,407 at the end of Feb23. P1, P2 and P3 cases remain stable with the increase mainly in P4s (non-urgent cases).

Total PTL volume has seen a slight increase from 46,604 in Jan23 to 47,214 in Feb23, following three successive months of decreases. A more significant increase is expected in Mar23 due to the junior doctor strike impact.

Cancer Dec 2022

Successes

Performance achieved against the following key standards in February 2023:

- 14 day to first appointment standard (93%).
- faster diagnosis standard (75%).

Group Board, Meeting on 05 May 2022

Agenda item 2.2





- 31 day first treatment standard (96%).
- GP 62 day first treatment standard (85%).

Challenges

Endoscopic Ultrasound (EUS) at Royal Marsden Hospital (RMH) capacity continues to be challenging – current wait according to RMH is just around 3-4 weeks. Meeting has been arranged for 4th April to discuss improvement in TRT.

PET scan booking and reporting has been severely elongated due to implementation of a new Patient Management System at RMH and access to the RMH system has been difficult and this will undoubtedly cause patient delays.

Lung and H&N TAC still challenging – working with the CNS to increase capacity, stratification of patients into swift and longer TACs and actively recruiting additional H&N CNS's, however, recruiting nurses with the right skills is also challenging.

Endobronchial Ultrasound (EBUS) at UCLH remains 4-5 weeks, however, accessing capacity at StG has been agreed with soft launch in 4-5 weeks.

CT Guided Biopsy capacity is challenged - however, mutual aid with St George's has been agreed from week commencing 24.04.23. Additional CT guided biopsy procedures are planned for St Helier provided recovery beds could be made available.

CQUIN performance continues to improve, but it will remain challenging for Urology. RMP has been asked to consider working towards a one stop clinic once the outpatient TPPB service commences. The One stop clinic would include a TAC, MRI, DRE and TPPB.

Gynae Referrals continue to rise. In January, the service received 304 referrals compared to an average of 247 per month between March 22 and Feb 23 (Between March 21 and Feb 22, referrals averaged 233 per month).

Non-Elective Care

Successes

Triage times are back below the ambition value of 15 minutes at 12 minutes for March 2023.

Readmission rates remain below the ambition at 4.6% for March 2023.

Zero LOS NEL admissions for March 2023 are 405, remaining below the ambition of 441, reflecting the impact of SDEC.

Challenges

Type 1 ED attendances were 13,000 for March 2023, well above the ambition of 9,330 (but this was a COVID impacted ambition).

Mean daily Super Stranded numbers over 121 for March 2023, an increase compared to the previous month.

> 60 minute ambulance handovers improved compared to December 2022 (274) reporting 145 in January 2023, 144 in February 2023, and 126 in March 2023.

Group Board, Meeting on 05 May 2022

Agenda item 2.2





Group Integrated Quality & Performance Report

March 2023

Presented by: James Marsh Group Deputy Chief Executive Officer March 2023





Executive Summary Safe, high-quality care



St George's Hospital

Successes

Falls: The number of falls per 100 bed days remains close to the lower process limit for thee second consecutive month.

Pressure Ulcers: The Trust reported zero category 3, 4 and unstageable medical device related pressure ulcers in March 2023.

MCADOLs Level 1: In March, MCADOLs Level 1 performance was 90.70%, exceeding the target of 90% now showing special cause variation with an improving position. It is also the first time in over 24 months that this target has been met.

Mortality: Latest HSMR shows our mortality to be lower than expected. For emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend. For St Georges' SHMI performance was 0.93 and is as expected. SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on England average figures.

Challenges

Infection control: The Trust has breached the NHSE number of Clostridium Difficile infections for 2022/23, an action plan is in place and on-going with monthly prevalence reduced since quarter 2, 2022/23.

E.coli is a key priority for the Infection Prevention and Control (IPC) Team in 2023/24. IPC Team to work closely with Corporate Nursing and Urology Clinical Nurse Specialists and produce a program of education and support across the Trust for urinary catheters.

MCA & DoLS: Mental Capacity Act level 2 compliance for medical and dental has slightly improved at 61% compared to 53% in the previous quarter however still below target. Compliance for Allied Health Professionals is 82%, also below target. The Practice Educator for Safeguarding & MCA focusing on reviewing the current MCA online training to support compliance by condensing to support the target audience. They will also be meeting with governance managers to agree action plans for compliance improvement through face-to-face teaching in addition to online training

Epsom & St Helier

Successes

Nutrition: Rollout of E- Must to 16 areas. Nutrition CNS has been chosen by the British Association of Parenteral and Enteral Nutrition (BAPEN) to be a member of their National Naso-Gastric Special Interest Group. This is a fantastic chance to work with leading professionals within the field, and represent the organisation at a national level

Falls Prevention and Management:

The Falls CNS presented the findings from the Trust wide bedrails audit at the Medicine Quality Meeting. The presentation has raised awareness and prompted MDT members to seek further understanding. Slight increase in bank staff accessing training.

Collaborative working between St. Georges and ESTH continues with the regular Cerner meetings to develop the falls assessments and care plans.

The Falls, Continence, Sepsis and VTE Specialist Nurses completed the Quality Improvement Programme facilitated by NHS Elect.

Infection Control: Zero Trust MRSA bloodstream infections for 22/23. This is the third year running that the Trust has had zero MRSA bacteremias. The Trust has achieved and met the national C diff objective for 2023/24, ending the financial year with 38 cases against a national objective of 50 cases. Details including challenges are presented in separate report.

Challenges

Pressure Ulcers: There is a need for all wards to use Careflow Connect for reporting and uploading of photos to ensure that wounds are correctly categorised

Dementia and Delirium: Recruitment ongoing for Dementia Specialist Nurse

Nutrition: : Concerns remain around the care and management of enterally fed patients arriving in ED, resulting in feeding delays. Nutrition team is working with ED to resolve this issue

VTE: Backlog in Hospital Acquired Thrombosis reviews. Deep dive has been completed which will inform actions moving forward (in separate paper).

Falls: Increase in the number of falls in ED due to patients staying longer than expected. ED Falls management training has been prioritised to equip staff with necessary tools.



Executive Summary Elective Care



St George's Hospital

Successes

At the end of March 98.2% of patients against a target of 99% were waiting for more than 6 weeks for their diagnostic test, this is compared to 95.1% in February. The decrease is driven by reductions in Endoscopy. Performance is meeting the elective recovery target of 95%.

At the end of February 481 patients were waiting for treatment for more than 52 weeks, this is below the plan of 800 and a reduction of 10.9% compared to January The number of patients waiting over 65 and 52 weeks is on track to achieve year end targets.

Theatre utilisation increased to 82% and the average case per list continues to rise, we are currently at 1.65 compared to 1.4 which is our pre covid level.

TWW breast has shown significant improvements to performance, increasing our Trust Performance to 84.2% in February. FDS Performance returned to a compliant position in Feb with positive improvements in Breast and UGI pathways which moved to a compliant position.

Challenges

There are 727 patients with a projected wait of over 40 weeks for a first appointment. The largest numbers are in Neurosurgery, Neurology and Pain Management. The elective access meeting is focusing on bringing these appointments forward to reduce waits, ensuring that the PTLs are validated, more timely cashing up and that the access policy is being appropriately applied.

Although FDS target of 75% was achieved in Feb 23, services with continued challenges are Haematology, Urology, H&N and LGI due to capacity and delays in the pathway to diagnosis. There are numerous plans in place within Cancer services and this is monitored through the weekly access meeting to ensure 23/24 targets are met.

Epsom & St Helier

Successes

Outpatient first activity remains significantly above BAU levels with 116% in Feb23. Patient initiated follow-up increased from 2.5% in Jan23 to 3.4% in Feb23. DM01 (diagnostics) remains pressured, but patients waiting more than 6 weeks in Feb23 reduced to 1589 compared to 2393 in Jan23. The modalities with the highest volume of patients waiting over 6 weeks are MR, NOUS and ECHO.

Performance achieved against the following key standards in February 2023:

14 day to first appointment standard, faster diagnosis standard, 31 day first treatment standard, GP 62 day first treatment standard

Challenges

GP referrals remain above BAU levels. GP referrals for Feb23 were 17% higher than the volume received in Feb20.

52 week waits continues on an upward trend each month with an increase from 370 in Jan23 to 385 in Feb23. Community Paediatrics remains the most pressured speciality with 171 children waiting over 52 weeks for a first appointment at the end of Feb23, an increase from 136 at the end of Jan23. A more substantial increase is expected in Mar23 for 52 week waits due to the impact of the junior doctor strikes.

The Admitted PTL (excluding diagnostics) continues to increase each month with 7586 at the end of Mar23, up from 7407 at the end of Feb23. P1, P2 and P3 cases remain stable with the increase mainly in P4s (non-urgent cases).

Total PTL volume has seen a slight increase from 46604 in Jan23 to 47,214 in Feb23, following three successive months of decreases. A more significant increase is expected in Mar23 due to the junior doctor strike impact.

Cancer CQUIN performance continues to improve, but it will remain challenging for Urology. RMP has been asked to consider working to-wards a one stop clinic once the outpatient TPPB service commences. The One stop clinic would include a TAC, MRI, DRE and TPPB.



Executive Summary Non-Elective Care



St George's Hospital

Successes

Overall 4 hour performance is still strong compared to peers with 78.3% against the new ED 4 hour target of 76% of patients either admitted, discharged or transferred within four hours, (consistently in top 12 nationally and 2nd in London), this was also against continued increases in attendances. With the support of two on site SGH LAS assigned HALOs, there has been a decline in LAS requiring to cohort at SGH with LAS performance improving.

In March, overall non-elective length of stay reduced – seeing a reduction in the number of inpatients in a hospital bed for more than 7 and 21 days.

Challenges

The hospital has an increasingly high number of patients not meeting the criteria to reside along with high numbers of patients awaiting Pathway 2A (Merton + Wandsworth) and Pathway 3. MADE events will now be occurring every 2 weeks, rotating between internal & external. The Trust, across both SGH and QMH sites, has had an increased number of infection outbreaks, leading to a high number of closed bays and closed & lost beds.

The impact of junior doctor strikes in both March and April 2023, were mitigated as far possible with the rescheduling of elective and outpatient activity & additional hours worked by other colleagues. -There is proposed further strike action to be taken by the RCN from 8pm Sunday 30th April to 8pm Tuesday 2nd May 2023.

Epsom & St Helier

Successes

Triage times are back below the ambition value of 15 minutes at 12 minutes for March 2023.

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Mean daily Super Stranded numbers over 121 for March 2023, an increase compared to the previous month.

> 60 minute ambulance handovers improved compared to December 2022 (274) reporting 145 in January 2023, 144 in February 2023, and 126 in March 2023.



Executive Summary Our People



St George's Hospital

Successes

In response to the 2022 Staff Survey, action planning workshops have taken place, facilitated jointly between HRBP & OD teams, with action plans agreed.

Goncalo Fiel joined the Trust as General Manager for Theatres & Anaesthetics, and congratulations to Catherine Chambers took up her new Head of Nursing for Neuro Sciences

Jeremy Smelt has been appointed as the new Care Group Lead in Thoracic Surgery.

Amanda Potterson – Lead Inherited Cardiac Condition Nurse and Carolyn Campbell Cole – Lead Advanced Arrhythmia Specialist Nurse are the first two in the country to receive their digital badge.

Lorna Whiting – Ward Clerk was the winner of the Excellence in End of Life Care Award.

Estates with the kitchen updates to menu and some machinery, morale is high and positively impacting on attendance.

Challenges

Finding capacity to keep focussed on MAST and Appraisal compliance rates was a struggle again this month although there is a commitment to significantly improve compliance rates over the coming months

Supporting an increasingly high volume of complex, often long-standing people-related issues requires focussed intervention and support from HR teams in the coming months.

Meeting KPI's, Medical/Nursing spend.

Industrial Action, staff planning, A&C staff additional pressures.

Epsom & St Helier

Successes

37 individual members of staff, 10 different teams and 22 locations were thanked in the last month. The most common phrase used to describe our staff were 'Staff/care amazing, brilliant, fantastic etc.' (mentioned in 23% of compliments).

Dr Bennie Agbagwara-Osuji joined the Trust as Director of Midwifery and Dr Beccy Suckling has been appointed as the Site Chief Medical Officer with effect from May.

Our Apprenticeship Team is working in partnership with Kingston College to offer a degree in management and/or business and Chartered Manager status.

We held a Staff Carers pop up Cafe at both sites. These Cafes are for unpaid carers employed by the Trust and provide a drop-in service for advice and guidance on what support is available.

Courtney France, Trainee Nurse Associate in the Epsom Emergency Department, and studying at Kingston University has been shortlisted in the Trainee Nurse Associate category for the Student Nursing Times awards.

Challenges

Some areas have large vacancy levels significantly in excess of our targets. These include Patient Transport (42% vacancy which is 68wte), B7 Pharmacists (45% vacancy which is 8wte) and B5 A&E nursing at Epsom (50% vacant which is 16wte).

Agency usage continues its upward trajectory. A combined group from nursing, finance and HR are working on plans to stop this continual rise.



Monthly Overview – Safe, high-quality care (1)



		St George's								Epsom and St. Helier						
Safe, High Quality Care	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend		
Never Events	0	0	0	1	0	3	<u></u>	0	0	1	2	0	4			
Serious Incidents	8	1	2	3	96	35		TBC	2	5	2	TBC	38			
Number of Falls With Harm (Moderate and Above)	TBC	2	2	2	TBC	33		TBC	1	1	0	TBC	19			
Pressure Ulcers - Acquired catergory 3&4	0	17	13	13	0	152		0	0	0	2	0	15			
Dementia - Assessment & Investigation of Patients at risk of Dementia		NA	NA	NA	NA			90%	58%	71%	61%	90%	53%	-_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Mental Capacity Act & Deprivation of Liberties - Level 1	90%	89%	89%	91%	90%	89%			NA	NA	NA	NA	NA			
Mental Capacity Act & Deprivation of Liberties - Level 2	85%	75%	75%	76%	85%	72%			NA	NA	NA	NA	NA			
Infection Control - Number of Cdiff - Hospital & Community	4	3	4	4	43	59	A	TBC	2	3	3	TBC	38			
Infection Control - Number of MRSA	0	0	0	0	0	1		0	0	0	0	0	0			
Infection Control - Number of E-Coli	9	11	8	9	111	86		TBC	12	12	21	TBC	241			
VTE Risk Assessment	95%	96.9%	96.7%	96.8%	95%	97%		95%	85.7%	83.7%	79.3%	95%	87%			
Mortality - HSMR	<100	87	88.3	89.1	<100	86.7		<100	114.64	113.16	111.70	<100	112.55	1		
Mortality - SHMI	<1	0.92	0.92	0.93	<1	0.92		<1	1.16	1.18	1.18	<1	1.13	· · · · · · · · · · · · · · · · · · ·		



Monthly Overview – Safe, high-quality care (2)



	St George's							Epsom and St. Helier						
Safe, High Quality Care	Monthly Target	Jan-23	Feb-23	Mar-23	2022_23 Target	YTD Actual	13-Month Trend	Monthly Target	Jan-23	Feb-23	Mar-23	2022_23 Target	YTD Actual	13-Month Trend
Number of Complaints Received	TBC	30	42	41	TBC	650		TBC	42	29	33	TBC	523	
Complaints responded to in 25 days	85%	88%	100%	93%	85%	92%		85%	62%	79%	64%	85%	60%	
Friends and Family Test - Inpatients Respose Rate	20%	32%	28%	20%	20%	30%		20%	17%	17%	22%	20%	25%	
Friends and Family Test - Inpatients Score	95%	98%	98%	98%	95%	98%		95%	94%	95%	95%	95%	94%	
Friends and Family Test - Emergency Department Respose Rate	20%	12%	12%	11%	20%	12.4%		20%	7%	7%	7%	20%	10.3%	7
Friends and Family Test - Emergency Department Score	90%	87%	80%	77%	90%	75%	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	90%	89%	81%	81%	90%	80%	
Friends and Family Test - Maternity Respose Rate	20%	11.0%	14.7%	17.1%	20%	12.5%		20%	4.0%	5.0%	8.0%	20%	6.2%	
Friends and Family Test - Maternity Score	90%	91%	94%	94%	90%	88%		90%	97%	92%	93%	90%	96%	-V.
Friends and Family Test - Community Respose Rate	20%	0.1%	0.1%	0.4%	20%	0.6%		20%	1.1%	0.6%	1.4%	20%	0.9%	
Friends and Family Test - Community Score	90%	100%	100%	100%	90%	87%	The state of the s	90%	96%	99%	97%	90%	98%	/~·^\\
Friends and Family Test - Outpatients Respose Rate	20%	4.7%	5.5%	5.3%	20%	4.5%		20%	3.5%	2.7%	3.1%	20%	3.0%	
Friends and Family Test - Outpatients Score	90%	93%	93%	93%	90%	92%		90%	93%	94%	94%	90%	94%	\\\



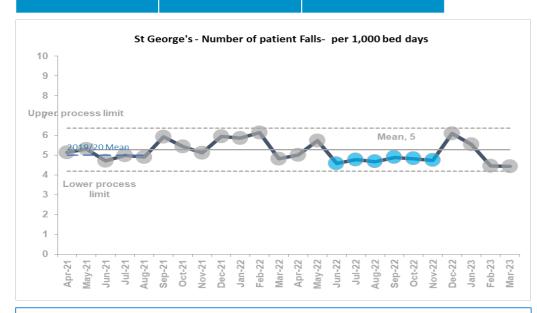
Falls (Patient Falls- per 1,000 bed days)

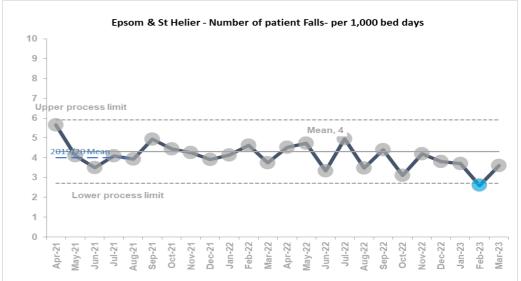


Target: TBC

SGH: 4.4

ESTH: 3.6





SGH updates since last month

There were a total of 111 falls across all services in March 2023. Rates per 1,000 Occupied Bed Days were 4.42 in March 2023, similar to 4.5 in February 2023, this remains down from January 2023 and December 2022. The vast majority were low or no harm falls, however the Trust recorded 1 moderate harm fall in March 2023; this was a mechanical inpatient fall within a Surgical area resulting in a hip fracture, the patient has had a surgical repair and has been discharged home.

ESTH updates since last month

Although March saw an increase in reported falls from the previous month, the data remains below the National Average, with 93 falls reported in the Acute Services, which equates to 4.7 per 1000 OBD's. Of these 67 incidents occurred in adult inpatient areas (3.4 per 1000 OBD's). The Community Hospitals have continued to see a reduction in falls since December, with March seeing a 23% reduction from the previous month.

In March 2 incidents with harm were reported, these are currently being investigated



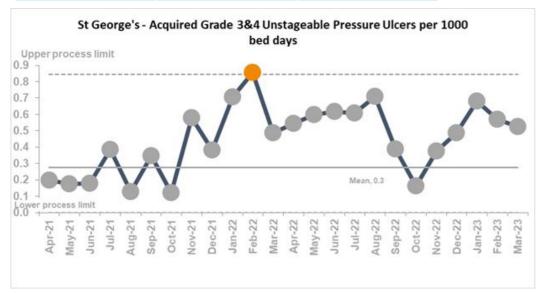
Pressure Ulcers - Grade 3 and above per 1,000 bed days

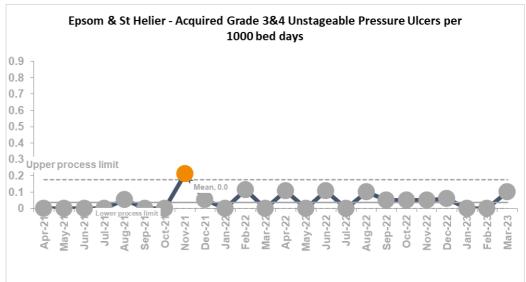


Target: TBC

SGH: 0.52

ESTH: 0.10





SGH updates since last month

Total 13 category 3, 4 unstageable pressure ulcers reported in March 2023, this is the same as February 2023, 12 of these occurred in the Medicine and Cardiovascular Division. The rate per 1000 bed days has seen a down trend for the second consecutive month. The number of medical device related pressure ulcers (MDRPUs) has seen an up tick with 28 in March 2023 compared to 18 in February 2023 and 20 in both January 2023 and December 2022. Unlike previous months those reported were category 1 and 2 pressure ulcers, with zero category 3, 4 unstageable. This is likely to be due to quality improvement work focused on this aspect of nursing care in intensive care areas, with the data suggesting more early identification of harms.

ESTH updates since last month

14 acquired pressure damage cases were reported in March, There were 2 Grade 3 pressure ulcers. The Trust is working with SWL ICB to facilitate closure of incidents related to pressure damage in presence of improvement plan that supports learning through PSIRF.



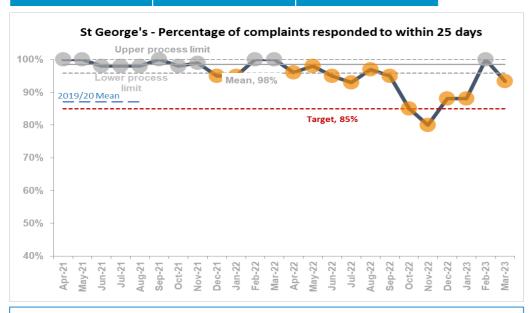
Complaints

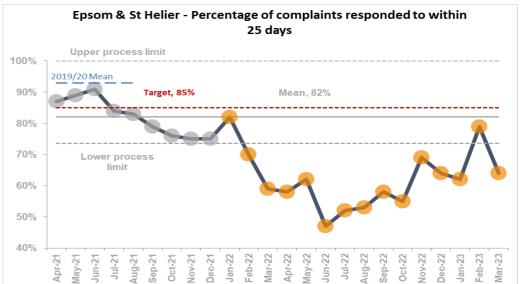


Target: 85%

SGH: 93.3%

ESTH: 64%





SGH updates since last month

41 new complaints were received in March 2023 with 93.3% of them being responded to within 25 days. The department had staffing issues which impacted on performance slightly and temporary staffing is planned to progress on clearing the backlog of old complaints. The divisional team are supporting the complaints team and collectively has achieved a good compliance rate.

ESTH updates since last month

For the month of March 2023, 34 complaints were received (total 511 for 2022-23). There has been a decline in response rate.

The GCNO and GMD are actively supporting the responses. Currently recruiting to the Senior Complaints Officer role. Awaiting Group strategy regarding Complaints to align working and policies.



Quality - Analysis and Action



SGH current issues -

Infection Control: A total of 225 Covid-19 infections were detected in March 2023, up from 171 cases February 2023. Of these 34 Hospital Onset Healthcare Associated (HOHA), 18 Hospital Onset Probable Association (HOPA), 14 Hospital Onset Indeterminate Association (HOIA) and 159 Community Onset Community Associated (COCA). With several ward outbreaks within the Trust. In March 2023 out of the 21 deaths recorded for patients diagnosed with Covid-19, 8 cases has Covid-19 listed as a contributing factor on part 1A of their death certificate. These cases have been classed as Hospital Onset Healthcare Associated and therefore meets the criteria for Rapid Response Review and discussion at the Trust's Serious Incident Decision Meeting.

There were 5 Clostridium Difficile infections during March 2023 and all 5 cases were classified as Hospital Onset Healthcare Associated. There has been a total of 60 cases of Clostridium difficile between April 2022 and March 2023. There is a NHSE trajectory of no more than 43 cases for 2022-23. This means that the Trust has breached the threshold of 43 cases. The 60 cases between April and March 2023 consist of 49 HOHA cases and 11 Community Onset Healthcare Associated cases.

Never Event: The Trust reported one Never Event in March 2023.

MCA/ DoLS: Mental Capacity Act level 2 compliance for medical and dental has slightly improved at 61% compared to 53% in the previous quarter however still below target. Compliance for Allied Health Professionals is 82%, also below target.

SGH future action -

Infection Control: Trust level Clostridium Difficile infection action plan in place and on-going with monthly prevalence reduced since quarter 2, 2022/23.

E.coli a key priority for the Infection Prevention and Control (IPC) Team in 2023/24. IPC Team to work closely with Corporate Nursing and Urology Clinical Nurse Specialists and produce a program of education and support across the Trust for urinary catheters. They also plan to develop a quality improvement action plan in collaboration with senior nursing leaders as part of the weekly meeting 'Back to the floor'. Plan for the health economy digital urinary catheter passport to be introduced to the Trust to ensure standardised documentation process in line with the rest of South-West London.

MCA/ DoLS: The Practice Educator for Safeguarding & MCA focusing on reviewing the current MCA online training to support compliance by condensing to support the target audience. They will also be meeting with governance managers to agree action plans for compliance improvement through face-to-face teaching in addition to online training. This is in addition to train the trainer project planning and longer-term review of ad hoc MCA training.

ESTH current issues -

Infection Control: C diff in March = 3 HOHA, 0 COHA. The Trust has achieved and met the national C diff objective for 2023/24, ending the financial year with 38 cases against a national objective of 50 cases.

There were 239 Covid-19 infections detected in March 69 nosocomial infections and 66 Covid-19 clusters which generated 234 contacts.

As of 31st March, 2965 staff have passed fit testing, 1276 on one type/model of FFP3 mask and 1689 on two or more types.

Pressure Ulcers: There were 2 Grade 3 pressure ulcers. The Trust is working with SWL ICB to facilitate closure of incidents related to pressure damage in presence of improvement plan that supports learning through PSIRF.

Nutrition: Concerns remain around the care and management of enterally fed patients arriving in ED, resulting in feeding delays and the potential for unnecessary or unsafe care. This has been added to the Risk Register this month.

VTE: Backlog in Hospital Acquired Thrombosis reviews. Deep dive has been carried out from which findings will inform improvement actions.

ESTH future action -

Infection Control: NHS England has advised Trusts that it is now a national requirement to upload staff fit testing data/competencies onto the ESR national competency database. The IPCN team are working with HR team to support this process.

Launch of **Fundamentals of Care** Study Day in May-23 to incorporate Falls, Nutrition, Sepsis, VTE, and Continence.

VTE: The completed deep dive will inform the improvement actions including strengthening the governance arrangements.

Falls Prevention: Continued engagement to support bank staff to utilise available training. Launch of focused work with ED Epsom to support falls reduction in April/May 2023

Ward Accreditation: The current process is being reviewed. The accreditation will extend to Women and Children Service.

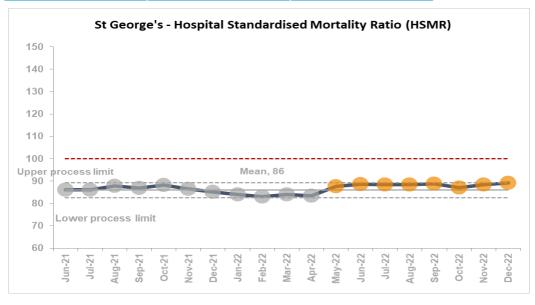
Complaints: A weekly Tracker is sent to all Divisional DMTS and executives, which supports local review of priority cases. Currently recruiting to the Senior Complaints Officer role. Awaiting Group strategy regarding Complaints to align working and policies Currently 2 PHSO investigations, 1 awaiting closure after actions undertaken and PHSO provided with information.

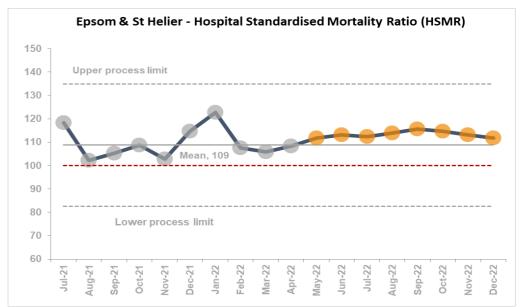


Mortality – HSMR



Target: <100 | SGH: 89.1 | ESTH: 111.7





SGH updates since last month

Latest HSMR, for the 12 months from January 2022 to December 2022 shows our mortality remains lower than expected. Looking specifically at emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend.

Data source: Dr Foster

ESTH updates since last month

Latest HSMR, for the 12 months from January 2022 to December 2022 remains above expected level. As per previous months, elective HSMR is significantly lower than expected and non-elective HSMR dominates the trend.

There is little difference in HMSR or those patients admitted during the week and those over the weekend, but both cohorts remain above expected level.

Data source: HED



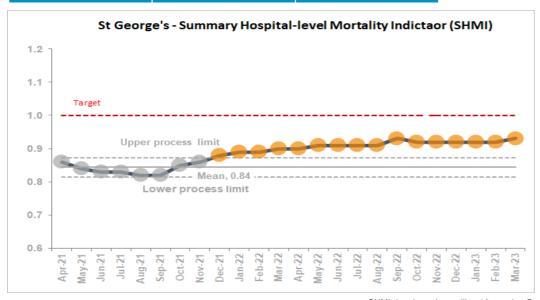
Mortality – SHMI

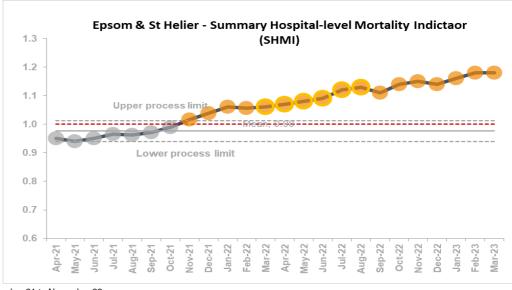


Target: <1

SGH: 0.93

ESTH: 1.18





SHMI data based on rolling 12 months- December 21 to November 22

SGH updates since last month

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures. For SGH performance remains as expected at 0.92.

SHMI data is based on a rolling 12month period and reflective of period December 21 to November 2022 (published (13th April 23)

Source NHS Digital

ESTH updates since last month

SHMI includes all inpatient mortalities that occur within a hospital and deaths up to 30 days post acute trust discharges are considered using ONS data.

The rise in 12 month rolling SHMI slowed but still high at ESTH. Latest available data up to Nov-22 (published Apr-23). There is little difference between the two sites but Epsom site figure falls under 'as expected' band and St Helier site under 'higher than expected'.

Source NHS Digital



Mortality - Analysis and Action



SGH current issues -

The Mortality Monitoring Group consider mortality at diagnosis and procedure group level. Analysis provided by NHS Digital of SHMI data indicates that as previously reported there remains more deaths than expected in the fractured neck of femur diagnosis group.

SGH future action -

Publication of specialist data related to fractured neck of femur, through the National Hip Fracture Database is awaited. The Mortality Monitoring Group will consider this alongside the SHMI data to determine the need for any further investigation, beyond the ongoing prospective monitoring of outcomes.

Service specific benchmarking and analysis of clinical coding of the previously reported signals in Dr Foster perinatal diagnosis groups has been conducted. This will be shared with those leading a detailed examination of outcomes in this area.

The Learning from Deaths mortality review team continues to seek opportunities to increase awareness and widen the source of referrals. In recent weeks several SJRs have been requested by the Safeguarding Team and a meeting is to be arranged to ensure the appropriateness of referral and to discuss the value of these reviews and further collaboration.

ESTH current issues -

Trust Reducing Avoidable Death & Harm (RADAH) Committee review diagnosis level along with crude mortality rates. As reported previously, there has been a gradual increase in the HSMR and SHMI rates within ESTH since Summer 2021 although HSMR has dropped slightly in the last four reporting months. Work continues to provide assurance to safe patient care, including deep dive into clinical outliers, ED prolonged stay, SDEC recording impact and clinical coding audit. SJRs undertaken by the Mortality Review Team do not show any significant deterioration in the rating of care over the period in which HSMR and SHMI have increased, and no systemic issues have been identified.

ESTH future action -

The Trust continues to review all unexpected deaths via mortality review and SJR processes. Deep dive work and enhanced clinical input into trust coding continue. One of the Consultant Mortality Reviewers is now undertaking deep dive into Acute Bronchitis cases along with the Clinical Coding team.

Divisional clinical quality leads will also be reviewing areas and develop actions to provide assurance.

The Mortality Reviewers contribute to the weekly SI/RRR panel and also have roles as Lead Investigators for Sis as part of their remit. Trust wide learning from these incidents has been done through Topic of the Week, Quality Half-Days, Safety Flashes and other fora.

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 standard, each report also detailed potential areas for learning and improvement. Over the year there were no clear themes identified.

The roll out of medical examiner scrutiny to non hospital deaths will allow us to be sighted on any potential care concerns in patients who die in the 30 days after discharge.



Maternity



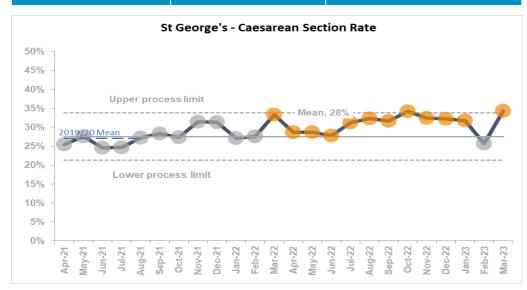
				St Ge	eorge's			Epsom and St. Helier								
Maternity		Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend		
Caesarean Section Rate	N/A	31.7%	25.7%	34.3%		30.9%		N/A	42.1%	44.4%	39.8%		38.8%			
% Births with 3rd or 4th degree tear	<5%	3.8%	3.8%	1.4%	<5%	2.0%		<3%	3.3%	1.3%	1.7%	<3%	2.3%			
% Births Post Partum Haemorrhage >1.5 L	<4%	1.9%	2.9%	2.6%	<4%	2.7%		<4%	0.7%	2.6%	2.0%	<3%	2.4%			
Booking Volumes (Number of Births)	>433	372	339	350	5000	4288			309	281	299		3753			
Birth Rate - Vaginal	>60%	52.8%	59.3%	59.1%		59.1%			58.6%	55.6%	60.2%		57%			
Birth Rate - Instrumental	<14%	16.7%	17.7%	13.7%		14.6%			11.0%	6.9%	9.4%		11%			
Screening - booked before 9+6 weeks	>90%	49.2%	50.4%	51.1%		55%		>90%	76.7%	86.4%	85.6%		86%			
Screening - booked before 12+6 weeks	>90%	99.3%	95.6%	95.6%		93.8%		>90%	94.7%	97.1%	98.5%		98.3%			
1:1 support in labour	>80%	95.0%	95.9%	96.1%		91.2%		>95%	99.4%	99.3%	98.0%		99.2%			
Continuity of Care		26.3%	26.5%	26.5%		23.6%			77.8%	79.7%	80.5%		80%			

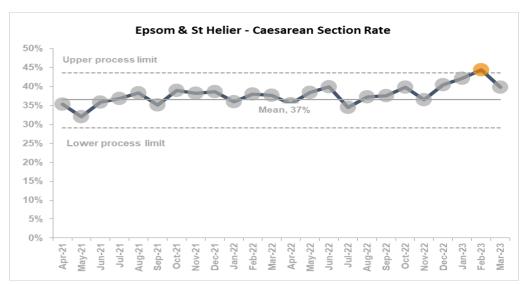


Caesarean Section Rate



Target: NA SGH: 34.3% ESTH: 39.8%





SGH updates since last month

Total Caesarean section rates were 34.3% for March (both elective and emergency) There were no admissions to NNU for active cooling in March and no HIE (hypoxic ischaemic encephalopathy cases.

ESTH updates since last month

The total caesarean section rate in March 2023 was 39.8%, with a rate breakdown 21.4% unplanned and 18.4% planned. No cases of HIE (hypoxic ischaemic encephalopathy).

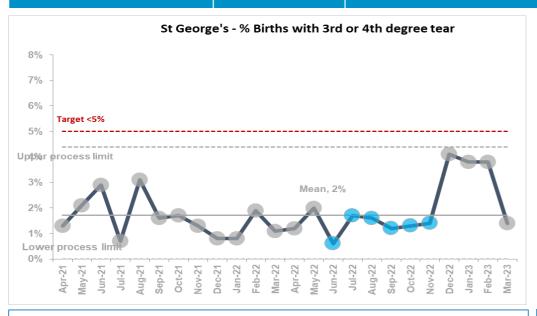


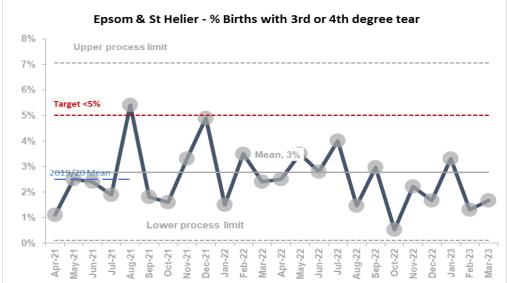
% Births with 3rd or 4th degree tear



SGH Target: <5% SGH: 1.4% ESTH Target: N/A

ESTH: 1.7%





SGH updates since last month

The number of 3rd or 4th degree tears shows a steady but persistent performance over the last few months however March saw a decrease to 1.4%. Incidents of perineal trauma are not wholly preventable however, we audit against recommended practice of 'hands on' and outcomes remain below the national average. Perineal protection at delivery is an area of focus and point of discussion and education across the MDT groups.

ESTH updates since last month

Our 3rd/4th degree tear rate has remained low at 1.67% of all vaginal deliveries and 1% of all deliveries. Whilst these tears cannot be predicted or prevented each case is reviewed to ensure that care at delivery was appropriate (e.g. that an episiotomy was performed for forceps delivery).



% Births Post-Partum Haemorrhage >1.5 L

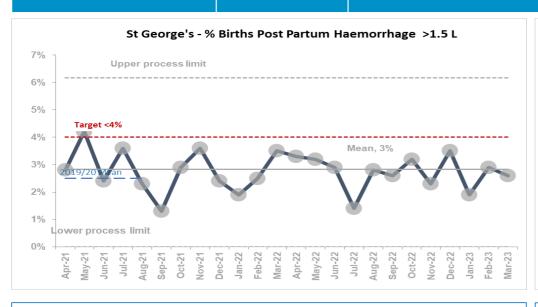


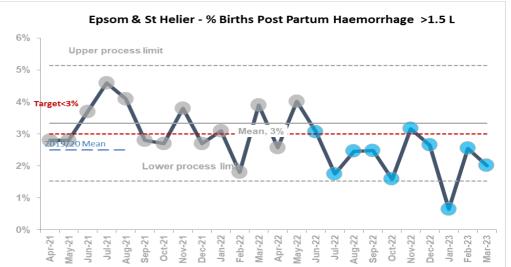
SGH Target: <4%

SGH: 2.6%

ESTH Target: <3%

ESTH: 2.0%





SGH updates since last month

There has been a continued low PPH rate >1.5L in March of 2.6% which is reassuring given the complexity of the women and high number of cases with an anticipated higher rate of blood loss. SGH is responding to this via an ongoing MDT QI project spanning the intrapartum areas to sustain the reduced blood loss for our women.

Each case is reviewed on an individual basis and in line with Patient Safety Incident Response Framework principles.

ESTH updates since last month

Our PPH rates remain stable (>1500mls 2.01% and >2000mls 1%). All cases are reviewed by the Labour Ward Lead consultant who also audits this data periodically.



