Outstanding care every time

NHS
St George's University Hospitals
NHS Foundation Trust

Council of Governors Meeting
10 March 2022

Agenda and papers

Outstanding care every time

St George's University Hospitals NHS Foundation Trust

Council of Governors Meeting

Date and Time: Thursday, 10 March 2022, 14:40 – 17:00
Venue: Microsoft Teams

Time	Item	Subject	Lead	Action	Format
1.0	**OPENING ADMINISTRATION**				
14:40	**1.1**	**Welcome and Apologies**	Group Chairman	Note	Verbal
	1.2	**Declarations of Interest**	All	Assure	Report
	1.3	**Minutes of meeting held on 8 December, 2021**	Group Chairman	Approve	Report
	1.4	**Action Log and Matters Arising**	All	Note	Verbal
14:45	**1.5**	**Chief Executive Officer's Report (inc. Integrated Care System Update)**	GCEO	Update	Report
2.0	**ACCOUNTABILITY**				
15:15	**2.1**	**Questions to Non-Executive Directors**	All	Assure	Verbal
3.0	**QUALITY, SAFETY & PEOPLE, PERFORMANCE**				
15:45	**3.1**	**Quality Priorities 2022/23**	CN/DQGC	Update	Report
16:10	**3.2**	**Workforce and Culture Update**	GCPO	Update	Report
16:30	**3.3**	**Annual Planning and Budget Setting**	GCFO	Update	Report
4.0	**MEMBERSHIP, INVOLVEMENT & ENGAGEMENT**				
16:50	**4.1**	**Membership Engagement Committee Report**	MEC Chair/ GCCAO	Update	Report
5.0	**CLOSING ADMINISTRATION**				
16:55	**5.1**	**Any Other Business**	All	Note	Verbal
	5.2	**Reflections on meeting**		Note	Verbal
17:00	**CLOSE**				
Date and Time of Next Meeting: TBC					

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Minutes of the Meeting of the Council of Governors (In Public)
8 December 2021, via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AA
Mia Bayles	Public Governor, Rest of England	MB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Patrick Burns	Public Governor, Merton	PBu
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenni Doman	Staff Governor, Non-Clinical	JD
Sandhya Drew	Public Governor, Rest of England	SD
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal	Public Governor, Wandsworth	SK
Basheer Khan	Public Governor, Wandsworth	BK
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
In Attendance:		
Ann Beasley	Non-Executive Director	AB
Rob Bleasdale	Chief Nurse (item 2.1)	CN
Anne Brierley	Chief Operating Officer (item 2.1)	COO
Stephen Collier	Non-Executive Director	SC
Paul Da Gama	Chief People Officer (item 2.2)	CPO
Andrew Grimshaw	Chief Finance Officer and Deputy CEO	CFO
Peter Kane	Non-Executive Director	PKa
Parveen Kumar	Non-Executive Director	PK
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Layo Ossai	Corporate Governance and Engagement Administrator	CGEA
Geoff Stokes	Head of Corporate Governance	HCG
Jacqueline Totterdell	Group Chief Executive Officer (item 1.5)	CEO
Timothy Wright	Non-Executive Director	TW
Apologies:		
Padraig Belton	Public Governor, Rest of England	PB
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Jenny Higham	Non-Executive Director	JH
Pui-Ling Li	Non-Executive Director	PLL
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Alex Quayle	Staff Governor, Allied Health Professionals	AQ

		Action
1.0	**OPENING ADMINISTRATION**	
1.1	**Welcome and Apologies** The Chairman welcomed everyone to the meeting and noted the apologies as set out above. The Chairman noted that item 5.1 (Questions to Non-Executive Directors) would be taken after the CEO Report as Parveen Kumar needed to leave the meeting at 3 pm. *The minutes cover the agenda items in the order they were taken.*	
1.2	**Declarations of Interest** The Chairman declared her interest as Chairman-in-Common at the Trust and Epsom and St Helier University Hospitals NHS Trust (ESTH). The CEO declared her interest as the Group Chief Executive Officer across the Trust and ESTH.	
1.3	**Minutes of the meeting held on 16 September 2021** The minutes of the meeting held on 16 September 2021 were approved as a true and accurate record.	
1.4	**Action Log and Matters Arising** There were no open items on the action log.	
1.5	**Chief Executive Officer's Report** The Council received a comprehensive report from the CEO and the following points were noted in discussion: • The Trust had been very busy over the course of last month and these pressures had been particularly acute in the Emergency Department (ED). The Trust had seen an increase of between 20 and 30% in referrals for breast screening. The number of 52-week waiters had significantly reduced, and this was testimony to a lot of hard work by staff, and a consequence of the surgical treatment hub at Queen Mary's Hospital. • The Trust Board had agreed a Covid-19, Flu and Winter Plan and was already implementing this. The Trust had not seen significant number of patients with flu, although the paediatric department had been very busy with a large number of children presenting with Respiratory Syncytial Virus (RSV). • The "Thank you George's" initiative to thank staff for their work during the Covid-19 pandemic had recently been held, and a £40 voucher for each member of staff had been well received and had boosted the morale of staff. • The 'Portrait to a Life of Dedication' exhibition which featured the pictures of 132 staff as part of the "Thank you George's" initiative had recently been unveiled. The exhibition had been funded by the St George's Hospital Charity and the photographs had been taken by a member of Trust staff. SM requested to know more about the virtual frailty ward and the transfer of care hub. The CEO provided an overview of their work and noted that the virtual frailty	

		Action
	ward was an extension of the model that allows social services, GPs and consultants to care for older patients at home. A number of Governors asked about the Covid-19 vaccination programme and uptake by staff. The CEO said 89% of staff were fully vaccinated although the administration of boosters had been slower. The Trust remained focused on ensuring as many staff as possible had received the vaccine, or booster, and addressing concerns from staff who were yet to have a first dose. The statutory requirement staff vaccinations as a condition of deployment (VCOD) from 1 April 2022 was a key area of focus at present. While there was no national guidance available yet as to how VCOD would be introduced in practice, the challenge in ensuring remaining staff were vaccinated would be challenging. Staff who were yet to have their first vaccination had until 3 February 2022 to have the first dose if they were to be able to continue working at the Trust beyond 31 March 2022. KS questioned the effectiveness of the four-hour operating standard as a meaningful indicator of quality compared with the 12-hour ED target. The CEO explained that the future of the four-hour standard was being actively reviewed by NHS England and NHS Improvement (NHSE/I) at present. The purpose of the standard was to ensure that patients received timely care and treatment, which was better for their health, and focused to maintain focus on flow. There had been a significant rise in the number of attendances at ED following the first wave of the pandemic, and these pressures had been consistently high since August. The Trust had implemented its full capacity protocol on a number of occasions and this would remain a challenge throughout the winter months. KS further asked what resources were being made available and what plans were being put in place to cope with the pressures coming this winter. The CEO explained that the Trust had a robust and flexible Winter Plan in place which had been agreed by the Board. The Trust had invested in improvements to the ED and had reviewed ED processes to ensure these were as effective as possible. The challenge was principally one of increased demand. The Trust had invited the national Emergency Care Improvement Support Team (ECIST) to review the Trust's ED performance and the Trust had received very positive feedback on its current processes. NA requested to know whether steps could be taken to reduce the number of patients waiting for more than 52 weeks. The CEO explained that this had been a key focus and the Trust had succeeded in reducing significantly the number of patients waiting longer than 52 weeks over recent months. The surgical treatment hub at Queen Mary's Hospital had been a great help in ensuring elective work continued. Nevertheless, across the NHS the impact of the pandemic on elective work remained profound and the Trust remained focused on taking action to ensure patients received the care and treatment they needed. RM asked about how the new Group model between the Trust and ESTH would work in practice and how the structure would develop. The CEO explained that there were a number of examples of group models between hospitals across the NHS. The two trusts had explored the various group models currently in operation and had decided on the planned form after careful consideration of the options. In any group model, it was important to ensure that there was a balance between integration at group level to realise the benefits to patients of closer collaboration and ensuring that individual sites had appropriate autonomy. Regarding the costs of the new group structure, the two Boards had been clear from the outset that the new single group executive structure would cost no more than the structures currently in place at both trusts.	

		Action
	The Council noted the report.	
5.0	**ACCOUNTABILITY**	
5.1	**Questions to Non-Executive Directors** The Chairman asked Governors whether they had questions for the non-executive directors, noting that the assurance reports from Committees to the Board had been circulated to the Council for information alongside the papers for the meeting. RM asked Parveen Kumar, in her capacity as Chair of the Quality and Safety Committee, for an update on the winter plan and the measures put in place to mitigate pressures, support flow through the Trust and ensure the safety of patients through the winter. PKu responded by saying the Trust had developed a winter plan which had been considered and approved by the Board. The Quality and Safety Committee and the Board had carefully scrutinised the plan and had received assurance that the plan was robust and could be appropriately flexed to deal with changing conditions. A significant uncertainty was the new Omicron variant and it was not clear at this point whether this would cause an increase in the number of very seriously ill patients, or increases in hospitalisations and pressure on intensive care beds. The Trust continued to ensure effective infection prevention and control measures were in place to protect patient safety and enable elective work to continue. The Trust had also undertaken work, which had been reviewed by the Committee, to learn from the pandemic to date. KC asked Stephen Collier, Chair of the Workforce and Education Committee, whether he considered that Continuing Professional Development (CPD) opportunities particularly for nursing and allied health professionals (AHP) would provided. SC in response said he was satisfied that there was adequate focus on CPD. He acknowledged that some elements of accreditation and CPD had been suspended because of the pandemic, but the Trust had resumed a large proportion of training and development programmes. MJ added that support for nursing staff was already being provided. SM asked Stephen Collier what systems were in place to support remote working. In response, SC highlighted two elements to be considered, namely the benefit or otherwise for the employee and the efficiency of the employee. The Trust had in place a policy on remote working, and a number of staff, particularly in the corporate functions, undertook some degree of remote working. There were no specific Trust-wide metrics that allowed the Trust to have visibility on the productivity and efficiency of employees. MJ added that individual circumstances of the team and role of the employee should be considered to ensure fairness with remote working for staff. On the issue of diversity and inclusion, KS asked about the actions being taken by the Trust to ensure that recruitment was undertaken in an objective and unbiased way and to promote inclusivity within the Trust. SC acknowledged the challenges the Trust, and the wider NHS had experienced in relation to diversity and inclusion, but emphasised the focus the Board and the Workforce and Education Committee was bringing to bear on these issues. The Committee had closely considered the Trust's actions to ensure all interview panels at Band 8a and above had recruitment inclusion specialists involved as a means of ensuring objective decision-making in recruitment processes. The Trust had supported the development of new staff networks: BAME, LQBTQ+, Women's, and Disability. The Culture Diversity and Inclusion Programme Board, chaired by the Chief	

		Action
	Executive, also continued to take action to promote an inclusive culture within the Trust. HH requested to know what steps were being taken to deal with the issue of staff shortages in the NHS. SC acknowledged that this was a challenging and contentious issue. A number of health care stakeholders, such as NHS Providers, had been lobbying Government to publish a workforce strategy for the NHS. To date this had not emerged. The abolition of Health Education England and the transfer of its workforce functions into NHSEI was expected to help the alignment of system and workforce planning. However, the key was additional funding and this, so far, had not been forthcoming. A number of Governors suggested that the Board should directly lobby the Department of Health and Social Care on this. The Chairman noted that the Trust was working through the ICS on these issues, and nationally stakeholder groups including NHS Providers were actively involved in making these representations to Ministers on behalf of provider organisations. Regarding inadequate staffing and the relative risks it poses to flow in the Trust, KS asked whether or not these risks were appropriately reflected in the Board Assurance Framework. The Chairman acknowledged that staffing pressures was a key risk, and this was one of the ten strategic risks set out in the BAF. The scoring of Strategic Risk 9 reflected appropriately the level of risk currently faced, and the Workforce and Education Committee and the Trust Board regularly reviewed the BAF to ensure that risks were appropriately captured, controls and gaps in control monitored, and emerging risks identified. One of these related to the emerging risks around VCOD. Ultimately, the mitigations for the underlying risks related to workforce were not all within the gift of the Trust and this was why the Trust was working collectively with partners across the South West London Integrated Care system. KS requested an update on the progress made in implementing the Trust's green plan. PK, PKa and JD noted that the Board had approved the green plan, alongside the estates strategy, in July 2021 and work on implementing the plan had started, and there were several projects on-going within the Trust. Key elements of the plan were dependent on the availability of capital funding and, as the Council were aware, there was significant uncertainty around this. KS asked what actions the Finance and Investment Committee specifically had taken in relation to monitoring the implementation of the green plan and Ann Beasley, Chair of the Committee, commented that the Committee would be considering this.	
2.0	**CARE**	
2.1	**Covid-19 Update and Winter Planning** The Council received the Covid-19 update and winter planning report from the CN and the following points were highlighted: • Data around admissions and vaccination status had shown that there was a correlation between vaccination status and both admission and acuity. While the Trust was caring for patients with Covid who had received the vaccine, it was clear that vaccinated patients were far less likely to suffer serious Covid infection and far less likely to require intensive care. • Covid-19 wards had been reopened and the Trust had seen an increase in the number of Covid related hospital admissions, but the numbers of Covid patients, overall, remained relatively low. • The legislation to mandate vaccinations was expected to have potentially significant consequences on staff and operations within the Trust. The	

		Action
	Trust was working through the implications and getting legal advice on the steps to follow. • The Trust was working with partners to ensure quicker discharge for patients and provide home care for frailty patients, as the Council had heard earlier in the meeting. **The Council of Governors noted the report.**	
2.2	**Learning from Covid-19: Team St George's** The Council received the Learning from Covid-19 which focused on learning in relation to staffing and workforce issues. The report had been prepared on the basis of feedback from staff surveys, focus groups, and leadership meetings. The key themes in the report were around learning and development, communication, remote working, and estates. In terms of remote working, the Trust recognised the benefit of this and were committed to making improvements. Communications with staff were seen as a positive overall, and there had been good feedback during the pandemic, but there were also areas to improve. The Senior Leaders forums were regarded as a useful tool for engaging with a wide range of staff at Band 8a and above. A number of instances of bullying and harassment had been recorded and the Trust was taking action to address this, but it remained a key challenge. There were discussions on what translated into working or not working well in this report and the action plans that came out of it. The CPO noted that the report had sought to define what has been done to learn the lessons of the pandemic, what had worked well and what needed to be further improved. There were further discussions on the effectiveness of virtual outpatients' appointments. It was noted that more could be done in this area and the ICS was actively looking at this. **The Council noted the report.**	
3.0	**COLLABORATION**	
3.1	**Finance and Financial Planning Update** The Council received the update, and the following were highlighted: • The plan for the second half of the year had been approved by the Board at the November Trust Board meeting. • The second half of the year would be challenging. • In the first month of H2, the Trust remained on plan with a healthy cash position. • The Trust was looking to take actions in the second half of the year that feed into planning for 2022/23. JH asked whether the Trust was currently undertaking any cost improvement programs. The CFO explained that CIPs had been paused during the first phases of the pandemic but the need for achieving CIP savings was clear . There was a modest amount of CIPs in the current year but far more extensive CIPs were expected in 2022/23. RM asked for updates on the hospital improvement programme application that had been put forward by the Trust. The CFO confirmed the application had been submitted and the Trust expected that feedback would be received no earlier than February 2022 and, in all likelihood, potentially much later than this. The Trust	

		Action
	had made the best possible case to secure the funding, but there were no guarantees and a number of hospitals across the country had strong cases for investment. **The Council noted the report.**	
4.0	**MEMBERSHIP ENGAGEMENT**	
4.1	**Membership Engagement Committee Report** The Council received the report of the Membership Engagement Committee and noted the following key points which were presented by the CCAO: • The membership of the Committee had been refreshed, following an expressions of interest process. • The Council of Governors approved the constitution of the Nominations and Remuneration Committee via email circulation. However, only eight governors had to date confirmed their approval of the constitution of the Membership Engagement Committee. • The first meeting after the refresh had focused on taking stock of the programmes and the refresh of the Membership Strategy which was due to expire in 2022. • The Committee had considered how best to approach the refresh of the strategy and emphasised the importance of engaging members in the its development. • The Committee reflected on the annual members meeting held in September, noting that the presentations had been very good and the technology a success, but disappointment at the very low turnout of members. • The members of the Committee will submit any expression of interest for chairing the Committee. **The Council approved the membership of the Membership Engagement Committee and noted the update from the Committee.**	
6.0	**CLOSING ADMINISTRATION**	
6.1	**Any other business** The Chairman apologised for the cancellation of the in-person meeting that was scheduled to be held in County Hall, Waterloo.	
6.2	**Reflections on meeting** SM welcomed the opportunity to ask questions to the NEDs earlier in the meeting and felt that this had produced a better discussion and created more time for questions and answers. There was agreement from the Chairman and the Council. The Chairman thanked everyone for their contributions and closed the meeting.	

Date of next Meeting
10 March 2022, 14:00-17:00

Council of Governors Public Action Log - 10 March 2022						
Action Ref	**Section**	**Action**	**Due**	**Lead**	**Commentary**	**Status**
		There are no open actions on the Committee's Action Log				

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NHS
St George's University Hospitals
NHS Foundation Trust

Chief Executive's Report to Council of Governors
10 March 2022

Jacqueline Totterdell
Group Chief Executive Officer

10 March 2022

Introduction

Purpose

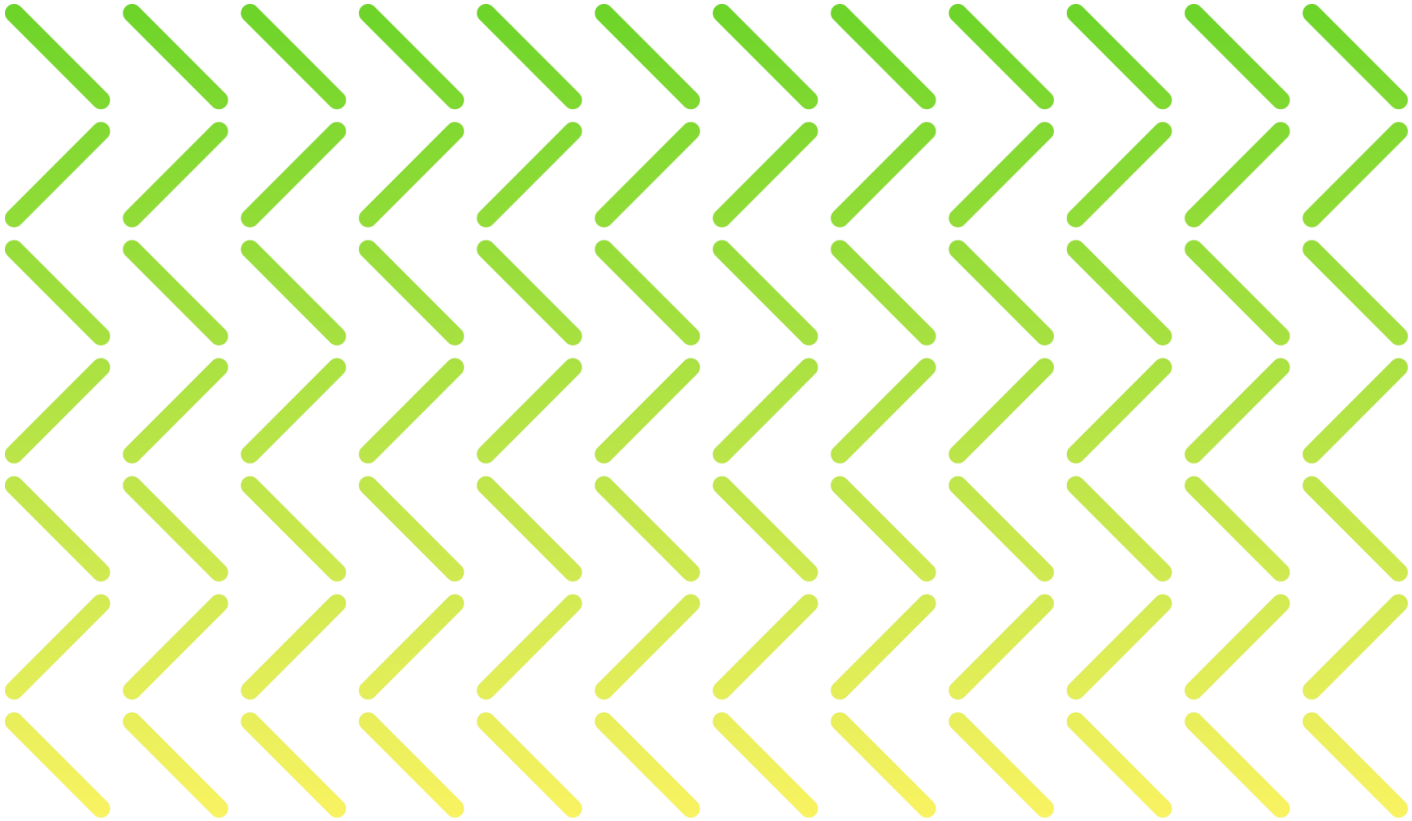
This report provides the Council of Governors with an update on key developments in the Trust and its wider external strategic and operating environment.

Recommendation

The Council is asked to receive and note the report.

CARE

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



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Tackling the elective back log

Four priority areas

NHS England and NHS Improvement published a plan in February setting out four priority areas to tackle the Covid backlog:

1. Increasing health service capacity
2. Prioritising diagnosis and treatment
3. Transforming the way we provide elective care
4. Providing better information and support to patients

The way our teams adapted to provide care during the pandemic has shown how the NHS can deliver transformational change for our patients. Our priority in SWL is to ensure our patients can receive the treatment they need as safely and quickly as possible. We have collaborated with St Georges, Croydon and Kingston hospitals and partners in the region which has been key to our recovery efforts.

As we progress through the year we will continue to work toward the NHSE target of 110% of 2019/20 activity by working collaboratively with our system partners to develop new ways for patients to be treated sooner.

Elective recovery

Our current position at Georges

The Covid-19 pandemic severely impacted our ability to carry out elective care, resulting in longer wait times for patients

At St George's, we continued to carry out the most urgent and emergency operations and procedures (including for cancer)

Infection control guidance, redeployment of staff to care for Covid patients and repurposing operating theatres have all contributed to the challenge

Prior to the pandemic, there was one patient waiting longer than 52 weeks for their care – now we have fewer than 900 (following a peak of 2,671 in Feb 21)

All Trusts in SWL are working hard to maximise capacity to carry out as much elective care as we safely can – for example, creating a Post Anaesthetic Care Unit (PACU) to look after our sickest patients post operatively.

At St George's, we now have dedicated, ring fenced surgical elective capacity, reserved for the services with the greatest need

Other initiatives such as operating a 23-hour Day Surgery Unit have freed up ward beds for elective care

Community Diagnostic Centres (CDCs) are in place to provide diagnostic capacity closer to patients homes

2,500 operations/procedures carried out at Queen Mary day surgery unit since it opened last June

As the region, we are currently performing at over 90% as a sector for day case and elective procedures and over 100% for outpatient attendances

We have a SWL recruitment hub and are making sure we have the right staff and organising international recruitment for Theatres staff.

We will continue to build on our collaborative approach and developing new ways for patients to get treated sooner, for example by making sure that patients are referred to the right hospital, with the shortest waiting time, where clinically appropriate

Living with Covid-19

Infection control in our hospitals

The government's 'Living with Covid-19' plan was announced in February, which sets out the plans to remove the legal restrictions that were put in place to manage the virus.

While this will be welcome news for businesses and communities across the country, infection prevention and control measures remain in place in our hospitals. While infection rates are far lower than previous months, the virus is still circulating and preventing nosocomial transmission remains a priority at the Trust.

We are reviewing the UK Infection Prevent control guidance shared by NHSE in February to ensure we are following the right process for the right treatments including the level of cleaning required, social distancing and preoperative testing.

As NHS staff, we all have a duty to protect our patients and our colleagues, and taking steps such as wearing a face mask, social distancing and taking regular lateral flow tests will help slow the spread of Covid-19.

We hosted drop-in clinics for staff to get their Covid vaccines and refreshed printed displays to keep infection control infection preventions messages relevant. Greeters at the entrances to our hospitals continue to ensure that visitors are wearing masks and sanitising their hands.

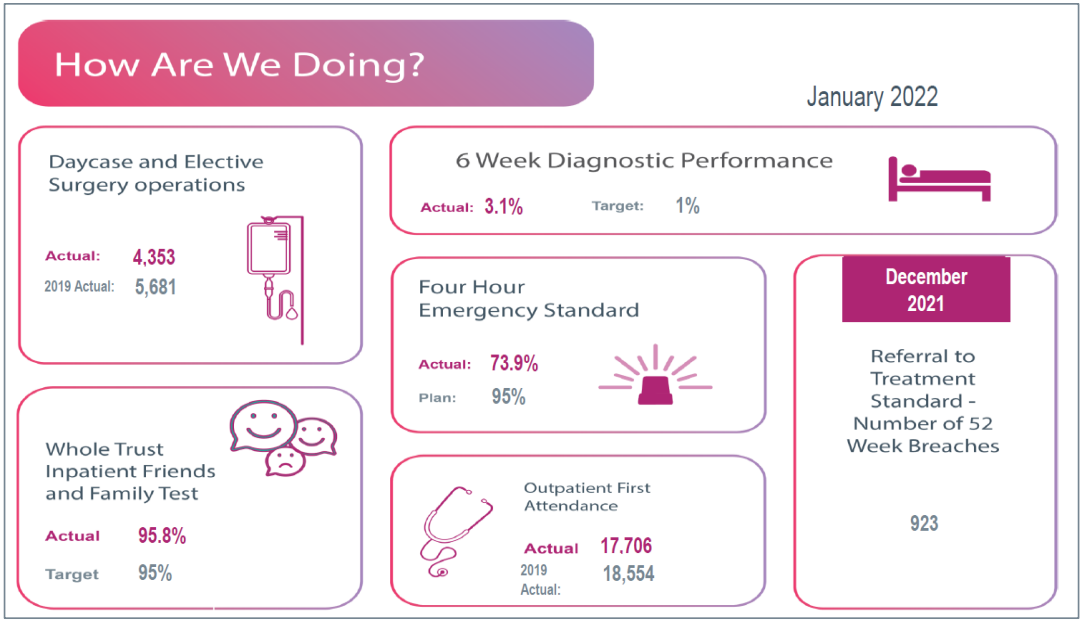
Operational performance
Elective recovery

- **Four Hour Operating Standard**
  - 73.9% of patients either admitted, discharged or transferred within four hours of their arrival; the target is 95%
  - 344 patients breached the 12-hour ED target; no patient should wait longer than 12 hours before they are admitted to a ward.