Maternity - Analysis and Action



SGH current issues -

March birth rate was 350 with high numbers of obstetric and medically complex cases throughout. CQC focused visit took place on the 21st and 22nd March and there was a need for immediate actions to support staffing deficits, Maternity Triage pathway and DAU. Subsequently the Birth Centre is closed (reviewed weekly) Homebirth service was temporally suspended for a week and CoC on-call shifts have been paused. Non patient facing clinical staff have been drafted back into shift- based roles for 50% of their time, BC midwives have been redeployed to acute inpatient settings and All 'walk in' emergency patients for maternity are initially reviewed in DS Triage and then clinically prioritised and streamed accordingly.

We are reviewing the Birth Rate Plus Acuity staffing tool on DS every four hours to capture the real-time profile of care provision with a focus on retaining the supernumerary status of the DS Coordinator at 100%. This provides information for SGH but also includes access across SWL maternity units – Croydon, ESTH, Kingston.

SGH future action -

We continue to work with our governance teams and HSIB colleagues to learn all we can from incidents that reach referral and investigation thresholds to influence service delivery.

Continued recruitment and retention programmes are ongoing to bolster the workforce deficits and improve clinical outcomes further. Support was granted by the SLT on 6th April for a plan to over-recruit by 15WTE Band 5 midwives to help fill remaining staffing gaps against recommended levels. Our current Band 5 & 6 establishment sits at 145 WTE out of 148 WTE - planned interviews on the 20th April will aim to utilise and fill an additional buffer of 10 WTE (giving a total of 158 WTE band 5 & 6) with this years round of Preceptorship Midwives onboarding in Oct 23.

ESTH current issues -

Percentage of births with 3rd/4th tear remains consistently well below ceiling target of 5% and showing positive declining trend.

The percentage of births with post-partum Haemorrhage >1.5L also remains below the Trust ceiling target with declining trend.

Note that following the Ockenden report, Caesarean section metric has been removed nationally, with emphasis on both safety and women's' choice.

One to one care in labour is still high but there has been 6 BBAs in March (Born Before Admission).

ESTH future action -

Maternity reporting is led by GCNO. ESTH continues to promote the OASI care bundle and review practice.

All 3rd / 4th degree tears are reviewed by a specialist midwife and any learning point identified are shared. Following an observed spike last year, all the 3rd and 4th degree notes were reviewed which found no themes or trends.

In addition, the following changes have made as part of the OASI trial: introduction of Epi- scissors; all midwives and junior/ middle grade doctors receive training on OASI care bundle.

A retrospective review of all our 4th degree tears over the last 5 years and including the women's perspective is being conducted to understand their expectations and our deficiencies and to better manage them in future.

A CQC inspection of Maternity services is expected imminently. CQC preparedness is ongoing which has included supported peer reviews and gap analyses against the standards. An action plan is in place which is monitored through Maternity governance process.



Monthly Overview – Elective Care (1)



				St Ge	orge's			Epsom and St. Helier								
Responsive and Productive Services - Elective Care	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend		
Outpatient activity	67,566	58,553	53,763	59,466	727,694	699,070	VV	60,526	57,906	50,244	52,945	665,011	649,232			
Patient Initiated follow ups	TBC	36	48	43	TBC	413	1	TBC	1,532	1,809	1,692	TBC	14,492			
Advice and Guidance	TBC	1,092	1,030		TBC	12,154		TBC	1,490	1,095	1,767	TBC	15,950			
Outpatient DNA rates	8%	10.7%	11.0%	10.0%	8%	11.1%		TBC	5.0%	4.8%	5.0%	TBC	5.1%			
Outpatient % virtual	25%	21.6%	22.3%	21.0%	25%	22.1%	7	TBC	6.2%	5.1%	5.7%		6.0%	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
New to follow up outpatient ratios	TBC	2.06	2.03	2.00	TBC	2.28		TBC	2.63	2.56	2.54	TBC	2.71			
Elective and day case activity	5,604	4,536	4,548	5,331	54,211	58,049	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4,301	3,801	3,574	3,760	44,628	43,886	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Elective LOS	TBC	3.7	4.2	3.8	TBC	4.1	~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TBC	6.2	5.7	5.8	TBC	5.8			
Elective Day case rates	79%	80.1%	80.0%	80.0%	79%	79%	-	82%	82.8%	84.0%	83.0%	83%	83%	~~~		
Theatre Utilisation	85%	81%	81%	82%	85.0%	80.2%	V	TBC	75.1%	77.4%	75.9%	TBC	75.6%			
Theatre Average Cases per Session	TBC	1.63	1.65	1.65	TBC	1.65		TBC	3.87	3.83	3.68	TBC	3.72	~		
On the day cancellations for Non Clinical Reasons	TBC	37	25	40	TBC	365	~~~~	TBC	83	83	156	TBC	1,038			
On the day cancellations for Non Clinical Reasons & Re-booked within 28 Days	100%	83.8%	76.0%	92.5%	100%	91%										



Monthly Overview – Elective Care (2)



				St Ge	orge's			Epsom and St. Helier							
Responsive and Productive Services - Elective Care	Monthly Target	Dec-22	Jan-23	Feb-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Dec-22	Jan-23	Feb-23	YTD Target	YTD Actual	13-Month Trend	
RTT – total size of waiting list*	47,500	58,835	57,244	57,437				41,400	46,859	46,604	47,214				
RTT - Walts over 52 weeks*	800	612	540	481				160	309	370	385				
RTT - Waits over 78 weeks*	20	39	26	15		1		0	5	6	3			1	
RTT – Performance	92%	67.4%	67.9%	67.4%			-	92%	66.5%	66.6%	66.7%			-	
Cancer 14 Day Standard	93%	69.9%	75.0%	84.0%			~~	93%	94.2%	93.7%	96.0%			1	
Cancer 14 Day Standard Breast Symptomatic	93%	8.8%	42.9%	48.0%											
Cancer 31 Day Diagnosis to Treatment	96%	96.8%	92.8%	92.0%		1		96%	100%	100%	100%				
Cancer 31 Day Second or subsequent Treatment (Surgery)	94%	94.6%	95.1%	78.0%				94%	100%	100%	100%				
Cancer 31 Day Second or subsequent Treatment (Drug)	98%	100%	100%	100%				98%	100%	100%	100%			V	
Cancer 62 Day Referral to Treatment Screening	90%	58.1%	74.6%	50.0%			~~~	90%	0.0%	100%	100.0%			~~~	
Cancer 62 Day Referral to Treatment Standard	85%	65.6%	61.8%	54.0%				85%	88.0%	83.1%	86.0%				
No. of patients over 62 days	160	95	102	91				42	42	45	0			1	
Cancer – 28 day Faster Diagnosis Standard	75%	64.3%	71.8%	82.2%				75%	79.9%	76.0%	82.0%				
	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	
Diagnostic activity	TBC	16,676	16,076	19,364	TBC	195,696	~~~	твс	17,057	15,685	17,887		193,802	1	
Diagnostic performance	5%	4.5%	4.9%	1.8%			1	5%	19.8%	12.7%	10.0%			· ·	



RTT – Total Waiting List Size



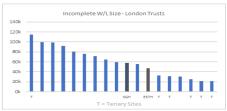
Feb-23

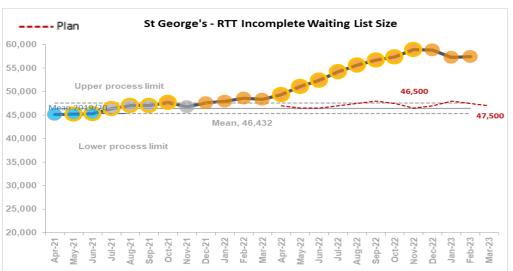
SGH Plan: 47,500

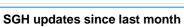
SGH: 57,437

ESTH Plan: 41,400

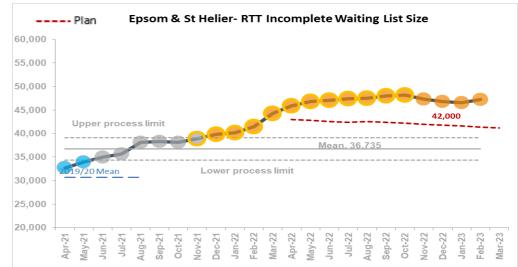
ESTH: 47,214







PTL volume has seen a slight increase of 0.3% compared to January predominantly as a result of the impact of industrial action. The number of patients waiting for treatment for more than 18 weeks increased by 1.7%. In total there are 32.6% of patients waiting for more than 18 weeks. The non-admitted PTL holds the highest majority of 18+ breaches (81%) with the top four largest cohorts within ENT, Cardiology, Neurosurgery and Neurology. There are 3,567 patients waiting above 18 weeks on the admitted PTL largely driven by Cardiology and ENT. We are looking at options for insourcing to improve this position.



ESTH updates since last month

PTL volume has seen an increase (1.3%) following three successive months of decreases (itself following twelve successive months of increases), with (18w) breach numbers also increasing (157 pathways, 1.0%). The breach numbers increasing at a slightly lower rate than the PTL means that 18w performance has gone up very slightly from last month (from 66.6% to 66.7%).



RTT - 52 Week Waiters



Feb-23

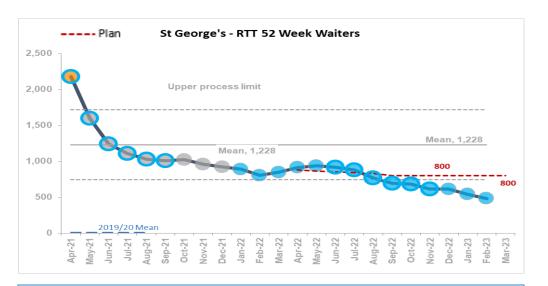
SGH Plan: 800

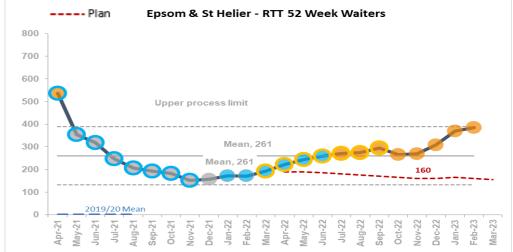
SGH: 481

ESTH Plan: 160

ESTH: 385







SGH updates since last month

At the end of February 481 patients were waiting for treatment for more than 52 weeks, this is below the plan of 800 and a reduction of 10.9% compared to January showing continued progress. Cardiology ENT and General Surgery have the largest number of over 52 week waits, however all of these specialties have seen a reduction through the month, as a result of loss of capacity linked to industrial action.

ESTH updates since last month

The month-end 52-week waits have increased slightly (15 pathways, 4.1%). The largest proportion of 52 week waits are within Paediatric Specialties.



RTT - 78 Week Waiters



Feb-23

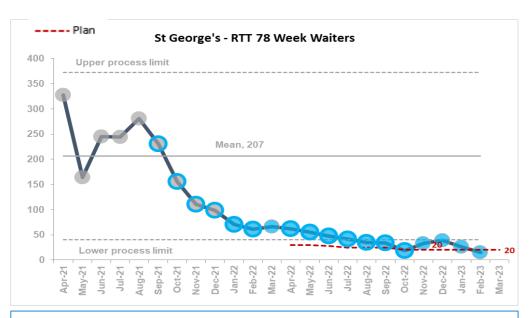
SGH Plan: 15

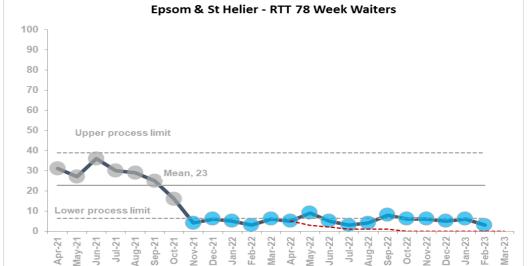
SGH: 20

ESTH Plan: 0

ESTH: 3







SGH updates since last month

At the end of February, 20 patients were waiting for more than 78 weeks, The Trust is on plan to eliminate all 78 week waits by March, except for the four patients that will be treated in April, due to patient choice.

From April the Trust has submitted trajectories for waits over 65 with the aim to eliminate 65 week waits for elective care by March 2024.

ESTH updates since last month

At the end of February, three patients were waiting for more than 78 weeks for treatment. There was one 104+ week admitted clockstop (this was he gynae patient reported as a 104+ week waiter last month).



Elective / RTT Analysis and Action



SGH current issues -

There are 53,080 incomplete non-admitted pathways, up from 50,526 in February; 187 of these pathways are over 52 weeks, up from 157 at the end of February.

There are 727 patients with a projected wait of over 40 weeks for a first appointment, this has increased from 678 at the end of February. The largest numbers are in Neurosurgery, Neurology and Pain Management. The elective access meeting is focusing on bringing these appointments forward to reduce waits, ensuring that the PTLs are validated, and the access policy is being appropriately applied.

Elective Day case activity is in line with plan, however inpatient elective activity is at 85% but with plans at specialty level to improve this.

The number of patients waiting over 65 and 52 weeks continues a downward trajectory and is on track to achieve year end targets

SGH future action -

Focus on reducing the volume of outpatient data quality issues that may be artificially inflating the PTL size. DQ has improved to 8.6% against an upper limit of 10%

In addition, there is a focus on cashing-up across all specialties where it is having an impact on clock stops and pathway progression. Neurology and Gynecology have the largest volumes, the operational management around these services are under review.

The MBI Al driven document reader will begin to support validation of the RTT incomplete pathways, identifying errors, DQ and opportunities, this is currently in the testing phase

The document reader will also begin reviewing the non-RTT first and continuing PTLs in April, which will reduce the risk of patients being lost to follow-up.

ESTH current issues -

 GP referrals remain above BAU levels. GP referrals for Feb23 were 17% higher than the volume received in Feb20

Referr	als	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Vs B <i>l</i> 19/2	U U	110%	114%	116%	100%	119%	118%	109%	119%	110%	103%	117%

- 52 week waits continue on an upward trend each month with an increase from 370 in Jan23 to 385 in Feb23. Community Paediatrics remains the most pressured speciality with 171 children waiting over 52 weeks for a first appointment at the end of Feb23, an increase from 136 at the end of Jan23. A more substantial increase is expected in Mar23 for 52 week waits due to the impact of the junior doctor strikes.
- The Admitted PTL (excluding diagnostics) continues to increase each month with 7586 at the end of Mar23, up from 7407 at the end of Feb23. P1, P2 and P3 cases remain stable with the increase mainly in P4s (non-urgent cases).
- Total PTL volume has seen a slight increase from 46604 in Jan23 to 47214 in Feb23, following three successive months of decreases. A more significant increase is expected in Mar23 due to the junior doctor strike impact.

ESTH future action -

- Further referral optimisation work to be undertaken by the outpatient transformation leads, as well continuing with insourcing into Q1 23/24 to support with the mitigation of referrals continuing to be above BAU levels.
- Divisions and performance team continue to work in collaboration to micro-manage 52WWs on a daily basis and expedite next steps. Updates being provided to SWL on a weekly basis for patients 60weeks+.
- Community Paediatrics recovery meetings commenced on 22nd March 2023 and are ongoing.
- Investment for additional St Helier theatre to be agreed for 23/24 to mitigate the growing Admitted waiting list and increase IP/DC activity by approx 2k.



Cancer – Faster Diagnosis Standard



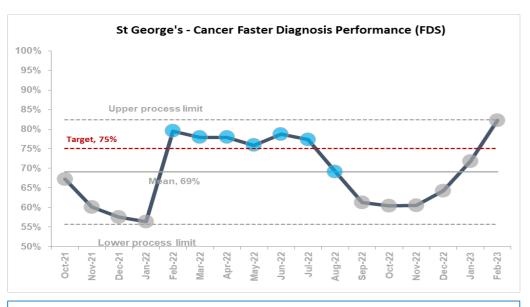
Feb-23

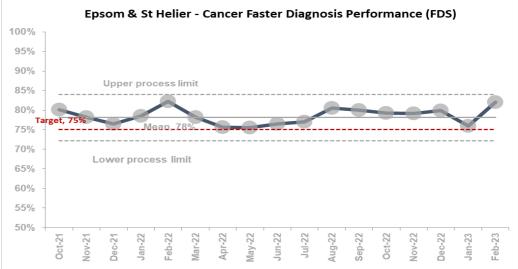
Target: 75%

SGH: 82.2%

ESTH: 82%







SGH updates since last month

FDS performance at the end of February saw a further improvement and has delivered against target with a performance of 82.2%. Increase has been driven by Breast who reported a compliant position of 89% and Upper GI with a performance of 81% compared to 57% in January.

ESTH updates since last month

The Trust expects to continue delivering FDS performance throughout the year despite the significant increase in GP referrals in specialities such as Skin.

In the coming months, there will be targeted focus on improving FDS in specific areas, particularly those pathways that have CQUIN attached to them: Lung, Colorectal, Urology and H&N.



Cancer – 14 Day Referral to Seen Standard



Feb-23

Target: 93%

70%ower Process Limit

100%

95%

90%

85%

80%

75%

65%

60%

55%

50%

SGH: 84.2%

ESTH: 96%

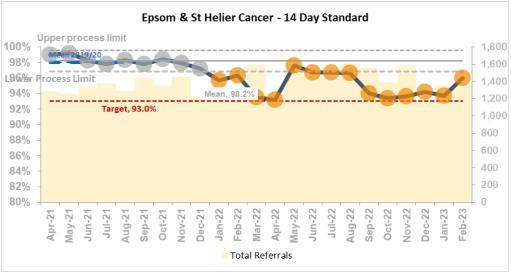


May-22

Jun-22 Jul-22 Sep-22

Vov-22





SGH updates since last month

Aug-21

Jul-21

Trust performance against the 14-day standard increased to 84.2% in February showing significant improvement (+9.2% compared to January) and performing within the upper and lower control limits for the first time in seven months. Increases driven by Breast who saw 67.2% of patients within 14 days (41.2% in January) whilst also seeing better performance within Lower GI, Lung and Urology tumour groups.

Jan-22 Feb-22 Mar-22 Apr-22

Dec-21

Oct-21

ESTH updates since last month

The increase in referrals makes the challenge of delivering 14 day performance much greater. ESTH has always aimed to deliver 14 day performance within 7 days, what is noted is that due to the increase in referrals, the average wait for an a first appointments is closer to 14 days.

Whilst compliant with compliant with the 14 day standard, its impact is felt more acutely when reviewing 62 day breaches.



Cancer –62 Day Referral to Treatment Standard

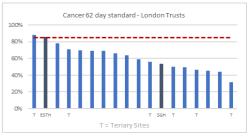


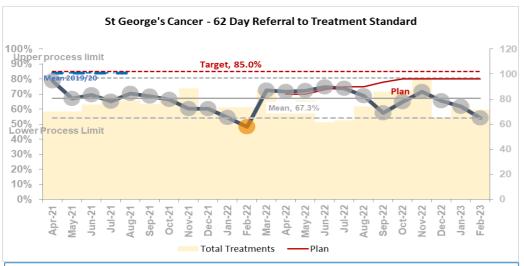
Feb-23

Target: 85%

SGH: 53.8%

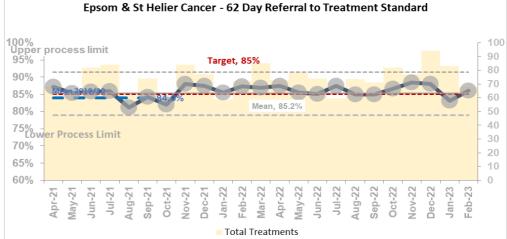
ESTH: 86%





SGH updates since last month

In February 53.8% of patients received treatments within 62 days of referral compared to 61.8% in January showing a decrease of 7.8% (4 additional patients breaching). There were 71.5 treatments in the month (remaining consistent). Lung are reporting the largest proportion and increase of breaches however saw an increase of 8 treatments. The recovery trajectory agreed with RMP shows the Trust returning to a compliant 62-day position by September 2023. It is known that the Trust has to treat a number of patients in a breach position, capacity was also reduced as a result of industrial action.



ESTH updates since last month

In February, standard GP 62d performance was met at 86.0% with 9.5 breaches. The common themes for the breaches were delays in GA Diagnostics, complex diagnostic pathways and patient choice to delay diagnostics.

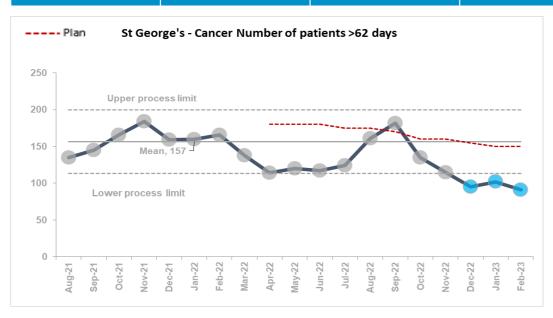


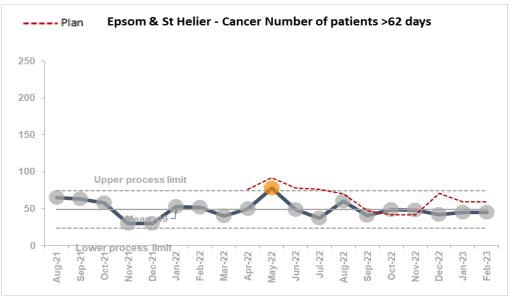
Cancer – Number of patients > 62 days



Feb-23

Plan: 150 SGH:91 Plan: 59 ESTH: 45





SGH updates since last month

The 62 day backlog has further decreased and remains ahead of plan. All tumour groups ahead of plan with the exception of Gynae and Lung, who are working on mitigation to improve the position.

ESTH updates since last month

The Trust has signed up to a trajectory backlog reduction which has been consistently met. On average, we run a backlog of around 50 patients. The Trust ensures clinical impact review is frequently carried out on those patients by the clinical leads for cancer in the relevant tumour site.



Cancer Performance Analysis and Action



SGH current issues -

TWW: Breast has shown significant improvements to performance. Lung and UGI were compliant whilst all other areas were behind target. A number of services were impacted by the strikes in February 2023 .

FDS: FDS Performance has shown significant improvement with a compliant position in Feb 23. Improvements were seen in the Breast and UGI pathway which moved to a compliant position. Similarly, Gynae, Skin and Lung have consistently achieved this standard. Services with challenges are Haematology, Urology, H&N and LGI are amongst the lowest performance due to capacity and delays in the pathway to diagnosis. Pathology wait time is more than 3 weeks for processing and reporting of samples.

62 Day Backlog: Whilst reductions in 62-day backlog were seen challenges are seen Urology and H&N theatre capacity due to strikes.

SGH future action -

Cancer Trajectories 23/24 have been agreed with the alliance and has had internal DDO/ COO sign off.

- Faster Diagnosis to be compliant (75%) by April 2023 Currently meeting this target
- 62 Day GP to Treatment to be compliant (85%) by September 2023
- 62-day backlog to achieve 105 patients by March 2024 Currently ahead of trajectory

Cancer Access Meeting – A weekly access meeting has been in place since January 2023, enabling better collaboration and accountably of cancer pathways. All trajectories will be monitored as part of cancer access meeting.

Breast - 50K funding agreed to extend insourcing with Xyla, Breast workforce review and business case is with Divisional Triumvirate for review.

RMP FDS delivery and funding looks to bring 600K support over the next financial year to support cancer initiatives including, 200K operational resilience fund to support FDS and restoration of waiting times

EBUS – the first RMP funded EBUS list went ahead in March 2023, recruitment for a project manager is in progress.

H&N – 0.8 WTE nurse led RMP funding has been awarded to realise the nurse led risk stratified triage.

Gynaecology – New Hysteroscopy suite stack system assembled, couch onsite and clinic room in progress of modification.

ESTH current issues -

Endoscopic Ultrasound (EUS) at Royal Marsden Hospital (RMH) and Endobronchial Ultrasound (EBUS) at UCLH continues to be challenging – current wait is up to 4-5 weeks.

IR diagnostics are challenged, particularly CT guided biopsy in part due to lack of recovery bed capacity that are being prioritised for trauma patients.

StG is providing ESTH mutual aid for EBUS and CT guided biopsy.

The wait for GA diagnostics is typically 2-4 weeks across all areas. Meeting the Rapid Prostate Pathway (Ref to TPPB) within 9 days by default is also challenging.

The implementation of local anaesthetic template biopsy has just had financial backing from Royal Marsden Partnership.

PSMA PET scan for Prostate Pathway has been identified as a potential bottle neck that will be explored further in the next few weeks with partner hospitals.

In April 14d will be challenged due to junior doctors strike and annual leave. Biggest risk to delivering 14 day TWW performance appears to be in both Gynae and Dermatology Two UGI central MDTs did not run at RMH. The first was due to Easter, the second was due to Doctors' strike.

The implementation of EPIC at RMH has caused several issues ranging from longer booking and reporting diagnostic tests to disruption to information flow between the two cancer teams.

ESTH future action -

RMH EUS capacity is unlikely to be resolved until the end of June when RMH Oak centre opens and projected to deliver 50% more capacity than current.

New CQUIN admin and monitoring processes have been created to deliver improvement in CQUIN performance by Q4 and indeed, as an aggregate **this has been achieved as planned**. As predicted, Urology CQUIN was not met.

EBUS provision at StG is being piloted and being assessed against project indicators.

Template biopsy (TPPB) service provision is planned to change from a clinician led GA to Nurse led LA. This will bring ESTH in line with other hospitals in the sector.



Diagnostic Performance



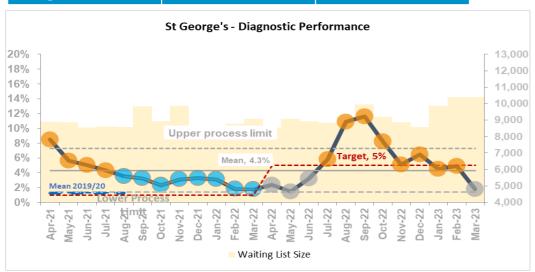


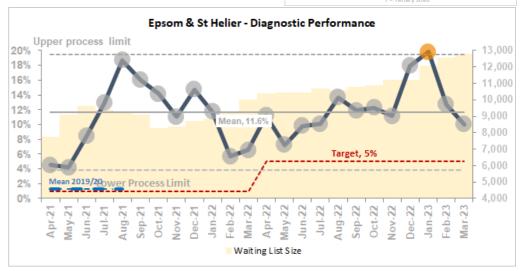
Mar-23

Target: 5%

SGH: 1.8%

ESTH: 10%





SGH updates since last month

At the end of March 1.8% of patients were waiting for more than 6 weeks for their diagnostic test, this is compared to 4.9% in February, seeing a decrease of 330 patients. Performance is meeting the elective recovery target of 5% and continue to strive towards our ambition of meeting the target to deliver 99% of patients receiving treatment within 6 weeks. Improvement this month was driven by Endoscopy who reduced the number of patients breaching by 63% and Dexa Scans who cleared their backlog. The total waiting list size remains consistent at Trust level, despite seeing the decrease within Endoscopy there are recent increases seen within Echo and Ultrasound. Activity increased by 20% in March.

ESTH updates since last month

At the end of March we are reporting 1,285 breaches, which is a drop of over 300 from the volume of breaches at the end of February. The PTL size has increased slightly since the end of February, with the two of these factors combining to result in an increase in performance to just under 10%. The largest volume of six weeks waits are within MRI and Echocardiography.



Diagnostic Performance Analysis and Action



SGH current issues -

Endoscopy - Whilst the backlog is reducing and performance is meeting our internal trajectory for March, a number of patient choice to be booked outside of their 6-week breach date. Further gains from additional sessions have been lost due to the industrial action, although the teams continue to try to mitigate this impact. In addition, a large proportion of patients require specialist lists where it has been more challenging to accommodate capacity within six weeks.

Sleep Studies SGH have seen an increase in referrals and newly added capacity adequate to meet the demand and address backlog – additional mitigation is being identified, Analysis has shown a proportion of this is out of area referrals. In addition there has been extra capacity put on through CDC.

Echo has started to see a rise in the number of patients waiting for a Stress Echo test with capacity becoming challenged. At the end of March, 17 patients were waiting for more than six weeks with April seeing continued challenges with industrial strikes, increase in emergency demand, annual leave and bank holidays.

SGH future action -

Endoscopy -

- Continuing with additional Saturday lists running twice per month each with 3 and 4 rooms all day (6-8 lists, 60-80 points) where there has been uptake from nursing and medical staff.
- The service is still trying to recruit an experienced nurse endoscopist post to address the ongoing workforce issues and have also established a trainee nurse endoscopist post
- DrDoctor application agreed and in use this has been an excellent tool for the teams and enables further validation of waiting lists
- Team scoping out further additional capacity at QMH CDC

Sleep Studies – Comms with our CCGs due to a high influx of referrals, recent audit of DNA's showed several patients referred to multiple sleep services across SWL due to the long waiting lists increasing DNA rates, wasting capacity and putting greater pressure on services . Additional capacity being sought however this relies on appetite from the team to undertake evening clinics. The service is however ahead of their trajectory.

Weekly performance meetings continue to be in place to monitor and escalate any performance / capacity issues.

ESTH current issues -

IR diagnostics are still challenged due to competing acute pressures and limited IR consultants. The team plans to use mutual aid arrangement with St Georges to mitigate the impact.

Epsom and St Helier 2 CT scanners were out of action for 2 weeks. Both scanners are fully operational as of 17/4/23.

CT and MRI hasn't been recovering at the pace that we planned due to unplanned downtime internally, appropriate capacity availability which has been escalated and reduced capacity at third party due to unplanned downtime (MRI only) and using bank and agency staff to help with extra lists

ESTH future action –

Radiology DM01 performance for March was: 95.57%

MRI 258 breaches - 87.27%, US 194 breaches - 96.81%, CT 115 breaches - 90.57%

The radiology booking team continues to improve their performance by utilising the capacity in month for the longest bookers first.

As part of the recovery plan protocols review for CT and MRI has started with immediate standardisation across sites completed. Future action is to review further exams to reduce TAT.

The forward view will be completed by end of April therefore providing proactive planning and scheduling of the validated waiting list.



Outpatient Activity



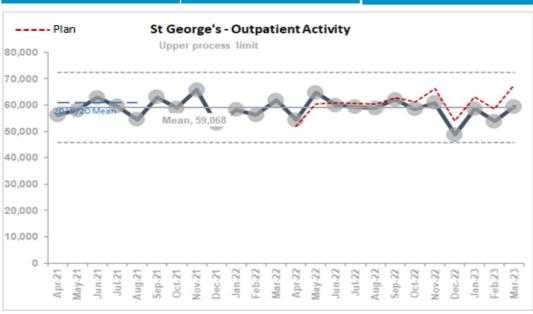
Mar-23

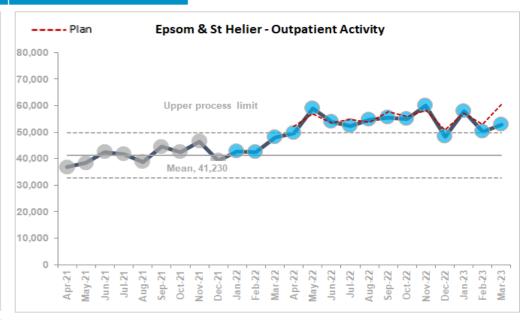
Plan: 67,566

SGH: 59,466

Plan: 60,526

ESTH: 52,945





SGH updates since last month

Outpatient performance is expected to be 91% after catch-up for March, which is below the 100% plan, although the cashing up issue also skews this position and the services are working to improve this position.

Outpatient performance is expected to be 96% after catch-up YTD, which is behind the 100% plan. Catch up estimates include recodes between first/follow ups and procedure.

ESTH updates since last month

Outpatient performance is below plan in the month of March however performing above the upper control limit. This is expected to increase once data coding is complete.



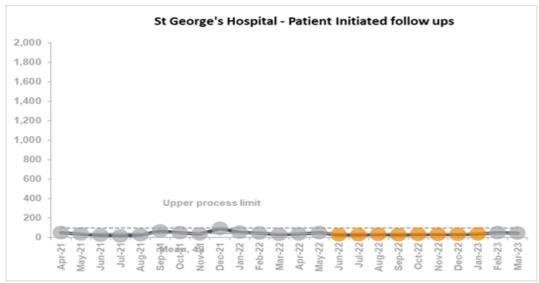
Patient Initiated Follow-up (PIFU)



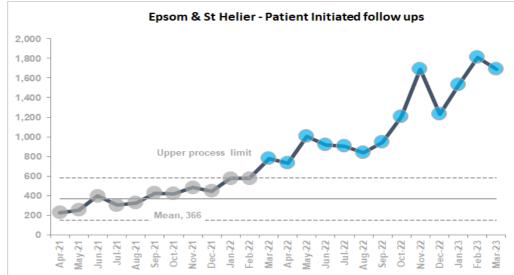
Mar-23

Target: TBC

SGH: 43







SGH updates since last month

The recording of patients continue to be an issue, this is being addressed as part of the outpatient back to basics programme.

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ESTH updates since last month

The number of patient initiated follow ups are as expected and in line with overall outpatient activity with 1,692 patients.



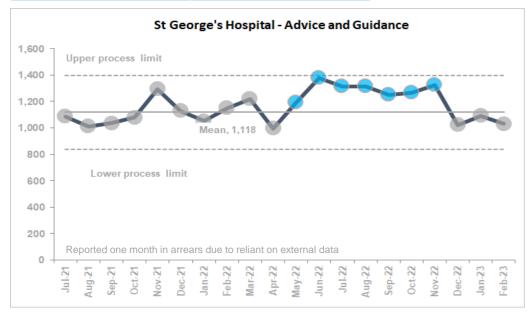
Advice & Guidance



Feb-23

Target: TBC

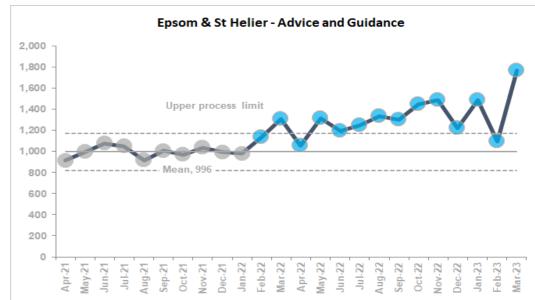
SGH: 1,030





Target: TBC

ESTH: 1,767



SGH updates since last month

Recording of data continues to be worked on this will improve the position further

ESTH updates since last month

Activity levels remain positively above the upper control limit increasing by 61% in March compared to February. Neurology, Urology and Menopause Quick Views (referral decision support tools) are live and being implemented by triaging teams. The Dermatology Quick View is now progressing through the Sutton sign off process and the Gastroenterology Quick View is in development. Alongside the quick view schedule there are specialty specific conversations regarding triage standardisation and peer to peer learning. The first of these have been in Urology and Dermatology



Outpatient Activity - Analysis and Action



SGH current issues -

The service have set a clear direction via our Outpatient Transformation Board for the next 12 months and beyond and identified the following key workstreams:

- 1.Outpatient 'MOT' Check information and configuration of all services is accurate, uses optimal resources and is peer group competitive in 1 year.
- 2.Orders to schedule Roll out new robust and efficient cashing up process (QPOPE) to all services in 1 year. This enables systematic method of recording and booking PIFU 3.Upskilling and modernising outpatients Update the outward facing content and processes to maximise collaboration with stakeholders. Running training programme for internal outpatient staff to ensure everyone is working to high standard piloting the Outpatient Admin Skills and Development toolkit launching via London Elective Recovery Programme
- 4.Optimising referral management [This is an ongoing workstream] Continuing the transition off Kinesis. When Cerner solution is available support A&G management in ICLIP
- 5.Enabler workstream Two elements that sit outside of OP but key stakeholders 'New OP IT strategy' and 'New OP Estates Strategy' Write new / write sections under wider Trust strategies covering ownership, accountability, and ways of working between Estates and IT

SGH future action -

- -Outpatient Transformation Board sign off required at next weeks board meeting in support of launch of five workstreams. Project definition documents, assigned SROs and timelines also to be signed off by all stakeholders
- -Outpatient modelling has begun to ensure we have oversight of activity gaps and what is needed to be delivered to reach targets of 104% 23/24
- Outpatient KPIs Continuous improvement in DNA rates from 15% mid December to 10.1 % at end of Feb. We have ensured that all appointments impacted by strike action have been cancelled on this system to ensure this has not impacted our data for April. Booking utilisation remains around 94% above 91% KPI target however attendance utilisation in dipped to average 83% in Feb impacted by Feb half term.

ESTH current issues -

PIFU – No current issues – Sustained increase in performance, Trust-wide position (March 23) 3.09%.

A&G – Current A&G figures do not include A&G via the CAS, (currently CAS excluded but RAS included). Therefore our A&G figures are not a true reflection of performance, this means there is variation in the reporting methodology across the 4 SWL acute Trust's. SWL are in discussion with NHSE to explore viability of counting A&G via the CAS.

ESTH are taking part in an exercise to understand A&G figures if the CAS data was included. This work continues.

ESTH future action -

PIFU -

Scheduled to launch PIFU day case within Urology May 23, Colorectal June 23.

PIFU alongside clinical validation of follow up lists - Gastroenterology Pilot outcome: 280 patients clinically reviewed, of which 82 patients moved to a PIFU pathway and 18 patients discharged. Total 35% removed from OPWL. Next step - Complete validation exercise within Gastroenterology by May 23, expand to other specialities.

Continue to monitor and review PIFU uptake by speciality, to troubleshoot and offer further support and shared learning.

A&G / Pathway review / Referral Form

Launch Dermatology, Cardiology Quick Views

Finish development of Gastroenterology Quick View

Share updated Cardiology Forms for implementation

Continue to update pubic Referring to Our Services webpage as resources such as the Quick Views are signed off for use.

Scale up sharing of e-RS myth busting in wider referral Optimisation Pack.

Specialty specific conversations regarding triage standardisation and peer to peer learning - Cardiology next spec.

Finish deep dive referral and A&G audit in Neurology, Gynaecology and Respiratory



Elective Inpatient & Daycase Activity



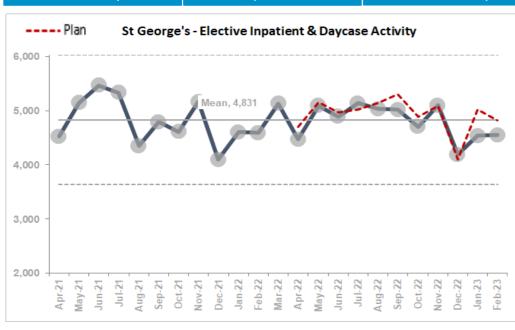
Mar-23

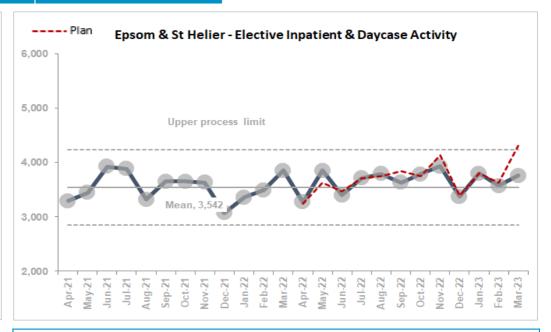
SGH Plan: 4,821

SGH: 4,548

ESTH Plan: 4,301

ESTH: 3,760





SGH updates since last month

Elective and Daycase performance is behind plan (after estimated catch up), with a percentage of 99% submitted for March, this is in part due to the impact of the rolling industrial action.

Elective and Daycase performance is 105% YTD. A catch up estimate has been added in for month 12 only.