- **December Cancer performance**
  - The Trust met the 31-Day Second or subsequent Treatment (Drug)
  - 14 Day Performance decreased to 712% decreasing from 80.4% reported in September
  - 62 Day Performance was 60.1% with a target of 85%

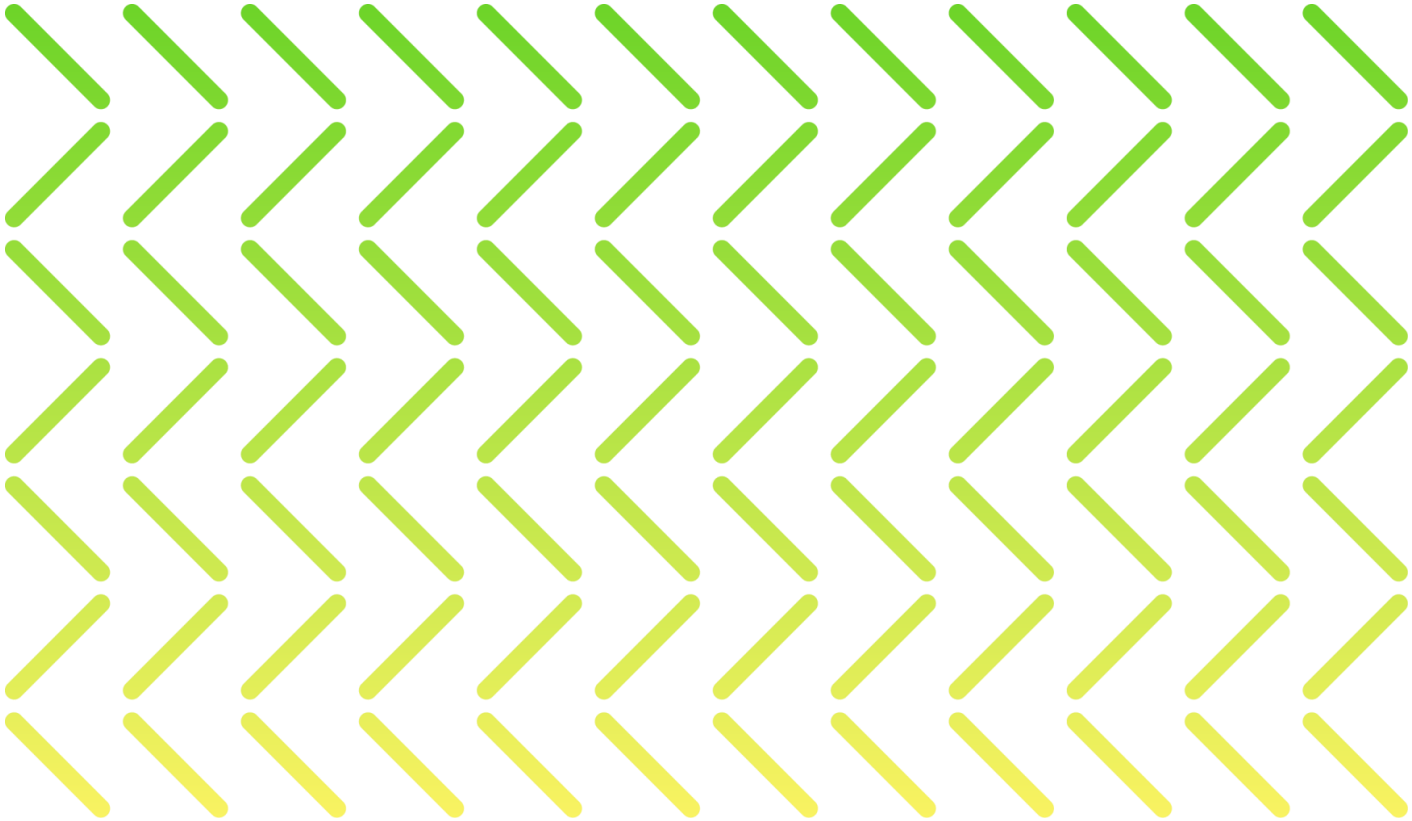
- **Six week diagnostic standard**
  - Further improvement in January 2022 with 3.1% of patients waiting more than six weeks for diagnostic test or procedure against a national target of 1%.
  - 266 patients were waiting for more than six weeks and 17 patients were waiting for more than 13 weeks.
  - Capacity challenges remain within Echocardiogram and Cardiac MRI.

- **Referral to Treatment for December:**
  - 923 patients have been waiting over 52 weeks since referral compared with November's 959 patients.



CULTURE

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



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St George's Hospital Charity Thank You event

A special celebration for the first time in two years

- St George's Hospital Charity organised a special event in February to say thank you to the many donors, fundraisers and volunteers that support the charity. It was a pleasure to attend this event and say a few words about the vital work they do here at St George's.
- It was hard to put into words just how much we appreciate everything the charity does for St George's, especially during the pandemic.
- It was nice to have the time to properly say thank you to the many people that have supported St George's Hospital Charity over the years, and the event served as a welcome reminder of just how much appreciation there is for St George's in our local communities.
- I have seen first-hand how charity-funded improvements, such as the staff wellbeing room, can make a big difference for our staff that have had to work harder than ever as a result of Covid.

Life, death and biscuits
ICU nurse at St George's takes the spotlight

St George's ICU Nurse Anthea Allen has recently become an Amazon best seller with her book 'Life, Death and Biscuits'. It is an account of working through the pandemic, and all started with writing daily emails to neighbours.

'Life, Death and Biscuits' has received widespread national coverage, including The Times Magazine, BBC London, Good Morning Britain, and BBC Radio interviews. Sir Richard Branson said "her words will live on as an important history of Covid for generations to come."

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Channel four documentary: Emergency
St George's featured as one of London's four major trauma centres

- St George's major trauma teams featured in a ground-breaking documentary series airing over four consecutive nights on Channel 4.
- St George's was one of the four Major Trauma Centres in London featured in the new series, alongside King's College, St Mary's and The Royal London hospitals as well as London's Air Ambulance and William Harvey Hospital's trauma unit in Ashford.
- Filmed in the busiest trauma month of last summer, the series took a closer look at London's Major Trauma Network following the minute-by-minute decisions made by teams at St George's, and the other Major Trauma Network teams, as they treat the most critically injured patients.
- The series showed the pioneering care and treatment trauma patients receive, from roadside critical interventions through resus to ICU and from surgery to rehabilitation to reflect the variety of specialist treatment that goes into saving patients' lives and putting them back together again.

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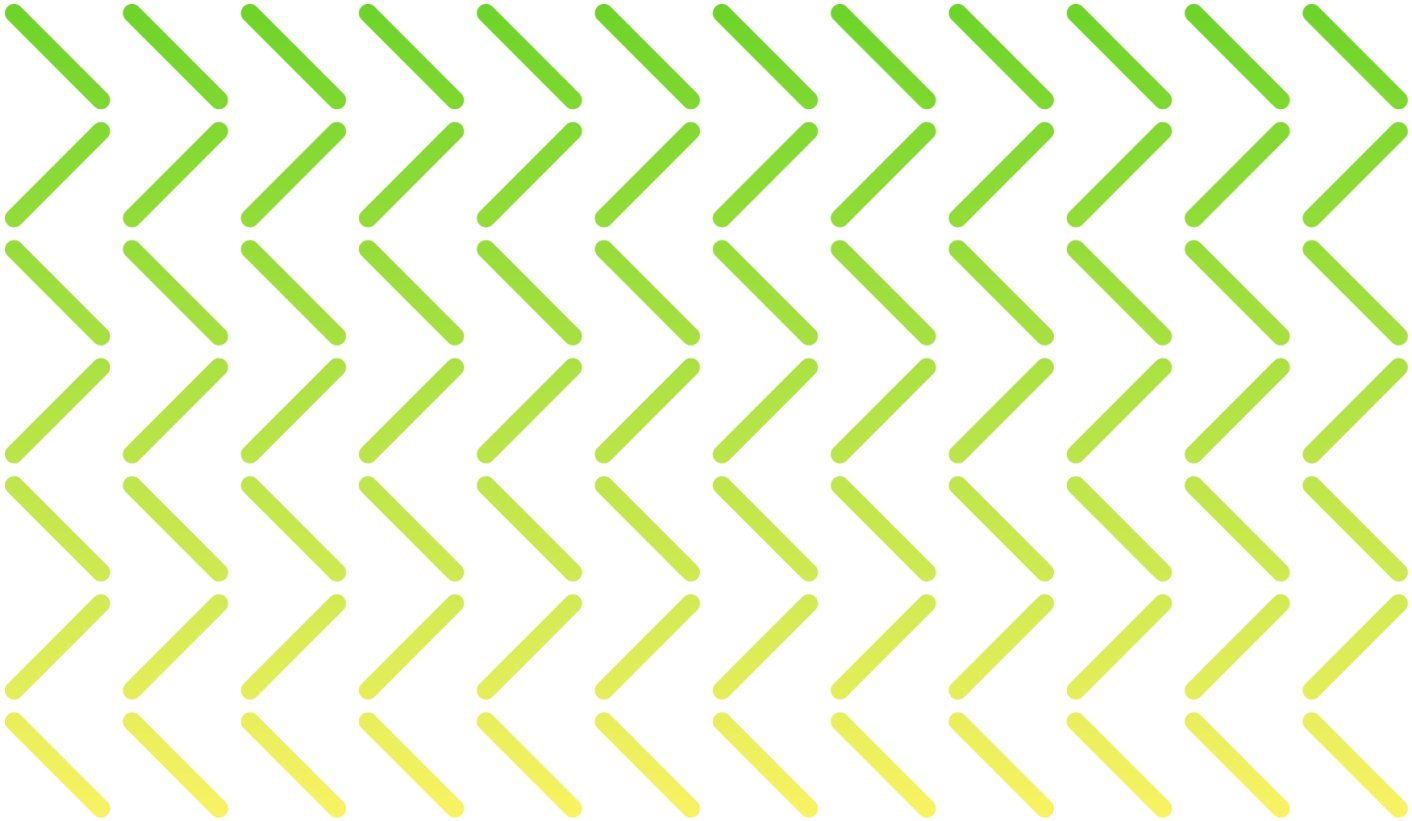
COLLABORATION

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



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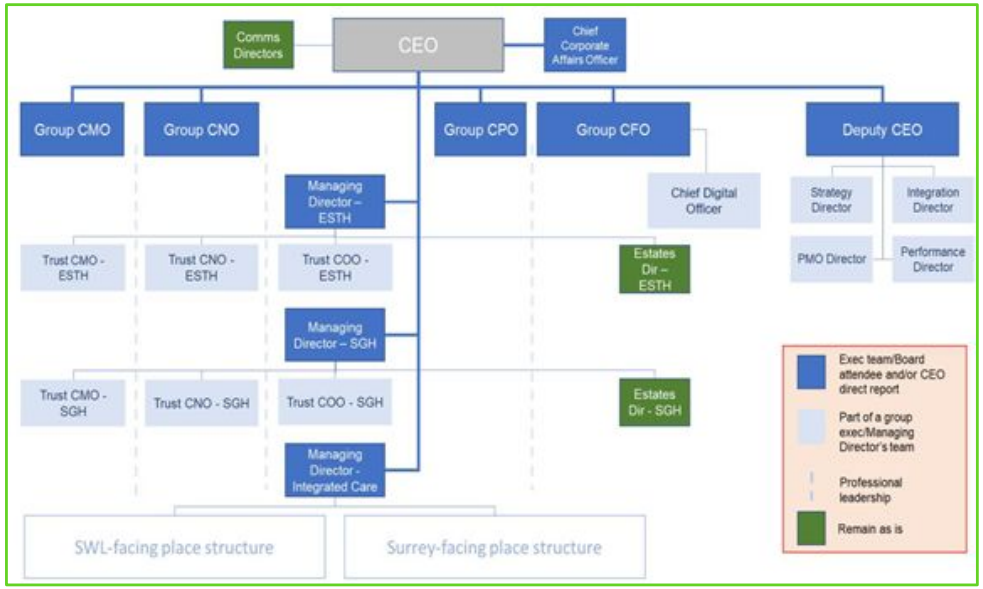
Developing our hospital group with Epsom and St Helier

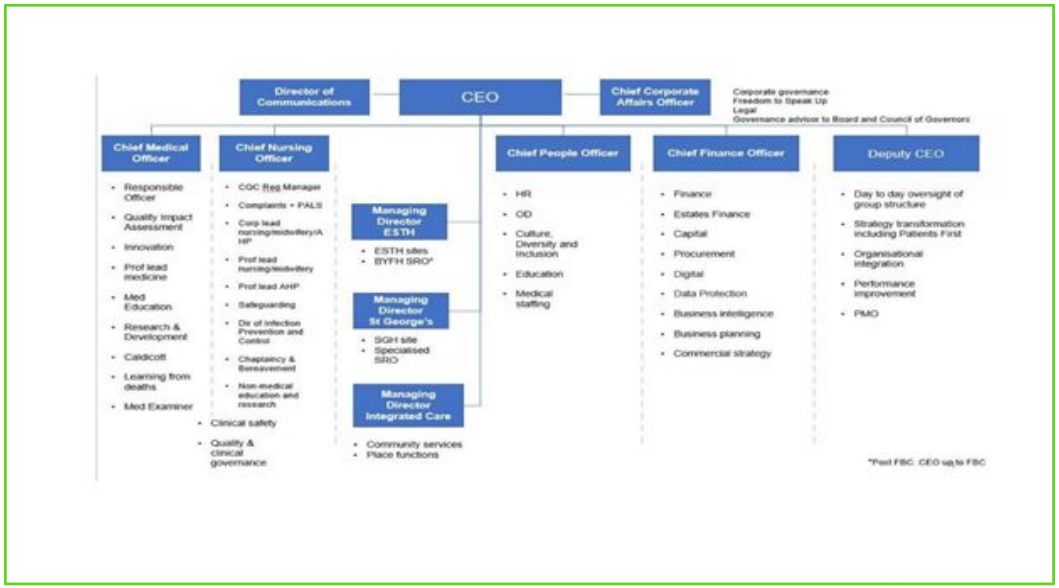
Commencement of the new group executive structure – February 2022

- Tuesday 1 February marked the first day of the St George's, Epsom and St Helier University Hospitals and Health Group executive team - a really exciting and important step in our journey of working more closely together for the benefit of our patients and staff.

- My new group executive team have been spending time getting to know new colleagues and visiting teams across our hospitals while working together on our plans to bring our trusts closer together. Over the coming weeks and months, we'll be engaging with our staff to determine how we manage our corporate teams to best effect and looking for synergies across our patient facing services to continue to improve patient care.

- We are already starting to realise some benefits of group working for patients. For example we are making joint clinical appointments and have around 50 consultants working across both hospitals. More will follow allowing more seamless care and access to the latest innovations. In February we signed a contract with Cerner to share electronic patient records across the group. The shared system will allow clinical teams to access patient hospital information and records, irrespective of where care is provided across the group. The news was covered in the digital health press and will mean that, when Epsom and St Helier implement its new EPR system, records for patients can be managed across the two trusts, freeing up clinical time and improving continuity of patient care.





Development of the South West London Integrated Care System

Overview

South West London Health & Care Partnership

APC

Council of Governors has been briefed before that the **South West London ICS is being put on a statutory footing**, with key features including:

- An **Integrated Care Board** (ICB), accountable for the NHS commissioning budget, with a membership drawn from across the local NHS; guided by an **Integrated Care Partnership**, drawing in a wider membership including councils and stakeholders such as the voluntary sector.
- A strengthened **Acute Provider Collaborative** as a core delivery vehicle
- A leadership team for each **'place' or borough** in SWL, including representation from acute hospitals, with some of the NHS budget devolved to this level.
- Devolution of some of the **budget for specialised NHS services** from NHS England to ICSs. Approximately half of St George's clinical income is for specialised services.

There has been a **delay to the timetable** for implementing these arrangements.

- ICSs will now become statutory organisations from 1 July rather than 1 April. SWL ICS will run in 'shadow form' from 1 April to 1 July in preparation
- The devolution of budgets for some specialised services is expected from April 2023.

Recent developments as we move towards establishment of the ICS include:

- A **stakeholder engagement exercise on 'creating the SWL ICS'** closed at the end of January, and the ICS team are now looking at feedback
- Each place or borough in SWL is appointing to their **leadership roles** between January and March 2022, and the membership of the Integrated Care Board (executive and non-executive) is currently being recruited to.
- The trusts in the **Acute Provider Collaborative** are discussing how they work together under the new ICS arrangements, and in light of two of the members (St George's and Epsom St Helier) coming together to form a Group.

Mayor of London mask wearing campaign

I save lives, you can too

Intensive care doctors and nurses from St George's featured in a Mayor of London campaign to encourage commuters to wear masks on public transport in the capital to help stop the spread of Covid-19. The campaign was used as adverts on social media, and used as posters on the Tube network.

Other key updates

Ukraine

Many of us are shocked and saddened at the Russian attack on Ukraine. The pictures which are being streamed to us are often distressing and harrowing to watch and seeing such human suffering will impact on our communities and staff alike.

I have written to all staff at George's to encourage them to reach out for support should they need it. I've also asked my team to identify all Ukrainian and Russian staff so I can personally write to them and offer support. We are also conscious that we have a number of Polish staff who may also be impacted by the events in this region and will consider what further support we can offer them and our other staff.

Staff at George's are keen to do what they can to help and I am aware that many are volunteering in our local community to help collect donations and other support.

George's is working with the SWL procurement team to co-ordinate a review of our stock for the key items we are told Ukraine needs such as transfusion bag and compression bandages, to propose and agree a process for donation.

Our local MPs have also been in touch and are keen to offer help and coordinate resources.

Visit from Sajid Javid, Secretary of State for Health

We were very pleased to welcome the Secretary of State for Health and Social Care Sajid Javid who had tour around our new Covid-19 Medicines Delivery Unit (CMDU) and vaccine clinic. The CMDU treats immunosuppressed Covid-19 patients with Sotrovimab, a monoclonal antibody infusion, or Molnupiravir, an anti-viral Covid-19 pill. Sajid Javid thanked the St George's he met for their vital work in the fight against Covid.

Visit to community diagnostic centre

We were delighted to host Professor Sir Mike Richards at Queen Mary's this month for a visit to the new Community Diagnostic Centre.

Sir Mike authored the NHS England review into diagnostic services and recommended that community diagnostic hubs be set up across the country to offer a 'one-stop shop' so patients can access services such as CT scans, blood tests and X-rays without having to attend an acute hospital site.

Working closely with colleagues from Kingston Hospital and across south west London, the Community Diagnostic Centre at Queen Mary's was established and is helping ensure conditions are diagnosed earlier so patients can get the treatment they need.

It was wonderful to hear that Sir Mike was impressed with his visit and the impact the centre is having.

World Cancer Day at St Georges

At St George's, around 15 people a week begin their treatment for cancer with us, so World Cancer Day is always an important occasion.

This year, we held a special event to recognise the efforts of some of our fantastic teams that care for cancer patients. Dr Richard Jennings, Group Chief Medical Officer, presented Trust Values awards to a number of deserving members of staff.

More recently, the heart-warming story of one of our cancer patients was in the national media - Ismahan was 11-years-old when she was first diagnosed with Leukaemia, and three years on her chemotherapy treatment had sadly left her unable to walk. However, thanks to the support of our multidisciplinary paediatric team she has now relearned to walk and will soon be continuing her recovery from home.

Outstanding care every time

Awards

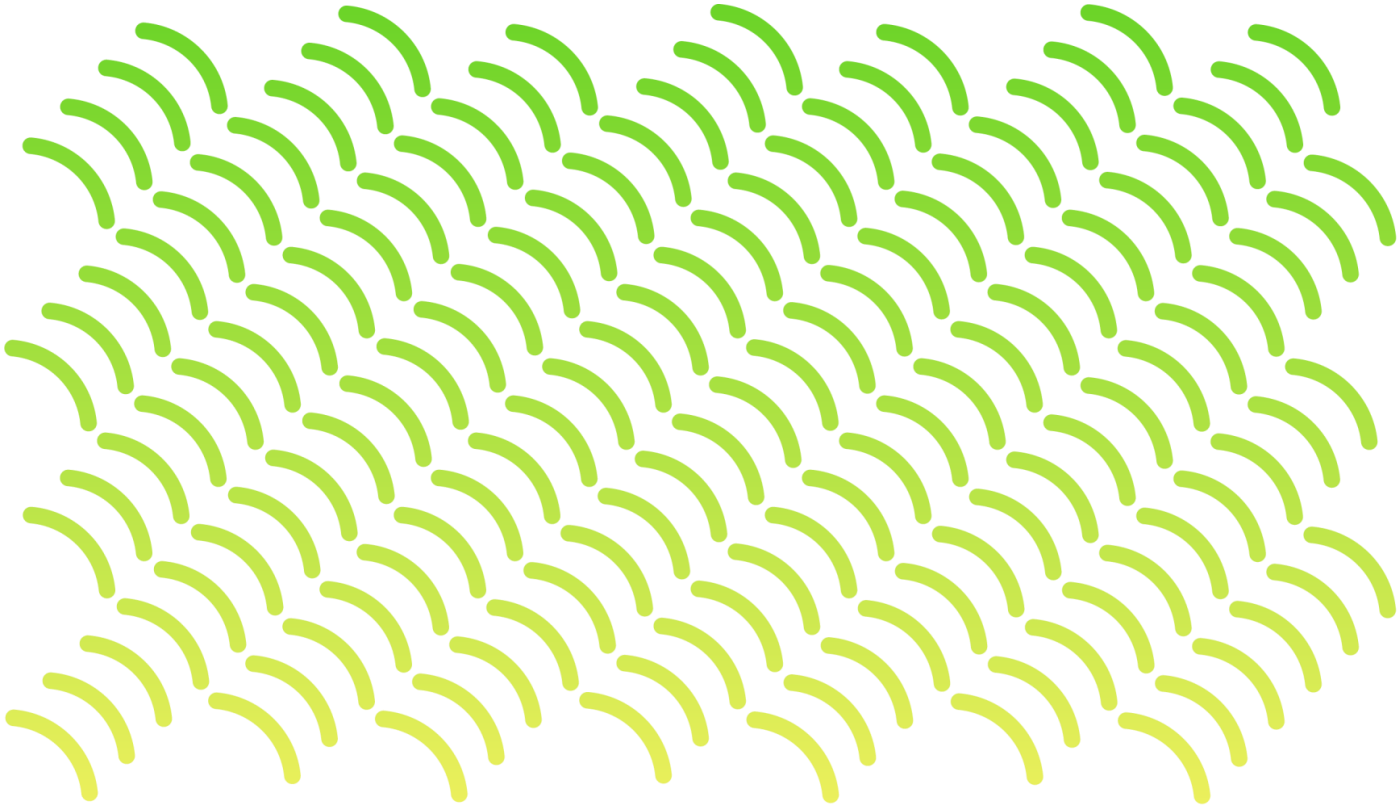
In the last month, I was delighted to hear about a number of our staff who have been recognised for their outstanding work with award nominations.

- Ediscyll Lorusso, Senior Thrombosis Nurse Specialist Practitioner, was nominated for the Our Health Heroes National Lifetime Contribution Award run by Skills for Health – at the age of just 44. This was for her dedication to Thrombosis prevention awareness which led to the Trust being acknowledged as one of the exemplar Sites for Venous ThromboEmbolism (VTE) prevention in the Houses of Parliament. Ediscyll also organises regular campaigns, study days, teaching sessions, and other initiatives for staff and the community.

- Marlene Johnson, Head of Nursing for Renal, Haematology and Oncology (RHO) and Palliative Care, was chosen as one of BBC London's Top 100 Champions to mark the corporation's centenary. Marlene was picked for the title due to the outstanding and selfless work that she does, both as part of her professional role and in her spare time. As well as her nursing role Marlene manages a food bank in Croydon.

- Our Pulmonary Rehabilitation team were nominated for an Active Wandsworth Award, in the 'Physical Activity Project of the Year' category. The team were nominated for the pulmonary rehabilitation exercises classes that they run for people in Wandsworth living with a long term lung condition (such as COPD or Bronchiectasis). The classes aim to improve management of breathlessness and improve the quality of life for patients, and involve strengthening and cardiovascular exercises and an education programme.