ESTH updates since last month

For the month of March elective activity was below plan however remaining within the upper and lower control limits showing only common cause variation. This is expected to increase once data catch up / coding is completed.



Theatre Productivity - Utilisation



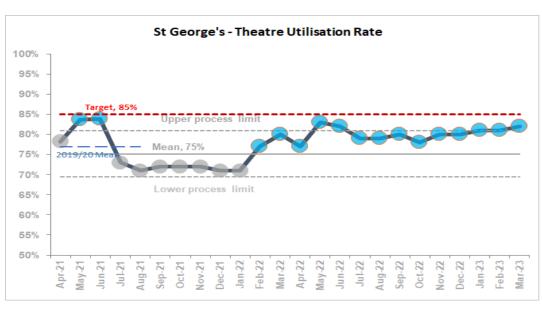
Mar-23

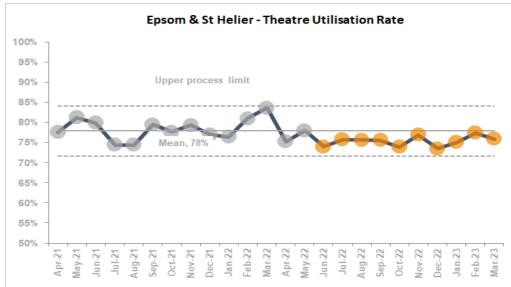
Target: 85%

SGH: 82%

Target: TBC

ESTH: 75.9%





SGH updates since last month

Theatre utilisation increased to 82% in March showing sustained performance, with plans to improve further to deliver 85%.

ESTH updates since last month

Throughput March the average theatre utilisation was 75.9% remaining below the mean..

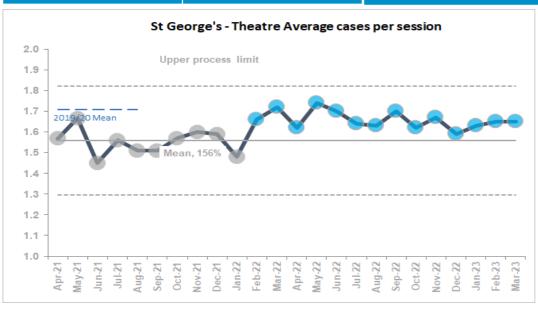


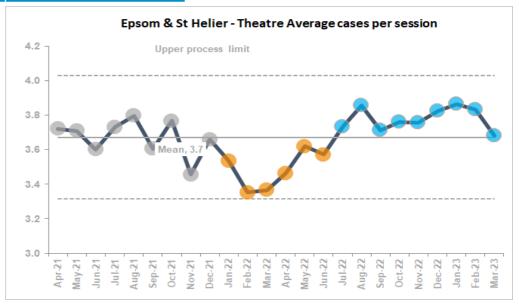
Theatre Productivity – Average Cases per Session



Mar-23

Target: TBC SGH: 1.7 Target: TBC ESTH: 3.7





SGH updates since last month

Theatre cases per session performance remains above the mean of the 2019/20 baseline, with on average through March 1.7 average cases per session.

ESTH updates since last month

Average case per session continues above the mean showing a consistent trend .



Elective Length of Stay

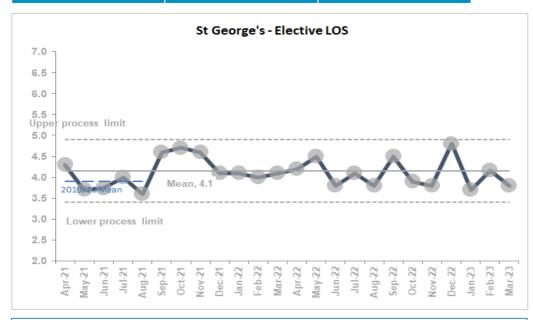


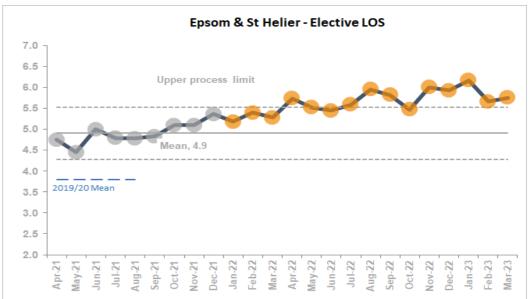
Mar-23

Target: N/A

SGH: 3.8

ESTH: 5.75





SGH updates since last month

Elective length of stay continues within the upper and lower control limits showing only common cause variation.

ESTH updates since last month

Average length of stay for patients admitted on an elective pathway continues above the upper control limit, across March the average length of stay was 5.75 days.

Public Group Board Meeting - 5 May 2023-05/05/23



St George's, Epsom and St Helier

Theatre Productivity - Analysis and Action



University Hospitals and Health Group

SGH current issues -

- 1) Productivity
- Challenges remain around flow, particularly related to discharges from Recovery/ PACU and ITU bed availability.
- · Elective activity across the Trust inadvertently impacted by the recent industrial actions.

2) Recruitment

We currently have consultant anaesthetist vacancies due to resignations and maternity leave. Five of these posts have successful candidates in the pipeline to start in Q1 and 2. Our current area of concern remains cardiac anaesthesia, due to a high volume of resignations within this specialist area. We have successfully recruited three cardiac anaesthetists through locum/bank, who started in April onwards. Additionally, anaesthetists from Barts are being enrolled onto Bank to support the TAVI programme. CITU intensivists continue to work closely anaesthesia to maximise cardiac cover.

SGH future action -

1) Productivity

Theatre utilisation at 82%, which is 1% above February's actual. The main driver for this relates to the exclusions set up for the QMH site. If no exclusions, overall utilisation would be 88% (uncappaed). The average case per list continues to rise, we are currently at 1.65 compared to 1.4 which is our pre covid level.

In April, a clinical driven audit of late starts was launched. The results of this audit, will be used to support future Theatre improvement initiatives.

The Surgical Division (SNCT) are prioritising the implementation of a Neuro PACU to mitigate the pressures of ITU and continued cancellations of Neuroscience cases (58 NICU cancellations Dec – Feb). The data suggests we will reduce NICU admissions by 25% once PACU opens.

2) Recruitment

To support the reduction of Xyla requirement, the ops team continue to focus on medical recruitment in conjunction with medical leadership.

ESTH current issues -

Productivity

The % of lists starting late in March improved marginally, as did the mean number of minutes lost due to late starts. All other metrics remained within the expected ranges with minimal change from the average performance over the past 6 months. It is recognised that there is more to do to meet the 85% capped utilisation target.

Staffing continues to be a challenge, particularly ODP/Anaesthetic nursing due to sickness and vacancy rates. This has resulted in the cancellation of whole theatre sessions and has also created inefficiencies in theatres. Action plan created to respond to this challenge

POA processes continue to cause issues with cancellations on the day – key focus of transformation program particularly as we aim to increase the number of cases booked with the opening of B4B theatre on the STH site.

ESTH future action -

Revised theatre dashboard has been completed and now includes all operating theatres—demonstrates areas of required focus in all theatre suites including paediatric theatres.

Review of digital POA system to support more efficient and effective processes to support patient experience and increase the number of patients receiving a timely POA.

Staffing establishment for all theatres now complete to ensure that levels of staffing are consistent and sufficient to robustly support all lists consistently.

Reviewing staffing options to open B4B theatre as soon as possible (by Q2 at latest).



Monthly Overview – Non Elective Care



				St Ged	orge's			Epsom and St. Helier							
Responsive and Productive Services - Non Elective Care	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	
4 Hour Operating Standard	95%	81.5%	76.0%	78.3%	95%	76.5%	~~~	95%	75.6%	74.4%	73.7%	95%	74.2%	1	
12 Hour Trolley Waits	0	755	795	596	0	6577	~~	0	501	389	379	0	3562		
Ambulance handover Performance 30 minutes	0	49	42	28	0	1906	1/1	0	312	305	277	0	3808	~^^	
Ambulance handover Performance 60 minutes	0	108	106	86	0	1575	~~~	0	145	144	126	0	2004	~~~	
Non elective length of stay	TBC	7.3	8.4	7.3	TBC	7.57	~~\\\	TBC	8.1	7.5	7.7	TBC	7.62	VVV	
Mental health delays 4 Hour Breaches	TBC	107	97	115	TBC	1103	MM								
Redamission Rate - Non Elective	TBC	7.6%	7.6%	7.8%	TBC	8.4%		TBC	5.3%	5.1%	5.5%		5.6%	V/V	
Length of stay > 7 days (stranded)	TBC	415	417	388	TBC		~~~	TBC	319	281	305	TBC		1	
Length of stay > 21 days (super stranded)	TBC	189	189	163	TBC		~	TBC	135	111	121	TBC		-	
Number of patients not meeting criteria to reside	TBC	228			TBC			TBC	154	150	150	TBC			
Number of patients not meeting criteria to reside % of occupied G&A beds	TBC	38%			TBC			TBC	33%	32%	32%	TBC			



4 Hour Operating Standard

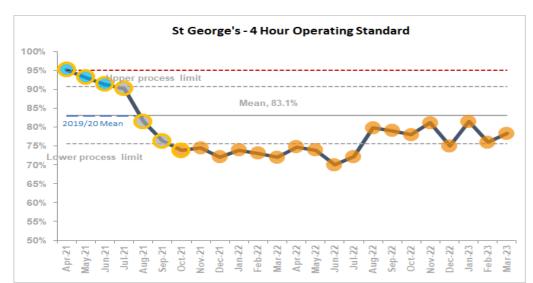


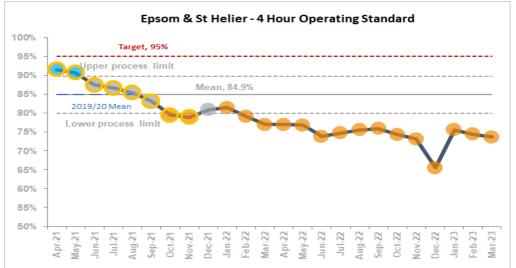
Mar-23

Target: 95%

SGH: 78.3%

ESTH: 73.7%





SGH updates since last month

Four Hour performance increased to 78.3% in March with on average 409 patients attending ED per day (4.6% average daily increase compared to February). The department saw a rise in Paediatric attendances in the month. As well as an increase in overall ambulance attendances, the proportion of patients requiring admission also increased by on average by 10 patients per day although acuity levels have been consistent. Capacity throughout the hospital continues to impact ED with 45% of 4 hour breaches assigned to ED Capacity. 4.2% of breaches were due to Mental Health delays

ESTH updates since last month

Performance dipped in March with 73.7% of patients either admitted, discharged or transferred within four hours of arrival. On average across the month there were 436 daily attendances compared to a daily average of 418 attendances during February.



12 Hour DTA's



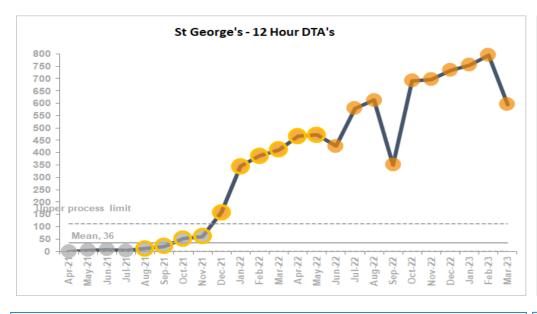
Mar-23

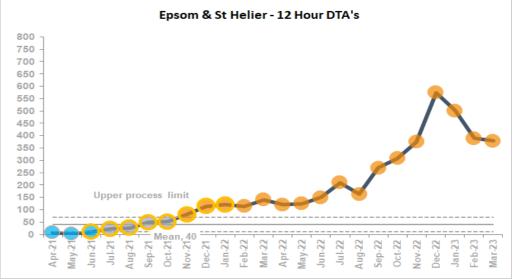
Target: 0

SGH: 596

ESTH: 379







SGH updates since last month

Through March a total of 596 patients waited for more than 12 hours for admission following a decision to admit, a daily average of 19 patients,, showing a decrease compared to 28 per day through February, showing good improvement in the month.

ESTH updates since last month

We are reporting 379 twelve hour breaches in the month of March, averaging 12 breaches per day compared to 14 per day through February.



Ambulance Handover Delays 30-60 minutes

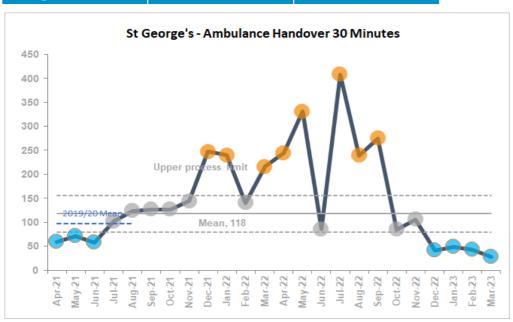


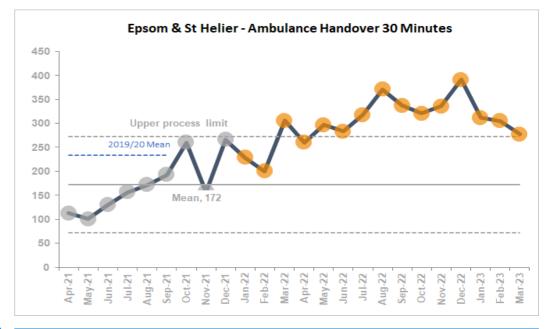
Mar-23

Target: 0

SGH: 28

ESTH: 277





SGH updates since last month

30 minute handover performance has been below the lower control limit for four consecutive months. With the support of two on site SGH LAS assigned HALOs there has been a decline in LAS requiring to cohort at SGH. March's LAS handover performance significantly improved upon previous months, with month end performance of 92.72%. This is a good position to be in considering the pressure on the department and increase in conveyances.

ESTH updates since last month

Improved performance in the last three months however waits remain above the upper control limit.



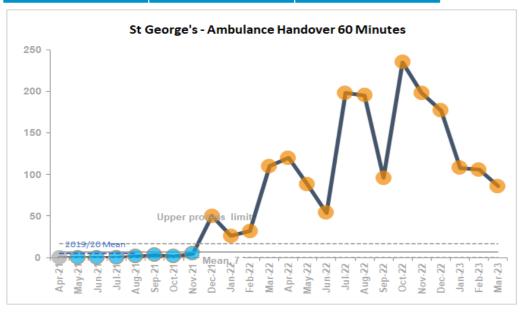
Ambulance Handover Delays 60 minutes

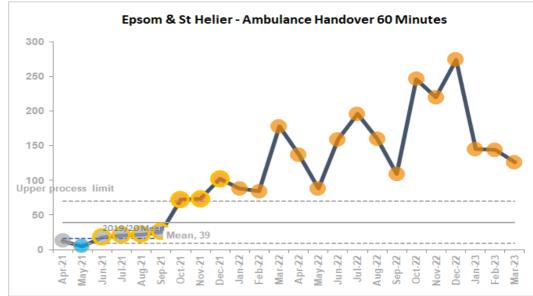


Mar-23

Target: 0 SGH: 86

ESTH: 126





SGH updates since last month

Performance shows a downward trend however waits remain above the upper control limit. With the support of two on site SGH LAS assigned HALOs there has been a decline in LAS requiring to cohort at SGH

ESTH updates since last month

Improved performance in the last three months however waits remain above the upper control limit.



Emergency Performance



SGH current issues -

Overall 4 hour performance is still strong compared to peers, (consistently in top 12 nationally and now 2nd in London).

SGH ED have adapted operationally to respond to multiple Industrial Action strikes, the latest being the Junior Doctor IA and our 4 hour performance remained between mid to high 80% in March's IA period.

With the support of two on site SGH LAS assigned HALOs there has been a decline in LAS requiring to cohort at SGH. March's LAS handover performance significantly improved upon previous months, with month end performance of 92.72% for 30 minute handover.

SGH future action -

The internal ECDB is continuing to focus on Frailty, Same Day Emergency Care, Internal Professional Standards, as well as Digital Service Improvement works.

The Trust continues to embed the regularising flow programmes to support exit from the Emergency Department and enable timely ambulance handovers. Boarding on the wards against daily predicted discharge numbers is supporting downstream capacity greatly. Discussions regarding funding will remain in place to support the Discharge Facilitators working directly in ED/Acute Medicine is due to take place by the end of April. The Enhanced Primary Care Hub (EPCH) Service, based at QMH, has been extended for an additional 6 months.

ESTH current issues -

Our 4-hour performance was 73.6% in Mar-23 which is a slight deterioration compared to Feb-23 when we delivered 74.3%. However, our time to triage remains within the 15 minute standard, reporting 12 minutes in Mar-23 providing assurance that patients are seen soon after arrival in the department.

The requirement to reduce capacity on the 18 bed PCN led ward to support full closure of the area by 31st March impacted on available inpatient capacity and onward flow from the emergency department.

The number of patients with a confirmed covid positive test increased in Mar-23 (257) compared to the previous month (175) further impacting flow across the non-elective pathway.

The number of patients spending over 12 hours in the emergency department was just over 10% in Mar-23 which was a slight deterioration compared to January and February where we were reporting 9.8%.

Whilst over 60-minute ambulance handover delays remain high we continue to report a month on month improvement reporting 145 in January 2023, 144 in Feb-23, and 126 in Mar-23.

ESTH future action -

In response to site pressures we continue to implement boarding into definite discharges. We are also utilising our stretcher discharge lounge facility to support onward flow from the emergency department.

We continue to respond to ambulance service industrial action and have a monthly meeting in place with LAS and SECamb to review performance. We routinely implement the reverse queue and cohorting process to manage ambulance handover delays. We are hoping to utilise additional winter funding to support the on-going provision of an LAS HALO on the St Helier Hospital site.

We are actively engaging with our virtual ward colleagues to ensure that appropriate patients can be stepped down to the virtual ward as an alternative to inpatient admission, with in-reach provided to ED.

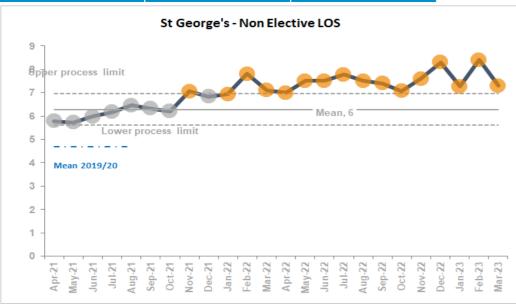


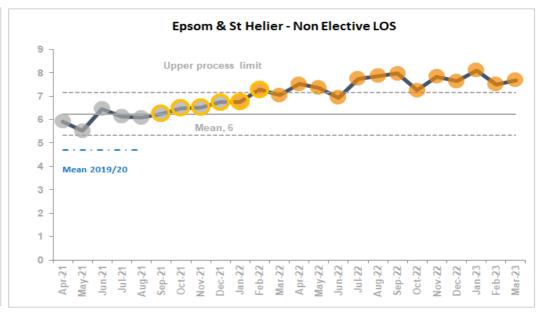
Non Elective Length of Stay



Mar-23

Target: TBC SGH: 7.3 ESTH: 7.7





SGH updates since last month

Length of stay remains above their upper control limit with on average a patient admitted on a non-elective pathway staying in a hospital bed for 7.3 days throughout March, this is a decrease of 1 days compared to February. Both patients with a length of stay of >7 days and >21 days reduced. The Trust is commencing a NCTR to MRD piece of work with system partners to reduce LoS.

ESTH updates since last month

Non Elective length of stay remains above the upper control limit. On average across March patients admitted on a non-elective pathways stayed for 7.7 days, increasing slightly compared to February. Both the number of stranded and super stranded patients increased.

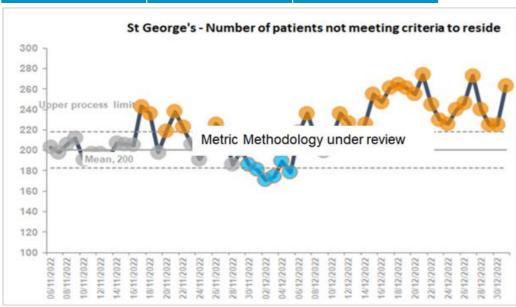


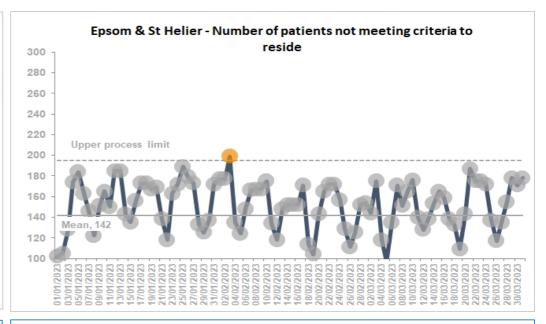
Patients not meeting criteria to reside



Mar-23

Target: TBC SGH: TBC ESTH: 150





SGH updates since last month

Methodology and reporting of this data has been reviewed and currently being revised after executive sign off to ensure accurate view of the numbers. Reporting logic to be amended to reflect change, currently in testing phase.

ESTH updates since last month

The number of patients not meeting criteria reside remains predominantly within the upper and lower control limits.



Length of Stay Performance - Analysis and Action



SGH current issues -

On the main hospital site, there are an increasingly high number of patients not meeting the criteria to reside (NCTR).

There are a high number of patients awaiting Pathway 2A (Merton + Wandsworth) and Pathway 3

The Trust, across both SGH and QMH sites, has had an increased number of infection outbreaks, leading to a high number of closed bays and closed & lost beds. These viruses include COVID19, Norovirus, Human metapneumovirus (hMPV)

There is further strike action being taken by the RCN from 8pm Sunday 30th April to 8pm Tuesday 2nd May 2023 which will impact our ability to move patients to medically ready for discharge (MRD) and extend LoS.

The impact of junior doctor strikes in both March and April 2023, were mitigated as far possible with the rescheduling of elective and outpatient activity & additional hours worked by other colleagues. However, the time spent on planning for Industrial Action detracts from day-to-day management of LoS and leads to a reduction in staff morale for both the clinical and non-clinical MDT.

SGH future action -

MADE events will now be occurring every 2 weeks, rotating between internal & external

The Trust has implemented a new electronic audit tool, to audit inpatients with the aim of expediting discharge – in addition to Red2Green and other supportive tools

The Trust's Regularising Flow SOP to be ratified in April 2023 – further discussions to be held to agree on whether to implement boarding of inpatients as BAU irrespective of OPEL status or to only implement boarding when certain inpatient, operational triggers are met (OPEL status / Number of DTA's etc.)

Discussions with SWL ICS and NHS England about allocation of potential Winter funding for 2023/24 have begun to aid effectiveness of non-elective pathways.

The Trust to continue to proactively workforce plan for further rounds of industrial action, with significant focus on the post-strike recovery.

ESTH current issues -

We have seen a slight increase in patients with a > 7day, > 14 day, and > 21 day length of stay in March 2023 compared to the previous month. This has been partly driven by the requirement to de-escalate from the 18 bed PCN ward at St Helier to support full closure by the end of March 2023.

We have seen good progress in relation to the discharge of patients on pathway 1 and 2, however, do remain challenged in progressing discharge for patients on pathway 3, and particularly for patients with challenging behaviour.

We are challenged in ensuring that inpatient beds are vacated early in the day, with a significant number of definite discharges confirmed in the late afternoon.

The 72-hour period of junior doctor industrial action from 13th to 15th March impacted our daily discharge processes with no associated reduction in non-elective activity presenting to both sites.

ESTH future action -

We are actively planning for the 96-hour period of junior doctor industrial action scheduled to take place from 11th to 14th April 2023

We are currently working with Sutton locality colleagues to determine the future use of the PCN led ward. We are keen to build on the success of this area and to ensure a sustainable model of care going forward, and are likely to utilise the area for medically fit patients who are requiring on-going therapy input.

We continue to provide stretcher discharge lounge facilities on both hospital sites and have secured additional national funding to continue this facility on the Epsom Hospital site. We are also hoping to utilise additional SWL ICB winter funding to support on-going stretcher discharge lounge facilities on the St Helier Hospital site.

In addition to the above we are prioritising the use of additional winter funds to support additional non-elective bed capacity on both hospital sites



Monthly Overview – Our People



		St Georges					Epsom and St. Helier							
Our People	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jan-23	Feb-23	Mar-23	YTD Target	YTD Actual	13-Month Trend
Sickness Rate	3.2%	4.5%	4.4%	4.2%	3.8%	4.6%		3.8%	5.3%	5.0%	5.0%	3.8%	5.5%	
Agency rates		2.3%	4.3%	4.3%	TBC	3.3%		TBC	6.3%	6.5%	7.0%	TBC	5.2%	
MAST	85%	88.4%	88.6%	88.2%	91%	88.9%		85%	80.8%	81.3%	81.4%	85%	79.6%	
Vacancy	10%	8.3%	8.3%	7.9%	12%	8.9%		10%	13.9%	13.4%	13.3%	10%	13.8%	
Appraisal Rate Medical	90%	76.4%	77.5%		84%	79.2%		90%	69.3%	68.6%	71.5%	90%	80.8%	
Appraisal Rate Non Medical	90%	71.2%	72.5%	71.6%	73%	70.8%		90%	67.4%	67.3%	69.4%	90%	62.3%	
Turnover	13%	16.0%	15.9%	15.6%	17%	16.2%		12%	16.2%	16.1%	15.5%	12%	16.0%	
Percentage BAME staff band 6 and above	TBC	44.0%	44.7%	44.3%	TBC	43.6%		TBC	36.2%	36.5%	37.5%	TBC	36.17%	

*at the time of producing this report data for Medical Appraisal rates were not available for SGH



Sickness Rate

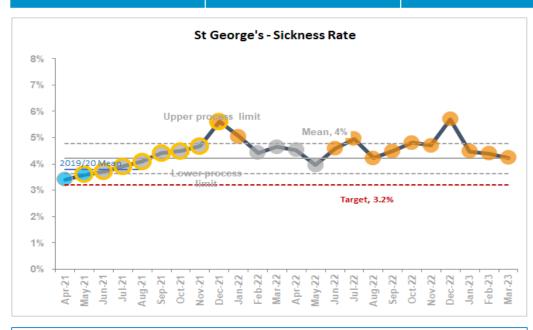


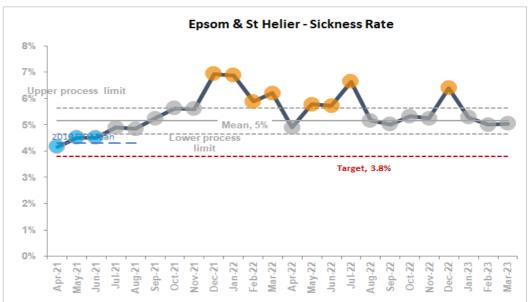
SGH Target: 3.2%

SGH: 4.2%

ESTH Target: 3.8%

ESTH: 5.0%





SGH updates since last month

The Trust's sickness rate has fallen for three consecutive months with the Sickness rate now at from 4.2% compared to 4.4% in February. and remains above the target of 3.2%. Colds, Cough, Flue-Influenza, Infectious Diseases (both of which included covid-related sickness) and Gastrointestinal problems, were the highest cited reason for sickness.

ESTH updates since last month

Sickness absence at ESTH decreased by 0.08% to 5.04% and remains significantly above the threshold target of 3.80%. Cold, Cough, Flu-Influenza and Infectious diseases problems were the top 3 reasons for sickness absence. Long term sickness (episodes of sickness lasting 28 days or more) accounted for 11.9% of all sickness absence



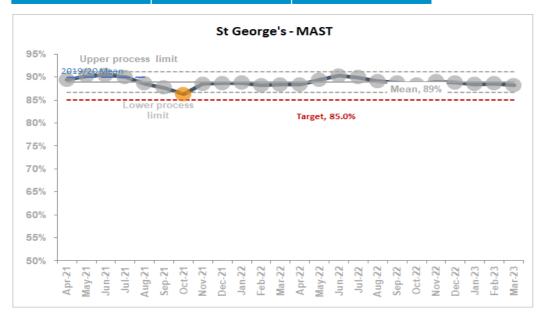
MAST

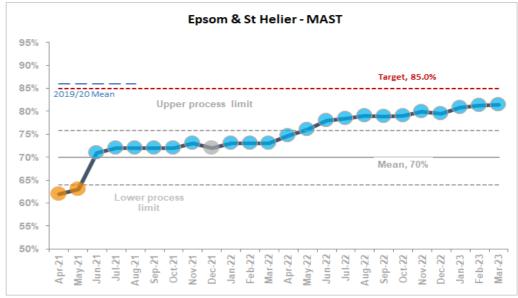


Target: 85%

SGH: 88.2%

ESTH: 81.4%





SGH updates since last month

Mandatory and Statutory Training (MAST) was 88.2% in March and consistent with performance for over a year.

ESTH updates since last month

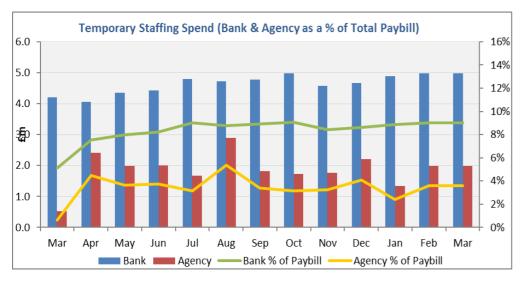
Performance against the MAST indicator is regularly discussed as part of the Divisions HR performance, however achievement remains challenged. Performance in March was 81.4%. Managers can keep abreast of their performance via ESR. It allows managers to track of their trajectory by comparing their current percentage with their previous percentage to enable them to see clearly their rate of improvement or otherwise.



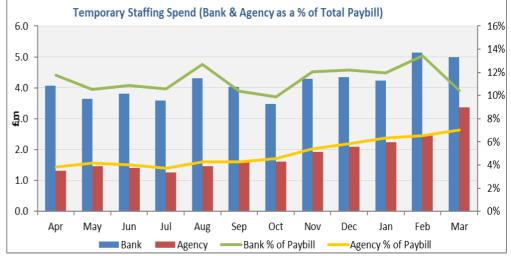
Agency and Bank Spend



St George's



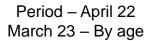
Epsom & St Helier

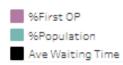




Outpatient waiting time to first appointment St George's







Period – April 22 to March 23 – By ethnicity

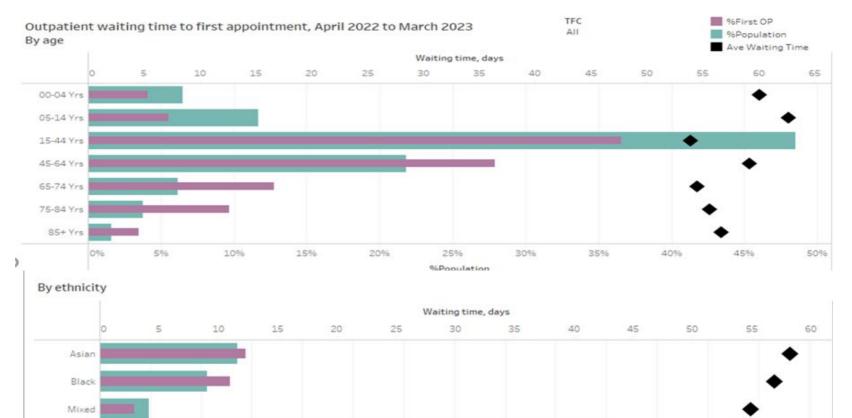
White

Other

5%

10%

15%



25%

30%

35%

%Population

40%

45%

50%

55%

60%

65%

70%

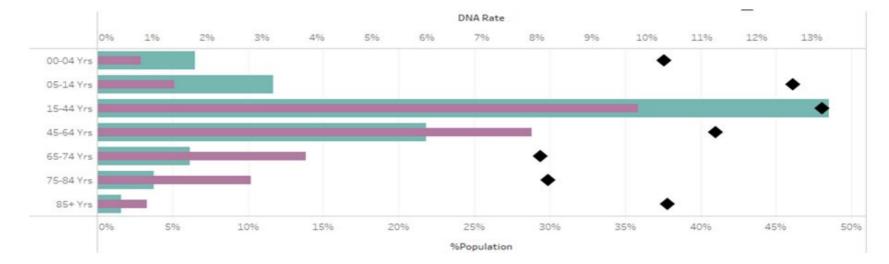
20%



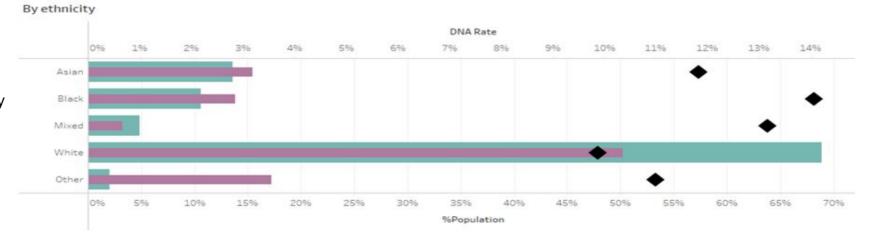
DNA RateSt George's



Period – April 22 to March 23 – By age



Period – April 22 to March 23 – By ethnicity





Appendix

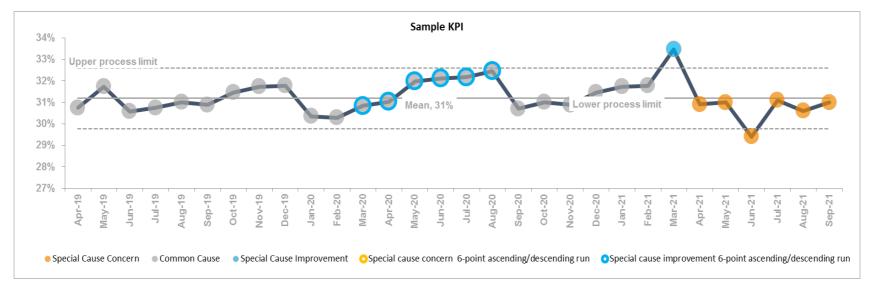


- Guide on interpreting statistical process control charts
- ESTH Integrated Care Dashboard
- SGH Ward Heatmap



Interpreting (Statistical Process Control) Charts





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

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

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



Integrated Care Performance Report March 2023



- Home First Transfer of Care Hub
- 2. Ageing Well: 2 hour urgent community response (2UCR)
- 3. Community Hospitals

- 4. Virtual wards
- 5. PCN referrals and appointments
- 6. Waiting times
- 7. Sutton Children's Therapies

Executive lead	Thirza Sawtell, Managing Director of Integrated Care
Depart leads	Binu Cherian, COO Surrey Downs Health & Care
Report leads	Lucy Botting, Director of Sutton Health & Care

Surrey Downs Health & Care

Highlights

Transfer of Care Hub: Improvements in time taken for discharge from acute hospitals following referral to home first service is maintained with pathway 1 (median 3 days) and Pathway 2 (median- 1 day). Pathway-3 which is long term placements improved to a median 15 days and End of Life care patients improved to 8 days. Improvement plan is in place to further support pathway 3 and end of life patients discharges

2 hour UCR- Number of referrals to UCR remains high due to winter pressures. 71% of accepted referrals were seen within the 2 hours of referrals against the national target of 70%.

PCNs: Increase in number and complexity of patients in PCNs.

RTT pathways (18 weeks) achieved 100% against national target of 92%

Waiting times: Improvement in long waits for first appointment across specialist services where maintained with no patients waiting for more than 52 weeks. Work in progress to further improve waiting times for all services.

Virtual Ward: Further increase in referral numbers in reporting March. New EMIS templates and team training are in development to improve data quality, expected to be completed by May.

Sutton Health & Care

Highlights

Transfer of Care Hub. Work continues to look to align the transfer of care hub with the virtual ward to build on pathways (notably pathway 2) out into the community. The goal of this work is to increase cohorts applicable to the VW.

2UCR: SHC have seen an increase in referrals in March 2023 achieving over 80% of referrals in 2 hours. There has been continued engagement work with our care home colleagues and primary care colleagues to ensure that patients with UCR needs are directly referred.

Virtual Ward: Work continues with ESTH to look to increase patient pathways/ cohorts: notably neurotherapy and respiratory. In relation to data capture work is taking place with the SWL BI team to ensure accurate data recording which is consistent across SWL (this should see an increase in VW numbers). Occupancy per month remains above trajectory (100), however activity whilst increasing remains lower than expected. LOS on the ward continues to decrease with work ongoing to explore throughput. SHC are reviewing these data sets with BI.

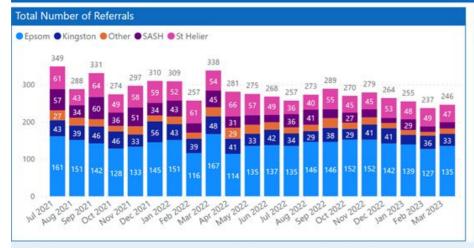
Waiting Times: Work is ongoing with our planned care teams to explore productivity and throughput in relation to decreasing some of the services waiting times, and /or increasing throughput. This work includes children's services where waiting times particularly in SALT can be slightly higher than average.

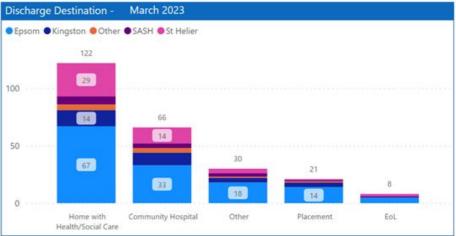


Home First Transfer of Care Hub Surrey Downs H&C

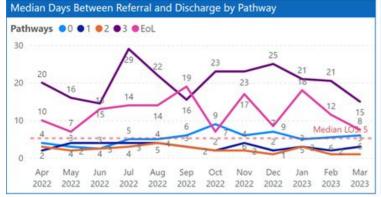








Transfer of Care Hubs are established on both acute hospital sites and receive referrals from all acute providers and facilitate discharges to their local place



Jischarg	es D	y Pat	nwa	y -	Mar	ch 20
Referring hospital	0	1	2	3	EoL	Total
Epsom	18	67	33	14	5	137
Kingston	4	14	11	4		33
Other	1	5	4	1		11
SASH	3	7	4	1	1	16
St Helier	4	29	14	1	2	50
Total	30	122	66	21	8	247

Pathway 0: Home with self-funded POC / Self funded placement / No support/family support/restart

Pathway 1: Support to recover at home; able to return home with support Pathway 2: Rehabilitation or short term care in 24 hour bed based setting, community hospital

Pathway 3: Requires on-going 24 hour nursing care, often in bedded settings. Long term care likely to be required for these individuals EOL: Expected discharge and end of life in Community / Expected death on ward



January data under validation

Home First Transfer of Care Hub Sutton H&C

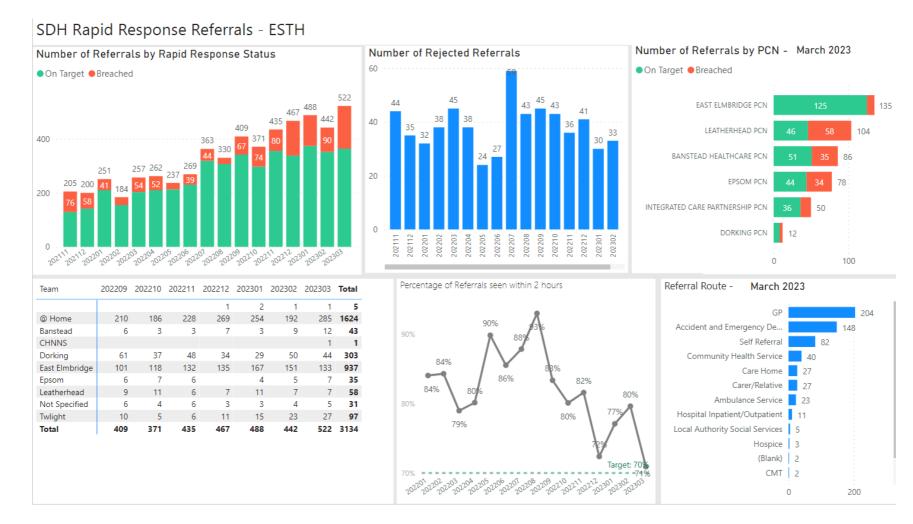






Ageing Well - Surrey Downs H&C 2 hour urgent community response

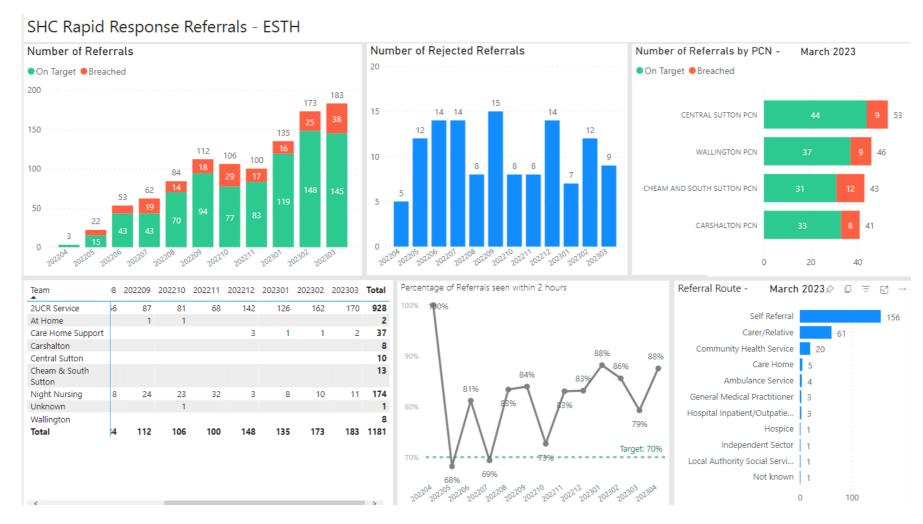






Ageing Well - Sutton H&C 2 hour urgent community response







Surrey Downs H&C Community Hospitals







Planned Care: RTT – Performance against National Target of 92%

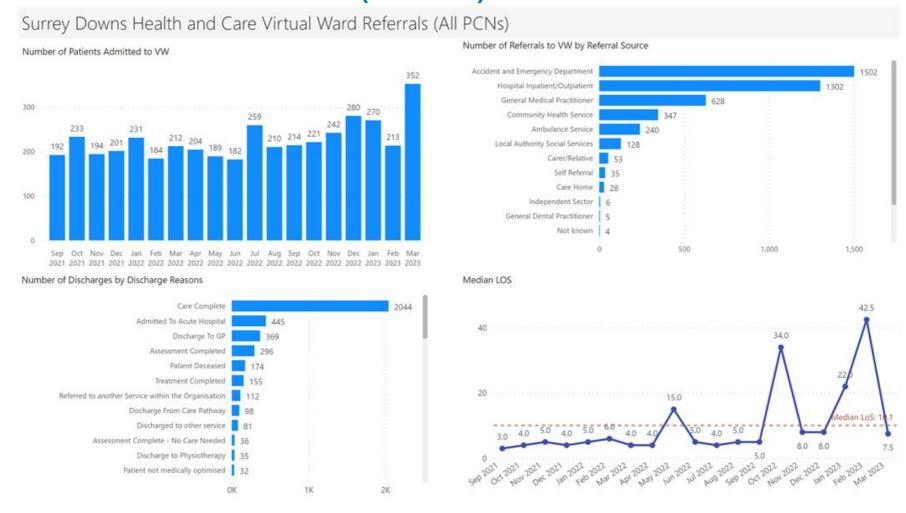






Surrey Downs H&C Virtual Ward Referrals (all PCNs)

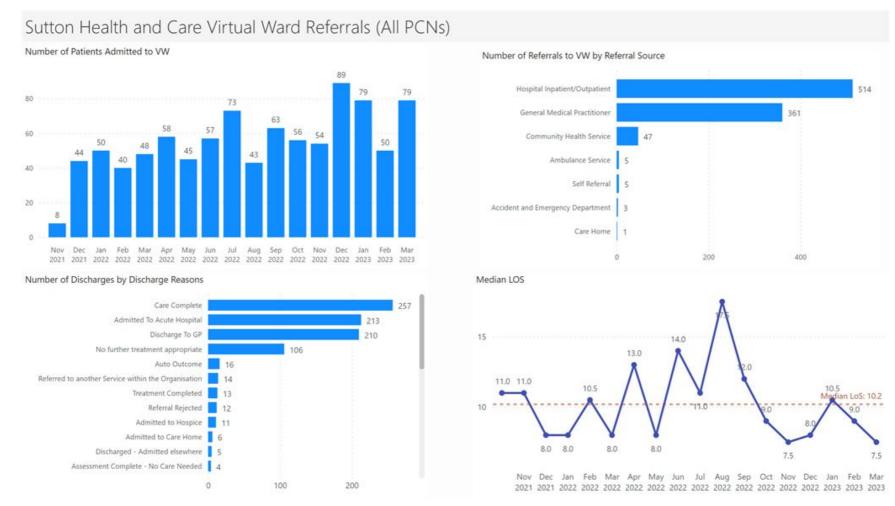






Sutton H&C Virtual Ward Referrals (all PCNs)



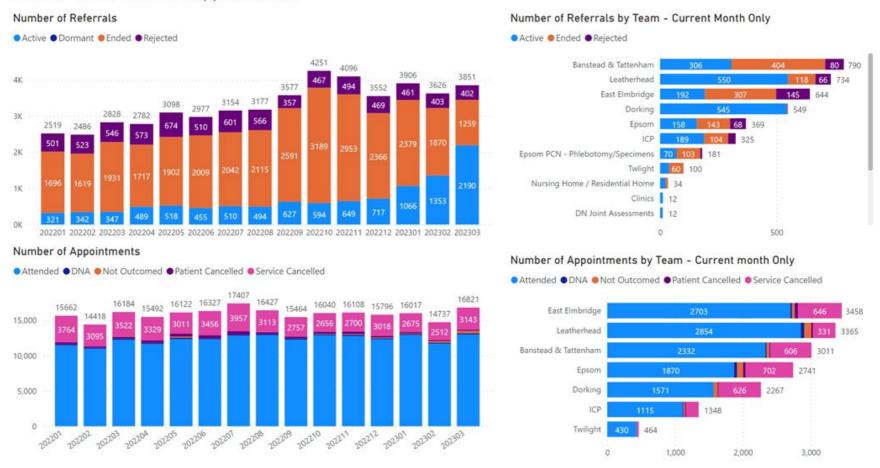




Surrey Downs H&C PCN Referrals and Appointments



SDHC PCN Referrals and Appointments

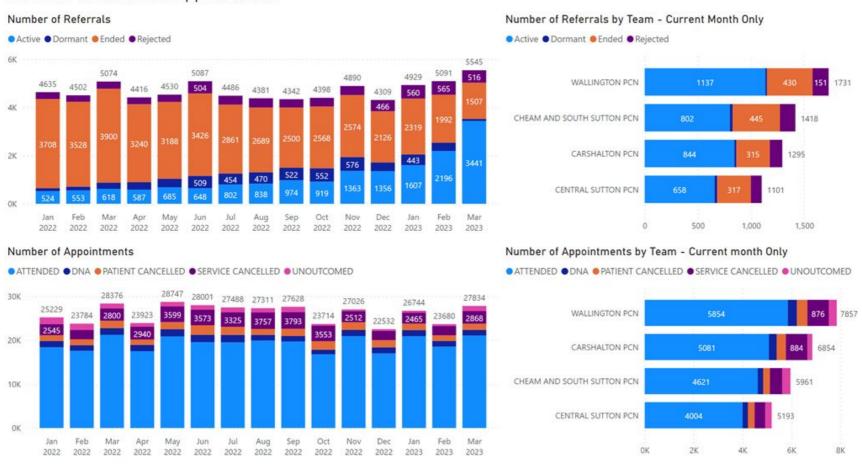




Sutton H&C PCN Referrals and Appointments



SHC PCN Referrals and Appointments

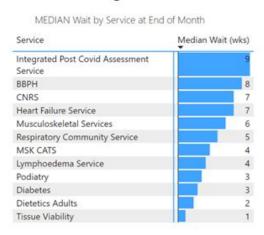




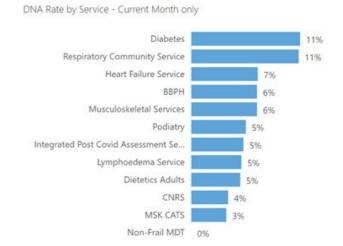
Surrey Downs H&C Waiting Times



SDHC Waiting Times







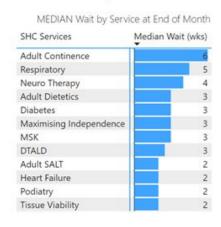
Service	00-02 weeks	02-04 weeks	04-06 weeks	06-08 weeks	08-10 weeks	10-12 weeks	12-14 weeks	14-16 weeks	16-18 weeks	18-52 weeks	Total
ВВРН	85	56	44	34	15	16	1	2	3	157	413
CNRS	91	71	48	55	37	25	9	13	11	62	422
Diabetes	8	1	1	2	2					2	16
Dietetics Adults	75	25	4	5	3	2	1		1	2	118
Heart Failure Service	25	15	11	17	15	-11	4	3	2	3	106
Integrated Post Covid Assessment Service	10		7	3	4	5	. 1	2	2	7	41
Lymphoedema Service	3	3	-1							-1	8
MSK CATS	67	123	91	34	4	4	1	1	1	- 1	327
Musculoskeletal Services	663	503	476	475	321	164	65	142	96	79	2984
Podiatry	129	87	51	36	15	12	4		3	17	354
Respiratory Community Service	27	37	37	16	18	6	2	7	2	3	155
Tissue Viability	3										3
Total	1186	921	771	677	434	245	88	170	121	334	4947

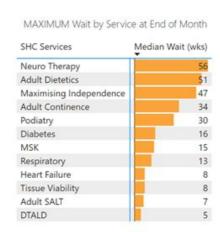


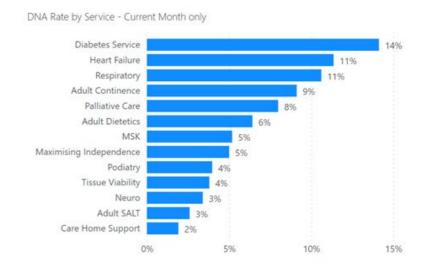
Sutton H&C Waiting Times



SHC Waiting Times





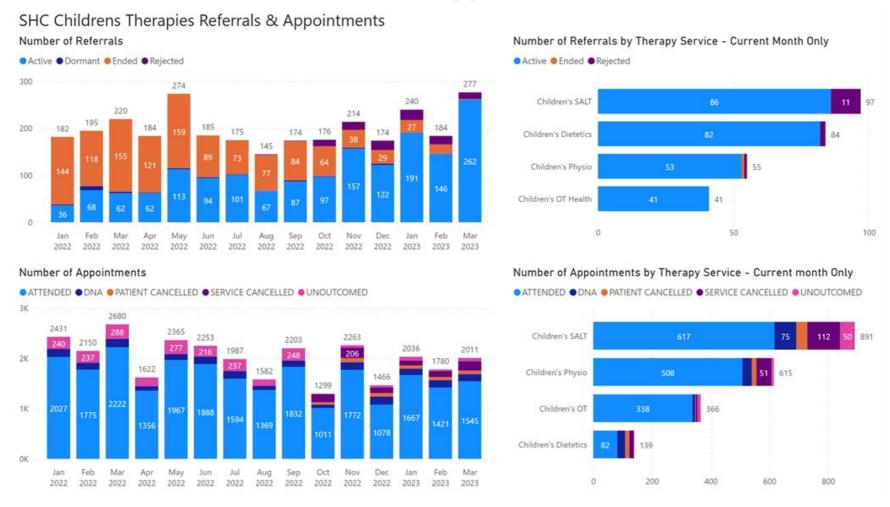


SHC Service	00-02 weeks	02-04 weeks	04-06 weeks	06-08 weeks	08-10 weeks	10-12 weeks	12-14 weeks	14-16 weeks	16-18 weeks	18-52 weeks	52+ weeks	Total
Adult Continence	35	16	10	6	14	13	7	13	3	4		121
Adult Dietetics	41	24	6	11	1	1	1		1	2	1	89
Adult SALT	15	5		1								21
Diabetes	36	40	10	8	3	1	1	3			1	103
DTALD	5	3	2									10
Heart Failure	13	3	2	1								19
Maximising Independence	51	33	21	12	5	3	1	1	1	12	1	141
MSK	464	349	260	68	15	3		1				1160
Neuro Therapy	21	21	10	6	3	1				5	1	68
Podiatry	99	63	11	6	2	1	2		2	4	1	191
Respiratory	21	23	30	9	2	2	1					88
Tissue Viability	4			1								5
Total	805	580	362	129	45	25	13	18	7	27	5	2016



Sutton H&C Children's Therapies Referrals and Appointments









Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	2.3					
Report Title	2022/23 Month 12 Financial Position: ESTH and SGH					
Executive Lead(s)	Andrew Grimshaw, Group Chief Finance Officer					
Report Author(s)	A Grimshaw, Group Chief Finance Officer					
	Lizzie Alabaster, Site Chief Finance C	Officer, ESTH				
	George Harford, Acting Site Chief Finance Officer, SGUH					
Previously considered by	Finance Committee-in-Common	28 April 2023				
Purpose	For Assurance					

Executive Summary

This paper updates the Group Board on the month 12 (year end) financial positions of both trusts. As a Group we are required to report the financial positions of both trusts separately.

Summary information is provided in these reports given the demands of year end.

The financial positions for both trusts are in line with forecast, ESTH a deficit of £35.0m and SGH a deficit of £30.0m.

Both trusts have meet submission deadlines to date and expect to continue to do that.

Action required by Group Board

The Board is asked to

- a. Note the financial position for St George's as at Month 12 2022/23
- b. Note the financial position for Epsom and St Helier as at Month 12 2022/23





Committee Assurance						
Committee	Finance Committees-in-Common					
Level of Assurance	Substantial Assurance: The report and discussions assured the Committee that there are robust systems of internal control operating effectively to assure that risks are managed effectively					

Appendices	
Appendix No.	Appendix Name
Appendix 1	NA

Implications											
Group Strategic Objectives											
☐ Collaboration & Partnerships ☐ Right care, right place, right time											
☐ Affordable Services, fit for the future ☐ Empowered, engaged staff											
Risks											
As set out in paper.											
CQC Theme											
☐ Safe	☐ Effective	☐ Caring		☐ Responsive	☑ Well Led						
NHS system oversig	ht framework										
☐ Quality of care, acces	s and outcomes		☐ Peop	le							
☐ Preventing ill health a	and reducing inequalities	i	☐ Lead	ership and capability							
☑ Finance and use of re	esources		☐ Local strategic priorities								
Financial implication	IS .										
As set out in paper.											
Legal and / or Regula		the two two	to oonore	ntoly.							
The fleed to report the	The need to report the financial positions of the two trusts separately.										
Equality, diversity ar	Equality, diversity and inclusion implications										
There are no EDI issues associated with this paper.											
Environmental sustainability implications											
There are no EDI issu	es associated with this	s paper.									





Trust Board (Public) 05th May 2023 2022/23 Month 12 Financial Position: ESTH and SGH







Andrew Grimshaw Lizzie Alabaster & George Harford

28 April 2023.

2023/23 M12 Financial Position GESH I&E Movement since the position issued 30th March

Progress update

The Group has submitted key data returns to SWL on 13th and 19th April in line with deadlines. It is now progressing with full templates for the coming deadlines:

Provider Timetable	Date
First submission unaudited accounts	27 April 2023
Agreement of balances (AOB) resubmission	12 May 2023
Final AOB and full accounts	30 June 2023

The mix of income, pay and non-pay in the following slides has changed as a result of year end movements such as pay awards, pensions, and final funding adjustments. These issues are in the main matching income and expenditure which is only confirmed at year end and do not impact the final deficit reported. These will be detailed in the analytical review of the accounts when it is presented to the Audit Committee

ESTH 2023 Draft Year End Position

The numbers included within this slide are consistent with the numbers to be included within the key data return to SWL ICB on 13th April. These remain draft until final account submission 27th April. This shows performance against control totals, excluding items such as donated capital and impairments.

I&E	Budget £m	Actual £m	Variance £m
Income	593.5	636.7	43.3
Expenditure	-593.5	-671.7	-78.3
Surplus / (Deficit)	0.0	-35.0	-35.0

Capital	Budget £m	Actual £m	Variance £m
Capital Spend	48.9	45.1	3.8

Cash	2022 Closing	2023 Closing	Movement	
	Cash Balance	Cash Balance	£m	
Cash Balance	62.6	26.9	-35.7	

Income and Expenditure

 The Trust is reporting a deficit of £35.0m at year-end this is £35.0m adverse to the breakeven plan, however this is consistent with the control total agreed with SW London.

Capital Spend

- The Trust is reporting capital spend of £45.1m against a plan of £48.9m.
- The £3.8m underspend was due to Horizon building fit out being £0.5m below forecast; CDC Wallington £0.5m below forecast and IFRS 16 right of use assets being £2.2m below forecast.

Cash

- Closing Cash was £26.9m, £0.9m below plan of £27.8m and £10.4m above the M11 Forecast of £16.5m.
- Key changes from M11 Forecast are Surrey ICB Income of £5.2m received in March rather than April as forecast and £7.0m above forecast received from SWL ICB.

SGH 2023 Draft Year End Position

The numbers included within this slide are consistent with the numbers included within the key data return on Wednesday 19th April. These remain draft until final account submission 27th April. This shows performance against control totals, excluding items such as donated capital and impairments.

VE	Budget £m	Actual £m	Variance £m
Income	1,028.6	1,124.9	96.3
Expenditure	(1,028.6)	(1,154.9)	(126.3)
Surplus / (Deficit)	0.0	(30.0)	(30.0)

Income and Expenditure

 The Trust is reporting a deficit of £30.0m at year end, which is £30.0m adverse to plan and equal to the financial forecast agreed as part of the forecast change protocol with NHSE at M10. The shortfall to plan is mainly due to CIP under-delivery.

Capital	Budget	Actual	Variance
	£m	£m	£m
Capital Spend	(60.1)	(60.3)	(0.2)

Capital	£m	£m	Variance £m
Capital Spend	(60.1)	(60.3)	(0.2)

Cash	2122 Closing Cash £m	2223 Closing Cash £m	Movement £m
Cash Balance	68.5	58.6	(9.9)

Capital Spend

The Trust is reporting capital spend of £60.3m, vs a plan of £60.1m. The £0.2m overspend relates to additional Estates costs and SWL ICB agreed to allocate additional CDEL to SGH to cover this.

Cash

The Trust ended the year with a cash balance of £58.5m which is £9.9m lower than the opening balance for the year.





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	2.4		
Report Title	NHS Staff Survey 2022: Results		
Executive Lead(s)	Paul da Gama, Group Chief People Officer		
Report Author(s)	Chloe Miller, Head of Culture and Staff Engagement, SGUH Nicola Bell, Assistant Director of Learning and OD, ESTH		
Previously considered by	People Committee-in-Common 21 April 2023		
Purpose	For Review		

Executive Summary

This report provides an overview of the results of the 2022 NHS Staff Survey for St George's University Hospitals NHS Foundation Trust (SGUH) and Epsom and St Helier University Hospitals NHS Trust (ESTH). The purpose of this report is to provide a summary of the published results and performance against staff engagement and other survey themes; and share our proposed approach to acting on these results, including our Big 5 and impact priorities. The initial results of the NHS Staff Survey 2022 were reviewed separately by the SGUH and ESTH Trust Boards while the data was under embargo.

The results and the Big 5 action plan were subsequently discussed by the People Committees-in-Common on 21 April 2023. The purpose in presenting this report to the Group Board is to provide an update to the Group Board on the results and the plans to respond to them, and to put this information into the public domain for our patients, staff and the communities we serve.

Action required by Group Board

The Group Board is asked to:

- a. Review the NHS Staff Survey 2022 results for both SGUH and ESTH, including the response rates, the most improved and most declined scores for each Trust, and benchmarking of the performance of each Trust against the NHS People Promise Themes.
- b. Review the proposed Big 5 and impact priorities to respond to the feedback through the NHS Staff Survey.





Committee Assurance		
Committee	People Committees-in-Common	
Level of Assurance	Reasonable Assurance: The report and discussions assured the Committee that the system of internal control is generally adequate and operating effectively but some improvements are required, and the Committee identified and understood the gaps in assurance	

Appendices	
Appendix No.	Appendix Name
Appendix 1	2022 NHS Staff Survey Results: Update to the Group Board

Implications					
Group Strategic Objectives					
☐ Collaboration & Partnerships ☐ Right care, right place, right time					
☐ Affordable Services, fit for the future ☐ Empowered, engaged staff					
Risks					
High staff engagement h patient care. Failure to ir impact on these factors.					
CQC Theme					
⊠ Safe	☑ Effective	☑ Caring	☑ Responsive	☑ Well Led	
NHS system oversig	ht framework				
☐ Quality of care, acces	s and outcomes	⊠ Peop	le		
☐ Preventing ill health a	and reducing inequalities	⊠ Lead	ership and capability		
☐ Finance and use of re	esources	☐ Loca	I strategic priorities		
Financial implication	IS				
N/A					
Legal and / or Regula	atory implications				
N/A					
Equality, diversity and inclusion implications					
The National Staff Survey provides information for key indicators in both WRES and WDES reporting and subsequent action plans. Inclusion also features in our Big 5 themes.					
Environmental sustainability implications					
There are no environmental sustainability issues related to this report.					

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2022 NHS Staff Survey Results

Update to the Group Board

Executive Lead:

Paul da Gama, Group Chief People Officer

Author(s):

Chloe Miller, Head of Culture & Staff Engagement (SGH)
Nicola Bell, Assistant Director of Learning and Organisational Development (ESTH)

April 2023



Introduction

The NHS Staff Survey is our opportunity to gain staff views on their overall experience of working here. This cycle, the survey took place between **3 October – 25 November 2022**.

The purpose of this report is to

- Provide a summary of the published results and performance against staff engagement and other survey themes
- Share our approach to acting on these results, including our Big 5 and impact priorities

This report contains results for both Trusts across the St Georges and Epsom and St Helier Group.

Following the publication of the staff survey results in March 2023, we also have access to benchmark data for other London Acute Trusts, which we have provided on the next slide for context.



This report covers:

- Benchmarking with other London Trusts page 3
- St George's results page 4
- Epsom & St Helier results page 10
- Approach to Big 5 and local action page 16

Appendices

Links to the full survey reports can be found below:

- St George's here
- Epsom & St Helier here



Benchmarking with other London Trusts

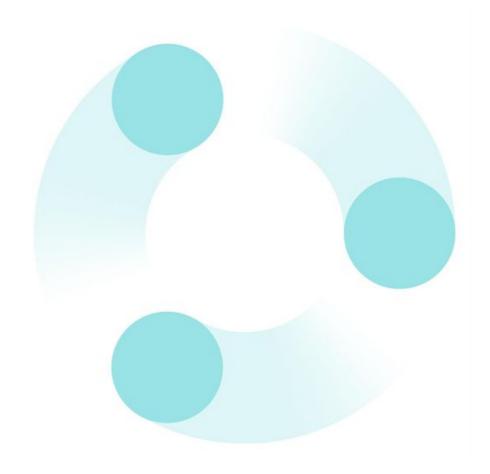
Scores provided for 18 London Acute Trusts on survey themes



We have provided below how each of our Trust's score as well as how we perform against other similar Trusts and the best scoring London acute Trust. This sample group contains 18 London acute trusts.

Survey theme	Survey theme St George's Score		Best Scoring London Acute Trust
Promise 1: We are compassionate and inclusive	Places 12 th out of 18 (score 7.0)	Places 11 th out of 18 (score 7.1)	University College London Hospitals (score 7.4)
Promise 2: We are recognised and rewarded	Places 13 th out of 18 (score 5.6)	Places 11 th out of 18 (score 5.7)	University College London Hospitals (score 5.9)
Promise 3: We each have a voice that counts	Places 13th out of 18 (score 6.5)	Places 11th out of 18 (score 6.6)	University College London Hospitals (score 6.9)
Promise 4: We are safe and healthy	Places 10 th out of 18 (score 5.8)	Places 4 th out of 18 (score 5.9)	University College London Hospitals (score 6.0)
Promise 5: We are always learning	Places 14th out of 18 (score 5.3)	Places 17 th out of 18 (score 5.0)	University College London Hospitals (score 5.8)
Promise 6: We work flexibly	Places 16th out of 18 (score 5.7)	Places 10 th out of 18 (score 5.9)	University College London Hospitals (score 6.3)
Promise 7: We are a team	Places 14th out of 18 (score 6.5)	Places 16 th out of 18 (score 6.5)	Lewisham and Greenwich NHS Trust (score 6.8)
Staff Engagement	Places 12 th out of 18 (score 6.8)	Places 11 th out of 18 (score 6.8)	University College London Hospitals (score 7.3)
Morale	Places 15 th out of 18 (score 5.5)	Places 10 th out of 18 (score 5.6)	University College London Hospitals (score 5.9)

- University College London Hospitals hold the top score for most themes across London Acute Trusts.
- Both SGH and ESTH place in the lower half of most survey themes, with a some exception
- For example ESTH places 4th for the we are safe and healthy theme
- The difference between the best and worst performing Trusts can be anywhere between 0.3 and 0.9 points difference. Seemingly small changes in results can equate to significant shifts in staff experience and perceptions.





St George's

Staff Survey Results



Summary of Results (SGH)

Trust Overview

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 2021 theme score. We have also listed the benchmark average, which in this case is Acute and Acute & Community Trusts. (More detail on this is on the following slide).

People Promise Theme	Trust score 2022	Trust score 2021	Avg.
Promise 1: We are compassionate and inclusive	7.0	7.1	7.2
Promise 2: We are recognised and rewarded	5.6	5.7	5.7
Promise 3: We each have a voice that counts	6.5	6.5	6.6
Promise 4: We are safe and healthy	5.8	5.8	5.9
Promise 5: We are always learning	5.3	5.2	5.4
Promise 6: We work flexibly	5.7	5.7	6.0
Promise 7: We are a team	6.5	6.5	6.6
Morale	5.5	5.5	5.7

48%

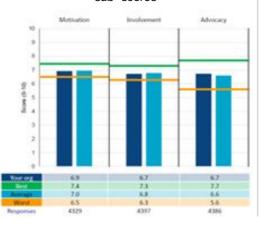
Response Rate 4401 responses

6.8

Engagement score In line with benchmark and no change from 2021

Staff Engagement breakdown

Motivation, Involvement and Advocacy sub-scores





Areas of greatest improvement and decline

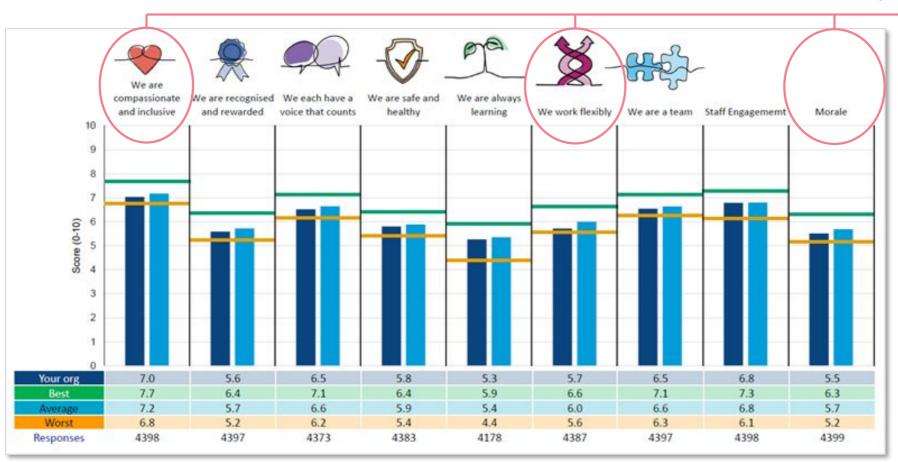
Most improved scores	Org 2022	Org 2021
q9c. Immediate manager asks for my opinion before making decisions that affect my work	58%	55%
q22e. Able to access the right learning and development opportunities when I need to	52%	49%
q3e. Involved in deciding changes that affect work	52%	49%
q11c. In last 12 months, have not felt unwell due to work related stress	55%	52%
q15. Organisation acts fairly: career progression	49%	47%

Most declined scores	Org 2022	Org 2021
q4c. Satisfied with level of pay	22%	28%
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	67%	71%
q13d. Last experience of physical violence reported	68%	71%
q19a. Would feel secure raising concerns about unsafe clinical practice	68%	70%
q19b. Would feel confident that organisation would address concerns about unsafe clinical practice	51%	54%

Summary of Results (SGH)

All themes at a glance





Themes have seen no significant changes year on year. Areas circled show the areas that see the greatest negative difference from the national benchmark average (Acute trusts).

We work flexibly theme sees the biggest difference from both the 'average' and 'best' scores. However, this score remains unchanged from 2021.

We are recognised and rewarded and Morale themes also see large negative differences from the 'best' scores (of 0.8 percentage points).

Staff Engagement (SGH)

Overall trends and sub-scores

Our overall staff engagement score has remained the same since 2021, although this is a decline on 2020 and 2019 scores. The staff engagement score is made up of three sub-scores: motivation, involvement and advocacy.

Motivation – 6.9

- Q2a I look forward to going to work 52.7% (improvement from 52.1% in 2021)
- Q2b I am enthusiastic about my job **64.1%** (*decline* from 64.9% from 2021)
- Q2c Time passes quickly when I'm working 72.2% (decline from 73.5% in 2021)

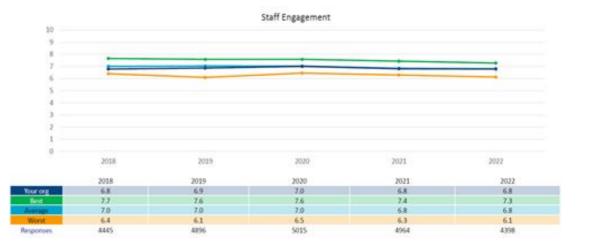
Involvement - 6.7

- Q3c There are frequent opportunities for me to show initiative in my role –
 72.5% (decline from 72.7% in 2021)
- Q3d I am able to make suggestions to improve the work of my team / department – 69.7% (improvement from 68.9% in 2021)
- Q3f I am able to make improvements happen in my area of work 53.7% (improvement from 51.5% in 2021)

Advocacy - 6.7

- Q23a Care of patients / service users is my organisation's top priority –
 73.1% (decline from 74.5% in 2021)
- Q23c I would recommend my organisation as a place to work 58.5% (improvement from 58.4% in 2021)
- Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation – 67.6% (decline from 71.4% in 2021)





St George's is ranked 12th with regards to the staff engagement score, in comparison with other London Acute Trusts (total of 18).

Morale (SGH)

Overall trends and sub-scores

Our overall morale score has also remained the same for 2021, and returns to the score seen in 2018. The sub-scores for morale are as follows: thinking about leaving, work pressure and stressors.

Thinking about leaving – 5.4

- The amount of respondents who often think about leaving the organisation (Q24a) continues to increase year on year, with the 2022 score being at 35.5%. This is higher than the acute average of 31.9%
- Furthermore, 29.9% have said they will probably look for a job in a new organisation in the next 12 months (Q24b) and 22.9% have said they will leave as soon as they can find one (Q2c)
- All scores in this area have seen an increase year on year since 2020

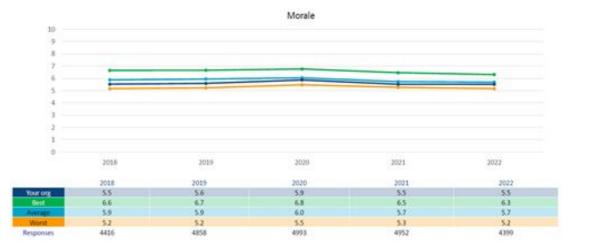
Work pressure – 4.9

 Many of the questions in this sub-score overlap with those of the we are safe and healthy People Promise theme. We have highlighted key takeaways in the following slide.

Stressors - 6.2

- 43.6% of respondents say that working relationships are strained (Q5c). This has seen a slight increase since 2021, but not a significant shift
- Similarly many questions in this sub-score overlap with other People Promise themes, in which key takeaways are on the next slide.





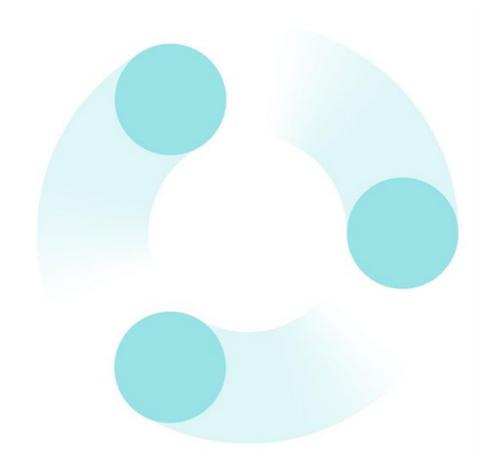
St George's is ranked 15th with regards to the morale score, in comparison with other London Acute Trusts (total of 18).

Other survey themes (SGH)

People Promise scores and key takeaways



Promise 1: We are compassionate and inclusive	7.0 theme score	0.1 lower than 2021	 Views on fair career progression (Q15) has seen an improvement year on year, with the 2022 score being 49%. However, similar to last year, views between different ethnic groups vary a lot on this question Views on discrimination from patients (Q16a) and colleagues (Q16b) have seen no significant difference year on year (0.2% decline in both cases) There has been a slight decline on views around values. 67.6% believe that colleagues are kind to one another (Q8b), and 68.9% believe that colleagues are polite and treat each other with respect (Q8c). Both scores sit slightly below the average.
Promise 2: We are recognised and rewarded	5.6 theme score	0.1 lower than 2021	 48.3% are satisfied with recognition for good work (Q4a), however, this has been a sustained decline since pre-pandemic levels of 53.9% in 2019. This score is also below the average of 51.2% 39.4% are satisfied with extent organisation values their work (Q4b), which has declined from 40.8% in 2021, and is lower than the 2019 score of 44.8%. This is against an average of 41.1%
Promise 3: We each have a voice that counts	6.5 theme score	In line with 2021	 There has been an improvement in Q3e, staff reporting they are involved in changes that affect their department (51.1% compared to 48.4% in 2021). Similarly, 53.7% report that they feel able to make improvements happen in their work (Q3f). There has been a slight decline in staff feeling safe to speak up (Q23e), with 56.5% feeling safe to do so (compared to 57.5% in 2021 and a acute average of 60.3%). Furthermore, 43.3% feel confident concerns would be addressed (Q23f)
Promise 4: We are safe and healthy 5.8 theme score In line with 2021 Promise 5: We are always learning 5.3 theme score 0.1 higher than 2021			 Similar to the trend of average, 38.2% find work emotionally exhausting (Q12a) and 36.3% feel burnt out because of work (Q12b). Whilst this has seen a decline year on year, this is not a significant shift Less respondents are reporting feeling unwell as a result of work-related stress (45.2% in 2022 compared to 47.9% in 2021) 50.3% of respondents feel that the organisation takes positive action on health and wellbeing (Q11a). This is a below the average of 55.6%.
			 52.4% have said that they are able to access the right learning and development opportunities when needed (Q22e), which has improved from 49.7% in 2021. The majority of respondents had received an appraisal in the last 12 months and the views on the quality of appraisals have seen a slight improvement since 2021 53.3% believe there are opportunities for them to develop my career in this organisation.
Promise 6: We work flexibly	5.7 theme score	In line with 2021	 The flexible working has seen a slight improvement year on year. 41.4% believe that Organisation is committed to supporting a good work-life balance (Q6b), which is on 2021's score Furthermore, 63.3% feel able to talk openly with their line manager about flexible working (Q6d), which is also an improvement on 2021's score
Promise 7: We are a team	6.5 theme score	In line with 2021	 Views on team working remain relatively positive. For example, 78.5% enjoy working with colleagues in their team (Q7e). The majority of questions on line managers has also seen an improvement year on year





Epsom & St Helier

Staff Survey Results



Summary of Results (ESTH)

Trust Overview

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 2021 theme score. We have also listed the benchmark average, which in this case is Acute and Acute & Community Trusts. (More detail on this is on the following slide).

People Promise Theme	Trust score 2022	Trust score 2021	Avg.
Promise 1: We are compassionate and inclusive	7.1	7.1	7.2
Promise 2: We are recognised and rewarded	5.7	5.7	5.7
Promise 3: We each have a voice that counts	6.6	6.6	6.6
Promise 4: We are safe and healthy	5.9	5.9	5.9
Promise 5: We are always learning	5.0	4.8	5.4
Promise 6: We work flexibly	5.9	5.8	6.0
Promise 7: We are a team	6.5	6.5	6.6
Morale	5.6	5.6	5.7

50%

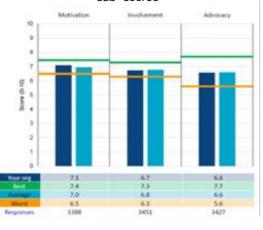
Response Rate 3464 responses

6.8

Engagement score In line with benchmark and no change from 2021

Staff Engagement breakdown

Motivation, Involvement and Advocacy sub-scores



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

Areas of greatest improvement and decline

Most improved scores	Org 2022	Org 2021
q21a. Received appraisal in the past 12 months	70%	62%
q11c. In last 12 months, have not felt unwell due to work related stress	59%	56%
q7b. Team members often meet to discuss the team's effectiveness	58%	55%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	43%	40%
q12d. Never/rarely exhausted by the thought of another day/shift at work	36%	33%

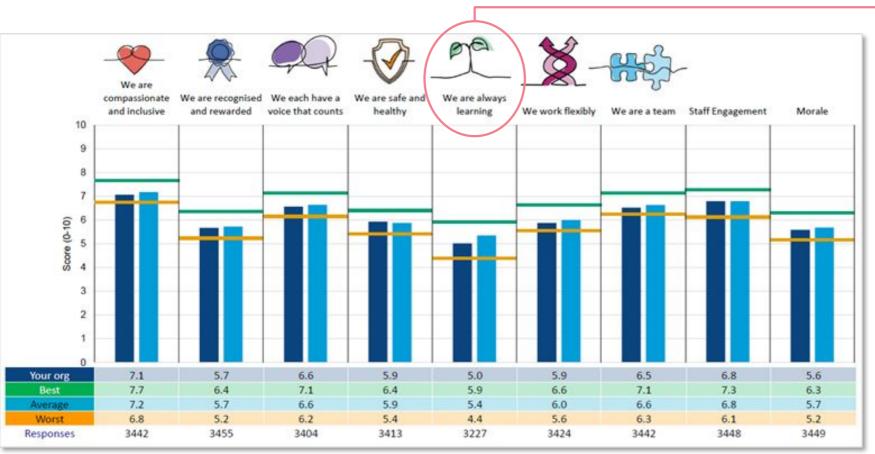
Most declined scores	Org 2022	Org 2021
q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	66%	72%
q4c. Satisfied with level of pay	23%	28%
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	63%	67%
q3h. Have adequate materials, supplies and equipment to do my work	52%	55%
q23c. Would recommend organisation as place to work	56%	59%

Summary of Results (ESTH)

All themes at a glance



University Hospitals and Health Group



Themes have seen no significant changes year on year and do not significantly deviate from the average.