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



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Meeting Title:	**Council of Governors**		
Date:	**10 March 2022**	**Agenda No**	
Report Title:	**Progress update on Quality Account Priorities 2021-22 and planning for 2022-23**		
Lead Director/ Manager:	**Robert Bleasdale, Site Chief Nurse**		
Report Author:	**Alison Benincasa, Director of Quality Governance and Compliance**		
Presented for:	Assurance		
Executive Summary:	**Context** The purpose of this report is to outline the progress made to date against the twelve quality priorities in the Quality Account 2021/22 set out against the required quality themes below: 1. Improving Patient Safety 2. Improving Patient Experience 3. Improving Effectiveness and Outcomes **Progress Summary** The pandemic has resulted in the Trust not being where it expected to be with reference to the delivery of the quality priorities for 2021/22. However, as seen at Appendix 1, progress has been made across all quality priorities bar one: *the development of an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting.* Although progress has been made, the data supporting the measures for success (reported in the monthly Integrated Quality and Performance to the Board) demonstrates variable impact apart from the indicators outlined below where performance has been improved or appropriately sustained: • Reduction in nosocomial Covid-19 infection • Maintaining the Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals **Selection of quality priorities 2022/23** The quality priorities for 2021/22 remain important areas of focus for the Trust and it is recognised that further improvement work is warranted as demonstrated by the variable picture of the measures for success in 2021/22. Appendix 2 describes the proposed quality priorities for 2022/23 and the rationale for inclusion. It is recommended for the Quality Account that the		

Trust focusses on the following nine quality priorities across the required quality themes for 2022/23. The important improvement work for patients who lack mental capacity, learning from deaths and the deteriorating patient identified as a quality priority for 2021/22 will continue to be taken forward as objectives within the Trust's Quality and Safety Strategy in 2022/23.

The nine quality priorities for 2022/23 are proposed as follows:

Proposed quality priorities 2022/23

1. **Improving Patient Safety**
    - Nosocomial Covid-19
    - Treatment Escalation Plans
    - Consent

2. **Improving Patient Experience**
    - Patient feedback
    - Equity of access
    - Discharge planning

3. **Improving Effectiveness and Outcomes**
    - Integrated mental health training and education framework
    - Quality, Safety and Learning Culture
    - Waiting times

With reference to the development of the Quality Account 2021/22 (including the quality priorities for 2022/23) as with 2020 and 2021 there is no new national guidance dictating the required elements of the Quality Account; therefore the 2019 national guidance has continued to be applied.

There is also no requirement for the Quality Account to undergo external audit and therefore there is no requirement for the Council of Governors to recommend a local indicator for inclusion.

Alignment with Epsom and St Helier

On 1 February 2022 the new St George's and Epsom and St Helier University Hospitals and Health Group was formed. Each Trust remains a separate statutory healthcare organisation and as such is required to have a separate quality documents. However, there is an opportunity to consider across the new Group to consider how we use the priorities to help us realise the benefits of the Group for the patients of both organisations.

Timeline for submission

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<table>
<tr><td></td><td>The Quality Account will be submitted on 22 June 2022. The table below identifies the governance oversight prior to submission.

<table>
<tr><th>Governance: Group/Committee</th><th>Date</th></tr>
<tr><td>Group Executive Team Meeting (Draft quality priorities)</td><td>9.2.2022</td></tr>
<tr><td>Patient Safety and Quality Group (Draft quality priorities)</td><td>16.2.2022</td></tr>
<tr><td>Quality and Safety Committee (Draft quality priorities)</td><td>17.2.2022</td></tr>
<tr><td>Council of Governors (Draft quality priorities)</td><td>10.2.2022</td></tr>
<tr><td>Quality and Safety Committee (Draft Quality Account)</td><td>24.3.2022</td></tr>
<tr><td>External Stakeholder review: CCG; Local Authority; and Healthwatch</td><td>May 2022</td></tr>
<tr><td>Quality and Safety Committee (Final Draft Quality Account)</td><td>19.5.2022</td></tr>
<tr><td>Audit Committee</td><td>June 2022</td></tr>
<tr><td>Trust Board</td><td>June 2022</td></tr>
<tr><td>Final submission</td><td>22.6.2022</td></tr>
</table>

The Quality Account 2021/22 will be uploaded to the Trust website once approved by Trust Board.</td></tr>
<tr><td>Recommendations:</td><td>The Council of Governors is asked to:

1. Note the progress made with reference to the quality priorities for 2021/22 and the impact of the pandemic on the Trust performance
2. Provide feedback on the proposed quality priorities for 2022/23
3. Note the alignment of quality priorities across the new St George’s and Epsom and St Helier University Hospitals and Health Group which is intended to help realise the benefits to our patients of forming the new Group.</td></tr>
<tr><td colspan="2">Supports</td></tr>
<tr><td>Trust Strategic Objective:</td><td>All</td></tr>
<tr><td>CQC Theme:</td><td>Well Led</td></tr>
<tr><td>Single Oversight Framework Theme:</td><td>Leadership and Improvement Capability (well led)</td></tr>
<tr><td colspan="2">Implications</td></tr>
<tr><td>Risk:</td><td></td></tr>
<tr><td>Legal/Regulatory:</td><td>N/A</td></tr>
<tr><td>Resources:</td><td>N/A</td></tr>
<tr><td>Previously Considered by:</td><td>Group Executive Team Meeting
Patient Safety and Quality Group
Quality and Safety Committee</td><td>Date

</td><td>9.2.2022
16.2.2022
17.2.2022</td></tr>
<tr><td>Equality Impact Assessment:</td><td>No issues to consider</td></tr>
<tr><td>Appendices:</td><td>Appendix 1: Quality Account Priorities 2020-21: Progress review
Appendix 2: Proposed Quality Priorities 2022/23 and rationale for inclusion</td></tr>
</table>

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Appendix 1: Quality Account Priorities 2020-21: Progress review

This information has been laid out as it will be seen in the Quality Account 2021-22.

Red text denotes where updated performance data is awaited to reflect the year end position.

Section 3

Our performance against our Quality priorities in 2021-22

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

Patient Safety			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
We will review Nosocomial Covid-19 infection for in-patients at a local and system level and revise infection prevention and control procedures	Reduction in the level of Nosocomial Covid-19 infection when compared with the previous year	**We did achieve this** Between April 2021 and January 2022 the Trust had reported 161 cases of HOHA (hospital onset, hospital acquired) nosocomial hospital onset healthcare associated >14 days after admission Between April 2021 and January 2022 the Trust had reported 77 cases of HOPA (hospital onset, probable acquired) nosocomial hospital onset healthcare associated 8-14 days after admission	***Important note:*** *National definitions for HOHA and HOPA were not confirmed until June 2020.* In 2020/21 we reported 180 cases of HOHA nosocomial hospital onset healthcare associated >14 days after admission In 2020/21 we reported 199 cases of HOPA nosocomial hospital onset healthcare associated 8-14 days after admission
We will ensure timely escalation and response to deteriorating patients	All adult inpatients will have a Treatment Escalation Plan (TEP) Reduction in avoidable harm and death associated with missed opportunities when	**We partially achieved this** We monitored TEP performance on a monthly basis in the Integrated Quality and Performance Report	In 2020/21 we established an improvement project and built an electronic TEP in the test domain of iClip In March 2021 33.8% of adults had a TEP

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	compared with the previous year Improved response to the National Early Warning Score (NEWS2) when compared with the previous year Reduction in the number of cardiac arrests compared with the previous year	We developed an electronic mechanism to monitor the number of TEPs in place for adults within 24 hours of admission In January 2022 37.9% of adults had a TEP in place within 24 hours of admission The number of cardiac arrests in January 2022 was 3.2/1000 inpatient admissions NEWS2 audits showed an appropriate response performance of 93.1% in January 2022	in place within 24 hours of admission. The number of cardiac arrests in 2020/21 was 2.3/1000 inpatient admissions NEWS2 audits showed an appropriate response performance of 89% in March 2021 which was a reduction in appropriate response performance from 94.1% in March 2020
We will ensure the identification, protection and care of patients who lack mental capacity to make certain decisions	We will demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly and have proper protection and care. We will achieve compliance with our training targets for Mental Capacity Act (MCA) training	**We did not achieve this** Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 training performance was 84.1% in January 2022 against the target of 85% Level 2 training performance was 71.3% in January 2022 against the target of 85% **Important note:** In 2021/22 the Trust was awaiting the release of the guidance for the implementation of the new framework for MCA/DoLS – the Liberty Protection Safeguards. The revision of the Level 2 training module was paused whilst the new framework was awaited which impacted on training performance.	The electronic forms to standardise recording were implemented on iClip A Trust wide audit of Consent was undertaken in December 2020 Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 training performance had achieved the target of 90% or above since 2019 Level 2 training performance was 79% in March 2021 against the target of 85%
All patients will be supported to give consent for treatment	All non-elective adult inpatients will have a treatment escalation plan (TEP) in place within 24 hours of admission	**We did not achieve this** In April 2021 35% of adults had a TEP in place within 24 hours of admission, performance in January 2022 was 37.9%	In April 2020 45% of adults had a TEP in place within 24 hours of admission, performance in March 2021 was 33.8%

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		At the time of writing this report consent audit data is still awaited	No consent audit data was available in 2020/21
Embed medical examiner service and learning from deaths processes	Maintain Summary Hospital Level Mortality Indicator (SHMI) within confidence intervals	**We achieved this** Mortality as measured by the summary hospital-level mortality indicator (SHMI) remained lower than expected	Mortality as measured by the summary hospital-level (SHMI) was lower than expected
Patient experience			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
We will undertake thematic analysis of our complaints to identify recurrent themes and share their findings	Reduction in the number of complaints when compared with the 2019/20 baseline (complaint numbers impacted in 2020/21 and 2021/22 due to the pandemic)	**We partially achieved this** We undertook thematic analysis on a quarterly basis which identified recurrent themes: care and treatment; communication; and staff attitude When compared with 2019/20 and 2018/19, the number of complaints as of Q3 2021/22 (746) suggests there has been no reduction	The number of complaints received in previous years was as follows: • 2020/21: 708* • 2019/20: 956 • 2018/19: 1101 *Impacted by Covid-19
Provide an equitable experience for patients from vulnerable groups	Improvement in our self-assessment against the National Learning Disability Standards having had the opportunity to make service improvements following the first self-assessment in 2020	**We partially achieved this** The second self-assessment was completed against national standards for Learning Disability patients and at the time of writing we are awaiting the results. The action plan to address improvements identified against 11/ 79 national standards did not progress as expected due to significant staffing shortages in the team	In March 2021 we received the results of the NHS benchmark assessment that was completed against national standards for Learning Disability patients. There were 107 national benchmark Learning Disability Standards, of which 79 benchmark standards applied to SGH. 48/79 (61%) were in line with the national standard

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			20/79 (25%) were above the national standard 11/79 (14%) were below the national standard
Improve patient flow particularly with reference to improved discharge processes	Continue with our clinically led long length of stay meeting with local authority input to support patients with complex discharge needs. Progress further the implementation of Red to Green in iClip to highlight the issues that delay discharge Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required	**We achieved this** Collaboration continues across SW London and in discussion with local authority partners with reference to Discharge to Assess The multi-agency Discharge Forum has continued The discharge summary for in-patients in iClip has been extended to include a multidisciplinary section for the inclusion of nursing and social care needs XX% of patients reported feeling involved in the discharge planning process	Discharge hub implemented and aligned to the site team to enable increased oversight of expected discharges Implemented South West London system approach of agreed discharge to assess process Created a monitoring process: the multi-agency Discharge Forum 89.1% of patients reported feeling involved in the discharge planning process
Clinical effectiveness and outcomes			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
With SWL and St George's Mental Health Trust we will develop an integrated education and training framework for our staff to	An integrated training and education framework will be in place with SWL and St George's Mental Health Trust	**We did not achieve this** Progress was impacted by Covid-19 and although this remains an objective of the SWLSTG-SGUH Mental Health reference group,	The integrated training and education framework was not developed due to the new post of Head of Nursing commencing in post December 2020

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support the care and treatment of mental health patients in an acute setting		further development work is now needed across the integrated care system in order to drive the work forward	
We will embed a culture of quality, safety and learning by implementing the recommendations from the external reviews of our clinical governance processes to ensure they support the delivery of safe, high quality care	Improvements in related questions in the NHS Staff Survey 2021	*NHS Staff Survey 2021 currently embargoed – information awaited* Quality of Care: xx (average trust score xx) Safety Culture: xx (average trust score xx)	**NHS Staff Survey 2020** Quality of Care: 7.6 (average trust score 7.5) Safety Culture: 6.6 (average trust score 6.8)
Deliver care in line with our revised activity plans to ensure our patients do not wait too long for treatment	Achievement of targets for: • Referral to Treatment (RTT) within 18 weeks • Diagnostics within six weeks • Four-hour operating standard • Cancer standards	**We partially achieved this** As reported in section 3.1, page XX RTT: We delivered against the revised trajectories for 78 week waits other than for General Surgery and Cardiology. As required, we maintained the end of September 2021 position for the 52-week trajectory **Diagnostics:** We did not meet our diagnostics within 6-weeks standards **Cancer:** We did not meet our cancer access standards **Four-hour target:** We did not deliver against the four-hour operating standard	The Trust was unable to supply annual performance for 2020-21 due to the impact of Covid-19 on data reporting and data flows

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Appendix 2: Proposed Quality Priorities 2022/23 and rationale for inclusion

1.0 Key Principles:

- Quality and Safety Strategy and the Quality Priorities are aligned (Q&S strategy delivers the quality priorities).
- 3 quality priorities to be drawn down from existing objectives in the Q&S for each focus area in the Quality Account
- No new quality priorities are suggested for 2022-23, however in some circumstances re-wording is suggested, for example 1.2 and 2.2 or it is recommended that the focus of a priority needs to shift, for example 1.3 and 3.3
- SMART measures for success will be developed and included against each quality priority. For the purposes of the quality account the measures for success will need to reflect SGH performance only

Our Quality Priorities for 2022/23

The quality priorities for 2022/23 were informed by:

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

2.0 Each quality priority comes under one of three quality themes:

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

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

  In 2021/22 due to the impact of the pandemic on our progress we want to continue to focus on the patient safety priorities identified in 2020/21 together with the inclusion of one new quality priority. The additional quality priority will focus our learning from both a local and South West London perspective on Nosocomial Covid-19 infection with a view to amending our infection prevention and control procedures as appropriate.