We are always learning theme sees the biggest difference from the 'average' at 0.4 difference, however, this score saw a 0.2 improvement from 2021 the 2021 score. This theme also sees a significant difference from the 'best' score of 6.4.

Staff Engagement (ESTH)

Overall trends and sub-scores

Our overall staff engagement score has remained the same since 2021, although this is a decline on 2020 and 2019 scores.

Motivation – 6.9

- Q2a I look forward to going to work 55.4% (improvement from 53.7% in 2021)
- Q2b I am enthusiastic about my job 68.1% (improvement from 67.7% from 2021)
- Q2c Time passes quickly when I'm working 74.3% (improvement from 74.2% in 2021)

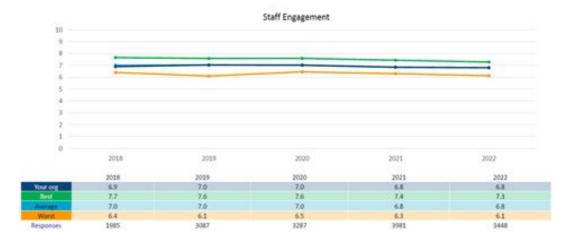
Involvement - 6.7

- Q3c There are frequent opportunities for me to show initiative in my role –
 71.9% (decline from 72.6% in 2021)
- Q3d I am able to make suggestions to improve the work of my team / department – 69.4% (improvement from 69.3% in 2021)
- Q3f I am able to make improvements happen in my area of work 54.0% (improvement from 52.1% in 2021)

Advocacy - 6.7

- Q23a Care of patients / service users is my organisation's top priority –
 72.8% (decline from 75.9% in 2021)
- Q23c I would recommend my organisation as a place to work 55.4% (decline from 58.7% in 2021)
- Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation – 62.0% (decline from 67.1% in 2021)





Epsom & St Helier is ranked 11th with regards to the staff engagement score, in comparison with other London Acute Trusts (total of 18).

Morale (ESTH)

Overall trends and sub-scores

Our overall morale score has also remained the same for 2021, and returns to the score seen in 2018.

Thinking about leaving - 5.4

- The amount of respondents who often think about leaving the organisation (Q24a) continues to increase year on year, with the 2022 score being at 32.6%. This is slightly higher than the acute average
- Furthermore, 26.8% have said they will probably look for a job in a new organisation in the next 12 months (Q24b) and 21.2% have said they will leave as soon as they can find one (Q2c)
- All scores in this area have seen an increase year on year since 2020

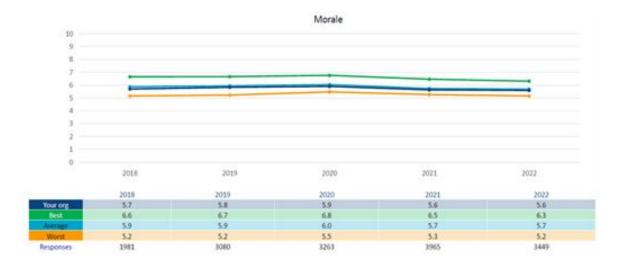
Work pressure – 4.9

 Many of the questions in this sub-score overlap with those of the we are safe and healthy People Promise theme. We have highlighted key takeaways for our Trust in the following slide.

Stressors - 6.2

- 42.4% of respondents say that working relationships are strained (Q5c).
- Similarly many questions in this sub-score overlap with other People Promise themes, in which key takeaways are on the next slide.





Epsom & St Helier is ranked 10th with regards to the morale score, in comparison with other London Acute Trusts (total of 18).

Other survey themes (ESTH)

People Promise scores and key takeaways



Promise 1: We are compassionate and inclusive	7.1 theme score	In line with 2021	 The survey shows little change of the score for the question does your organisation act fairly: Career progression This was 50.8% in 2022 and 51.0% in 2021 This 4.8% below the national average 	
Promise 2: We are recognised and rewarded Promise 3: We each have a voice that counts 5.7 In line with 2021 6.6 In line with 2021			 This theme score has seen no change year on year, and is in line with the national average 51.3% are satisfied with recognition they get for good work, which is an increase from 2021 score of 48.8% 41.2% are satisfied with extent organisation values my work, which is also an increase on the 2021 score 	
			 In 2022, 69.6% feel secure raising concerns about unsafe clinical practice. This was a decline from 71.5% in 2021 and against an average of 70.8%. Furthermore, 53.7% feel confident that organisation would address concerns about unsafe clinical practice, which is a decline from 56.3% in 2021 and against an average of 55.7%. 56.9% of respondents feel safe to speak up about anything that concerns them in this organisation, which is a decline from 58.5% in 2021 (and against an average of 61%). 	
Promise 4: We are safe and healthy	5.9 theme score	In line with 2021	 The survey shows a 2.9% improvement of the score for the question regarding feeling unwell due to work related stress. This was 44.0% in 2021 and has declined to 41.1% in 2022. We are however above pre-pandemic levels (39.4 % in 2019). Furthermore we see improvements in all our questions relating to burnout However, there has been a 2.6% decline in respondents saying the organisation takes positive action on health and well-being, with scores of 50.3% in 2022 (down from 52.9% in 2021). 	
		0.2 higher than 2021	 The survey shows slight improvements in questions related to development, however most questions remain below the national average Views on appraisals are continuing to improve 70.4% of staff state that they have had an appraisal - 8.2% improvement on 2021 All 3 appraisal questions are above the national average 	
Promise 6: We work flexibly	5.9 theme score	0.1 higher than 2021	 The flexible working has seen a slight improvement year on year. 43.7% believe that organisation is committed to helping staff balance work and home life, which is on 2021's score Furthermore, 64.5% of staff say they can approach their immediate manager to talk openly about flexible working which is also an improvement on 2021's score 	
Promise 7: We are a team	6.5 theme score	In line with 2021	 We have seen improvements in the majority of our team working questions 58% of staff have team meetings to discuss effectiveness which has improved by 2.9%. The majority of questions on line managers has also seen an improvement year on year 	

Approach to Big 5 and impact priorities

Comparisons and overlaps GESH approach to planning

The CLP diagnostic results at ESTH have been triangulated with the staff survey results and we see clear overlaps in areas to improve our staff experience and the culture at ESTH. Similarly, the CEI review and refresh work will align closely with feedback given through the staff survey to ensure a clearly defined approach to improving the culture.

We also face two major challenges for the ESTH and SGH:

- The amount of work is considerable and even if deliverable it may not be absorbable by the organisation given the current pressures
- 2. There are other workforce issues that are referred to in the staff survey that present major challenges to the Trust (e.g. needing to recruit more staff and retain existing staff).

Culture Programme themes

ESTH

- Articulated group vision
- Visibility of managers
- Manager development at all levels

SGH

- Clarity on Trust priorities, vision and values
- Building strong leadership across all levels
- Improving team working and performance
- Building a culture of empathy and compassion
- Increasing psychological safety

Psychological safety – speaking up

- Fairness in career progression Discrimination
- Incivility
- Manager behaviours & insight
- Appraisal completion

NHS St George's, Epsom and St Helier

University Hospitals and Health Group

Staff Survey

ESTH

- Work life balance & flexible working
- Access to Developmen

SGF

- · Violence and aggressio
- Living our values (inc. speaking up)
- Health and Wellbeing
- Leading and managing
- Inclusion

To address our challenges: The plan for the next 18 months needs to deliver impact and have a significantly positive effect on staff. It has been provisionally agreed at Executive level to adopt a plan that can be delivered across the Group. This is currently under development. A prioritised and concentrated plan from the 'Big 5' will work alongside programmes of work to increase staffing levels, aide retention and be across GESH Group.

Big 5



	Bullying and harassment & keeping staff safe	Civility and psychological safety	High performance teams	Compassionate and inclusive leadership	Inclusive behaviour within teams
Subtheme(s)	 Violence and aggression Clarity on processes and support for staff Sharing local action and best practice (e.g. ED) Bullying & Harassment 	 Civility and respect Psychological safety and speaking up Values based leadership 	 Managers tools to support staff Stronger language, creating expectations, embedding in current processes/training/etc. Building H&WB culture 	 Values based appraisal processes Recognition Continued development and promotion of management and leadership development offer 	Spotlight on work in WRES/WDES, emphasis on local action – to achieve change in anti-discrimination, de- biasing recruitment, increasing representation at senior levels, Reasonable adjustments and career progression
Rationale	In SGUH: The survey shows little change in the amount of people saying they have experienced violence from patients/service user or the public (14% in 2021 and 2022) We have seen a decline in the percentage of respondents reporting violence. In 2021 70% of respondents said that they reported the last incident of violence, whereas this was 66% in 2022. it remains higher than we would like to see. We are beginning to see increase in respondents saying that they have experienced bullying and harassment from other colleagues and managers.	 In SGUH There has been a 2% decline in respondents saying colleagues are understanding and kind to one another (68% in 2022 from 70% in 2021). Furthermore, there has been a 1% decline in respondents saying colleagues are polite and treat each other with respect (69% in 2022 from 70% in 2021). The average is 71%. In ESTH 2022, 70% feel secure raising concerns about unsafe clinical practice. This was a decline from 71% in 2021 and against an average of 71%. Furthermore, 54% feel confident that organisation would address concerns about unsafe clinical practice, which is a decline from 57% in 2021 and against an average of 56%. 58% of respondents feel safe to speak up about anything that concerns them in this organisation, which is a slight decline from 59% in 2021 (and against an average of 61%). 	 In SGUH -My immediate manager takes a positive interest in my health & well-being saw the largest negative difference (4%) from the average, with a score of 64% against an average of 68%. Some important points regarding the way teams deal with disagreements (decreased 55%), and the ability of teams to work well together to achieve objectives (stayed at 50%) are lower than we would expect for high performance team work In SGUH There have been some improvements in responses to questions related to Team Work but some important points regarding the way teams deal with disagreements (decreased 55%). In ESTH, there has been a 2% decline in respondents saying the <i>Organisation takes positive action on health and well-being</i>, with scores of 51% in 2022 (down from 53% in 2021). 	 In SGUH The majority of questions on line managers has seen an improvement year on year Largest increase year on year has been the question Immediate manager asks for my opinion before making decisions that affect my work (58% in 2022 increased from 55% in 2020) However, most questions on line managers perform lower than average My immediate manager takes a positive interest in my health & wellbeing saw the largest negative difference (4%) from the average, with a score of 64% against an average of 68% In ESTH the largest increase year on year has been the question Immediate manager encourages me at work (59% in 2022 increased from 56% in 2020)However, most questions on line managers perform lower than average 	 There is a focus on culture of inclusion in people strategy as pillar of the NHS People Promise. In SGUH The question regarding reasonable adjustments saw the biggest negative deviance from the acute average (62% for the trust verse 72% for the acute average). Implementing WRES core pillars requires change at local rather than only corporate levels. There is a focus on culture of inclusion in people strategy as pillar of the NHS People Promise. In ESTH The survey shows no change of the score for the question does your organisation act fairly: Career progression This was 51% in 2021 and 2022. This is 6% below the national average

Local response to the staff survey

A rigorous approach to designing, planning and embedding change in local areas in response to staff survey findings



Division reporting and action planning

- Each division receives a report providing results at a divisional level and includes breakdown for each of the directorates within the division
- Each division has a staff survey workshop with their HRBP/OD lead in which they are able to discuss and digest results
- Each division is provided with a template to complete their action plan following results discussions, which includes focus areas and how they align to the Big 5
- · Action plans provided for assurance through BAF
- Highlight reporting on action plans through PMG

Care Group/Department reporting and support

- Each Care Group/Department is also provided the results for their area
- Toolkit also shared in order to provide further support and guidance on how to read and act on results
- Improved accountability with leads reporting plans and progress to DMBs

Top 10/Bottom 10 analysis

The top 10/bottom 10's analysis enables us to identify areas of best practice and hotspots when it comes to the survey, in line with other metrics. It helps us to understand better how we can focus attention on areas that may need extra support in continually improving. We support teams identified by:

- Holding initial discussions with leads for top 10 and bottom 10 departments, with the HR team in order to understand their data and what support is available
- Doing case studies of top 10 departments to be promoted and shared in Trust comms (e.g. intranet)
- Making further coaching conversations available for the bottom 10 departments – as required
- Incorporating response to bottom 10 teams in division survey action plans
- Supporting departments to employ a continuous improvement approach, as well as promotion of existing initiatives to support departments in improvements (e.g. management fundamentals, team development site, leadership development, values work)





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	3.1		
Report Title	Quality Committees-in-Common Report to Group Board		
Non-Executive Lead	Aruna Mehta, Quality Committee Chair, ESTH Andrew Murray, Quality Committee Chair, SGUH		
Report Author(s)	Aruna Mehta, Quality Committee Chair, ESTH Andrew Murray, Quality Committee Chair, SGUH		
Previously considered by	n/a	-	
Purpose	For Assurance		

Executive Summary

This report sets out the key issues considered by the Quality Committees-in-Common at its meetings in March and April 2023 and sets out the matters the Committees wish to bring to the attention of the Group Board. The key issues the Committees wish to highlight to the Board are:

- <u>Industrial Action:</u> The Committees reviewed the planning for and impact of industrial action by junior doctors at both Trusts in March and April and the preparations undertaken to maintain patient safety. The Committees were assured that there had been no known cases of patient harm as a result of the industrial action by junior doctors at either Trust and that learning has been shared across the Group. A key concern is the number of elective procedures that had needed to be cancelled and the Committees further recognised that while patients had been kept safe, the measures taken to ensure this could not be sustained on an indefinite basis.
- <u>Maternity Services:</u> The Quality Committees-in-Common continue to review, on a monthly basis, the quality and safety of maternity services across the Group. The Committees sought assurance on the planned the external review of quality and safety in the SGUH maternity unit, and on the commissioning of a Group-wide external review of culture in maternity services, which follows the recommendations of the Kirkup Review.
- Major Trauma Services at SGUH: The Committees received an update on the actions being taken to improve major trauma outcomes at SGUH and were assured that good progress is being made. The refurbished major trauma ward at SGUH will open in May. A substantive consultant appointee with an interest in major trauma has now started within the neurosurgery team and is leading on the neurotrauma workstream.

Action required by Group Board

The Group Board is asked to note the issues escalated to by the Quality Committees-in-Common to the Group Board and the wider issues on which the Committees received assurance in March and April 2023.

Group Board, Meeting on 05 May 2023

Agenda item 3.1





Committee Assurance								
Committee People Committees-in-Common								
Level of Assurance	Not Applicable							
Appendices								
Appendix No. A	ppendix Name							
Appendix 1 N	/A							
1								
Implications								
Group Strategic Obj	ectives							
☐ Collaboration & Partr	erships		☑ Right	care, right place, right t	ime			
☑ Affordable Services, †	fit for the future		☐ Empo	owered, engaged staff				
Risks								
As set out in paper.								
CQC Theme								
⊠ Safe	☑ Effective	☑ Caring		☑ Responsive	☑ Well Led			
NHS system oversig	ht framework							
☑ Quality of care, access	ss and outcomes		☐ Peop	le				
☑ Preventing ill health a	and reducing inequalities	;	Lead	ership and capability				
☐ Finance and use of resources ☐ Local strategic priorities								
Financial implications								
As set out in paper.								
Legal and / or Regul	atory implications							
N/A								

As set out in paper.

N/A

Equality, diversity and inclusion implications

Environmental sustainability implications

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Quality Committees-in-Common Report Group Board, 05 May 2023

1.0 Purpose of paper

1.1 This report sets out the key issues considered by the Quality Committees-in-Common at its meetings in March and April 2023 and includes the matters the Committees specifically wish to bring to the attention of the Group Board.

2.0 Items considered by the Committees

2.1 At its meetings on 23 March and 27 April 2023, the Committee considered the following items of business:

March 2023		April 2023		
•	Quality Performance Report (M11)	•	Quality Performance Report (M12)*	
•	Serious Incidents Report	•	Serious Incidents Report	
•	Maternity Services Report*	•	Maternity Services Report*	
•	Group Infection Prevention and Control Update*	•	Group Infection Prevention and Control Update*	
•	Fundamentals of Care Deep Dive (Pressure damage)	•	Update on Junior Doctors Industrial Action	
•	Maternity Services Survey Results	•	Update on the development of the Major Trauma service at St	
•	Update on cases with the		George's	
	Parliamentary Health Services Ombudsman	•	Update on Internal Audit on Consent Policy (SGUH)	
•	Human Tissue Authority Annual Report	•	Preparation on Group-wide CQC Core Inspections	
•	Update from the St George's Clinical Ethics Committee			

^{*} Items marked with an asterisk are on the Group Board agenda as stand alone items in May 2023.

2.2 The Committees were quorate for both meetings.

3.0 Key issues for escalation to the Group Board

- 3.1 The Committees wish to highlight the following matters for the attention of the Group Board:
 - a) Industrial Action

The Committees have received regular updates on the industrial action by nursing, medical and other clinical staff and the preparations being undertaken across the Group to keep patients safe and to support staff taking action and those providing cover. The

Group Board, Meeting on 05 May 2023

Agenda item 3.1





Quality Committees-in-Common have previously reported to the Trust Boards on the measures taken to protect patient safety during the earlier phases of industrial action at SGUH and the learning that has been identified from this. The Committees' principal focus in the meetings held in March and April was on planning for and lessons learnt from industrial action by junior doctors which had taken place at both Trusts over several days in March and April 2023. The Committee was assured that a great deal of detailed preparation had taken place across the Group at site level, and that learning had been identified by both Trusts' Emergency Preparedness Resilience and Response (EPRR) teams from the March action which had been fed into planning for the further action in April as part of a formal debriefing process supported by the Site Chief Medical Officers.

The Committees recognised that the action posed a significant risk to the delivery of safe care at both Trusts, and about the impact on patients of the cancellation of significant quantities of elective operations and sought assurance regarding the actions taken to protect patients and support staff. A particular issue ahead of the first round of action by junior doctors in March had been uncertainty regarding the level of consultant cover that would be available, particularly in the context of the BMA rate card, though this had been resolved and was not an issue during the action in April.

The Committees were assured that there had been no known cases of patient harm as a result of the industrial action by junior doctors at either Trust. It was also evident that consultants had covered effectively during the action, supported by colleagues across professions, and this had contributed to an improvement in patient flow, which was seen as the consequence of greater senior involvement in decision-making a an earlier time, and the challenge was to consider how this could be applied effectively more generally. The Committees' principal area of concern was the number of elective procedures that had needed to be cancelled, the consequent impact on waiting lists, and the potential risk of harm to those whose appointments had been cancelled. The Committees were assured that there were clear processes for identifying what had worked well and areas for improvement at both Trusts.

The Committees acknowledged the hard work and dedication of all staff groups for steeping-up during these periods of industrial action at what was a particularly challenging time. The Committees further recognised that while patients had been kept safe, the measures taken to ensure this could not be sustained on an indefinite basis.

b) Maternity Services

The Quality Committees-in-Common continue to review, on a monthly basis, the quality and safety of maternity services across the Group. The report considered by the Committees is also on the Group Board agenda, but the Committees wish to highlight certain issues to the Group Board. In particular, the Committees sought assurance on the planned the external review of quality and safety in the SGUH maternity unit I the context of the unit's MBBRACE data showing elevated still birth and neonatal mortality rates. While this review has not yet started, this is a key priority and the Committees are keen this progresses promptly and to see the analysis and consider any recommendations arising. The Committees are also keen to see progress in the commissioning of a Group-wide external review of culture in maternity services, which the two Trusts had decided to commission in response to the recommendations of the Kirkup Review.

The Committees discussed the recent inspection of maternity services at SGUH and sought and received assurances that the learning from this was being identified and factored into the planning for a similar inspection at ESTH, which was expected during the summer.





c) Major Trauma Service (SGUH)

At the April 2023 meeting the Quality Committees-in-Common received an update on the development of the Major Trauma Service at SGUH. As background, SGUH received a letter from the Trauma Audit Research Network (TARN) in August 2022 informing the Trust that it was considered a negative outlier for case-mix adjusted mortality outcomes for the period April 2019 to March 2021. This followed a similar alert received in June 2020 for the period July 2017 to June 2019. TARN risk-adjusted outcome data had shown that the SGUH Major Trauma Centre to have a higher-than-average mortality. Following the initial alert, mortality in major trauma was addressed and monitored through the Trust's Mortality Monitoring Group, chaired by the Chief Medical Officer. In April 2022, the SGUH Major Trauma Centre and the South West London and Surrey Trauma Network underwent a major trauma peer review by the London Major Trauma System. The overall rating was satisfactory, with a rating of good for the network, but some concerns relating to service delivery, quality and outcomes were identified which correlated with the findings from TARN data and data through the Hospital Standardised Mortality Ratio (HSMR), and which were raised by peer review in 2019.

The Quality Committee of SGUH and the Quality Committees-in-Common across the Group have previously reviewed the actions being taken to address these. On 28 March 2023, the Trust received a letter from TARN confirming that the data quality review for 2021/22 had been completed. This did not alter the excess mortality identified, with the Trust still being more than 3 standard deviations from the expected rate of survival, but TARN noted for the first time that there are a number of other trusts in the same position and, as a result, TARN is considering other factors that had not previously been considered, in particular Covid-19 infection. The Committees will maintain close oversight of this and the actions being taken to address the mortality concerns.

The SGUH major trauma ward (Holdsworth) refurbishment work was completed on 27 March 2023. This is followed with a further six weeks of commissioning requirements, and the ward will open in May 2023. The business case for 6 new major trauma fellows has been approved at site level. These will support the existing non-medical major trauma workforce on the new trauma ward in order to centralise expertise for the most unwell patients. A substantive consultant appointee with an interest in major trauma has now started within the neurosurgery team and is leading on the neurotrauma workstream. Both the refurbishment work and the appointments are key measures taken to strengthen the service and respond to the issues around mortality. Two important outputs of the continued work on the major trauma services are to improve access to theatres for emergency cases and consider introduction of a pathway to reduce time from arrival in the Emergency Department to theatre for severe brain injuries. A successful bid to establish an acquired brain injury service which will come with recurrent funding and allow the workforce model to be further refined over the coming 1-2 years has also been secured. Taken together, the Committees were assured that good progress is being made against the delivery of an action plan to improve major trauma outcomes from the bottom quartile nationally.

4.0 Key Issues on which the Committees received assurance

- 4.1 The Committees wish to report to the Group Board the following matters on which they received assurance:
 - d) 'Fundamentals of Care' Deep Dive

The Committees have a rolling programme of deep dives on the 'fundamentals of care', focused on areas where performance is not where the Trusts would wish it to be. The

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Committees consider these deep dives to be an important part of how it seeks assurance on an area which is critical to patient safety and patient experience, as well as being an area of focus for the CQC.

Previously, the Quality Committees-in-Common have reported to the two Trust Boards on nutrition and hydration at both ESTH and SGUH. Having undertaken a deep dive on pressure damage at SGUH at its meeting in February, in March the Committees undertook a similar deep dive focused on these issues at ESTH. The deep dive reviewed pressure ulcer prevention indicators and performance between January 2021 and January 2023. The Committee heard that, in 2022, the number of acquired pressure ulcers at ESTH increased from 179 to 190, with particularly high numbers of acquired pressures ulcers in July and August 2022. The Committees were assured that since November 2022 there has been a month-on-month reduction in the overall number of pressure ulcers at ESTH, with no 'Grade 3' or 'Grade 4' acquired pressure ulcers recorded in this period. The Committees received assurance that where wards registered higher prevalence of pressure ulcers staff had received targeted intervention in terms of additional training and support. Further assurance was taken from the action plan and governance arrangements put in place to oversee the delivery of site-level improvements, which is monitored by the Pressure Ulcer Steering Group. Overall, the Committees welcomed the deep dive as it enabled them to draw together and triangulate some key themes. The Committees were assured that with the introduction of the new Patient Safety Incident Response Framework a single overarching Group-wide improvement plan was being developed, with site-specific actions, to address the points raised.

In April 2023, the Committees held a further deep dive on the 'fundamentals of care', focused on venous thromboembolism (VTE). It is estimated that, nationally, over 25,000 people die from preventable hospital acquired VTE every year, and the Committees were keen to understand how the Trusts and the Group as a whole is managing hospital acquired VTE and what further preventative actions can be taken. The deep dive reviewed the VTE indicators and performance at both Trusts between April 2020 and February 2023. The national key performance indicator for VTE risk assessment for acute hospitals is 95%. ESTH had not met this target for the period of reporting, but the Committee took some reassurance from the fact that the April 2022 data, when compared to the previous year, indicated a decline in the number of hospital acquired cases of VTEs. SGUH has been compliant with the National target for VTE for at least the previous 18 months, albeit further action is needed to ensure VTE risk assessments are documented in iClip. The Committees reviewed the Group-level hospital acquired VTE prevention plan for the coming year and were assured by the comprehensive plans that had been developed, and with the Group- and Site-level governance arrangements to oversee delivery of the plan.

e) Serious Incidents

The Committee continues to receive monthly reporting on Serious Incidents, with commentary about immediate actions taken or relevant information about planned investigations, and learning from completed SI investigations. While the details of individual SIs are of course concerning, the Committee is assured that the Group has in place robust processes for identifying, investigating and reporting on SIs. A total of 87 SIs have been reported for the 2022/23 (to February 2023) for the Group (55 for ESTH and 32 for SGUH), which compares with 79 for 2021/22 as a whole (38 for ESTH and 41 for SGUH). The Committees discussed and received assurance around the historical marked difference in the numbers of serious incidents declared at ESTH when compared with SGUH. A review of incidents declared had been undertaken and it was noted that the Trusts applied different criteria to nosocomial Covid-19 deaths and to pressure ulcers. These approaches have now been aligned. The Committees noted in particularly the

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approach to pressure ulcer incidents would be aligned by June 2023 through the implementation of the new Patient Safety Incident Response Framework.

The Committees have previously discussed and have expressed concern regarding the number of overdue SI investigations at ESTH. The Group Chief Medical Officer, Group Chief Nursing Officer along with the Site Chief Medical Officer regularly review these plans and ensure appropriate mitigations are in place if there are any risks considered. The progress of the open SI investigations are monitored at the weekly serious incident meetings. The Committees will continue to seek assurance that the overdue investigations have been completed, necessary actions taken and implemented effectively, and the SI process is strengthened to prevent a reoccurrence of a backlog.

f) Infection Prevention and Control (IPC)

The Committees received a comprehensive monthly report on infection prevention and control and this reporting provides substantial assurance to the Committee that the Trust's governance and oversight of IPC is effective. As this report is also submitted to the Board in full (see agenda item 5.1), the Committees would highlight to the Board the updates received in relation to Clostridioides difficile (C diff). For ESTH, a total of 3 Hospital Onset Healthcare Associated (HOHA) C diff cases had been recorded in March 2023, taking the total number of cases for 2022/23 to 38 cases against a nationally determined threshold for the Trust of 50 cases. For SGUH, a total of 5 hospital acquired C diff cases had been recorded in March 2023, four of which had been classified as HOHA and 1 as Community Onset Healthcare Associated (COHA). SGUH had recorded a total of 60 C diff cases for 2022/23 as a whole against a nationally determined threshold for the Trust of 43 cases. Pseudomonas aeruginosa had been a previous area for concern within SGUH but the Committee heard that there were no healthcare associated linked cases on Neonatal Unit in March. The Committees were assured that IPC mandatory training compliance continued to be on an improving trajectory for all areas for both clinical and non-clinical staff.

5.0 Other issues considered by the Committees

5.1 During this period, the Committee also received the following reports:

a) Clinical Ethics Committee Annual Report (SGUH)

In March the Chair of the SGUH Clinical Ethics Committee attended the meeting of the Quality Committee to share their Annual Report. The Committee provides an opportunity to discuss individual patient care issues and cases which would benefit from a wider group discussion. The meetings offered the opportunities to discuss and seek views on interesting cases and provided useful support for staff who felt that they were being heard. Issues discussed included the allocation of ICU beds during peak periods and ensuring that there was no avoidable harm. The value of these meetings to supporting staff was particularly noted. It was also agreed that work around ethics needed to be embedded, independent and not disembodied. The Committee learnt that establishing a Group wide Clinical Ethics Committee was being explored. ESTH had a similar function during the height of the Covid 19 pandemic.

b) Preparations for CQC Core Services Inspections

During the April meeting of the Quality Committee the members received an update from both Trust's on the preparation for forthcoming expect CQC Inspections. Each of the Clinical Divisions had produced their own plans and Peer Reviews and Mock Inspections

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were taking place. Following this plans would be updated to focus on areas considered still outstanding.

c) Parliamentary Health Service Ombudsman Cases

At the March meeting, the Committees received an update on concerns which patients had raised via the Parliamentary Health Service Ombudsman (PHSO). The Committees had previously requested to receive this information at an earlier meeting. A high-level summary of cases from 2019 to date were shared and key points which were highlighted:

- Enquires: There were 11 enquires for ESTH and 20 for SGUH. Two enquires remained open for ESTH and 13 remained open for SGUH.
- Investigations: There were 4 investigations for ESTH and 3 for SGUH during the period. Two investigations remain open for ESTH.

The Committee confirmed that they felt that that there was a good governance framework in respect of the PHSO across the trusts, and any issues raised with them. The Committee also noted that they felt there was substantial assurance in respect of this area of work.

6.0 Review of risks

- The Committees hold regular reviews of the quality and safety-focused strategic risks on the Board Assurance Framework and on each Trusts' Corporate Risk Register. In March and April, the Committees discussions on risk were focused principally around the risks associated with industrial action and ensuring patient safety. The Committee is scheduled to review the Q4 2022/23 position on the two Trusts' Board Assurance Frameworks at its meeting in May, and to review in detail the quality and safety risks on the Corporate Risk Registers for both Trusts at its meeting in June 2023. The Committees' report to the July Group Board meeting will provide an update on this.
- 6.2 A new Group Board Assurance Framework is being developed linked to the new Group strategy and the Quality Committees-in-Common plan to review draft strategic risks relating to quality and safety at its next meeting.

7.0 Recommendations

7.1 The Group Board is asked to note the issues escalated to by the Quality Committees-in-Common to the Group Board and the wider issues on which the Committees received assurance in March and April 2023.

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Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	3.3		
Report Title	People Committees-in-Common Report to Group Board		
Non-Executive Lead	Stephen Collier, People Committee Chair, SGUH Martin Kirke, People Committee Chair, ESTH		
Report Author(s)	Stephen Collier, People Committee Chair, SGUH Martin Kirke, People Committee Chair, ESTH		
Previously considered by	n/a	-	
Purpose	For Assurance		

Executive Summary

This report sets out the key issues considered by the People Committees-in-Common at its meetings in March and April 2023 and sets out the matters the Committees wish to bring to the attention of the Group Board. The key issues the Committees wish to highlight to the Board are:

- <u>Industrial Action:</u> The Committees have received regular updates on the industrial action by nursing, medical and other clinical staff and the preparations being undertaken across the Group to keep patients safe and to support staff taking action and those providing cover. The Committees have been assured that the Trusts' have planned effectively and managed well through what has been a particularly challenging period for staff and patients.
- Consultant job planning: The Committees observed considerable variation in performance across the Group, with particular challenges at SGUH. Whereas at ESTH, 81% of consultants have fully signed-off job plans, at SGUH more than 50% had not yet moved through any sign-off process. The Committees were assured that SGUH had commissioned an external review of consultant job planning which had produced a number of recommendations which were being implemented. It was noted that full implementation of these would require the completion of two or three annual cycles of job planning. The Committees discussed the financial impact of weaknesses in the job planning process and underscored the importance of effective job planning to business planning, particularly given the financial pressures on the Trusts and the focus on productivity.
- Appraisal rates: The Committees received assurance that although the appraisals compliance target of 90% at both Trusts had not been met, ESTH had set a trajectory and compliance rates, which were currently 69.29%, had improved significantly in recent months. Although SGUH had a higher level of compliance, at 71.24%, the Committees felt that it was important SGUH set a trajectory to achieve the 90% target and tracked progress against delivery.

Action required by Group Board

The Group Board is asked to note the issues escalated to the Group Board and the wider issues on which the Committees received assurance in March and April 2023.

Group Board, Meeting on 05 May 2023

Agenda item 4.3





Committee Assurance						
Committee	Committee People Committees-in-Common					
Level of Assurance Not Applicable						
Appendices						
Appendix No.	Appendix Name					
Appendix 1	N/A					
Implications	Nhiaatiyaa					
Group Strategic O						
☐ Collaboration & Pa	•		_	t care, right place, right t	ime	
☑ Affordable Service	es, fit for the future		⊠ Emp	owered, engaged staff		
Risks						
As set out in paper.						
CQC Theme						
☐ Safe	☐ Effective	☐ Caring		☐ Responsive	☑ Well Led	
NHS system oversight framework						
☐ Quality of care, acc	cess and outcomes		⊠ Peop	le		
☐ Preventing ill healt	th and reducing inequalities	;	□ Leadership and capability			
	of resources		☐ Local strategic priorities			
Financial implications						
As set out in paper.						
Legal and / or Regulatory implications						
N/A						
Equality, diversity and inclusion implications						
As set out in paper.						
Environmental sustainability implications N/A						
1 1 1 / / 7						

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People Committees-in-Common Report Group Board, 05 May 2023

1.0 Purpose of paper

- 1.1 This report sets out the key issues considered by the People Committees-in-Common at its meetings in March and April 2023 and includes the matters the Committees specifically wish to bring to the attention of the Group Board.
- 1.2 The role of the Committee, as set out in its terms of reference, is to provide assurance on the development and delivery of a sustainable, engaged and empowered workforce that supports the provision of safe, high quality, patient-centred care.

2.0 Items considered by the Committees

2.1 At its meetings on 10 March and 21 April 2023, the Committee considered the following items of business:

March 2023	April 2023
 Group Workforce Key Performance Indicators Report Workforce Improvement Programme Report Industrial Action Update People Risks by Exception Deep Dive – Appraisals Employee Relations Review Update Job Planning Update and Business Planning 2023/24 Joint Bank Service Report Guardian of Safe Working Report Band 5 Nursing Recruitment and Retention Report Gender Pay Gap Annual Report* People Management Group Report Review of Committee Effectiveness 	 Group Chief People Officer's Report Industrial Action Update NHS Staff Survey Report* Staff Health and Wellbeing Report Public Sector Equality Duty Report Planning Education Report (SGUH) Board Assurance Framework (People Risks) People Management Group Report People Committees-in-Common Annual Report to the Group Board inc. Committee Terms of Reference and Annual Forward Plan

 $^{^{\}star}$ Items marked with an asterisk are on the Group Board agenda as stand alone items in May 2023.

2.2 The Committees meet on a on a monthly basis and the focus of meetings alternates between workforce operations in one month and culture, diversity, inclusion and organisational development the next. The chairing of the meetings rotates between the respective Chairs of the Committees at ESTH and SGUH. The SGUH Committee Chair chaired the meeting in March and the ESTH Committee Chair chaired the meeting in April 2023.

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3.0 Key issues for escalation to the Group Board

3.1 The Committees wish to highlight the following matters for the attention of the Group Board:

a) Industrial Action

The Committees have received regular updates on the industrial action by nursing, medical and other clinical staff and the preparations being undertaken across the Group to keep patients safe and to support staff taking action and those providing cover. The Committee has sought assurance regarding the robustness of the Trusts' preparations and about the impact of the action on the provision of care, recognising that assurance regarding actions taken to maintain patient safety have been led the Quality Committees-in-Common. Overall, the People Committees-in-Common have been assured that the Trusts' have planned effectively and managed well through what has been a particularly challenging period for staff, patients and the Trusts as a whole. The action has been difficult for staff who have taken industrial action, and on those who have provided cover. The Committees have been assured that appropriate wellbeing support has been put in place. The operational impact, particularly on elective care, is clearly significant and will take time to recover. The Committees have also been assured that learning has been identified and implemented following each period of industrial action which has fed into planning for the next.

b) Consultant job planning

At its March meeting, the Committees considered a paper on consultant job planning and how this is being managed in the context of business planning for 2023/24 given the acute financial pressures at both Trusts and the focus on productivity. The Committees were struck by the considerable variation in performance across the Group, with particular challenges at SGUH, and were concerned regarding the financial impact of weaknesses in the job planning process.

At ESTH, 81% of consultants have fully signed-off job plans, and while there had been an 8% fall in the number of job plans that had been fully signed off in 2022/23 compared with the previous year, the Committees were assured that the process at ESTH was reasonably robust and there were clear actions in place to further improve the position in 2023/24. At SGUH, by contrast, of the 723 job plans for 2022/23 more than 50% had not yet moved through any sign-off process. The Committees were assured that the Trust recognised the challenges and had commissioned an external review of consultant job planning which had produced a number of recommendations which were being implemented. The Committees welcomed the progress that had been made at SGUH in developing a new job planning process based on the feedback of the external review and that there was recognition that this needed to be properly aligned with business planning and with local ownership by clinical divisions. The Committees were likewise assured that a new job planning policy had been produced with the LNC which was more structured.

The Committees discussed the financial impact of weaknesses in the job planning process. At SGUH, there is currently a liability for 124 programmed activities (PAs) above 12 in 2022/23 job plans, which translates as a cost pressure across the clinical divisions of around £1.25m. The Committee heard that specific work is underway to address this and prevent an overspend. More work is required to understand how job planning relates to cost pressures within divisions. The Committee heard that it would take three years to implement the new process at SGUH and realise the full benefits. As a result of these weaknesses in process, particular at SGUH, and the financial impact this can have, the Committees have agreed to review job planning on an annual basis.

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Agenda item 4.3

4





c) Appraisal Rates

Both Trusts have struggled for some time with appraisal rates and have consistently been well below the target of 90% completion. As such, the People Committees-in-Common requested a deep dive to analyse performance and the factors driving this, and the actions required to improve completion of appraisals.

The Committees received assurance that although the appraisals compliance target of 90% at both Trusts had not been met, ESTH had set a trajectory and compliance rates, which were currently 69.29%, had improved significantly in recent months. Although SGUH had a higher level of compliance, at 71.24%, the Committees felt that it was important SGUH set a trajectory to achieve the 90% target and tracked progress against delivery. The Committees received assurance that, at ESTH, strong leadership and monitoring of appraisals at by the site team and at divisional performance and leadership meetings had contributed to the increase in appraisals completed.

The Committees agreed that appraisals are an essential part of good leadership and management and were keen that actions to improve completion form part of each Trust's culture programme.

4.0 Key Issues on which the Committees received assurance

4.1 The Committees wish to report to the Group Board the following matters on which they received assurance:

a) NHS Staff Survey

The results of the NHS Staff Survey for 2022 are on the Group Board agenda for the meeting on 5 May. As a result, rather than summarise the findings, the Committees wish to highlight the key elements of their discussions about the results and the actions that follow. While the picture at both Trusts within the Group is, largely, unchanged from the previous year, the Committees were nevertheless disappointed at the overall levels of engagement, with a 48% response at SGUH and 50% at ESTH, and to see a number of metrics regress given the investment in the culture programmes at both organisations. In the context of the challenging external environment, particularly operational pressures and industrial action, it was perhaps to be expected that staff satisfaction with levels of pay, which was a theme at both trusts, should come through quite starkly.

There was welcome progress in a number of scores at both Trusts. At SGUH, it was reassuring to see improvements in the scores for line managers involving staff in decisions that affect them and access to training opportunities, and fairness in career progression. At ESTH, it was encouraging to see marked progress appraisals and other improvements regarding work-related stress, staff working beyond their hours, and teams reviewing their effectiveness. However, the Committee was particularly disappointed at ESTH to see a notable fall in staff feeling that organisation made the reasonable adjustments for disability. Smaller falls were also recorded in staff recommending to friends and family the organisation as a place to receive treatment and recommending the Trust as a place to work. At SGUH, it was particularly concerning to see a decline in staff reporting that they had experienced physical violence in the past 12 months, a fall in staff feeling confident to raise concerns about patient safety, and, as with ESTH, fewer staff recommending the Trust as a place to receive treatment.

When we step back from the detail, however, and compare ourselves with other similar trusts and the best scoring acute London trust, there is clearly much work to do. In a sample group of 18 London acute Trusts, SGUH and ESTH place in the lower half of most survey themes, with some exceptions. The Committees have focused not only on

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analysing but also seeking assurance in relation to the steps needed to respond to staff feedback through the survey. The Committees welcomed and were assured by plans to sustain the focus on priority areas in the 'Big 5' programme concurrently over the year ahead, and were also assured that longer-term plans are also being developed. However, the Committees have emphasised the need for this work to align with the programmes of work on culture and leadership envisaged in the new group strategy. To support local improvements, the Committees were assured by plans to disseminate divisional, departmental and team-level breakdowns of the survey results. The Committees will also look to see that the Group is learning from the best performers in the staff survey.

b) Guardian of Safe Working Quarter 3 Update

The Committees received reports from the Guardian of Safe Working (GoSW) at each Trust on the quarterly basis and heard directly from the Guardians. Both Trusts reported similar exception reports, mainly in acute medicine regarding hours worked by junior doctors. Both Trusts had sought to address the issue, with ESTH creating new positions in management and changes to rotas and SGUH conducting a pilot by deploying physician associates on fixed contracts in general and acute medicine which had received positive feedback. At ESTH, exception reports from locally employed doctors (LEDs) had increased, whereas SGUH had not received any reports from LEDs. SGUH had recruited an LED lead to work with the GoSW on engaging LEDs. ESTH had received five immediate safety concerns via the Guardian and SGUH had none. Both Trusts were working with Health Education England (HEE) following recent visits by HEE. The Committees felt there was a good level of assurance.

c) Band 5 Registered Nurse Recruitment and Retention (SGUH)

In October 2022, NHS England (NHSE) identified SGUH as an outlier for Band 5 nursing leaving the profession when compared with other trusts. Following this, the People Committees-in-Common requested that management undertake an analysis of this and present the findings and actions to be taken in response to the Committee. It was noted that other trusts identified as similar outliers were all located in high-cost areas which was seen as a potential contributing factor in nurses leaving the profession.

The Committee reviewed a report outlining the Band 5 nursing vacancy rate and turnover at both Trusts at its March 2023 meeting. For SGUH, in December 2022, there was a vacancy rate of 14.1% and a turnover rate of 20.9%. This compared with ESTH which had a 16% vacancy rate and a 2% turnover rate in the same month. Relocation was cited as the principal reason for leaving among Band 5 nurses at both Trusts. The local position was in the context of 39,000 nursing vacancies in England in mid-2021 and a challenging environment for recruitment, with a decline in EU nationals registering as nurses in England since the EU Referendum in June 2016 and challenging labour market. A range of discussions had been held with nursing staff at SGUH to understand why staff were leaving and to seek new ideas to encourage retention. A range of interventions has also been implemented and an action plan has been developed.

The Committees were assured that SGUH understood the factors driving its elevated vacancy rate and that both Trusts had appropriate plans and interventions in place to promote retention of this key group of staff. The Committees were concerned at the turnover rate among Band 5 nurses within the first two years of employment, which is a wider issue among staff more generally, but felt that appropriate grip was being applied, albeit in an extremely challenging national context around pay, recognition and burnout.





d) Employee Relations Review Update

The Committees had previously reviewed an internal review into the issues impacting on Employee Relations (ER) across the Group which had been undertaken in the summer of 2022. At its March meeting, the Committees received an update on the progress made against the key recommendations. Staff are being recruited to the ER team and staff are receiving training on the ER tracker. A new set of Key Performance Indicators (KPIs) have been agreed. The sickness management process is being strengthened with improved reporting. The focus is on reviewing team structures, as staff retention was crucial. The Committee heard that these improvements are starting to be felt, but it remained the case that ER cases were still taking a long time to be resolved. Linking back to the Committee's discussion of Freedom to Speak Up (FTSU) in February, it is clear that the challenges around ER are continuing to impact on the number of staff raising concerns via FTSU. The Committee will continue to focus on the delivery of improvements in ER.

e) Group Workforce Key Performance Indicators Report

The Committees review an agreed set of workforce KPIs at each workforce operations-focused meeting. The Committees were assured that the vacancy rate at SGUH had reduced from 9.07% to 8.26%, but were concerned that the vacancy rate at ESTH remained high at 13.91%. Both organisations were seeing high vacancies within their estates and facilities departments, with vacancies running at around 25% within estates and facilities at ESTH. Turnover remained high at both Trusts at 17% and 16% respectively for SGUH and ESTH, but the Committee was pleased to note that SGUH had seen a decrease in turnover for the sixth consecutive month. The sickness rate at both Trusts was improving, though still high and the Committees noted that the sickness rate had not recovered to pre-Covid levels in either Trust, albeit this was part of a broader picture across London and the NHS as a whole. The Committees recognised that retention was a critical issue at both Trusts with 45% of new staff in SGUH and 54% in ESTH leaving within the first two years of employment.

The Committees have asked for additional assurance around both Trusts plans for reducing vacancy rates, and particularly the high rate in ESTH estates and facilities. The Committee has also requested that future KPI reporting also benchmarks performance across the Group against other trusts in London.

f) Workforce Improvement Programme (WIP)

An overview for the closedown of the WIP 2022/23 was provided to the Committees at their March meeting. The main aim of the programme had been to identify areas in workforce that could achieve efficiency improvements and cost savings. There had been a lot of learning and some savings had been achieved. For 2023/24, the Committees agreed that there was a need for greater clarity on how to measure and improve the impact of actions identified. The Committees requested that for year-end, it would be helpful to have an estimate of the full-year impact in terms of efficiency and cost savings delivery.

g) Gender Pay Gap Annual Report

The Gender Pay Gap Report for both Trusts is on the Group Board agenda, but in light of the national timescales for submitting and publishing data, the two Trust Boards had delegated authority to the People Committees-in-Common to review and approve for submission and publication each Trust's Gender Pay Gap Report for 2022 which have now been published on the Trusts' websites. At Both Trusts, it was reported that the mean difference in pay was 14.6% at SGUH and 13.5% at ESTH in favour of male staff. The Committees also noted that at both Trusts males were over-represented in senior roles, despite females making up 71% of the workforce in SGUH and 76% in ESTH.

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The Committees noted that there had been a plan to analyse the Clinical Excellence Awards (CEAs) around gender, ethnicity and specialty, prior to the pandemic with a view to encouraging applications from under-represented cohorts. That data had been collected but the project did not proceed, due to the pandemic. The work would be resuming and had been discussed with the Local Negotiating Committee (LNC) and the Group medical workforce team. The Trusts would be benchmarked against other organisations. A national review on how CEAs were applied found that it favoured white males. The Committees agreed that the issue needed to flag the issue to the Group Board.

h) Public Sector Equality Duty (PSED)

The Committees reviewed the Trusts' plans for reporting against the requirements set out in the PSED and noted that a PSED annual report would be prepared by 30 June 2023. ESTH was already in a strong position to deliver this. While SGUH had further work to do, the Committees were assured that plans were in place to ensure both Trusts met the requirements. The Committees also noted that the patient elements of the PSED reporting would be reviewed by the Quality Committees-in-Common. Given the importance of the PSED report, the Committees considered it important that this be formally reviewed and approved at Board level.

i) Development of Group Corporate Services

The two Trust Boards agreed in February 2023 that the People Committees-in-Common would oversee and seek assurance in relation to plans to develop Group-wide corporate services. The Committees began holding focused items on this in March and have been assured that a dedicated programme team has been established to coordinate and drive forward the work. There is a substantial amount of work to be undertaken to be able to deliver this programme, including reviewing form and functions of corporate services, enabling agreements between the trusts, benchmarking of functions against the NHS model hospital and similarly sized NHS providers. The Committees will continue to oversee this work and escalate issues to the Group Board in private session.

5.0 Other issues considered by the Committees

5.1 During this period, the Committee also received the following reports:

a) Joint Bank Service Update

The Committees receive regular updates on the progress of the implementation of the inhouse Joint Bank Service for assurance and oversight. In essence, the current in-house arrangement at SGUH will be extended to ESTH. The project is on track with a 'go live' date of 1 July 2023. The Committees requested an action log to be included within the papers.

b) Staff Health & Wellbeing Report

The Committees noted the Q3-4 2022/23 Staff Health and Wellbeing report, the Q3 SGUH Staff Support and Mediation Service update, and the ESTH staff counselling service update. The Committees felt it would be helpful to include the health and wellbeing dashboard and an assessment of which interventions had been helpful.

c) Committee governance and effectiveness

In line with good governance practice, the People Committees-in-Common have undertaken an annual effectiveness review, which was informed by feedback from Committee members and regular attendees, and have discussed how to improve

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Agenda item 4.3





effectiveness and Committee working in 2023/24. It is clear from the review that the committees-in-common approach has been positively received and has added value. This is particularly in relation to the opportunities to support cross organisational learning and enabling direct comparisons. However, it is also clear that these arrangements are still bedding in and there is scope to unlock greater benefit, for example in relation to how it can help drive improvement and in how it considers themes and trends. In the year ahead, the Committee will retain its alternating focus on workforce operations and culture, diversity and organisational development, but will take a more targeted approach on assurance and ensure its principal focus is on the strategic and delivery. The Committee has reviewed its terms of reference and discussed a forward plan of business for the year ahead, and this will be presented to the Group Board at its next meeting.

6.0 Review of risks

- 6.1 The People Committees-in-Common regularly review people-related risks on each Trust's Corporate Risk Register and on the Board Assurance Framework. Having considered people risks by exception at its March meeting, in April, the Committees reviewed the Q4 2022/23 position for the people-focused elements of the Board Assurance Frameworks:
 - a) For SGUH, the Committee reviewed the strategic risk scores and assurance ratings for SR8 (culture) and SR9 (workforce). While noting the progress achieved in implementing actions to address identified gaps in control and assurance, the Committee agreed to maintain a risk score of 16 for both strategic risks. This means that the target risk scores for 2022/23, both of which had been set at 12, had not been achieved. The Committee discussed this, and noted that the external environment presented particular challenges in terms of being able to reduce the risk scores by the end of the year. The Committee agreed to maintain a "good" assurance rating for SR8 and a "partial" assurance rating for SR9, but noted that a risk score which exceeded the risk appetite and target for a prolonged period called into question the underlying assurance on the risk.
 - b) For ESTH, Corporate Priority 2 on the BAF was to "create a culture that values, respects and supports our people o deliver outstanding care". The Committee reviewed the updates against each of the previously agreed lead indicators and agreed and recommended to the Group Board an overall assurance rating of "amber" for this priority. This was based on an "amber / green" position reported for staff health and wellbeing and "amber" positions reported for equality, diversity and inclusion; recruitment and retention; culture and leadership; and Quality.
- 6.2 A new Group Board Assurance Framework is being developed linked to the new Group strategy and the People Committees-in-Common plan to review draft strategic risks relating to People at its next meeting.

7.0 Recommendations

7.1 The Group Board is asked to note the issues escalated to the Group Board and the wider issues on which the Committees received assurance in March and April 2023.





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	4.6	
Report Title	Update from the Estates Assurance Committee meeting, held on 17 March 2023	
Executive Lead(s)	James Blythe, Managing Director - Epsom and St Helier	
Report Author(s)		
Previously considered by	n/a	
Purpose	For Assurance	

Executive Summary

The Estates Assurance Committee met on Friday 17 March 2023. The main areas of focus are highlighted in the report.

Action required by Group Board

The Board is asked to note this report from the Estates Assurance Committee meeting.





Committee Assu	rance						
Committee							
Level of Assurance	ce						
Appendices							
Appendix No.	Appendix Name						
Appendix 1	N/A						
Implications							
Implications Group Strategic O	biectives		_				
☐ Collaboration & Pa	•		□ Right	care, right place, right	time		
☐ Affordable Service			_	owered, engaged staff			
Risks							
THORE							
CQC Theme							
☐ Safe	☐ Effective	☐ Caring		☐ Responsive	☐ Well Led		
NHS system overs	sight framework						
☐ Quality of care, ac	cess and outcomes		☐ Peop	le			
☐ Preventing ill healt	th and reducing inequalities	S	☐ Leadership and capability				
☐ Finance and use of	of resources		☐ Local strategic priorities				
Financial implicati	ions						
Legal and / or Regulatory implications							
Equality, diversity and inclusion implications							
Environmental sustainability implications							
Environmental sustainability implications							
Environmental sus	stainability implications	S					
Environmental sus	stainability implications	S					





Update from the Estates Assurance Committee meeting, held on 17 March 2023 Group Board, 06 April 2023

This paper provides an update to the Board of the Estates Assurance Committee

1.0 Purpose of paper

2.0 Analysis

1.1

2.1 Deep Dive – Medical Engineering

meeting held on 17 March 2023.

The Committee received the outcomes of a Deep Dive into Clinical Engineering Medical Devices.

The meeting reviewed the following points:

- Critical Instructure Risks regarding Clinical Engineering Medical Device Compliance across the Trust
- Assurance from the scheduled maintenance activities
- Confirmation that maintenance of medical equipment is delivered through a combination of In House and 3rd Party specialist Contractors.

Also noted was that there continued to be limited capital funding to address the Trust's Backlog Maintenance Challenge and to purchase new equipment in a timely manner.

Key points from the deep dive and discussion included:

- The Executive Manager for Clinical Engineering Medical Devices has responsibility as detailed in the Medicines and Healthcare Products Regulatory Agency (MHRA) Managing Medical Devices Guidance for health and social care organisations.
- There are systems in place to ensure reporting of device issues including:
 - effectiveness of the medical devices management system
 - condition and performance of medical devices including device failures and issues; utilisation, performance, maintenance; repair and calibration history
 - · execution of investment, replacement and disposal plans.
- Healthcare organisations should set out a long-term approach and objectives for
 the management of their medical devices, including strategic replacement and
 development of equipment procurement planning. This should include an
 overarching medical devices management strategy setting out medium to long term
 organisational requirements of assets, taking account of cost, performance and risk
 across the entire equipment lifecycle. This strategic approach should also align with
 the responsible organisation's overarching business / strategic plan.

2.2 Medical Devices Group

ESTH has a well established medical devices management group to develop and implement policies across the organisation. There is wide ranging staff representation on the group covering all areas which use medical equipment and back up teams such as IT and Finance. The role of the group includes the development and delivery of policy relating the management of devices as well as communication with staff.

Group Executive Meeting, Meeting on 27 April 2022

Agenda item 3.5





2.3 Medical Device Policy

The trust has a device management policy which aims to help ensure that risks associated with the use of medical devices are minimised or eliminated. The medical devices management group looks to ensure that the policy addresses:

- Responsibilities in relation to medical device management
- Decontamination
- the equipment life cycle (including selection, acquisition, acceptance, maintenance, repair, monitoring, traceability and disposal/replacement) of all medical devices
- risk management including adverse incident reporting and actions required on National Patient Safety Alerts, MHRA safety messages and manufacturers' Field Safety Notices
- training and access to manufacturers' instructions
- · records, including device inventory
- outsourcing
- equipment deployment, tracking and utilisation
- · Equipment financing.

The policy is regularly reviewed.

2.4 Records and monitoring Performance

Accurate systems of good record keeping are essential for the safe management of medical devices. All the aspects of medical device management covered within the guidance document require good record keeping. It is important that records are maintained within one system wherever possible.

2.5 Reporting Adverse Incidents (including near misses)

- An adverse incident relating to a medical device is an event that causes, or has
 the potential to cause, unexpected or unwanted effects involving the safety of
 patients, users or other persons.
- Any known problems associated with product design, documentation and common use related issues are also reported, for follow up.
- Reporting is in line with the organisation's local policy and procedures. Staff need
 to be aware of who the healthcare organisation's Medical Device Safety Officer
 (MDSO) is and how they can be contacted.
- Reporting is essential to ensure that lessons are learnt, and adverse events are not repeated. National reporting is essential to ensure that trends are spotted and appropriate action is taken across the country to help ensure the safe and effective use of medical devices, for example through safety messages.

4.0 Sources of Assurance

- 4.1 The ESTH Medical Devices department is externally audited periodically by board appointed organisations. The department is certified to the new ISO 9001 2015 standard for THE PROVISION OF EXCELLENCE IN ELECTRO BIO-MEDICAL ENGINEERING & MEDICAL EQUIPMENT LIBRARY SERVICES.
- 4.2 The ESTH Medical Devices department is externally audited periodically by board appointed organisations. The department is certified to the new ISO 9001 2015 standard for THE PROVISION OF EXCELLENCE IN ELECTRO BIO-MEDICAL ENGINEERING & MEDICAL EQUIPMENT LIBRARY SERVICES

Group Executive Meeting, Meeting on 27 April 2022

Agenda item 3.5





5.0 Summary and future work of the Committee

5.1 The Committee reflected that it had been established as a time limited committee and had now been running for a year. It had two further areas to address, namely:

Decontamination; and High Voltage Electrical Safety.

It also needed to review the items previously discussed and assess whether planned mitigations and actions were now sufficiently established that the areas could revert to routine monitoring via the Finance Committees in Common. The Committee expects to have achieved this by the end of Quarter 1 2023/24.

The remaining outstanding area was to consider the impact of the continued delay to commencement of the SECH on the remaining estate both at Epsom and St Helier.

Note from BYFH Board Meeting held on the 26 April 2023. The BYFH Board agreed that their meetings should be held consecutively with the Estates Assurance Committee. This would aid the discussions between the two committees on the concerns and actions required relating to the existing ESTH estates, as a result of the delay in building the new SECH.

6.0 Recommendations 6.1 The Board is asked to note this report from the Estate Assurance Committee meeting. a. [...] b. [...]

C. [...]

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Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	4.7	4.7			
Report Title	Sutton Health and Care and Surrey Downs Health and Care Partnership Boards Report				
Executive Lead(s)	Thirza Sawtell, Managing Director - Integrated Care				
Report Author(s)	Thirza Sawtell, Managing Director – Ir	ntegrated Care			
Previously considered by	n/a				
Purpose	For Assurance				

Executive Summary

In accordance with the established Partnership Agreements for Sutton Health and Care Alliance and Surrey Downs Health and Care Partnership, formal board meetings and assurance meetings are held on a monthly basis. Meetings for both partnerships (SHC and SDHC) are chaired by Dr Chris Elliot. Comprehensive papers are received covering quality and safety; operational performance; integrated workforce; integrated finance. In addition the integrated risk register is received and reviewed. Strategic and operational development programmes are considered, aligned with the business planning process of the trust and with the Places of Surrey Downs and Sutton that the partnerships serve.

Newly-established Integrated Leadership Team Meeting has been established across SDHC and SHC to oversee shared priorities and to ensure shared learning and aligned approach.

Sutton Health and Care (highlights)

- Alliance Board continues working with LGA to refresh its purpose and operating model. Whilst
 this work continues the internal SHC / ESTH assurance meetings continue chaired by Dr Chris
 Elliott.
- Community services have concluded their business planning including realisation of agreed cost improvement programmes
- Business planning has remained aligned with the Sutton place business planning process with an ongoing focus on the development of the 4 integrated neighbourhood teams
- · Results of staff survey considered and immediate actions agreed
- The refreshed operational performance dashboard which provides a more comprehensive view of all metrics across all services
- External review of district nursing has completed resulting in agreement of a comprehensive implementation plan including skills development and productivity linked to the new clinical system of e-allocate
- Work continues to understand the model hospital comparators for community services nationally and productivity improvement programmes have commenced for MSK and podiatry
- Board reviewed the integrated risk register and confirmed the escalated risks and mitigations
- Approved integrated risk register noting highest risks in relation to increasing patient complexity; rising waiting lists; flow of patients to ensure care in right setting; financial situation

Group Executive Meeting, Meeting on 27 April 2022

Agenda item 3.5





Surrey Downs Health and Care (highlights)

- A key strategic focus for the partnership board remains upon establishing the integrated business planning process for community services, aligning with the process established across Surrey Heartlands which has not yet concluded for out of hospital providers
- Community services have concluded their internal business planning process including realisation of agreed cost improvement programmes
- Noted that the proactive care service (previously known as anticipatory care) went live as planned on 1st April 2023
- Formal consultation has now concluded on the transfer of services from the West Park site and implementation plans remain on track for relocation to take place in July 2023
- Work continues to ensure all services meet the expectations of the CQC across all domains
- Results of staff survey considered and immediate actions agreed
- The refreshed operational performance dashboard which provides a more comprehensive view of all metrics across all services forms the basis of the productivity programmes being established including PCN district nursing; MSK and podiatry
- Board noted the ongoing risk in relation to workforce vacancies and sought assurance both in relation to safe practice and plans to address including recruitment of international nurses to work in community settings
- Approved integrated risk register noting highest risks relating to workforce (vacancies and sickness); increasing patient complexity; flow of patients to ensure care in right setting. New risk added to the risk register in relation to implications from the staff survey outcomes and agreed to establish a board oversight group across partners to oversee the resulting improvement plan

Action required by Group Board

The Board is asked to

note the report

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Committee Assurance								
Committee	NA							
Level of Assurance	e NA							
	•							
Appendices								
Appendix No.	Appendix Name							
Appendix 1	N/A							
Appendix 2	[]							
Implications Group Strategic O	hiectives							
□ Collaboration & Pa			□ Right	t care, right place, right t	ime			
☐ Affordable Service:	•		_	owered, engaged staff	iiiic			
Risks	s, in for the future		— Епір					
As per report								
CQC Theme								
□ Safe	☑ Effective	□ Coring		□ Deepensive	Well Led			
		☐ Caring		☐ Responsive	M Well Lea			
NHS system overs								
☐ Quality of care, acc			☐ Peop					
☐ Preventing ill healt	h and reducing inequalities	3	Lead	ership and capability				
☐ Finance and use o	f resources		Loca	I strategic priorities				
Financial implications								
Legal and / or Regulatory implications								
Logar and 7 or iteg	unatory implications							
Formality, discounts, and including implications								
Equality, diversity	Equality, diversity and inclusion implications							
		Environmental sustainability implications						





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	5.1			
Report Title	Healthcare Associated Infection (Infection Control) update Report			
Executive Lead(s)	Arlene Wellman, Group Chief Nursing	Arlene Wellman, Group Chief Nursing Officer		
Report Author(s)	Prodine Kubalalika, Director of Nurs Infection Prevention and Control (EST Kristina Hager, Senior Nurse, Infection (SGUH) Janice Minter, Assistant Chief Nurse, (H) n Prevention and Control		
Previously considered by	Quality Committee-in-Common 27 April 2023			
Purpose	For Assurance			

Executive Summary

This paper outlined in provides a monthly update of key issues/ concerns arising in Infection Prevention and Control (IPC) summarized for the Group.

The detailed IPC reports for March 2023 for each Site can be accessed via the Reading Room.

The paper supplements the IPC key performance measures and summary contained in the Integrated Performance Reports for both Trusts.

Action required by Group Board

The Board is asked to

 Receive for assurance the Group Healthcare Associated Infection (Infection Control) Report and make any necessary recommendations





Committee Assurance		
Committee	NA	
Level of Assurance	NA	

Appendices	
Appendix No.	Appendix Name
Appendix 1	Reading Room: ESTH IPC Report March 2023
Appendix 2	Reading Room: SGUH IPC Report March 2023

Implications								
Group Strategic Objectives								
☐ Collaboration & Partnerships			Right	care, right place, right ti	me			
☑ Affordable Services, f	it for the future		Empo	wered, engaged staff				
Risks	Risks							
CQC Theme								
⊠ Safe	☑ Effective	☑ Caring		☑ Responsive	⊠ Well Led			
NHS system oversig	ht framework		l					
☑ Quality of care, acces	ss and outcomes		Peopl	e				
☐ Preventing ill health a	and reducing inequalities		☐ Leadership and capability					
☐ Finance and use of re	esources		☑ Local strategic priorities					
Financial implication	IS							
·								
Legal and / or Regula	atory implications							
The Health and Social		Hygiene Code	- cod	e of practice on the pr	revention and			
control of infections. (
social-care-act-2008-c								
guidance	•							
Health and Social Car	e Act 2008) Regulated	d Activities Regu	ulatior	ns 2014: Regulation 1	2 Safe Care			
and Treatment								
Equality, diversity and inclusion implications								
	Equality, diversity and inclusion implications							
N/A								
Environmental susta	inability implications	6						





Appendix 1

Infection Prevention and Control Report

Group Board

Arlene Wellman, Group Chief Nursing Officer and Director of Infection Prevention and Control

5 May 2023





Introduction and Purpose of Report

This report provides a monthly update of key issues/ concerns arising in Infection Prevention and Control (IPC) at site level with a particular focus on:

- Covid-19
- Clostridioides difficile (C diff)
- MRSA Bloodstream Infections
- Gram Negative Bloodstream Infections
- Healthcare Associated Infections
- Hand Hygiene Compliance
- IPC MandatoryTraining including Fit Testing

The paper supplements the IPC key performance measures and summary contained in the Integrated Performance Reports for both Trusts.





Working Together at Group and Site

The site IPC teams meet weekly at the Group Infection Control meeting which is chaired by the Group Chief Nurse and Director of Infection Prevention and Control and attended by Site Chief Nurses, Site Infection Prevention and Control (IPC) Lead Nurses and Site Lead Infection Control Doctors (ICDs).

This forum has the authority to make decisions on the application of national IPC guidance and to implement changes as appropriate across the Hospital Group or at site level (ESTH and SGUH) in regard to the application of core IPC polices and standards as outlined in the Health and Social Care Act 2008. Members of the Group IPC forum have responsibility for delivery of any changes to IPC practice and to take the required actions through the normal operational management reporting lines at Site.

Site IPC leads continue to work collaboratively across the Health Group, with all Covid-19 guidance issued from June 2022 onwards published as guidance for the Group.

The Site IPC Leads also continue to be proactive members of the weekly South West London IPC group where all Covid-related issues and other IPC issues are discussed to ensure consistency in guidelines and practice across SW London.





Covid-19

	ESTH	SGUH
YTD Total Cases	2368	2461
YTD deaths	276	206
Total cases March 2023	239	225
Total deaths March 2023	20	23
Nosocomial deaths March 2023	0	11
Outbreaks March 2023	2 Surrey Downs Health & care	7 R. Smith, Dalby, Heart Failure, Belgrave, Mary Seacole, Marnham, Allingham

IPC Practice and Prevention

The IPC team continues to lead and ensure robust IPC control measures are in place including prompt identification and segregation of suspected cases of Covid and in line with current national guidance.

Both Sites have implemented the new nosocomial process with root cause analysis (RCAs) that meet the new criteria backdated to the 1 October 2022. In March, there were no cases that met the new criteria for an RCA.

The historic extensive case reviews for nosocomial infections undertaken by both ESTH and SGUH have not reviewed new learning to improve practice. Therefore, following discussions with the ICB it has been agreed to have a single overarching action plan for nosocomial infections which is monitored through the group IPC meeting and signed off by the GCNO & DIPC. Case reviews and Duty of Candour for Covid-19 deaths cited on Part 1 of the death certificate (died of) will continue to be undertaken.

Mask wearing: On 16 March 2023, a decision was made to stop the policy of mandatory mask wearing in clinical areas for staff, patients and visitors across the group. Individual specialties undertake a risk assessment and make a local decision on whether masks are needed in high-risk clinical areas such as haematology/renal wards. The option to wear a mask remains for staff and visitors who wish to continue to wear masks outside of the recommended areas. Masks continue to be worn in the following clinical areas/situations:

- Bays/rooms where there are confirmed Covid-19 positive patients
- Wards/bays where there is a Covid outbreak
- Haem-oncology wards
- Ward/rooms with patients who meet the criteria of a Covid vulnerable patient

Covid-19 testing: On 30 March 2023, new national guidance on testing was published to reflect the low incidence of Covid-19, lower severity and likelihood of being hospitalised. Most asymptomatic testing for both staff and patients will cease; some will continue, with the intention of protecting the most vulnerable patients or where the result is needed for treatment or to inform clinical management. The new group guidance be implemented in April.





Clostridioides difficile (C diff)

	ESTH	SGUH
Total cases March 2023	3	5
YTD Total Cases	38	60
Lapses in care	1	0
YTD lapses in care	5	3
National objective: to have no more cases than the stated number	50	43

For ESTH: In March 2023 there were 3 Hospital Onset Healthcare Associated (HOHA) C diff cases. On review of the cases, there was 1 lapse in care identified due to cross-transmission which may be associated with delay in implementing IPC precautions and isolation of the index case when symptoms developed.

The Trust has achieved and met the national C diff objective for 2023/24, ending the financial year with 38 cases against a national objective of 50 cases.

For SGUH: In March 2023 there were 5 hospital acquired C difficile infections in March 2023. Four cases were classified as Hospital Onset Healthcare Associated (HOHA) and 1 was classified as Community Onset Healthcare Associated (COHA). There has been a total of 60 cases against a national objective of 43 cases. The 60 cases between April and March 2023 consist of 49 HOHA cases and 11 COHA cases.

The C diff cases have been predominantly in MedCard Division with 37 cases. There were 12 cases in the Division of Surgery and 11 cases in Children & Women's Division.





MRSA Bloodstream Infections

	ESTH	SGUH
Total cases March 2023	0	0
YTD Total Cases	0	1
National objective: to have no more cases than the stated number	0	0

For ESTH: In March 2023 there were no Trust attributed MRSA bloodstream infections. This is the third year that ESTH has had zero MRSA bloodstream infections.

For SGUH: In March 2023 there were no Trust attributed MRSA bloodstream infections. The Trust had 1 hospital acquired case in August 2022.





Gram negative bloodstream Infections

	Ec	Ecoli Klebsilla spp: Pseudomonas MSSA aeruginosa		Klebsilla spp:		I		SA
	ESTH	SGUH	ESTH	SGUH	ESTH	SGUH	ESTH	SGUH
YTD Total Cases	55	105	28	23	12	23	19	25
National objective: to have no more cases than the stated number	55	93	36	76	6	29	N/A	N/A

For ESTH: E coli BSI surveillance and entering of risk factor data on the UKHSA data capture system continues

- IPC nurses review hospital acquired cases to identify source of infection.
- Following review, the source of infection for the 3 cases in March are unknown.
- Community acquired BSIs are followed up by the Integrated Care System IPC Leads.

The urinary catheter passport has been rolled out across the Trust and new initiatives will be implemented following a SW London sector focus on reducing gram negative bacteraemia.

For SGUH: In March 2023 there were 10 cases of E. coli bacteraemia during March 2023.

Key priorities to reduce Ecoli bacteraemia for 2023/24 are:

- IPC team to work closely with the Urology CNS team to support education and awareness across trust.
- E. coli focus week through senior nurses Back 2 the floor in May with QI approach
- Introduction of health economy digital urinary catheter passport into SGH to ensure standardised documentation process across SWL patch.
- Continence service referral pathways and standards in development across Southwest London





IPC Related Incidents

For ESTH

- In March 2023 there were no **CPE** cases identified. The Trust continues to follow national guidance on screening for high risk patients who meet the criteria on admission. The majority of CPE cases identified are in renal haemodialysiss patients who often meet the criteria of "admission from another hospital in the last 12 months" and screened on admission. All renal patients are assessed, screened and isolated on admission if they have been to another hospital or received dialysis abroad.
- Influenza: The overall number of influenza cases has continued to decrease in March 2023. There were no flu clusters/outbreaks in March.

For SGUH

- In March 2023 there was one **CPE** case (wound swab of amputation site positive), causing the closure of one bay on Ben Weir ward and generating 6 contacts. Contacts were screened and were not found to be CPE positive
- Influenza: The overall reduction in the number of Influenza cases continued March with an incidence of 19 cases compared to 29 cases in February
- Pseudomonas aeruginosa: There have been no healthcare associated linked cases on NNU in March. The incident is now closed
- Pertusis ED/PICU: There was one community acquired case of Bordetella pertussis DNA detected in ETT secretions. The child was admitted via ED and spent 36 hours in an open bay on Paediatric Intensive Care Unit (PICU) where they were extubated prior to being moved into a side room. An incident meeting was held and contact tracing was undertaken. No significant patient exposures and OH led on staff contact tracing and offering of prophylaxis treatment as necessary
- Meningitis ED/ PICU: There was one community-acquired case of Neisseria meningitidis detected in a blood culture. The child was admitted via ED where they were intubated prior to admission to PICU. An incident meeting, which focused mainly on staff contacts who were involved with the intubation in ED, was held and occupational health led on the contact tracing and follow up of staff meeting the criteria for prophylaxis.





Hand Hygiene Compliance

ESTH	Sutton Health & Care	Surrey Downs Health & Care	SGUH CWDT	SGUH MEDCARD	SGUH SNCT
96%	98%	99%	85%	85.5%	86.5%

For ESTH: Monthly hand hygiene compliance audits are undertaken in all clinical areas. A total of 81 inspections over 62 areas yielded a hand hygiene compliance score of 96%.

For SGUH: Monthly hand hygiene compliance audits are undertaken in all clinical areas. Hand hygiene audits are also carried out during Accreditation audits and any Period of Increased surveillance (PISA) audits e.g. C. diff (HAI), Norovirus, Influenza, MRSA. Focus on hand hygiene at Back 2 the Floor senior nurse meeting.

For both Trusts: Areas of low compliance are followed up the Divisional leads and site chief nurse.





IPC Mandatory Training Compliance

	ESTH	Sutton Health & Care	Surrey Downs Health & Care	SGUH CWDT	SGUH MEDCARD	SGUH SNCT
Clinical Staff	76%	83%	86%	82%	83%	85%
Non-clinical staff	89%	94%	95%	88%	88%	89%
Fit Testing	ESTH Total 2965			SGUH Total	3415	

For ESTH: All relevant staff are required to be mask Fit Tested on at least two tight-fitting Respiratory Protective Equipment (RPE) FFP3 Masks as per Health and Safety Executive (HSE) guidance. As of 31st March, 2965 staff have passed fit testing, 1276 on one type/model of FFP3 mask and 1689 on two or more types

For SGUH: The method of mask Fit Testing at St George's is Quantitative fit testing to ensure we have an objective method of testing that provides a numerical result called fit factor. The fit testing team have experienced a high number of sickness and leaves which resulted in no additional fit testing for the month of March 2023. Total number of staff fit tested on the latest mask model: 2124 (1646 passed and 478 failed).

For both Trusts: IPC mandatory training monitoring of compliance is undertaken at directorate and divisional governance meetings together with the plans in place to improve performance where required.





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	4.2			
Report Title	Gender Pay Gap Report			
Executive Lead(s)	Paul da Gama, Group Chief People Officer			
Report Author(s)	Joseph Pavett-Downer, Head of EDI (SGUH) Sandra Ovid, Head of EDI (ESTH)			
Previously considered by	People Committee-in-Common 10 March 2023			
Purpose	For Noting			

Executive Summary

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require all organisations with over 250 employees to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot from 31st March of each year, and each organisation is required to publish information on their website. This report captures data as at 31 March 2022 for the St George's, Epsom & St Helier University Hospitals and Health Group:

- St George's University Hospitals NHS Foundation Trust (SGUH): On 31 March 2022, SGUH employed 9,711 staff, 6,912 (71%) female and 2,799 (29%) male. The mean hourly pay for males is £3.87 higher than that of females, which is a gap of 14.6%. Male median pay is £2.20 higher than females, which is a gap of 9.5%.
- Epsom and St Helier University Hospitals NHS Trust (ESTH): On 31 March 2022 ESTH employed 7.060 staff 5,336 were female and 1,724 were male. The mean hourly pay for males is £3.21 higher than that of females, which is a gap of 13.5%. Male median pay is 16p lower than females, which is a gap of -0.9%.

In light of the deadline for publication, at its meetings in March 2023, the Trust Boards of SGUH and ESTH each agreed to delegate to the People Committees-in-Common authority to review and approve for publication the data. The Committees reviewed this report at its meeting on 10 March 2023 and the data for each Trust has been submitted to the Government portal and published on the respective Trust websites.

Action required by Group Board

The Group Board is asked to:

- a. Note the mean and median gender pay gap positions for St George's University Hospitals and for Epsom and St Helier University Hospitals as at 31 March 2023.
- b. Note the trend overview in respect of the gender pay gap position for each Trust.
- c. Note that the People Committees-in-Common discharged the delegation of authority from each of the two Trust Boards to approve the submission and publication of the gender pay gap data for each Trust ahead of the deadline of 31 March.

Group Board, Meeting on 05 May 2023

Agenda item 5.2

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Committee Assurance					
Committee	People Committees-in-Common				
Level of Assurance	Reasonable Assurance: The report and discussions assured the Committee that the system of internal control is generally adequate and operating effectively but some improvements are required, and the Committee identified and understood the gaps in assurance				

Appendices	
Appendix No.	Appendix Name
Appendix 1	GESH Group Gender Pay Gap Report

Implications								
Group Strategic Objectives								
☐ Collaboration & Partnerships ☐ Right care, right place, right time								
☐ Affordable Services, f	fit for the future	⊠ Empo	owered, engaged staff					
Risks								
In relation to the gender reputational risk. There i the gender pay gap information of the second results of t	is also a reputation and i	regulatory risk in not me						
CQC Theme								
☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☑ Well Led				
NHS system oversig	ht framework							
☐ Quality of care, acces	ss and outcomes	⊠ Peop	le					
☐ Preventing ill health a	and reducing inequalities	□ Lead	ership and capability					
☐ Finance and use of re	esources	☐ Local	I strategic priorities					
Financial implication	ns .							
As set out in report.								
Legal and / or Regula	atory implications							
The Equality Act 2010 (0				s with over 250				
employees to report on a	and publish their gender	pay gap on an annual	basis.					
Equality, diversity ar								
The report sets out the difference in he average hourly earnings of women compared with the average hourly								
earnings of men, and highlights the differential in pay between genders.								
Environmental susta								
There are no environme	ntal sustainability issues	related to this report.						

Group Board, Meeting on 05 May 2023

Agenda item 5.2



Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require all organisations with over 250 employees to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot from 31st March of each year, and each organisation is duty bound to publish information on their website. This report captures data as at 31st March 2022.