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

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

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

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

Table 1 below outlines the quality priorities for 2021/22, provides a view for exclusion/ retention in 2022/23 and the rationale for the recommendation and Table 2 outlines the proposed quality priorities for 2022/23.

Table 1: Quality Priority for 2022-23 and rationale for retention/exclusion in 22-23

Quality Priority 21-22 and recommendation for retention/exclusion in 22-23	**Rationale for retention/exclusion in 22-23**
PRIORITY 1: IMPROVE PATIENT SAFETY **[Recommendation for 2022-23: Nosocomial Covid-19; Treatment Escalation Plan; and Consent]**	
RETAIN 1.1 Reduce the risk of Nosocomial Covid-19 infection for in-patients (Consider re-wording: *Working across **the new St George's and Epsom and St Helier University Hospitals and Health Group** to reduce the risk of Nosocomial Covid-19 infection for in-patients*	1.1 There were incidents of in-patient outbreaks in 2021-22 indicating the need for a continuing and increased focus on adherence to PCR swabbing for all patients at day 0, 3 and 7 and strict adherence to infection, prevention and control measures and it is recommended that we do this in collaboration with the Hospital Group
RETAIN 1.2 Emergency patients will have treatment escalation plans (Consider re-wording: *Working across **the new St George's and Epsom and St Helier University Hospitals and Health Group** all adult patients will have treatment escalation plans)*	1.2 There was consistent application of Treatment Escalation Plan (TEP) in some wards e.g. Heberden saw 90% in Q3. However, inconsistent practice overall with Trust wide performance at 43% in Q3 against the in-year target of 50% indicates continued focus in the quality account would be beneficial. It is recommended that we do this in collaboration with the Hospital Group
EXCLUDE this part of 1.3 1.3 Patients who lack mental capacity will have proper protection and care and …. **And RETAIN this part of 1.3** All patients will be supported to give consent for their treatment (Consider re-wording: *Working across **the new St George's and Epsom and St Helier University Hospitals and Health Group** all patients will be supported to give consent for their treatment).*	1.3 The focus on mental capacity remains an objective in the Quality and Safety Strategy for 2022-23. Mental capacity Act (MCA) Steering Group in place. MCA training levels monitored in IQPR. Significant area of work in 2022-23 re training and implementation of Liberty Protection Safeguards. It is recommended that this quality priority is excluded and moves to business as usual as described above
EXCLUDE 1.4 Inpatients who deteriorate will be recognised and treated promptly	**Consent:** There was limited progress in year due to a change in both nursing and medical leadership and inconsistent audit of LoCSipps which, although consent is an objective in the Quality and Safety strategy, it is recommended

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EXCLUDE 1.5 Implement and embed processes to ensure we learn from deaths	this warrants a continued focus in the Quality Account 1.4 Responding to the deteriorating patient is an objective within the Quality and Safety Strategy. This improvement objective is also reviewed as part of the ward accreditation programme and performance is monitored on a monthly basis via Integrated Quality and Performance Report. The Deteriorating Adults Group (DAG) continues to drive the work forward and Patient Safety and Quality Group receives quarterly reports from DAG. It is therefore recommended that in order to focus on 3 quality priorities, for the purposes of the quality account this priority should be excluded 1.5 Learning from Deaths processes reviewed as part of external governance reviews. Progress against the recommendations has been monitored on a quarterly basis at Quality and Safety Committee. Outstanding areas (4) continue to be taken forward by Deputy Chief Medical Officer for Quality Improvement and progress monitored through mortality Monitoring Committee. SHMI (Summary Hospital-level Mortality Indicator) and HMSR (Hospital Standardised Mortality Ratios) continues to be as/ below expected. It is recommended that this quality priority is excluded and moves to business as usual as described above
PRIORITY 2: IMPROVE PATIENT EXPERIENCE [Recommendation for 2022-23: Patient feedback; Equity; and Discharge]	
RETAIN 2.1 Monitor and review feedback to ensure continual improvement so we provide patients with an excellent experience through their journey with us (Consider re-wording: *Working across **the new St George's and Epsom and St Helier University Hospitals and Health Group** m*onitor and review feedback to ensure continual improvement so we provide patients with an excellent experience through their journey) **RETAIN** 2.2 Develop a plan, working with **our system partners**, to ensure we provide patients with an equitable experience particularly patients from vulnerable groups (Consider changing the wording to: *Develop a plan, working across **the new St George's and Epsom and St Helier University Hospitals and Health Group** to ensure we provide patients with an equitable experience particularly patients from vulnerable groups.)* **RETAIN** 2.3 Improve patient flow particularly with reference to improved discharge processes (Consider changing the wording to: Improve patient flow particularly with reference to improved discharge	These 3 improvement areas remain key priorities for the Quality and Safety strategy and as progress was not made as expected it is recommended that these priorities are rolled forward as quality priorities in the quality account for 2022-23. However, due to the newly formed St George's and Epsom and St Helier University Hospitals and Health Group, it is recommended that improvement work is supported by collaboration across the Hospital Group.

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processes *working across* ***the new St George's and Epsom and St Helier University Hospitals and Health Group.***	
PRIORITY 3: IMPROVE EFFECTIVENESS AND OUTCOMES [Recommendation for 2022-23: Quality, Safety and Learning Culture; Cardiac Surgery; and Waiting times]	
RETAIN 3.1 Develop and implement an integrated training and education framework **RETAIN** 3.2 We will work to embed a culture where governance of quality, safety and learning is embraced **across the organisation** *(Consider changing the wording to: We will work to continue to embed a culture where governance of quality, safety and learning is embraced and* ***continue to embed the learning from cardiac surgery and scope opportunities for further improvement across the new St George's and Epsom and St Helier University Hospitals and Health Group.)*** **RETAIN** 3.4 Patients will not wait long for treatment *(Consider changing the wording to:* **Patients will not wait long for treatment and we will identify opportunities for improved waiting list management across the new St George's and Epsom and St Helier University Hospitals and Health Group.)**	3.1 Progress was impacted by Covid-19 and although this remains an objective of the SWLSTG-SGUH Mental Health reference group, further development work is now needed across the integrated care system in order to drive the work forward 3.2 Following the 3 external governance reviews the action plan to deliver the recommendations of the review has been implemented (except 4). It is recommended that this priority is retained but with a shift in focus towards collaboration and learning across the new Group Model 3.3 Cardiac Surgery improvement actions have been completed with quarterly reports to the Board. It is recommended that this priority is extended given the level of public scrutiny until students are returned and include a shift in focus towards scoping opportunities for improvement across the new Group Model 3.4 Covid-19 has had a significant impact on waiting times. The Trust's responsibility to meet the constitutional standards around emergency, cancer, diagnostic and elective (RTT) care are a given and tracked through the monthly performance process, up to and including, Trust Board. It is recommended that this quality priority is retained given the level of public interest in waiting times with the aim to deliver against agreed revised trajectories for each standard. It is recommended that we do this in collaboration with the Hospital Group

St George's University Hospitals NHS
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Table 2: Proposed Quality Priorities 2022/23

Quality Priority 21-22 and recommendation for retention/exclusion in 22-23
PRIORITY 1: IMPROVE PATIENT SAFETY **Nosocomial Covid-19; Treatment Escalation Plan; and Consent**
1.1 Working across the new St George's and Epsom and St Helier University Hospitals and Health Group to reduce the risk of Nosocomial Covid-19 infection for in-patients 1.2 Working across the new St George's and Epsom and St Helier University Hospitals and Health Group all adult patients will have treatment escalation plans 1.3 Working across the new St George's and Epsom and St Helier University Hospitals and Health Group all patients will be supported to give consent for their treatment
PRIORITY 2: IMPROVE PATIENT EXPERIENCE **Patient feedback; Equity of access; and Discharge**
2.1 Working across the new St George's and Epsom and St Helier University Hospitals and Health Group monitor and review feedback to ensure continual improvement so we provide patients with an excellent experience through their journey 2.2 Develop a plan, working across the new St George's and Epsom and St Helier University Hospitals and Health Group to ensure we provide patients with an equitable experience particularly patients from vulnerable groups 2.3 Improve patient flow particularly with reference to improved discharge processes working across the new St George's and Epsom and St Helier University Hospitals and Health Group
PRIORITY 3: IMPROVE EFFECTIVENESS AND OUTCOMES **Quality, Safety and Learning Culture; Cardiac Surgery; and Waiting times**
3.1Working across the new St George's and Epsom and St Helier University Hospitals and Health Group develop and implement an integrated training and education framework 3.2 Continue to embed a culture where governance of quality, safety and learning is embraced and continue to embed the learning from cardiac surgery and scope opportunities for further improvement across the new St George's and Epsom and St Helier University Hospitals and Health Group 3.3 Patients will not wait long for treatment and we will identify opportunities for improved waiting list management across the new St George's and Epsom and St Helier University Hospitals and Health Group

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Counsellor of Governors Workforce & Culture Update

10th March 2022

CONTENTS:

Paul Da Gama, Group Chief People Officer

1 March 2022

Workforce Metrics - Overview

Indicator Description	Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Trust Level Sickness Rate	3.2%	4.2%	3.6%	3.1%	3.4%	3.6%	3.7%	3.9%	4.1%	4.4%	4.5%	4.7%	5.6%	5.1%
Trust Vacancy Rate	10%	7.8%	8.6%	8.2%	9.6%	9.2%	8.6%	9.5%	8.9%	9.4%	7.3%	8.6%	9.9%	9.6%
Trust Turnover Rate* Excludes Junior Doctors	13%	15.0%	14.7%	14.4%	14.5%	14.6%	14.8%	15.2%	15.1%	15.3%	15.4%	15.4%	16.0%	16.2%
Trust Stability Index	85%	87.7%	88.0%	88.5%	88.2%	87.7%	87.3%	86.6%	86.6%	87.3%	87.5%	87.7%	86.9%	85.6%
Total Funded Establishment		9,330	9,451	9,454	9,568	9,695	9,684	9,709	9,698	9,770	9,620	9,904	9,950	9,862
IPR Appraisal Rate - Medical Staff	90%	0.6383	66.6%	72.3%	75.3%	76.5%	78.4%	77.5%	77.4%	75.2%	75.8%	72.9%	73.1%	75.2%
IPR Appraisal Rate - Non Medical Staff	90%	65.8%	65.6%	70.5%	75.3%	76.8%	74.6%	73.9%	72.9%	73.4%	73.7%	73.9%	74.8%	74.7%
Overall MAST Compliance %	85%	88.9%	88.2%	88.7%	89.4%	90.2%	90.4%	90.0%	88.6%	87.7%	86.3%	88.5%	88.7%	88.8%
Ward Staffing Unfilled Duty Hours	10%	19.9%	16.6%	11.8%	6.9%	8.6%	6.8%	9.9%	13.8%	12.8%	13.0%	11.8%	13.3%	14.8%

* Excludes Junior doctors

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St George's University Hospitals NHS Foundation Trust

VACCINATION AS A CONDITION OF DEPLOYMENT

Update

Paul Da Gama, Group Chief People Officer

Patricia Grealish, HR Consultant Group, HR Operations

1 March 2022

Vaccination as a Condition of Employment Regulations

Background

- On 6 January 2022, new legislation was passed that introduced changes to the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. This introduced mandatory vaccination to health and wider social care settings. The regulations were due to take force, following a grace period, on 1 April 2022. The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 came into force on 11 November 2021 relating to mandatory vaccination for registered Care Home staff and workers.
- The regulations cover the deployment or engagement of a person for the provision of CQC regulated activity in which they have direct face to face contact with patients and service users. Evidence of vaccination or exemption was required. The regulations also captured front line workers and non-clinical workers not directly involved in patient care but who may have face to face contact: porters, cleaners, out-patient clerical staff being just some examples.
- The regulations were applicable to substantive, seconded, fixed term, honorary contracts, bank, agency, students, and other types of worker (i.e. 3rd party suppliers).
- The current position is that the government has stated its intention to revoke the regulations making vaccines a condition of deployment for health and social care staff, subject to parliamentary process.
- Government consultation on potentially revoking the Regulations as they currently stand closed on 16 February 2022

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Vaccination as a Condition of Employment Regulations

Vaccination Levels

- As at 14 February, the Trust position in relation to vaccinated staff is set out below in figure 2 (shown with Epsom St Helier for comparison).