The NHS has issued guidance on how to calculate the gender pay gap, and that guidance is followed here (see Appendix 1).

At the time of writing, St George's University Hospitals employs 9,711 staff in a number of staff groups, including administrative, medical, nursing, and allied health roles. **Epsom and St Helier Hospitals** employs over 7,060 members of staff.

All staff except for medical and Very Senior Management (VSM) are on Agenda for Change (AfC) payscales, which provide a clear structure for paying employees equally, irrespective of gender.

What is the gender pay gap?

The Gender Pay Gap (GPG) is a mathematical calculation based on the difference between the average (or 'mean') hourly earnings of women compared to the average hourly earnings of men. The Gender Pay Gap highlights any imbalance of average pay across an organisation.

For example, if an organisation's workforce is predominantly female yet the majority of higher paid roles are held by men, the average female salary would be lower than the average male salary. The Gender Pay Gap is not the same as equal pay which is focused on men and women earning equal pay for the same / similar jobs or for work of equal value. It is unlawful to pay people unequally because of their gender.

What do we have to report on?

The statutory requirements of the Gender Pay Gap legislation require that each organisation must calculate the following:

- The mean basic pay gender pay gap
- · The median basic pay gender pay gap
- The proportion of males and females in each quartile pay band
- The mean bonus gender pay gap
- · The median bonus gender pay gap
- The proportion of both males and females receiving a bonus payments.

Who is included?

All staff who were employed across the GESH Group on full pay on 31st March 2022 are included. Bank staff who worked a shift on the snapshot date are also included. Consultant Additional Programmed Activities (APA's) are included, but general overtime pay and expenses are excluded. Employees who are on half or nil absence or maternity leave, hosted staff (e.g. GP Trainees) and agency staff are not included.

What pay is covered?

Both Basic pay and Bonus pay is covered. Bonus pay is defined as any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission. This includes Clinical Excellence Awards and Distinction Awards.

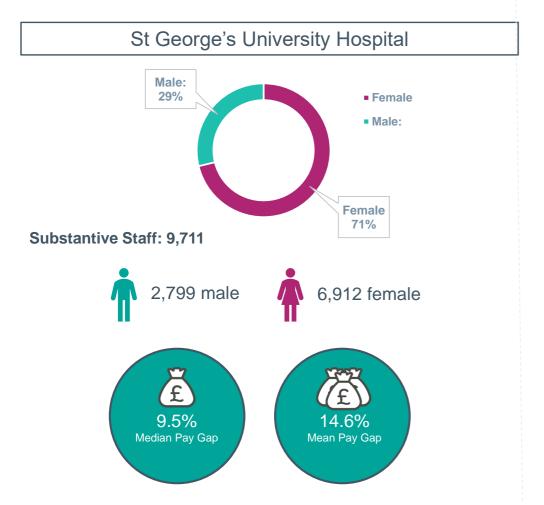
Recruitment & retention payments (RRP's) are only included if they are a one-off payment at the start of recruitment, but not if they are continuous. Workplace vouchers that are paid in addition to basic salary are included, unless they take the form of a salary sacrifice arrangement.

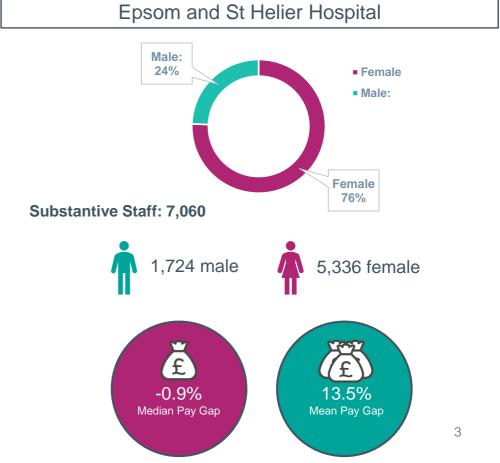
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For detailed information on how the pay gap is calculated please see Appendix A.

Overview





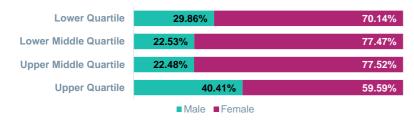


Basic Pay - Mean and Median Gap

St George's University Hospital



% of male and female employees in each pay quartile



On 31st March 2022 St George's employed 9,711 staff - 6,912 were female and 2,799 were male. The mean hourly pay for males is £3.87 higher than that of females, which is a gap of **14.6%.** Male median pay is £2.20 higher than females, which is a gap of **9.5%.**

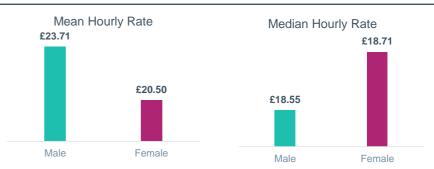
If Medical Staff were removed from STG's overall total, the gender pay gap would be 0.37% in favour of females.

Definitions of Pay Gap

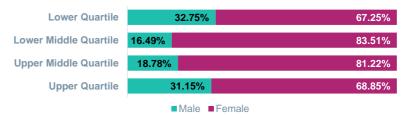
The **mean pay gap** is the difference between the average pay of all male employees and the average pay of all female employees.

The **median pay gap** is the difference between the pay of the middle male and middle female, when all male employees and then all female employees are listed from the highest to the lowest paid

Epsom and St Helier Hospital



% of male and female employees in each pay quartile



On 31st March 2022 Epsom and St Helier employed 7.060 staff - 5,336 were female and 1,724 were male.

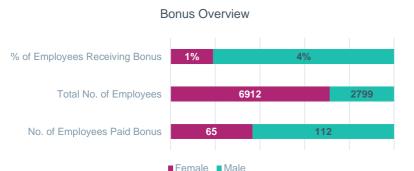
The mean hourly pay for males is £3.21 higher than that of females, which is a gap of **13.5%**. Male median pay is 16p lower than females, which is a gap of **-0.9%**.

Bonus Pay - Mean and Median Gap









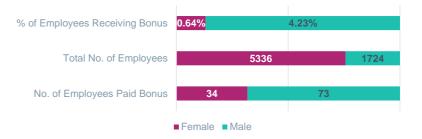


The mean bonus pay for males is £4,717.65 higher than that of females, which is a gap of **34.1%**. Male median pay is £3,015.96 higher than females, which is a gap of **33.3%**.

Epsom and St Helier Hospital



Bonus Overview



107 members of staff received a bonus this reporting period. Of the 107, 34 were female, which is 0.64% of the female workforce and 73 were male, which is 4.23% of the male workforce.

The mean bonus pay for males is £2,833.96 higher than that of females, which is a gap of **21.5%**. Male median pay is £113.10 higher than females, which is a gap of **0.1%**.

Spotlight on Senior AFC Staff



St George's University Hospital

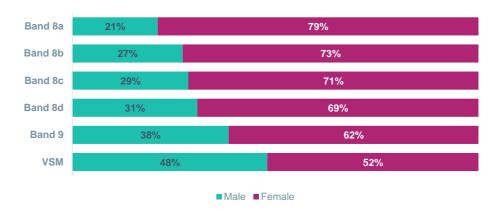
Band 8a 71% 29% 65% Band 8b 35% Band 8c 40% 60% 48% 52% Band 8d Band 9 56% 44% **VSM** 58% 42% ■ Male ■ Female

As an organisation, females make up 71% of the STG workforce. Through Bands 2- Bands 8A we see a representative and over representation of female staff of between 71% - 81%.

From Band 8B and above female representation reduces and we see a higher proportion of male staff.

Male staff make up 29% of the STG workforce overall but as much as 56% and 58% of the most senior AFC positions (Band 9 and VSM).

Epsom and St Helier Hospital



As an organisation, females make up 76% of the ESTH workforce. Through Bands 2 – Bands 8A we see an over representation of female staff, between 78% - 86%.

From Band 8B and above female representation reduces and we see a higher proportion of male staff.

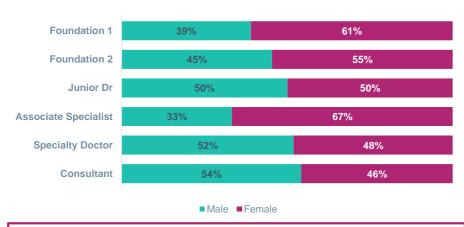
Male staff make up 24% of the ESTH workforce overall but as much as 38% and 48% of the most senior AFC positions (Band 9 and VSM).

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Spotlight on Medical Staff



St George's University Hospital



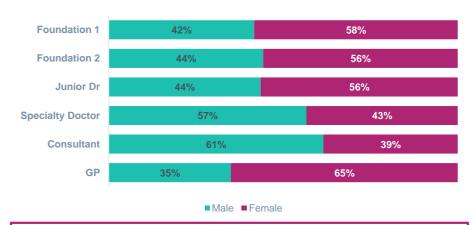
The Medical Staff group includes all 'Doctor in Training' through to 'Consultant' roles and features the biggest gap in hourly pay, and as with previous years it is this pay gap that is the most significant. In the Doctor in Training roles the gap has increased significantly, from -0.13% in 2020/21 to 11.29% in 2021/22.

The pay gap for Medical Staff, as a whole, is 9.83% (up from 6.35% last year) - males get paid on average £2.44p/h more than females. The proportion of male to female staff is 51.39% to 48.61%.

Male consultants were paid, on average, £2.36 p/h more than their female counterparts in 2021/22, this has increased from £2.24 p/h in the previous reporting year (2020/21).

If Medical Staff are removed from the Trust's overall total, the gender pay gap would be 0.37% in favour of females.

Epsom and St Helier Hospital



The pay gap for Medical Staff, as a whole, is 13.66% - males get paid on average £5.41p/h more than females. The proportion of male to female staff is 51.61% to 48.39%.

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Trend 2019 - 2022



St George's University Hospital

	2019	2020	2021	2022	Line trend
Mean Pay Gap	14.83%	13.71%	14.83%	14.59%	
Median Pay Gap	7.85%	9.49%	7.94%	9.51%	
Mean Bonus Pay Gap	25.40%	29.23%	35.10%	34.17%	
Median Bonus Pay Gap	36.11%	33.33%	33.33%	33.33%	\
%males getting bonus	4.83%	5.03%	4.57%	4.00%	
%females getting bonus	1.15%	1.33%	1.07%	0.94%	

- The mean pay gap reduced from 14.83% to 14.59%
- The median pay gap has increased from 7.94% to 9.51%
- The mean bonus gap has reduced from 35.10% to 34.17%
- The median bonus gap has remained static for the last three years
- The % of males receiving a bonus has continued to reduce yearly and is at a four year low at 4%
- The % of females receiving a bonus has also reduced and is at a three year low at 0.94%

Epsom and St Helier Hospital

	2019	2020	2021	2022	Line trend
Mean Pay Gap	21.09%	19.65%	17.93%	13.54%	
Median Pay Gap	12.27%	12.14%	7.47%	-0.90%	
Mean Bonus Pay Gap	16.50%	15.17%	14.26%	21.55%	
Median Bonus Pay Gap	0.00%	0.00%	0.00%	1.25%	/
%males getting bonus	4.75%	4.86%	4.11%	3.38%	•
%females getting bonus	0.83%	0.76%	0.60%	0.53%	

- The mean pay gap reduced year on year, from 21% in 2019 to 13.5% in 2022. This
 reduction is driven by two large TUPES of staff in 2021 (Mitie and Surrey Downs).
 This increased the trust headcount by 600 with the former largely consisting of male
 lower paid workers and the later TUPE largely female workforce on higher pay
- The median has reduced significantly from 7.47% in 2021 to -0.9% in 2022
- The mean bonus gap has increased significantly from 14.26% to 21.55%
- The median bonus gap data has increased to 1.25% after reporting a 0% gap over the past 3 reporting years
- The % of males receiving a bonus has slightly increased this year from 4.11% to 4.23%. The % of females receiving a bonus has slightly increased from 0.60% to 0.64%

Next Steps

The requirement to produce a Gender Pay Gap report was introduced in March 2016, with the first report not due until the following year, March 2017. This was to allow time for organisations to implement systems to collect the required data on the GPG. Therefore, organisations published a report in March 2017 based on data for the period April 2015 through to March 2016.

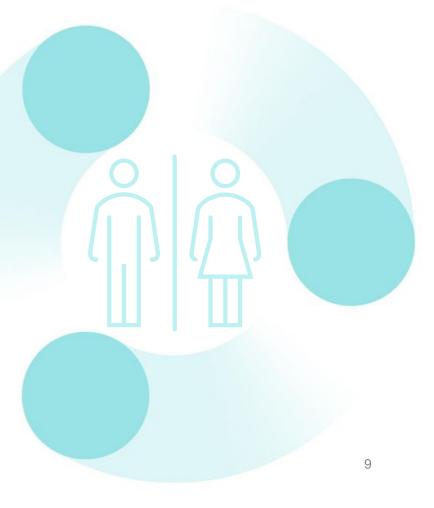
This one-year lag has continued nationally and resulted in published reports looking at data that is a year old, and any findings and decisions about next steps may be outdated at the time of publishing.

This year, the GESH group will produce and publish our 2023 report - covering the period April 2022 – March 2023, in real time, shortly after the snapshot date of 31st March 2023. This will bring our Gender Pay reporting in line with the current financial year and ensure our actions are current and in response to live' findings.

Following 31st March 2023 and review of the current data, we will present the findings to our respective Women's Staff Networks and Chief Medical Officers Offices, **along with this report**, to establish a set of objectives to improve the Gender Pay Gap across the group.

This will include a specific set of further actions (building on those from previous years) to improve the medical staff pay gap as this is the most significant across the group.





Appendix: A

Calculating the Gender Pay Gap



To calculate the GPG we first determine the average hourly pay for all valid employees within the month of March 2020. For each employee the total pay - including basic salary, high cost allowance, any extra duties etc. – are totalled, and then divided by the number of hours worked that month. This gives an average hourly rate. Note: The figures in this appendix are an example data set to show the calculations, they are not the figures for a specific reporting period.

Calculating the 'mean' (i.e. average) hourly pay for all male employees and all female employees:

- Total the average hourly pay for each gender and then divided this figure by the number of employees in each group.
- A sample of 14 employees is shown below to assist with understanding these calculations:

For each employee their total monthly pay for March is calculated and then divided by the hours worked to determine an average hourly pay.

To get the mean hourly pay for the two genders all the average hourly rates are added together and then divided by the number of employees (in this case, 7):

- Female: (11.87 + 12.14 + 13.85 + 16.73 + 22.52 + 23.97 + 25.7) / 7 = £18.11
- Male: (13.35 + 18.48 + 19.68 + 24.09 + 33.31 + 52.73 + 52.99) / 7 = £30.66

To calculate the Agenda for Change (AFC) staff only, medical staff must be removed before the calculation. In this example there are only male medical staff (indicated by an asterisk * in the table), and so for just agenda for change male staff the calculation is (13.35 + 18.48 + 19.68) / 3 = £17.17.

To get the mean pay gap the calculation is the difference between the male and female hourly rates divided by the male hourly rate:

- 30.66 18.11 = 12.55
- 12.55 / 30.66 = 0.4093, which is 40.93%

For AFC only the calculation would be:

- 17.17 18.11 = -0.94
- -0.94 / 17.17 = -0.055, which is -5.48%. A minus value indicates that the pay gap favours female.

Gender	Employee	Basic Pay	High Cost Allowance	Additional	Total	Hours worked	Average Hourly Pay
Female	Training Nurse Associate	£1,567.75	£366.67		£1,934.42	162.95	£11.87
	Administrator	£1,288.80	£293.33		£1,582.13	130.36	£12.14
	HCA - Acute Medicine	£676.66	£168.67	£193.11	£1,038.44	74.96	£13.85
	Staff Nurse - Critical Care	£2,271.67	£454.33		£2,726.00	162.95	£16.73
	Research Nurse	£3,105.58	£564.75		£3,670.33	162.95	£22.52
	Receptionist	£3,341.00	£564.75		£3,905.75	162.95	£23.97
	Senior Staff Nurse - Critical Care	£3,105.58	£564.75	£518.03	£4,188.36	162.95	£25.70
Male	Theatre HCA	£1,585.00	£366.67	£224.34	£2,176.01	162.95	£13.35
	Staff Nurse - Acute Medicine	£2,509.33	£501.87	£55.27	£3,066.47	165.95	£18.48
	Anaesthetic Nurse	£2,509.33	£501.87	£235.53	£3,246.73	164.95	£19.68
	Specialty Registrar – Dermatology*	£4,006.25		£180.17	£4,186.42	173.81	£24.09
	Specialty Registrar - A&E*	£4,006.83		£1,782.90	£5,789.73	173.81	£33.31
	Consultant – Radiology*	£8,477.92		£685.84	£9,163.76	173.8	£52.73
	Consultant – Anaesthetics*	£8,477.92		£731.40	£9,209.32	173.8	£52.99



Appendix: A

Calculating the Gender Pay Gap



To calculate the GPG we first determine the average hourly pay for all valid employees within the month of March 2020. For each employee the total pay - including basic salary, high cost allowance, any extra duties etc. – are totalled, and then divided by the number of hours worked that month. This gives an average hourly rate. Note: The figures in this appendix are an example data set to show the calculations, they

are not the figures for a specific reporting period.

Calculating the 'median' (i.e. middle point) hourly pay for all male employees and all female employees:

- Rank the hourly pay rate of each employee, from smallest to largest, again separated by gender, and take the middle point hourly pay in the ranking. This is your 'median' value.
- In the given example the median hourly rate for both female and male staff is highlighted below:

The calculation for the pay gap remains the same:

- 24.09 16.73 = 7.36
- 7.36 / 24.09 = 0.3055, which is 30.55%

Excluding medical staff there is again no change in the female median value, but the median hourly rate for male staff is £18.48:

- 18.48 16.73 = 1.75
- 1.75 / 18.48 = 0.094, which is 9.47%

Gender	Employee	Basic Pay	High Cost Allowance	Additional	Total	Hours worked	Average Hourly Pay
Female	Training Nurse Associate	£1,567.75	£366.67		£1,934.42	162.95	£11.87
	Administrator	£1,288.80	£293.33		£1,582.13	130.36	£12.14
	HCA - Acute Medicine	£676.66	£168.67	£193.11	£1,038.44	74.96	£13.85
	Staff Nurse - Critical Care	£2,271.67	£454.33		£2,726.00	162.95	£16.73
	Research Nurse	£3,105.58	£564.75		£3,670.33	162.95	£22.52
	Receptionist	£3,341.00	£564.75		£3,905.75	162.95	£23.97
	Senior Staff Nurse - Critical Care	£3,105.58	£564.75	£518.03	£4,188.36	162.95	£25.70
Male	Theatre HCA	£1,585.00	£366.67	£224.34	£2,176.01	162.95	£13.35
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	Specialty Registrar - A&E	£4,006.83		£1,782.90	£5,789.73	173.81	£33.31
	Consultant - Radiology	£8,477.92		£685.84	£9,163.76	173.8	£52.73
	Consultant - Anaesthetics	£8,477.92		£731.40	£9,209.32	173.8	£52.99







Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	4.3		
Report Title	Fit and Proper Person Test Compliance Report		
Executive Lead(s)	Paul da Gama, Group Chief People Officer		
Report Author(s)	Victoria England, Head of HR Projects and Strategy		
Previously considered by	n/a 05 May 2023		
Purpose	For Noting		

Executive Summary

The fit and proper person regulation (FPPR) came into force for all NHS organisations in November 2014 and requires organisations to seek assurance that all executive and non-executive Directors are suitable and fit to undertake the responsibilities of their role. The Care Quality Commission (CQC) holds NHS Trusts to account in relation to FPPR.

During 2022 a review was undertaken of each Trust's records to seek assurance that the Trusts were able to demonstrate compliance with the regulation. The review originally identified a small number of gaps in Executive records, and some gaps in documentation for Non-Executive Directors, which have been investigated further with remedial action taken. It also identified some opportunities for improving the verification of self-declaration information. This has included the collation of all relevant documentation (arising from direct liaison with relevant Board members), the centralisation of all electronic records and a review of both Trusts' procedures.

All relevant files have now been updated to include the information required for the FPPR, reviewed by both the Chief People Officer and Chairman to ensure it is complete and readily accessible. Policies for each Trust have been developed and implemented and following a recent audit at both Truss, it was concluded that there was substantial assurance in the management of this procedure.

Action required by Group Board

The Group Board is asked to note the compliance of SGUH and ESTH with the Fit and Proper Person Regulations.

Group Board, Meeting on 05 May 2023

Agenda item 5.3





Committee Assur	ance			
Committee	n/a			
Level of Assurance	e n/a			
Appendices				
Appendix No.	Appendix Name			
Appendix 1	FPPT Compliance Sum	mary		
Implications				
Group Strategic Ol	ojectives			
☐ Collaboration & Pa	rtnerships	☐ Right	care, right place, right t	ime
☐ Affordable Services	s, fit for the future	⊠ Empo	owered, engaged staff	
Risks				
	eign entity must be compli nable to evidence their con			
CQC Theme				
□ Safe	☐ Effective	☐ Caring	☐ Responsive	☑ Well Led
NHS system overs	ight framework			
☐ Quality of care, acc	ess and outcomes	☑ Peop	le	
☐ Preventing ill health	n and reducing inequalities		ership and capability	
☐ Finance and use of	resources	☐ Local	I strategic priorities	
Financial implication				
	e, the Trust has worked closs involved in our Executive			ant
	ulatory implications			
_	Proper Persons: Directors			
Equality, diversity	and inclusion implicat	ions	I the grade are the grade are are	ainaitia antia anna
	oplicable to postholders ho Equality and Diversity.	iding specific roles and	therefore there are no s	significant issues
	stainability implications			
There are no environn	nental sustainability issues	related to this report.		
·				

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Fit and Proper Person Test Compliance Report Group Board, 05 May 2023

1.0 Purpose of paper

- 1.1 It sets out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 how organisations are expected to ensure that those who have Director level responsibility for the quality and safety of care (and for meeting the fundamental standards) are fit and proper to carry out their roles.
- 1.2 Given the regulation, the fit and proper person regulation (FPPR) came into force for all NHS Trusts in November 2014 and therefore for both St George's University Hospital (SGUH) and Epsom and St Helier University Hospitals (ESTH) it is necessary to ensure that all Board Level appointments are compliant with the regulations, both in respect of their recruitment processes (to assess the suitability of all newly appointed directors), and ongoing checks required to assess continuing "fitness". The Care Quality Commission (CQC) holds NHS trusts to account in relation to FPPR, and whilst they cannot prosecute for a breach of the regulation or any of its parts, they can take regulatory action.
- 1.3 This paper seeks to provide a further update to the previous paper presented to Board to confirm both organisations position in respect of their fulfilment of the FPPR.

2.0 Background

- 2.1 For the purposes of the regulation, the Care and Quality Commission (CQC) provides the following guidance in terms of determining which individuals are subject to this requirement:
 - "It applies to a provider's board directors, board members and equivalents (referred to in this guidance as 'directors'), who are responsible and accountable for delivering care, including associate directors and any other individuals who are members of the board, irrespective of their voting rights. Directors are the group of people constituted (formally or informally) as the decision-making body of the organisation. The regulation applies to interim positions as well as permanent appointments."
- 2.2 For the purposes of the regulations, board members are both executive and non-executive members, permanent and interim postholders and will be considered board members irrespective of their voting rights.
- 2.3 Given the Group structure legal advice was sought as to who should be subject to FPPR and it was confirmed by the Trust's lawyers that these regulations applied to members of both boards only.
- 2.4 The introduction of the FPPR places the ultimate responsibility on the Chairman to discharge the requirement placed upon their Trust to ensure that all relevant post holders meet the fitness test and do not meet any of the 'unfit' criteria.
- 2.5 A series of checks are required on appointment to satisfy the regulations. In addition to these checks, there is a further requirement to ensure that each Trust is assessing and regularly reviewing the fitness of its Board members (including appropriate checks and searches) to ensure that they remain fit for the role they are in. This should take place on a yearly basis as





part of the appraisal process, as well as the annual requirement for postholders to complete a form of declaration confirming that they continue to be a fit and proper person and declaring any conflicts of interest.

3.0 Current Position

Current records

- 3.1 Following a review in the summer of 2022, a small number of gaps were identified in the documentation held for Board members. This principally applied to elements of the recruitment process, e.g. interview records, Occupational Health clearance, offer letters, etc. By liaising with appropriate colleagues and Board members directly, these documents have now been obtained and records updated accordingly.
- 3.2 An update on the current position can be seen in appendix 1 of this paper.

Future recruitment and annual checks

- 3.3 The South-West London (SWL) Hub which provides recruitment services to both SGUH and ESTH have updated processes in place for conducting the full Fit and Proper Person test as part of all Board member's recruitment (which includes both Executive and Non-Executive Board members) and are also now assisting with verification of annual checks.
- 3.4 The recruitment hub are engaged to complete the relevant checks and searches, as required for the regulation and the hub will collate all relevant interview paperwork, new starter documentation and verify identity documents in line with recruitment standards, providing a complete digitalised file for each postholder on appointment into their respective Trust. The SWL hub are also responsible for issuing the contract of employment for Executive Directors, all of which are required for the FPPR. For ESTH NEDs, NHS England will continue to issue letters of appointment, and at SGUH these will continue to be issued by the Trust Chairman following the approval of the appointment by the SGUH Council of Governors.
- 3.5 All available documentation has been digitalised and is now saved centrally in a secure location. For any new Board members, electronic files will be created and the SWL hub will transfer to the Group Chief People Officer these completed recruitment files to ensure they are appropriately stored and maintained. Going forward, for Non-Executive Board members, files will be transferred to the Corporate Affairs team, which leads on all NED appointments, where they will appropriately store the files and take responsibility for the information held. This will also include any relevant information/documentation obtained by the Corporate Affairs team during the recruitment process (as set out below).
- 3.6 During 2022, the Trust began to use an external organisation Experian, to provide external verification of annual self-declarations made by Execs and NEDs. These include verification of normal checks such as bankruptcy, board disqualifications, social media checks, etc.

FPPR Policy

3.7 In reviewing the respective Trust's management of the FPPR, SGUH reviewed their previously approved FPPR policy, made minor amends and submitted to Board for approval in February 2023. The policy was approved and is now live on the Trust's intranet. ESTH did not have an

Group Board, Meeting on 05 May 2023

Agenda item 5.3

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approved FPPR policy and therefore the same policy was also approved by Board and published at ESTH.

7.0 Internal Audit

7.1 Audits were conducted at both Trusts in April 2023 in respect of their FFPR compliance. At ESTH the conclusion from the audit was that substantial assurance could be offered in respect of the Trust's ability to evidence compliance with the regulations. Similarly, at SGUH, assurance could be offered however there were some minor queries raised in respect of the monitoring documentation and the need to ensure this was updated to reflect the most up to date information held on file. Some further comments/observations were also made about the policy which are currently being reviewed, however overall the audit once again provided substantial assurance regarding compliance with the regulations.

10.0 Recommendations

10.1 The Group Board is asked to note the compliance of SGUH and ESTH with the Fit and Proper Person Regulations.





Group Board

Meeting in Public on Friday, 05 May 2023

Agenda Item	4.4	
Report Title	Group Board Arrangements	
Executive Lead(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Report Author(s)	Stephen Jones, Group Chief Corporate Affairs Officer	
Previously considered by	Trust Boards of Directors 06 April 2023	
Purpose	For Noting	

Executive Summary

This paper sets out the arrangements for the establishment of a "Group Board" between St George's University Hospitals NHS Foundation Trust (SGUH) and Epsom and St Helier University Hospitals NHS Trust (ESTH) by means of establishing a committees-in-common arrangement, which were agreed by the Board of Directors of each Trust on 6 and 28 April 2023. Under these arrangements the Trust Board of SGUH and the Trust Board of ESTH has each established a new "Group Board" committee, the "Group Board (St George's)" and the "Group Board (Epsom & St Helier)" respectively. The new Group Board committees are formally constituted as committees of the SGUH and ESTH Boards. The Committees will act under delegated authority from, and at all times remain accountable to, their respective 'parent' Trust Boards. All business conducted by each Committee will be conducted in the name of the respective Trust. In practical terms, however, the two Group Board committees will, together, effectively manage both Trusts within the Group. To give effect to these arrangements, both Trust Boards have delegated authority extensively to their respective Group Board committee. This will both empower the Group Board Committees to operate with maximum authority and discharge many of the responsibilities currently exercised by the sovereign Trust Boards. The paper also sets out the practical arrangements that will govern the way in which the Group Board will operate in practice – setting out approaches on agendas, papers, minutes, public and SGUH Governor access to meetings, Board visits, patient and staff stories, and venues. A new Group report template has also been agreed and introduced.

The proposals set out in this paper build on previous discussions and decisions of the two Boards. In particular, the proposals reflect the commitment in the Strategic Case for the establishment of the Group that "while individual board would be retained in statute, as much decision-making as practicable would take place via either a Board meeting 'in common' or a sub-committee 'in common'. They also reflect the decision by the Boards in October 2022 to commence Group Board meetings in 2023/24. The proposals have been reviewed in detail by Capsticks, and the legal advice obtained confirms that the arrangements proposed are appropriate and robust within the existing statutory and regulatory framework.

Action required by Group Board

The Board is asked to note the Group Board arrangements that have previously been agreed by the Board of Directors of SGUH and ESTH, which are presented here for the purposes of public transparency as to these arrangements.

Group Board, Meeting on 05 May 2022

Agenda item 5.4





Committee Assurance	
Committee	N/A
Level of Assurance	N/A

Appendices	
Appendix No.	Appendix Name
Appendix 1	Terms of Reference for Group Board Committees
Appendix 2	Matters Reserved to the Trust Boards of Directors of ESTH and SGUH
Appendix 3	Powers Delegated to the Group Board Committees

Implications

Group Strategic Objectives

□ Collaboration & Partnerships
 □ Right care, right place, right time

☑ Affordable Services, fit for the future
☑ Empowered, engaged staff

Risks

Failure to establish the Group Board arrangements in a robust and legally compliant way risks the Trust not meeting its legal and regulatory obligations.

CQC Theme

⊠ Safe	☑ Effective	☑ Caring	□ Responsive	☑ Well Led

NHS system oversight framework

☑ Quality of care, access and outcomes

☑ People

☑ Preventing ill health and reducing inequalities ☑ Leadership and capability

☑ Finance and use of resources
 ☑ Local strategic priorities

Financial implications

Further legal advice to support the establishment of the Group Board and to assist in revising both Trusts' standing orders, standing financial instructions and scheme of delegation.

Legal and / or Regulatory implications

The establishment of the Group Board must be consistent with the provisions of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022. Relevant provisions of the Health and Social Care Act 2008 also apply in terms of matters that need consideration by the Trust Board. The Trust sought legal advice on its proposals for establishing the Group Board and this advice has confirmed that the proposals set out in this paper are consistent with the current statutory and regulatory framework. NHS England published new statutory guidance on *Arrangements for delegation and joint exercise of statutory functions: Guidance for integrated care boards, NHS trusts and foundation trusts* on 27 March 2023. The proposals set out in this paper are consistent with this guidance.

Equality, diversity and inclusion implications

None directly related to this report. The Group Board would consider EDI issues as set out in the report and in the draft Scheme of Reservation and Delegation of Powers.

Environmental sustainability implications

There are no environmental sustainability issues associated with the arrangements set out in this report.

Group Board, Meeting on 05 May 2022

Agenda item 5.4





Group Board Arrangements Group Board, 05 May 2023

1.0 Purpose of paper

1.1 This paper sets out the arrangements for the establishment of a "Group Board" between St George's University Hospitals NHS Foundation Trust (SGUH) and Epsom and St Helier University Hospitals NHS Trust (ESTH) by means of establishing a committees-in-common arrangement, which were agreed by the Board of Directors of each Trust on 6 and 28 April 2023.

2.0 Background

- 2.1 In June 2021, the Board of Directors of Epsom and St Helier University Hospitals NHS Trust and the Board of Directors of St George's University Hospitals NHS Foundation Trust agreed to form a new hospital Group, the St George's, Epsom and St Helier University Hospitals and Health Group. A Group Chief Executive was appointed in August 2021 and the Group formally commenced on 1 February 2022 with the establishment of a single Executive team to lead the Group.
- 2.2 In December 2021, March 2022 and May 2022, the two Boards agreed the initial governance arrangements for the new St George's, Epsom and St Helier University Hospitals and Health Group. This included the establishment of Committees-in-Common arrangements for the Quality, Finance and People Committees of the two Boards, the agreement of a Memorandum of Understanding (MoU) to provide a clear framework for closer collaboration across the Group, and the approval of an Information Sharing Agreement to provide a framework through which the two Trusts could share information for the purposes of the Group as set out in the MoU.
- 2.3 The Group governance arrangements endorsed by the two Boards included the provision that the two Boards would meet separately in 2022/23 for their formal meetings, but would come together for joint Board development. At the December 2021 Board meetings, it was also agreed that we should "set an ambition to move to joint ESTH / SGUH Board meetings from April 2023 and review the position in late Q2 / early Q3 2022/23 in the context of stakeholder views".
- 2.4 In this context, in October 2022 the Boards considered options for the establishment of a new Group Board, which would meet from the start of the new financial year. In endorsing the establishment of a Group Board, the Boards agreed:
 - That the development of a Group Board was in line with the commitment in the Strategic Care for Change (2001) that: "while individual board would be retained in statute, as much decision-making as practicable would take place via either a Board meeting 'in common' or a sub-committee 'in common'."
 - That the move is in line with aim of seeking to operate at the maximum of 'our licence' as a Group.
 - That the move supports the Group Operating Model concept of taking decisions that affect the Group with a single mind.





- That it maximises opportunities for learning across the Group, and of identifying and considering Group-wide benefits.
- That it creates a practical manifestation of the Group at Board level.
- That it creates opportunities to further develop a common culture and ways of working across the two Boards.
- That monitoring the implementation of the new Group strategy is best overseen by a Group Board, and that separate oversight by the two Trust Boards would result in a disjointed approach.
- 2.6 The Boards also reflected on the practical experience of operating two separate Boards during 2022/23, including:
 - The close and increasing alignment of agenda items across the two Boards, and the close similarities in the nature of discussions in the two Board meetings.
 - That the majority of Board agenda items had previously been discussed at a Group-wide committee-in-common.
 - The need to continue to consider Trust-specific items of business.
- 2.7 The Boards therefore agreed in principle with the establishment of a new Group Board, likely operating as a committees-in-common, from the start of the new financial year.

3.0 Framework for Establishing a Group Board

- 3.1 Under the current statutory and regulatory framework applying to NHS trusts and NHS foundation trusts, there are two legal routes through which a "Group Board" could be established:
 - The two Boards could agreed to establish a <u>Joint Committee</u> and delegate functions to it, and this would operate as the "Group Board". This option would see the establishment of a single committee between the Trusts.
 - The two Boards could establish a <u>committees-in-common</u> arrangement, with each Board establishing a "Group Board" as a committee of the Trust Board of Directors, to which it would delegate functions. This option would establish separate committees of the two Trust Boards, meeting 'in common'.
- 3.2 In practice, however, only the committees-in-common approach is a realistic option for the two Trusts. This is because, while the Health and Care Act 2022 made it easier for NHS organisations to establish joint committees, the Act did not remove the existing restriction on NHS foundation trusts whereby FTs can only establish and delegate functions to a committee if that committee is comprised solely of directors of the FT itself:
- 3.3 The Boards of Directors have, therefore, agreed to establish a Group Board via a committeesin-common arrangement. In practical terms, this involved:





- Each Board establishing a new committee of the Trust Board of Directors, which
 are known as the "Group Board". The new committees are the "Group Board (St
 George's)" and the "Group Board (Epsom and St Helier)"
- The new "Group Board (St George's)" and the "Group Board (Epsom and St Helier)" each having a terms of reference set and agreed by the 'parent' Trust Board.
- The SGUH and ESTH Trust Boards delegating functions and authority from the Boards to the "Group Board (St George's)" and the "Group Board (Epsom & St Helier)" respectively.
- The SGUH and ESTH Trust Boards revising their respective Schemes of Delegation to provide for these new delegations to the "Group Board (St George's)" and the "Group Board (Epsom & St Helier)" respectively.
- 3.4 The new Group Board committees are formally constituted as committees of the SGUH and ESTH Boards respectively. The committees will act under delegated authority from, and will at all times remain accountable to, their respective 'parent' Trust Boards. All business conducted by each committee will be conducted in the name of the respective Trust. In practical terms, however, the two Group Board committees will effectively manage both Trusts under the St George's, Epsom and St Helier University Hospitals and Health Group.

4.0 Constitution of the Group Board Committees

Terms of reference

4.1 Each of the Group Board committees has in place clear terms of reference approved by its respective Trust Board. As far as practically possible, within the statutory framework that applies to NHS trusts and NHS foundation trusts, these terms of reference are as near to identical as possible. This ensures that each Group Board committee is constituted, to all practical purposes, in the same way, with its composition and ways of working being consistent across the two committees. The terms of reference for the Group Board committees, which have been approved by the SGUH and ESTH Trust Boards are attached at Appendix 1.

Functions and duties

- 4.2 In order to operate, in practical effect as a Group Board, each of the two Trust Boards has delegated authority extensively to their respective Group Board committees. This will both empower the Group Board committees to operate with maximum authority and discharge many of the responsibilities currently exercised by the sovereign Trust Boards.
- 4.3 Appendix 2 sets out the matters that are retained and reserved to each of the sovereign Trust Boards of Directors. Appendix 3 sets out the powers delegated by of the Boards of Directors to their respective Group Board committee. In essence, this model envisages a maximum delegation of authority, within the existing statutory and regulatory framework, from the Trust Board to the Group Board committees of each Trust.

Group Board, Meeting on 05 May 2022

Agenda item 5.4





5.0 Composition of the Group Board Committees

5.1 All Board members of each Trust are members of the relevant Group Board committee.

For St George's, the membership of the Group Board (St George's) is:

Non-Executive Directors	Executive Directors
Trust Chairman (Committee Chair)	Group Chief Executive Officer
Vice Chair and Non-Executive Director	Group Deputy Chief Executive Officer*
Non-Executive Director	Group Chief Medical Officer
Non-Executive Director	Group Chief Nursing Officer
Non-Executive Director	Group Chief Finance Officer
Non-Executive Director	Managing Director – St George's*
Non-Executive Director	Group Chief People Officer*
Associate Non-Executive Director*	Group Chief Corporate Affairs Officer*
	Group Chief Infrastructure, Facilities and
	Environment Officer*

^{*} denotes non-voting members in line with current Trust Board arrangements

For Epsom and St Helier, the membership of the Group Board (Epsom and St Helier) is:

Non-Executive Directors	Executive Directors
Trust Chairman (Committee Chair)	Group Chief Executive Officer
Vice Chair and Non-Executive Director	Group Deputy Chief Executive Officer*
Non-Executive Director	Group Chief Medical Officer
Non-Executive Director	Group Chief Nursing Officer
Non-Executive Director	Group Chief Finance Officer
Non-Executive Director	Managing Director – Epsom and St Helier*
Associate Non-Executive Director*	Managing Director – Integrated Care*
Associate Non-Executive Director*	Group Chief People Officer*
	Group Chief Corporate Affairs Officer*
	Group Chief Infrastructure, Facilities and
	Environment Officer*

^{*} denotes non-voting members in line with current Trust Board arrangements

6.0 Meeting arrangements

Quorum

6.1 Each Group Board committee must to be quorate in its own right.

Agendas, papers and minutes

- 6.2 Meetings of the two Group Board committees will take place at the same time and place, with a single agenda and a single set of papers.
- 6.3 Papers that relate to the business of one Trust only will be considered by the Group Board committees. Members of both Group Board committees will be able to participate in the discussions on a Trust-specific agenda item. However, the action for the Group Board committee set out in the paper would be for the relevant Group Board committee to agree.