SGUH Trust - Staff Group Analysis

Staff Group	Headcount	1st Dose	%	No 1st Dose	%	2nd Dose	%	No 2nd Dose	%
Add Prof Scientific and Technic	677	629	93%	48	7%	600	89%	29	5%
Additional Clinical Services	1257	1098	87%	159	13%	1028	82%	70	6%
Administrative and Clerical	1937	1713	88%	224	12%	1610	83%	103	6%
Allied Health Professionals	685	663	97%	22	3%	658	96%	5	1%
Estates & Ancillary	278	253	91%	25	9%	225	81%	28	11%
Healthcare Scientists	415	386	93%	29	7%	374	90%	12	3%
Medical and Dental	1451	1369	94%	82	6%	1351	93%	18	1%
Nursing and Midwifery Registered	2808	2663	95%	145	5%	2568	91%	95	4%
Trust Total	9508	8774	92%	734	8%	8414	88%	360	4%

Note: current vaccination status fluctuates reflecting turnover in staff and a delay in vaccination status for new starters being available

ESTH Trust - Staff Group Analysis

Staff Group	Headcount	1st Dose	%	No 1st Dose	%	2nd Dose	%	No 2nd Dose	%
Add Prof Scientific and Technic	175	172	98%	3	2%	163	93%	9	5%
Additional Clinical Services	1280	1143	89%	137	11%	1063	83%	80	7%
Administrative and Clerical	1335	1253	94%	82	6%	1188	89%	65	5%
Allied Health Professionals	493	475	96%	18	4%	458	93%	17	4%
Estates & Ancillary	462	404	87%	58	13%	365	79%	39	10%
Healthcare Scientists	63	59	94%	4	6%	57	90%	2	3%
Medical and Dental	887	866	98%	21	2%	840	95%	26	3%
Nursing and Midwifery Registered	1924	1788	93%	136	7%	1696	88%	92	5%
Students	9	7	78%	2	22%	7	78%	0	0%
Trust Total	6628	6167	93%	459	7%	5837	88%	330	5%

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Vaccination as a Condition of Employment Regulations

Current Status

- Following the Statement on 31 January, and the letter received from NHS Employers further NHS England FAQs were issued 7 February 2022, principally related to clarification of new starters
- All activity related to implementation of the regulations was suspended: this included asking staff for their vaccination status, following up on any outstanding information and instigating any formal meetings to terminate employment.
- The decision was taken to set up ‘all staff briefings’ which were lead by a panel: James Marsh, Arlene Wellman and Paul da Gama. 5 briefings were held over 1 and 2 February including at 8.30pm (and, including the ‘Team Talk’ which is a normal part of the Communication grid for ESTH). Consulting and informing with Trade Union colleagues has also been regular part of our communication plans, with fortnightly meetings.
- Feedback from these staff sessions has been mixed but, as you can imagine, there has been anger, disappointment and, of course, relief. We have also heard that staff appreciated the speed with which the staff briefings were set up to share the news direct and to allow questions. An FAQ has been written up and shared with colleagues at ESTH and SGUH

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Vaccination as a Condition of Employment Regulations

Next Steps

- The action that we have currently taken to pause all activity related to mandatory vaccination is consistent with other Trusts.
- We will continue to message through all our staff communication channels the importance of vaccination take up and will engage supportively with those employees who have told us their intention is to have the vaccine or, who have had a first dose to encourage them to take up a second.
- In line with current NHSE/I advice we continue to ask the vaccination status of new starters, but do not stop the recruitment process if applicants are not vaccinated or decline to provide information
- We are awaiting feedback following the Government consultation which is expected shortly

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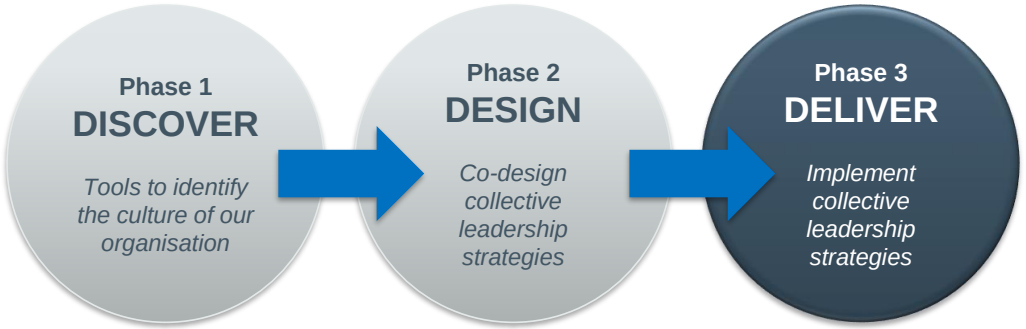
Culture Programme Update

Daniel Scott, Associate Director of Leadership and Organisational Development



Summary of General Updates

Programme Management	• CEI Programme Board:
	  ○ Monthly meetings held on 31 January and 21 February 2022
	  ○ Focuses have included the Living our Values Project (Values Refresh, Staff Survey and Branding the Culture Programme)
	  ○ TOR is due for review in April, alongside Group wide governance review
	  ○ Newly elected D&I network chairs have been invited to join
	• D&I and Culture Programme plans have been revised and are currently being finalised – to be included in a future papers
	• A parallel CEI Programme Board has been established for ESTH with a first meeting scheduled for 4th March. This is supported by two 6 month interim posts: OD Lead and Programme Manager

Trust-wide D&I and OD Action Plan	• Living Our Values project is in the Testing phase (See Update in Focus 1) • Work continues on building the comprehensive management development offer (‘Management Fundamentals’) for all new and existing line managers. Working group continues to meet regularly. • Leadership Development Programme for Consultants (and CGLs) continues in the scoping phase to specify needs and most appropriate formats.
Engaging and Inspiring Our Staff	• Successfully recruited two permanent OD Leads, one to serve CWDT/Corporate and the other to serve MedCard/SNTC. • Local culture interventions continue to be supported and programme managed with Cardiac surgery and O&G, as well as a range of other local OD projects. • A new brand/identity has been agreed for the culture programme and associated culture/workplace improvement initiatives (see Update in Focus 2).
Introducing ‘Patient First’*	• James Marsh, the Group Deputy CEO will be asked to join the CEI Programme Board form March onwards, which will enable progress on our version of ‘Patient First’.

Other Strategies and Plans	• Staff Survey results now received from both Picker and the Coordination Centre:
	  ○ Exec teams, Divisional Boards and CEI Programme Board have been consulted on the Big 5
	  ○ A Trust-wide report is under production
	  ○ 7 Divisional reports are also under production, including Directorate level results
	  ○ 71 Care Group Level reports are also under production and will be supplied to enable local team action on survey results.

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*Name subject to change (our version of the ‘Virginia Mason approach)

There are three phases of the ‘Living Our Values’ programme

PHASE 1: Compiling and Shaping

We have been reviewing the culture ‘Discovery’ findings from 2020 to bring us up to date as a lot has happened since the start of the pandemic

PHASE 2: Testing and Development

We are now in phase 2 and we want as many colleagues as possible to complete our online values survey so you can have your say about what our values mean to you. **Anyone can get involved.**

PHASE 3: Embedding and Reinforcing

We will create our St George’s values and behaviours framework and provide training and toolkits for all our managers to drive the implementation process.

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Living Our Values
Project Update

- A Trust wide message from the Group CEO outlining the values refersh project and inviting all staff to participate in the survey.
- An outline of the 3 main phases of work in refreshing our values and what is involved
- An extensive comms plan is now being executed to maximise participation. We are hoping to achieve 1000+ completions, which is over 10% of the total workforce.
- Following slide shows a summary of survey completions by Division. It also includes the QR code and web link to the survey.
- The survey will remain open until 1 April, after which the behaviours will be finalised for each value, and the embedding phase will commence.
- Key embedding elements will include:
  - A new values and behaviour policy. Demonstrating real consequences and commitment to these behaviours will be critical to their acceptance by staff.
  - Designing and facilitating local team workshops to introduce and embed the values locally, with supporting content (video) and capability development products (e-learning, bitesize workshops on topics like Civility and Inclusion).
  - Integrating our values into organisational processes including Induction, Appraisal and Recruitment.

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Response by Division

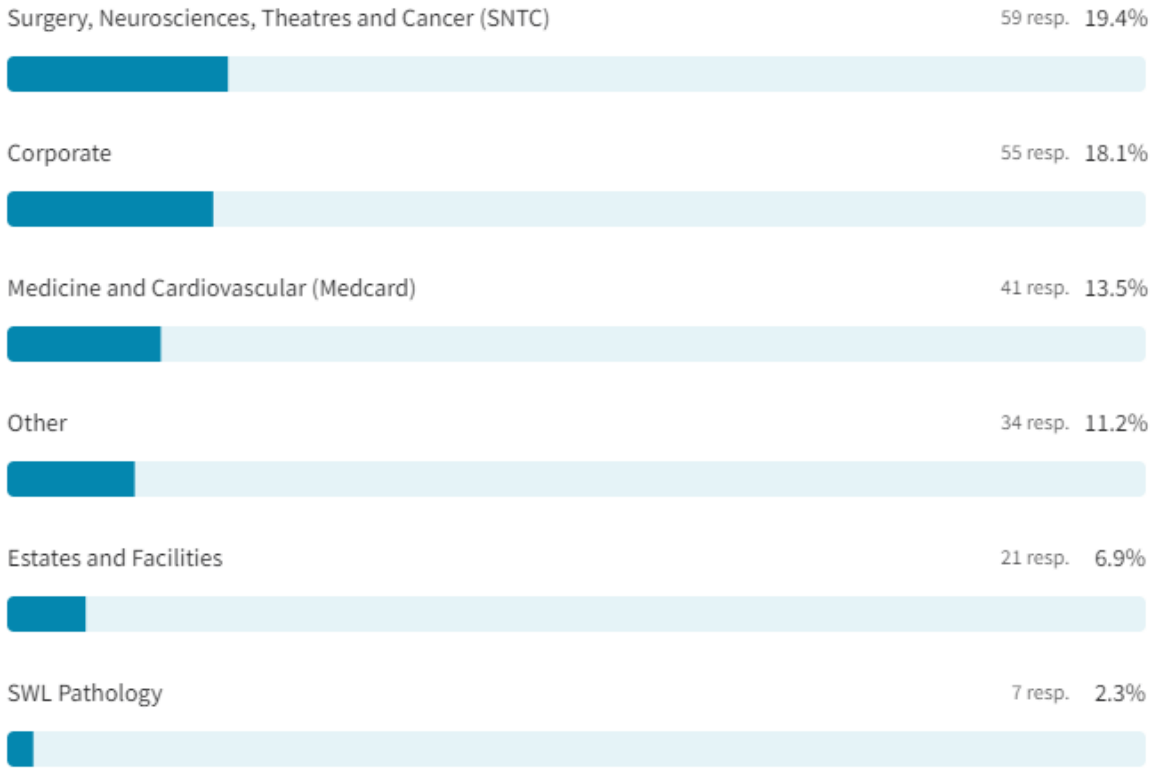
Over 340 individuals have responded so far

You can complete the survey as either an individual or a team. You can scan the QR code or follow the link.

- Most responses have come from individuals
- We've had a number of responses from groups and teams of 2, up to 10+

Have your say and complete the survey. Encourage your teams to take part.

https://vselive.com/st-georges-values/



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Health & Wellbeing Plan Update

March 2022

Dr Rhia Gohel, Health and Wellbeing Lead

Winter workforce wellbeing

Our plan for keeping staff safe and well

The safety of our staff must be our utmost priority. The Trust has a duty of care to ensure that staff remain well whilst within the workplace. As part of this, the Trust is responsible for providing an environment that promotes wellbeing and reduces risk of sickness.

The issues currently facing staff are multifactorial, however combined, can create an environment that can exacerbate the issues facing staff wellbeing. It is vital that the Trust continues to remind staff to take care of themselves and that managers are provided with the correct tools to support their teams, so that they can continue to provide Outstanding Care, Every Time.

Rest Breaks

We have prioritised taking rest breaks across the organisation. A paper was written and submitted to key stakeholders asking for their input and buy in, and the Trust rolled out it's 'Take a Break' campaign, in January 2022, encouraging all staff to recognise the importance of taking a break and encouraging line managers to support staff to take their break by implementing rest break rotas

Single point of failure

Managers have been encouraged to report staffing risks on the Risk Register including risks of short staffing.

Staff Support information

Each staff room area has information within it about the Staff Support Services available. Information is also displayed on the health and wellbeing boards across the Trust sites. The Staff Support Service separately emailed Matrons making them aware of the service they provide.

Wellness Action Plans

Staff and line managers will be encouraged to complete wellness action plans with their teams. Staff will be encouraged to revisit these plans more during the winter period.

REACT

The staff support team are facilitating REACT training sessions for staff across the Trust. So far, there have been 47 managers attend REACT training, delivering a total of 2 sessions.

Presentation at Grand Round

The Occupational Health, Staff Support and Health and Wellbeing Service were invited to the Grand Round to present around wellbeing for doctors and consultants which received excellent feedback.