Group Board, Meeting on 05 May 2022

Agenda item 5.4





6.4 A single set of minutes covering both committees will be produced. Each Group Board committee will need to approve the minutes, as is the case under the current committees-in-common arrangements for the Quality, Finance and People committees.

Voting

6.5 In the event that a vote is called on an agenda item that relates to both Trusts, each Group Board committee would be required to hold a vote of its voting members. A vote by one Trust's Group Board committee could not bind the Group Board committee of the other Trust. Where a vote is called on an agenda item that relates to one Trust only, then the relevant Group Board committee of that Trust would hold a vote; the other Group Board committee would not vote in those circumstances.

Public access to meetings

In practical terms, meetings of the Group Boards will operate as the two separate Trust Boards do at present. Meetings will be held in public, and members of the public and media will be able to attend as observers as provided for under the Public Bodies (Access to Meetings) Act 1960. However, as with the Trust Boards currently, the Group Board committees will be able to hold private meetings. Members of the public will continue to be able to submit questions to the Board Committees in advance of the meeting.

Attendance by members of the SGUH Council of Governors

6.7 Members of the SGUH Council of Governors will be able to attend meetings of the Group Board committees held in public and meetings held in private. The Group Board committees will be able to require SGUH Governors to leave for specific agenda items where it considers this necessary, as it the current practice for the SGUH Trust Board. SGUH Governors will be entitled to ask questions at the close of meetings without the need for registering these in advance, reflecting the current practice at the SGUH Trust Board. Questions from SGUH Governors would be asked on matters relevant to the business of St George's University Hospitals NHS Foundation Trust.

Recording of meeting

6.8 Scheduled meetings of the Group Board committees which are held in public will be recorded and the recording will be made available on the website of each of the two Trusts. This reflects the practice of the two Trust Boards and will help ensure continued public access to the contents of meetings.

Venues

- 6.9 Meetings of the Group Board committees, and joint Board development sessions, will be held across the sites of the two Trusts within the Group.
- 6.10 For 2023/24, the schedule of Group Board committees will be held on the following rotating business between SGUH and ESTH:





Date	Time	Trust	Location
5 May 2023	10:00 -	ESTH	Whitehall Lecture Theatre, Education Block, St Helier
	15:00		Hospital, Wrythe Lane, Sutton, SM5 1AA
7 July 2023	10:00 -	SGUH	Hyde Park Room, Lanesborough Wing, St George's Hospital,
	15:00		Tooting, SW17 0QT
8 September	10:00 -	ESTH	Conference Room 1, Wells Wing, Epsom Hospital, Dorking
2023	15:00		Road, Epsom, KT18 7EG
10 November	10:00 -	SGUH	Hyde Park Room, Lanesborough Wing, St George's Hospital,
2023	15:00		Tooting, SW17 0QT
12 January 2024	10:00 -	ESTH	Whitehall Lecture Theatre, Education Block, St Helier
	15:00		Hospital, Wrythe Lane, Sutton, SM5 1AA
8 March 2024	10:00 -	SGUH	Hyde Park Room, Lanesborough Wing, St George's Hospital,
	15:00		Tooting, SW17 0QT

Board visits on Group Board meeting dates

6.11 Both Trust Boards currently hold visits to clinical and non-clinical areas immediately before Trust Board meetings held in public. These will continue with the commencement of the Group Board arrangements. Visits will take place around the site on which the Group Board meeting will be held. All Board members will be invited to participate in the visits.

Patient and staff stories

6.12 Both Trust Boards currently hold patient or staff stories as part of the Board meetings. As with Board visits, this has been regarded by the Boards as an important part of rooting the Board meetings in the work of the Trust. The Group Board will continue with the practice of holding patient or staff stories as part of the meetings held in public.

7.0 Managing Conflicts of Interest

- 7.1 As is highlighted in NHS England's new Statutory Guidance on *Arrangements for delegation* and joint exercise of statutory functions, published on 27 March 2023, a key issue that needs to be considered in any delegation and joint working arrangement is the effective management of conflicts of interest. The guidance states that: "the guiding principle for NHS organisations in dealing with these conflicts will be that decisions must be made in the public interest, avoiding any undue influence from other interests". All NHS organisations are required to follow the national guidance on the Managing Conflicts of Interest in the NHS. Both Trusts within the Group have recently revised and updated their conflicts of interest policies and there is now a common policy across the Group on this.
- 7.2 As provided for under its Constitution, the Trust Board of SGUH has authorised the standing conflicts of interest of all directors with joint appointments across the Group, both executive and non-executive. The Standing Orders for ESTH do not currently make an explicit provision for the ESTH Board to make such an authorisation, but the planned updated Standing Orders will enable this. In the meantime, the ESTH Board notes the declarations of interest across the Group at each meeting.
- 7.3 Directors of an NHS Foundation Trust are subject to a general duty under Schedule 7 of the NHS Act 2006 to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the corporation as a whole and for the public. Foundation Trusts and NHS Trusts are subject to general duties under the NHS Act 2006 to exercise their functions effectively, efficiently and economically.





- 7.5 Following amendments introduced by the Health and Care Act 2022, both NHS Trusts and Foundation Trusts are subject to duties to have regard to the wider effects of their decisions. Specifically, they must have regard to all likely effects of their decisions on:
 - (a) the health and well-being of the people of England;
 - (b) the quality of services provided to individuals—
 - (i) by relevant bodies, or
 - (ii) in pursuance of arrangements made by relevant bodies, for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England:
 - (c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.
- 7.6 The Explanatory Notes to the Health and Care Act explain the rationale for these amendments as follow:

"The current legislative framework can lead organisations to work primarily in the best interest of their own organisations and their own immediate patients - but this does not support the delivery of integrated, patient-centred care. This new duty will require organisations to think about the interests of the wider system and will provide common, system-wide goals that need to be achieved through collaboration."

- 7.7 In addition, both NHS Trusts and NHS Foundation Trusts are subject to statutory duties to cooperate with each other in exercising their functions.
- 7.8 In the light of these new duties, there should be few occasions where the interests of the Trusts are not aligned since directors of each Trust must have regard to the wider impact of their decisions on the other Trust and seek to cooperate with the other Trust in exercising their functions. In practical terms, to manage any potential situations in which there is a real or potential conflict where it appears that the interests of the Trusts may not align, the Boards have agreed that the relevant paper sets out that potential conflict explicitly, record this in the minutes, and where necessary hold separate meetings of each Trust Board of Directors to consider the item.

8.0 Continued Provision of Trust Board Meetings

- 8.1 Nothing in the establishment of the Group Board arrangements prevents the holding of meetings of the sovereign Trust Boards where the Boards consider this to be necessary.
- 8.2 At least one Trust Board meeting of each Trust will be required annually in order to review approve each Trust's Annual Report and Accounts. Further meetings of each Trust Board may be necessary in the event that decisions are required on matters reserved to each sovereign Trust Board.

9.0 Implications

9.1 <u>Strategic direction:</u> The development of a Group Board is consistent with the vision of "Group Max" and the stated ambitions of the two Boards that the Group should seek to "operate at the top of its licence".

Group Board, Meeting on 05 May 2022

Agenda item 5.4





- 9.2 Legal and regulatory: There are extensive legislative and regulatory provisions which define or otherwise shape the way in which the Trusts can establish a Group Board. The legislative aspects of this are largely set out in the NHS Act 2006, as amended by the health and Social Care Act 2021 and the Health and Care Act 2022. In addition, NHS England statutory guidance on the *Arrangements for delegation and joint exercise of statutory functions* also applies. This guidance, however, principally relates to the delegation of powers in full or in part to other organisations; committees-in-common arrangements are referenced in the guidance but no new provisions are made in relation to these as the delegation of functions and powers within a committees-in-common arrangement takes place within each statutory body rather than from one to another. The guidance notes that committees-in-common "create a framework for aligned decision-making they are an arrangement that promotes consistent decisions about the exercise of functions by all participant organisations, though those decisions are separately taken". We have sought legal advice on the arrangements set out in this paper and the advice has endorsed the proposals.
- 9.3 Risk: Implementing new decision-making process and practices carries risk if the arrangements are not established in a sufficiently robust way and in a way that is inconsistent with the statutory or regulatory framework. We have actively sought to manage these risks by seeking legal advice on the proposals. In establishing a committees-in-common arrangement, we are also using a vehicle for decision-making that is well established throughout the NHS and within the Group.
- 9.4 <u>Equality, diversity and inclusion:</u> There are no specific EDI implications from the proposals to establish a Group Board. The Group Board will review a range of EDI related reports as provided for in the Scheme of Delegation. Report templates will also require an explicit statement regarding any EDI impact of all reports to the Board and Committees.

10.0 Recommendations

10.1 The Board is asked to note the Group Board arrangements that have previously been agreed by the Board of Directors of SGUH and ESTH, which are presented here for the purposes of public transparency as to these arrangements.





Group Board (St George's)

Terms of Reference

1. Background and Context

In June 2021, after years of collaboration and creating closer working ties, the Board of Directors of St George's University Hospitals NHS Foundation Trust and the Board of Directors of Epsom and St Helier University Hospitals NHS Trust ("the Boards") agreed to form a hospital group, the St George's, Epsom and St Helier University Hospitals and Health Group ("the Group").

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. Under the Group arrangements, the Trusts remain separate legal entities but with a single executive team and harmonised corporate governance arrangements which enable and support closer collaborative working.

The Boards have agreed a Memorandum of Understanding between the Trusts which set out the purpose and scope of the Group, its underlying principles, high level governance arrangements and operating model. They have also agreed an Information Sharing Agreement to provide a framework through which the two Trusts can share information for the purposes of the Group, as set out in the Memorandum of Understanding.

The Boards have developed and agreed a new Group strategy – *Outstanding Care, Together* – which sets out the vision for 2028 across the Group.

In the Strategic Case for the establishment of the Group, the Boards agreed that "while individual boards would be retained in statute, as much decision-making as practicable would take place via either a Board meeting 'in common' or a sub-committee 'in common'."

In line with this, and order to help realise the benefits of the Group as set out in the Strategic Case and Group Strategy, the Boards have approved the establishment of a "Group Board", which will operate as a Committees-in-Common. The aim of the Boards in establishing this arrangement is to take decisions that affect the Group in a common forum, maximise the opportunities for learning across the Group, and harmonise ways of working across the two Boards.

The Board of St George's University Hospitals NHS Foundation Trust establishes the "Group Board (St George's)" committee and the Board of Epsom and St Helier University Hospitals NHS Trust establishes the "Group Board (Epsom and St Helier)" committee within their corporate governance structures. To the respective committees, the two sovereign Boards of Directors delegate functions as set out in the terms of reference.

Operating as a Committees-in-Common, the Group Board will meet at the same time and place, with a single agenda, to make decisions in relation to both St George's University





Hospitals NHS Foundation Trust (SGUH) and Epsom and St Helier University Hospitals NHS Trust (ESTH) within the remit of the delegations to the respective committees by each Trust.

2. Name

The Committee shall be known as the "Group Board (St George's)".

Working as a Committee-in-Common alongside the "Group Board (Epsom and St Helier), the two Committees will operate as the "Group Board".

3. Establishment and Authority

The Committee is constituted as a committee of the SGUH Board of Directors and is authorised by the Board to:

- i. Act within its terms of reference
- ii. Seek any information it requires, and all staff are required to cooperate with any request made by the Committee.
- iii. Instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
- iv. Obtain such internal information as is necessary and expedient to the fulfilment of its functions.

4. Functions and Duties

The role and powers of St George's University Hospitals NHS Foundation Trust are established in statute. The Board of Directors of SGUH has resolved that certain powers and decisions are delegated to the "Group Board (St George's)" as set out at Appendix A.

5. Membership, Attendance and Quorum

The Group Board (St George's) will comprise the following members:

Non-Executive Directors	Executive Directors
Trust Chairman (Committee Chair)	Group Chief Executive Officer
Vice Chair and Non-Executive Director	Group Deputy Chief Executive Officer*
Non-Executive Director	Group Chief Medical Officer
Non-Executive Director	Group Chief Nursing Officer
Non-Executive Director	Group Chief Finance Officer
Non-Executive Director	Managing Director – St George's*
Non-Executive Director	Group Chief People Officer*
Associate Non-Executive Director*	Group Chief Corporate Affairs Officer*
	Group Chief Infrastructure, Facilities and
	Environment Officer*

^{*} Denotes non-voting members of the Group Board (St George's)





The Group Board (St George's) will be chaired by the Trust Chairman.

An attendance register will be held for each meeting and an annual register of attendance will be set out in the Trust's Annual Report.

If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to the agreement of the Group Chief Executive and the Chair of the Group Board (St George's).

The Chairman of the Group Board (St George's) may request the attendance of other staff at any meeting as appropriate.

6. Quorum

The quorum for any meeting of the Group Board (St George's) shall be the attendance of a minimum 50% of the members of the Committee including:

- At least two voting Non-Executive Directors
- At least two voting Executive Directors

Deputies attending the meeting on behalf of Executive Directors will not count towards the quorum, or exercise any voting rights, unless a formal acting-up arrangement is in place which has been authorised by the Trust Board of Directors.

7. Accountability and Reporting Arrangements

The Group Board (St George's) operates under the delegated authority of the Board of Directors of St George's University Hospitals NHS Foundation Trust ("the Trust"). The Group Board (St George's) is accountable at all times to the Trust Board of Directors. All business conducted by the Group Board (St George's) shall be conducted in the name of the Trust.

The Group Board (St George's) shall report to the Trust Board of Directors.

8. Meeting Format and Frequency

Meetings of the Group Board (St George's) will typically be held in person, but may also be held via videoconference where appropriate.

The Group Board (St George's) will meet a minimum of six times a year. Additional meetings may be called by the Chairman as necessary, who may also cancel or rearrange meetings in exceptional circumstances.

9. Public Access to Meetings

Meetings of the Group Board (St George's) will be held in public.

In line with the provisions of the Public Bodies (Admission to Meetings) Act 1960, the Group Board (St George's) may by resolution exclude the public for the meeting (whether during





the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings.

In determining the matters of business that may be necessary to be conducted in private, the Group Board (St George's) will have regard to the schedule of matters for consideration in private session as set out at Appendix X.

10. Declarations of Interest

All members of the Group Board (St George's) must declare any actual or potential conflicts of interest. These will be recorded in the minutes.

Anyone with a relevant or material interest in a matter under consideration may be excluded from the meeting for the duration of the relevant item.

The Trust Board has authorised the potential conflict relating to those members who are also directors of Epsom and St Helier University Hospitals NHS Trust. These will not need to be separately declared at each meeting but will be recorded in the minutes.

11. Meeting Arrangements and Secretariat

The Group Chief Corporate Affairs Officer, who also acts as Group Company Secretary, is responsible for ensuring secretarial support is provided for the Group Board (St George's). This will include:

- i. Preparation of a forward plan for the Group Board (St George's)
- ii. Development of agendas for meetings in discussion with the Chairman and Group Chief Executive, based on the agreed forward plan
- iii. Calling for, collating and distributing papers for meetings
- iv. Ensuring that accurate minutes of meetings are taken
- v. Producing an action log and following up on actions arising to ensure timely completion

All papers and reports to be presented at the Group Board (St George's) must be approved by the relevant Executive Director.

The agenda and the supporting papers for the meeting will be circulated not less than five working days before the meeting, except in exceptional circumstances agreed in advance with the Chairman.

12. Review of Terms of Reference

These Terms of Reference shall be subject to an annual review by the Group Board (St George's). Any changes to these Terms of Reference may only be made by the Trust Board of Directors.





Document Control

Profile	
Document name	Group Board (St George's) Terms of Reference
Version	1.0
Executive Sponsor	Group Chief Executive Officer
Author	Group Chief Corporate Affairs Officer
Approval	
Date of Committee approval	
Date of Trust Board approval	
Date for next review	







Group Board (Epsom & St Helier)

Terms of Reference

1. Background and Context

In June 2021, after years of collaboration and creating closer working ties, the Board of Directors of St George's University Hospitals NHS Foundation Trust and the Board of Directors of Epsom and St Helier University Hospitals NHS Trust ("the Boards") agreed to form a hospital group, the St George's, Epsom and St Helier University Hospitals and Health Group ("the Group").

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. Under the Group arrangements, the Trusts remain separate legal entities but with a single executive team and harmonised corporate governance arrangements which enable and support closer collaborative working.

The Boards have agreed a Memorandum of Understanding between the Trusts which set out the purpose and scope of the Group, its underlying principles, high level governance arrangements and operating model. They have also agreed an Information Sharing Agreement to provide a framework through which the two Trusts can share information for the purposes of the Group, as set out in the Memorandum of Understanding.

The Boards have developed and agreed a new Group strategy – *Outstanding Care, Together* – which sets out the vision for 2028 across the Group.

In the Strategic Case for the establishment of the Group, the Boards agreed that "while individual boards would be retained in statute, as much decision-making as practicable would take place via either a Board meeting 'in common' or a sub-committee 'in common'."

In line with this, and order to help realise the benefits of the Group as set out in the Strategic Case and Group Strategy, the Boards have approved the establishment of a "Group Board", which will operate as a Committees-in-Common. The aim of the Boards in establishing this arrangement is to take decisions that affect the Group in a common forum, maximise the opportunities for learning across the Group, and harmonise ways of working across the two Boards.

The Board of Epsom and St Helier University Hospitals NHS Trust establishes the "Group Board (Epsom & St Helier)" committee and the Board of St George's University Hospitals NHS Foundation Trust establishes the "Group Board (St George's)" committee within their corporate governance structures. To the respective committees, the two sovereign Boards of Directors delegate functions as set out in the terms of reference.

Operating as a Committees-in-Common, the Group Board will meet at the same time and place, with a single agenda, to make decisions in relation to both Epsom and St Helier University Hospitals NHS Trust (ESTH) and St George's University Hospitals NHS





Foundation Trust (SGUH) within the remit of the delegations to the respective committees by each Trust.

2. Name

The Committee shall be known as the "Group Board (Epsom & St Helier)".

Working as a Committee-in-Common alongside the "Group Board (St George's), the two Committees will operate as the "Group Board".

3. Establishment and Authority

The Committee is constituted as a committee of the ESTH Board of Directors and is authorised by the Board to:

- i. Act within its terms of reference
- ii. Seek any information it requires, and all staff are required to cooperate with any request made by the Committee.
- iii. Instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
- iv. Obtain such internal information as is necessary and expedient to the fulfilment of its functions.

4. Functions and Duties

The role and powers of Epsom and St Helier University Hospitals NHS Foundation Trust are established in statute. The Board of Directors of ESTH has resolved that certain powers and decisions are delegated to the "Group Board (Epsom & St Helier)" as set out at Appendix A.

5. Membership, Attendance and Quorum

The Group Board (Epsom and St Helier) will comprise the following members:

Non-Executive Directors	Executive Directors
Trust Chairman (Committee Chair)	Group Chief Executive Officer
Vice Chair and Non-Executive Director	Group Deputy Chief Executive Officer*
Non-Executive Director	Group Chief Medical Officer
Non-Executive Director	Group Chief Nursing Officer
Non-Executive Director	Group Chief Finance Officer
Non-Executive Director	Managing Director – Epsom and St Helier*
Associate Non-Executive Director*	Managing Director – Integrated Care*
Associate Non-Executive Director*	Group Chief People Officer*
	Group Chief Corporate Affairs Officer*
	Group Chief Infrastructure, Facilities and
	Environment Officer*

^{*} Denotes non-voting members of the Group Board (St George's)





The Group Board (Epsom & St Helier) will be chaired by the Trust Chairman.

An attendance register will be held for each meeting and an annual register of attendance will be set out in the Trust's Annual Report.

If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to the agreement of the Group Chief Executive and the Chair of the Group Board (Epsom & St Helier).

The Chairman of the Group Board (Epsom & St Helier) may request the attendance of other staff at any meeting as appropriate.

6. Quorum

The quorum for any meeting of the Group Board (Epsom & St Helier) shall be the attendance of a minimum 50% of the members including:

- At least two voting Non-Executive Directors
- At least two voting Executive Directors

Deputies attending the meeting on behalf of Executive Directors will not count towards the quorum, or exercise any voting rights, unless a formal acting-up arrangement is in place which has been authorised by the Trust Board of Directors.

7. Accountability and Reporting Arrangements

The Group Board (Epsom & St Helier) operates under the delegated authority of the Board of Directors of Epsom and St Helier University Hospitals NHS Trust ("the Trust"). The Group Board (Epsom & St Helier) is accountable at all times to the Trust Board of Directors. All business conducted by the Group Board (Epsom & St Helier) shall be conducted in the name of the Trust.

The Group Board (Epsom & St Helier) shall report to the Trust Board of Directors.

8. Meeting Format and Frequency

Meetings of the Group Board (Epsom & St Helier) will typically be held in person, but may also be held via videoconference where appropriate.

The Group Board (Epsom & St Helier) will meet a minimum of six times a year. Additional meetings may be called by the Chairman as necessary, who may also cancel or rearrange meetings in exceptional circumstances.

9. Public Access to Meetings

Meetings of the Group Board (Epsom & St Helier) will be held in public.





In line with the provisions of the Public Bodies (Admission to Meetings) Act 1960, the Group Board (Epsom & St Helier) may by resolution exclude the public for the meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings.

In determining the matters of business that may be necessary to be conducted in private, the Group Board (Epsom & St Helier) will have regard to the schedule of matters for consideration in private session as set out at Appendix X.

10. Declarations of Interest

All members of the Group Board (Epsom & St Helier) must declare any actual or potential conflicts of interest. These will be recorded in the minutes.

Anyone with a relevant or material interest in a matter under consideration may be excluded from the meeting for the duration of the relevant item.

The Trust Board has recognised the potential conflict relating to those members who are also directors of St George's University Hospitals NHS Trust. These will not need to be separately declared at each meeting but will be recorded in the minutes.

11. Meeting Arrangements and Secretariat

The Group Chief Corporate Affairs Officer, who also acts as Group Company Secretary, is responsible for ensuring secretarial support is provided for the Group Board (Epsom & St Helier). This will include:

- i. Preparation of a forward plan for the Group Board (Epsom & St Helier)
- ii. Development of agendas for meetings in discussion with the Chairman and Group Chief Executive, based on the agreed forward plan
- iii. Calling for, collating and distributing papers for meetings
- iv. Ensuring that accurate minutes of meetings are taken
- v. Producing an action log and following up on actions arising to ensure timely completion

All papers and reports to be presented at the Group Board (Epsom & St Helier) must be approved by the relevant Executive Director.

The agenda and the supporting papers for the meeting will be circulated not less than five working days before the meeting, except in exceptional circumstances agreed in advance with the Chairman.

12. Review of Terms of Reference

These Terms of Reference shall be subject to an annual review by the Group Board (Epsom & St Helier). Any changes to these Terms of Reference may only be made by the Trust Board of Directors.





Document Control

Profile	
Document name	Group Board (Epsom & St Helier) Terms of Reference
Version	1.0
Executive Sponsor	Group Chief Executive Officer
Author	Group Chief Corporate Affairs Officer
Approval	
Date of Committee approval	
Date of Trust Board approval	
Date for next review	



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Scheme of Reservation and Delegation of Powers

1. Decisions and Duties Reserved to the Trust Board of Directors

	Decisions and Duties Delegated to the Group Board (St George's)
General enabling provision	The Trust Board of Directors may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.

Regulation	1. Standing Orders
and Control	 i. To approve Standing Orders, a schedule of matters reserved to the Board, and Standing Financial Instructions for the regulation of its proceedings and business. ii. To suspend Standing Orders. iii. To vary or amend the Standing Orders. iv. To ratify any urgent decisions, which the Board has retained to itself, taken by the Chairman and Group Chief Executive Officer. v. To ratify or otherwise instances of failure to comply with Standing Orders by the Trust Board brought to the Group Chief Executive's attention. vi. To discipline members of the Board of Directors who are in breach of statutory requirements or Standing Orders. 2. Scheme of Delegation
	i. To approve a scheme of delegation of powers from the Trust Board of Directors to committees of the Board.
	3. Declarations of Interest
	 i. To require and receive the declaration of Trust Board members' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration. ii. To authorise conflicts of interest of Trust Board members, where appropriate.





4. Committees

- i. To establish and approve the terms of reference and reporting arrangements of all committees that are established by the Trust Board of Directors.
- ii. To confirm the recommendations of the Board of Directors' committees (including the Group Board (St George's)) where those committees do not have the relevant delegated power and / or authority.

5. Trust Constitution

i. Review and approve proposed amendments to the Trust's Constitution, and recommend these for approval by the Council of Governors.

Appointment and Dismissal

1. Vice Chair

i. To appoint the Vice Chair of the Board of Directors.

2. Secretary

i. To appoint and dismiss the Secretary.

3. Committees

- i. To appoint the committees of the Board required by statute (Audit Committee and the Nominations and Remuneration Committee)
- ii. To appoint and dismiss the Group Board (St George's), including the appointment of individual members.
- iii. To appoint and dismiss any further committees (and individual members) that are established as committees directly accountable to the Trust Board of Directors.

Transactions

1. Merger, Acquisition, Separation and Dissolution

- i. To determine decisions in relation to merger, acquisition, separation or dissolution of the Trust in line with relevant statutory and regulatory requirements.
- ii. To approve all other significant transactions unless otherwise delegated to the Group Board (St George's).





Group Model	1. Collaboration through the Group Model
	i. To substantively vary, amend or terminate the Memorandum of Understanding establishing the Group Model
	between the Trust and Epsom and St Helier University Hospitals NHS Trust, following review by the Group Board (St
	George's).
	ii. To receive assurance on an annual basis on the robustness of the Group governance arrangements, following review by the Audit Committee and the Group Board (St George's).

Strategy and	1. Strategy
Annual Plan,	i. To receive and approve the Trust's Strategic Plan.
Finance	
	2. Annual Plan
	i. To receive and approve the Trust's Annual Plan (including financial plan).
	3. Finance
	i. Approve any proposals to enter into a Private Finance Initiative (PFI).
	ii. Approve the opening of bank accounts.

Annual	1. Annual Report, Quality Report, and Annual Accounts
Report and	i. To receive and approve the Trust's Annual Report and Annual Accounts following review by the Audit Committee.
Accounts	ii. To receive and approve the Trust's annual Quality Account (Report), following review by the Quality Committee and Audit Committee.
	2. Auditor Reports
	 To receive and review reports from the External Auditors on the Trust's Annual Report and Accounts, following review by the Audit Committee.
	ii. To receive and review the Head of Internal Audit Opinion, following review by the Audit Committee.





Monitoring	1. Reports
	i. To receive such reports as the Trust Board of Directors sees fit from committees in respect of their exercise of
	powers delegated.







Scheme of Reservation and Delegation of Powers

1. Decisions and Duties Reserved to the Trust Board of Directors

	Decisions and Duties Delegated to the Group Board (Epsom and St Helier)
General enabling provision	The Trust Board of Directors may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.

Regulation	1. Standing Orders
and Control	 i. To approve Standing Orders, a schedule of matters reserved to the Board, and Standing Financial Instructions for the regulation of its proceedings and business. ii. To suspend Standing Orders. iii. To vary or amend the Standing Orders. iv. To ratify any urgent decisions, which the Board has retained to itself, taken by the Chairman and Group Chief Executive Officer. v. To ratify or otherwise instances of failure to comply with Standing Orders by the Trust Board brought to the Group Chief Executive's attention. vi. To discipline members of the Board of Directors who are in breach of statutory requirements or Standing Orders.
	2. Scheme of Delegation
	i. To approve a scheme of delegation of powers from the Trust Board of Directors to committees of the Board.
	3. Declarations of Interest
	 i. To require and receive the declaration of Trust Board members' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration. ii. To authorise conflicts of interest of Trust Board members, where appropriate.





4. Committees

- To establish and approve the terms of reference and reporting arrangements of all committees that are established by the Trust Board of Directors.
- To confirm the recommendations of the Board of Directors' committees (including the Group Board (Epsom and St Helier)) where those committees do not have the relevant delegated power and / or authority.

Appointment and Dismissal

1. Vice Chair

To appoint the Vice Chair of the Board of Directors.

2. Secretary

To appoint and dismiss the Secretary.

3. Committees

- To appoint the committees of the Board required by statute (Audit Committee and the Nominations and Remuneration Committee)
- To appoint and dismiss the Group Board (Epsom and St Helier), including the appointment of individual members.
- To appoint and dismiss any further committees (and individual members) that are established as committees directly accountable to the Trust Board of Directors.

Transactions

Merger, Acquisition, Separation and Dissolution

- To determine decisions in relation to merger, acquisition, separation or dissolution of the Trust in line with relevant statutory and regulatory requirements.
- To approve all other significant transactions unless otherwise delegated to the Group Board (Epsom and St Helier).

Group Model

1. Collaboration through the Group Model

To substantively vary, amend or terminate the Memorandum of Understanding establishing the Group Model between the Trust and Epsom and St Helier University Hospitals NHS Trust, following review by the Group Board (Epsom and St Helier).





ii. To receive assurance on an annual basis on the robustness of the Group governance arrangements, following review by the Audit Committee and the Group Board (Epsom and St Helier).

Strategy and Annual Plan, Finance

1. Strategy

i. To receive and approve the Trust's Strategic Plan.

2. Annual Plan

To receive and approve the Trust's Annual Plan (including financial plan).

3. Finance

- i. Approve any proposals to enter into a Private Finance Initiative (PFI).
- ii. Approve the opening of bank accounts.

Annual Report and Accounts

1. Annual Report, Quality Report, and Annual Accounts

- i. To receive and approve the Trust's Annual Report and Annual Accounts following review by the Audit Committee.
- ii. To receive and approve the Trust's annual Quality Account (Report), following review by the Quality Committee and Audit Committee.

2. Auditor Reports

- i. To receive and review reports from the External Auditors on the Trust's Annual Report and Accounts, following review by the Audit Committee.
- ii. To receive and review the Head of Internal Audit Opinion, following review by the Audit Committee.

Monitoring

1. Reports

To receive such reports as the Trust Board of Directors sees fit from committees in respect of their exercise of powers delegated.





Scheme of Reservation and Delegation of Powers

2. Decisions and Duties Delegated to the Group Board (St George's)

	Decisions and Duties Delegated to the Group Board (St George's)
General enabling provision	Unless otherwise required by law, the Board of Directors delegates the exercise of all functions other than as set out within the Scheme of Reservation of Powers and Delegation of Powers to the Group Board (St George's).

Regulation	1. Standing Orders
and Control	i. To suspend Standing Orders in so far as they relate to the Group Board (St George's).
	ii. To recommend any required variation or amendment of Standing Orders for approval by the Trust Board.
	iii. To ratify or otherwise instances of failure to comply with Standing Orders by the Group Board (St George's) brought
	to the Group Chief Executive's attention.
	2. Declarations of Interest
	 To require and receive the declaration of Group Board (St George's) members' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration.
	ii. To require that the Audit Committee ensures appropriate policy and processes are in place for the declaration and review of officers' interests that may conflict with those of the Trust.
	3. Committees
	 To receive reports from committees of the Trust Board of Directors, including the Quality Committee, Finance Committee, People Committee, Remuneration Committee, Audit Committee and any further Committees established by the Trust Board.
	 To take appropriate action upon receipt of reports from committees of the Trust Board of Directors, including requiring action be taken by those committees.





iii. To confirm the recommendations of the Board committees where the committee does not have delegated authority powers and the Group Board (St George's) does.

Appointments	1. Vice Chairman
and	i. To confirm the appointment of the Vice Chair of the Group Board (St George's).
Dismissals	
	2. Secretary
	i. To confirm the Secretary of the Group Board.
	3. Committees
	 To review and make recommendations to the Trust Board of Directors regarding appointments to and the terms of reference of all committees of the Trust Board of Directors in accordance with statutory and relevant regulatory requirements.
	ii. To receive and review regular reports of the Audit Committee and Remuneration Committee with respect to the delivery of their objectives.
	iii. To receive and review regular reports of all other committees of the Trust Board of Directors, unless specifically reserved to the Board itself.
	 iv. To appoint and dismiss committees (and individual members of those committees), other than the Audit Committee and Remuneration Committee, that are directly accountable to the Group Board (St George's), including setting their terms of reference and determining any delegation of powers and functions that may be appropriate. v. To confirm the appointment of members of any committee of the Trust as representatives on outside bodies.

Strategy,	1. Group Model
Business	i. To set the vision and governing objectives for the Group and Trust.
Plans and	ii. To review and approve the Group Operating Model.
Budgets	iii. To review the delivery of the benefits of the Group Model and Group-wide integration of clinical and corporate
	services.
	iv. To review and receive assurance on the robustness of the governance arrangements of the Group, following review
	by the Audit Committee, and escalate issues as appropriate to the Trust Board of Directors.
	v. To oversee the management of the "Group brand" and the brands of the constituent Trusts.





2. Group Strategy and Planning

- . To develop and recommend to the Trust Board the strategy for the Group and Trust.
- ii. To approve any relevant sub-strategies including, but not limited to, any Group quality, financial, workforce, culture, estates, information technology, and assurance strategies.
- iii. To make strategic decisions in relation to the operation and direction of the Group (noting that decisions on the continuation or otherwise of the Group is reserved to the Trust Board of Directors)

3. Finance

i. To review the Trust's Annual Plan (including financial plan, and budget).

4. Business Cases

- i. To review and approve business cases (outline and final) for capital investment in line with the delegated financial limits within this scheme of delegation.
- ii. To ratify proposals for acquisition, disposal or change of use of land and / or buildings
- iii. To approve proposals on contracts and leases (both capital and revenue) in line with the delegated financial limits within this scheme of delegation.

5. Losses, Special Payments, Compensation Payments

- i. Approve individual compensation payments (except where part of NHS Resolution or employment tribunal arrangements) in line with the Standing Financial Instructions.
- ii. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the group Chief Executive Officer and Group Chief Finance Officer (for losses and special payments).

6. Insurance

i. To review use of NHS Resolution risk pooling schemes (including Liabilities to Third Parties (LPST), Clinical Negligence Scheme for Trusts (CNST), Risk Pooling Scheme for Trusts (RPST)) or approve and review use of other appropriate insurance arrangements.

Operational
Plans and

1. Winter Planning

. To review and approve the Trust's Winter Plan, following review by the Quality Committee and Finance Committee.





Emergency	
Preparedness	3

2. Emergency Planning, Preparedness and Response

To receive and review the Trust's annual submission to NHS England on Emergency Preparedness, Resilience and Response, following review by the Finance Committee.

Quality and Safety

1. Maternity Incentive Scheme

i. To approve submissions on behalf of the Trust to NHS Resolution on compliance with the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme.

2. External service reviews

. To receive reports of any external reviews of clinical services where there are significant quality and safety concerns, including but not limited to invited reviews by medical royal colleges and reviews by regulators.

People and Culture

1. NHS Staff Survey

i. To review the Trust's annual NHS Staff Survey results and approve action plans developed in response.

2. Equality, Diversity and Inclusion

- i. To receive, review and approve the Trust's annual submission to NHS England on the Workforce Race Equality Standard and Workforce Disability Equality Standard.
- ii. To receive and approve for publication the Trust's annual report on compliance with the public sector quality duties.
- iii. To receive and approve the Trust's annual gender pay gap and ethnicity pay gap reports.

3. Maintaining High Professional Standards in the NHS

To receive regular summary reports on capability and conduct cases involving medical practitioners under the Trust's policy on Maintaining High Professional Standards in the NHS.

Policy

1. Definition of Group Policy on policies, processes and standards

- ii. To set Group-wide processes and standards (clinical and non-clinical) applicable across Trusts and Sites.
- iii. To approve policies and procedures for:
 - a. the development of policy and procedural documents
 - b. the management of risk



- c. raising concerns at work
- d. compliance with the Fit and Proper Persons Regulations

Monitoring

1. Assurance

i. To provide assurance to stakeholders, including but not limited to South West London Integrated Care Board, NHS England, the Department of Health, the Council of Governors, members and the public.

2. Performance Management

i. To ensure effective arrangements are in place for reviewing the performance of the organisation.

3. Reporting

- i. To receive such reports as the Group Board (St George's) sees fit from committees in respect of their exercise of powers delegated.
- ii. To ensure continuous appraisal of the affairs of the Trust by means of the provision of reports to the Group Board (St George's) as the Group Board (St George's) may require from committees, directors, and officers of the Trust as set out in management policy statements. All monitoring returns required by the Department of Health, NHS England, Care Quality Commission shall be reported, at least in summary, to the Group Board (St George's).
- iii. To receive reports from the Group Chief Finance Officer on financial performance against budget, year end forecasting, delivery against cost improvement plans
- iv. To receive reports from the Group Deputy Chief Executive on quality and operational performance of the Trust.
- v. To receive reports from the Group Chief Medical Officer on mortality monitoring and learning from deaths, as required by NHS England.
- vi. To receive reports from the Group Chief Nursing Officer on quality, safety, performance and culture in maternity services, in line with national reporting requirements.
- vii. To receive any other reports on matters relevant to the terms of reference of the Group Board (St George's) unless specifically reserved to the Trust Board of Directors.

4. Self-certifications and associated assurances

i. Where permitted by the law and / or by the regulator, receive, review and approve all self-certifications and associated assurances.





Scheme of Reservation and Delegation of Powers

2. Decisions and Duties Delegated to the Group Board (Epsom and St Helier)

	Decisions and Duties Delegated to the Group Board (Epsom and St Helier)
General enabling provision	Unless otherwise required by law, the Board of Directors delegates the exercise of all functions other than as set out within the Scheme of Reservation of Powers and Delegation of Powers to the Group Board (Epsom and St Helier).

Regulation	1. Standing Orders
and Control	 i. To suspend Standing Orders in so far as they relate to the Group Board (Epsom and St Helier). ii. To recommend any required variation or amendment of Standing Orders for approval by the Trust Board. iii. To ratify or otherwise instances of failure to comply with Standing Orders by the Group Board (Epsom and St Helier) brought to the Group Chief Executive's attention.
	2. Declarations of Interest
	 i. To require and receive the declaration of Group Board (Epsom and St Helier) members' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration. ii. To require that the Audit Committee ensures appropriate policy and processes are in place for the declaration and review of officers' interests that may conflict with those of the Trust.
	3. Committees
	 To receive reports from committees of the Trust Board of Directors, including the Quality Committee, Finance Committee, People Committee, Remuneration Committee, Audit Committee and any further Committees established by the Trust Board.
	 To take appropriate action upon receipt of reports from committees of the Trust Board of Directors, including requiring action be taken by those committees.





iii. To confirm the recommendations of the Board committees where the committee do not have delegated authority and the Group Board (Epsom and St Helier) does.

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and	i. To confirm the appointment of the Vice Chair of the Group Board (Epsom and St Helier).
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Preparedness	S

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2. Performance Management

i. To ensure effective arrangements are in place for reviewing the performance of the organisation.

3. Reporting

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