Winter workforce wellbeing
Food provision

Ensuring that the basic needs of our staff are met is of vital importance to providing safe, effective patient care.

As a part of this, the Trust considered the potential effectiveness and impact of providing all staff with access to non-perishable snacks during the winter period. The findings indicated that though this initiative may be appreciated at the start, the desired impact of promoting and safeguarding wellbeing would not be achieved and staff would be none-the-less able to take a rest break.

Continuing to provide Covid+ wards with meals
It is understood and appreciated that staff working on Covid+ wards are unable to leave their wards during their shift. The Trust has, and will continue to provide food to all staff working on Covid+ wards throughout the winter period.

Improving the Wellbeing Hub rest spaces
The Wellbeing Hub rest spaces continue to be well utilised. To ensure that staff make use of these, initiatives to encourage wellbeing such as deliveries of magazines and providing free hot or cold drinks and snacks are being delivered. The Trust Charity continues to donate £500 each month to support this, with the rest being funded by the Trust.

Thank You George's Lunch On Us event
All staff across the Trust were invited to take part in the Lunch On Us event, which took place on 14-18 November at the St George's Site and 17 November at the Queen Mary's site. All staff working within the community who were not able to attend this event were sent a cream tea to thank them for their efforts.

Providing staff with meals over the festive period
The Trust has worked alongside the Trust Charity to ensure that all staff who worked Christmas Day, the eve of New Year's Eve, and New Year's Day were provided with free food. On Christmas Day, all staff working 12-3pm were able to access a Christmas Dinner. On New Year's Eve, all staff working the night shift were provided with pizza, and staff working on New Year's Day were provided with a hot all-day breakfast at no cost to themselves.

Menopause

Menopause café and MenoPAUSE development

Around 70% of our staff force identify as female; with around 40% of staff in either the peri-menopausal, menopausal, or post-menopausal age.

For this reason, the impact of the menopause is likely to affect all within the workplace, no matter what gender you identify with, as it is likely that someone you manage, or your colleague is experiencing symptoms.

Historically, meeting the wellbeing needs of people experiencing the menopause is not something that has been widely thought about within workplaces in the UK. However, due to our ageing workforce, it has become more apparent that workplaces need to do more to support this particular group during this transition period.

Menopause Cafés

Three menopause Café's were delivered in Q3
October attendees:
November attendees:
December attendees:

Feedback from these sessions remains positive, however due to attendee numbers dropping over time, the Trust will now be delivering a Menopause Café once every 2 months instead of once every month.

MenoPAUSE

The Trust piloted its MenoPAUSE psychoeducational workshops for staff:

1) 20th January: Menopause, nutrition and physical activity
2) 27th January: Menopause and sleep
3) 3rd February: Menopause and your mental health
4) 10th February: Managing menopause with medication

The design of the intervention has been a cross-collaboration among different departments across the Trust, including the Health and Wellbeing Team, the Staff Support Team and the Trust's clinical Menopause and Gynaecology Team. These workshops have received very positive feedback and the Trust will continue to offer these for staff every quarter.

Winter workforce wellbeing

More visibility from the staff support and wellbeing team

More than anything, staff duly appreciate a friendly face on the wards: someone that they can talk to if they are struggling or finding things a challenge.

It has therefore been important for the staff Health and Wellbeing and Staff Support Teams to be out and about as much as possible, providing the reassurance to line managers and staff that their wellbeing is being considered.

Ward rounds

Since October, the Health and Wellbeing and Staff Support Team have increased their presence on the wards. The Staff Support Team have been providing on-the-spot advice and support to staff experiencing emotional distress.

The Health and Wellbeing Team have been visiting wards providing line managers with the tools and resources they need to keep themselves and their teams well. Line managers have been encouraged to complete regular Wellness Action Plans with their team, conduct beginning and end of day huddles, take regular lunch breaks and report staffing risks on the risk register.

Workforce interventions

OD interventions looking at improving the health and wellbeing of whole teams has been conducted with key areas across the Trust, specifically the paediatric physiotherapy team, Marnham ward, Radiology and Freddie Hewitt Ward. The work conducted here is designed to instil a culture that places wellbeing at the heart of their work. Listening events, focus groups, the design and delivery of values based wellbeing interventions and report development have been some of the interventions provided.

Providing leaders with support

Heads of Nursing have been contacted and offered support ***'senior banding does not inoculate you from stress'***

Providing line managers with targeted wellbeing resources

Targeted wellbeing resources have been distributed among clinical managers to assist them in signposting and providing support to their teams

Staff Support Service
Access to 1:1 and Group Support

The Staff Support Service work in a way that is flexible, responsive and targeted to meet staff mental health needs.

Ensuring that our staff have access to a quality mental health service is vital to ensure their recovery, resilience and wellbeing. Throughout the Pandemic, the Staff Support Service have worked tirelessly to provide a no-wait list access to their service for all of our staff.

1:1 referrals
Referrals to our Staff Support Service for 1:1 support continue to be more than double the pre-Covid average. The Staff Support Service have been significantly invested in by the Trust and continue to provide a no-wait list service to staff, with all staff receiving an initial appointment within 1 week of referral.

Reflection groups and clinical area walkabouts
Each Covid+ ward, as well as Intensive Care, and ED are visited up to 3 times a week. Team Leads within these departments are liaised with to identify staff who are of concern. Other areas are supported on request.

Targeted support groups have been offered around:

- New staff in the critical care areas,
- All new overseas nurses
- Debrief requests are responded to whenever needed on the day of the request.
- Long covid support group offered to staff and expanding to ICS
- Input into team days and workshops on resilience (ongoing)
- Fortnightly presence QMH & St John's: group and individual support
- Collaboration with SWL partnership. Includes backfilling for nurses to attend workshops, and sharing resources across the ICS

Supporting staff when they gather for handovers
The Staff Support Team are initiating presence at handovers to hear concerns and give advice on psychological issues.

Mediations
12 requests for mediation in Q3. Training day provided for current mediators. New mediators to be trained in March 2022.

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Financial update for Governors

Tom Shearer

Deputy Chief Financial Officer

10th March 2022

Executive Summary – Month 10 (January)

Area	Key Issues	Current Month (YTD)	Previous Month (YTD)
Financial Position	The Trust is reporting a deficit of £4.3m at the end of January, which is £3.3m favourable to plan. This is due to additional funding made available to allow the Trust and SWL ICS to deliver a breakeven position, for which plans are still being confirmed. This includes £22.0m of ERF income and £13.6m of ERF costs, both of which are £2.9m higher and lower than plan (and so offset).	£3.3m Fav to plan	£2.5m Fav to plan
Forecast	The Trust is forecast to breakeven at year end, which would be £5m favourable to the external plan submitted in November.	£5.0m favourable to plan (at year end)	£5.0m favourable to plan (at year end)
Income	Excluding ERF, income is reported at £4.2m favourable to plan at Month 10. This is due to additional funding made available to SWL ICS. There is also additional funding to cover increased Vaccination costs.	£4.2m Fav to plan	£4.3m Fav to plan
Expenditure	Excluding ERF, expenditure is reported at £0.9m adverse to plan at Month 10. This is due to higher staffing costs related to COVID, partially offset by lower Commercial Pharmacy costs.	£0.9m Adv to plan	£1.8m Adv to plan
ERF	The Trust has received £22.0m of ERF income, which is £2.9m over plan. The Trust has incurred £13.6m of associated costs, which is £2.9m under plan.	On Plan	On Plan
Capital	Capital expenditure of £44.5m has been incurred year to date. This is to £0.5m favourable to a plan of £44.9m.	£0.5m Fav to plan	£0.4m Fav to plan
Cash	At the end of Month 10, the Trust's cash balance was £51.8m. Cash resources are tightly managed and will continue to be monitored.	£48.8m Fav to plan	£46.5m Fav to plan

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Planning for 2022/23

- The NHS is faced with a significant financial pressure in 22/23, with the Trusts position mirroring this national pressure. This pressure is largely driven by:

    - Recurrent efficiency requirements not being delivered in the previous two financial years, with these being offset by non-recurrent benefits to achieve financial balance.
    - A reduction in total funding for 22/23 vs 21/22, most notably a c55% reduction in COVID funding, a general efficiency requirement of 1.1%, and a “convergence” adjustment seeking to return the Trusts finding position back closer to pre pandemic levels over a multi year period.
    - A number of expected cost increases not expected to be covered by additional funding. For example, inflationary pressures above national funding, and capital charges following significant capital investment over the last couple of years.

- Activity requirements are also increasing to address elective backlogs, with the expectation that the Trust delivers 104% of pre pandemic elective activity (19/20).

- A programme of work is progressing aimed at seeking to mitigate this risk, as far as possible, through reviewing of current costs and improving efficiency, without compromising on elective recovery, quality, and staff health and wellbeing.

- Operational pressures from the Omicron wave, and the mandatory vaccination (VCOD) work has meant the planning of this work has been delayed.

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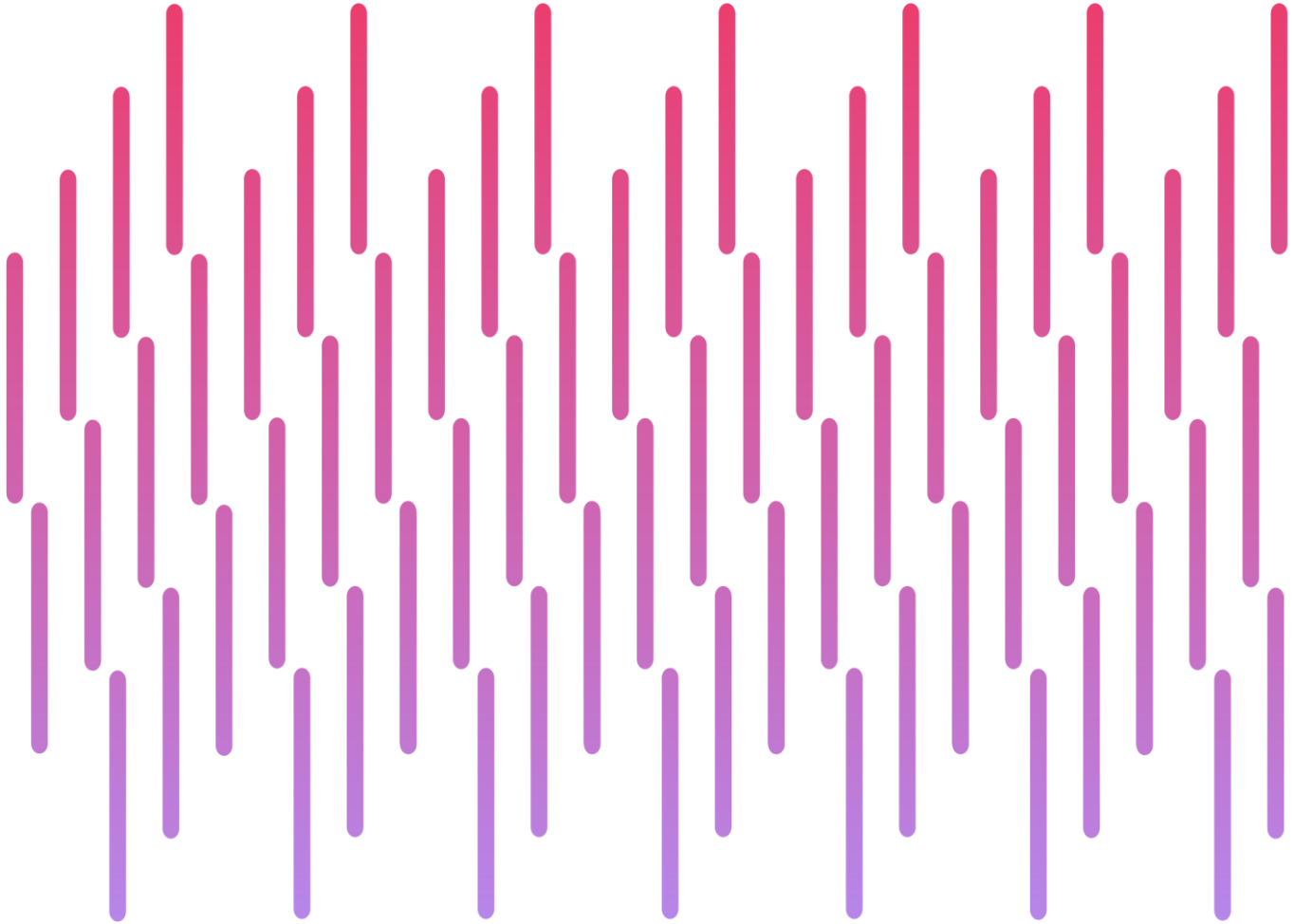
Supporting information

- Detailed income and expenditure account
- Balance sheet
- Cashflow
- Capital expenditure



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1. Month 10 Financial Performance

			Full Year Budget (£m)	M10 Budget (£m)	M10 Actual (£m)	M10 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	SLA Income	852.9	70.8	71.4	0.6	711.4	715.9	4.6
		Other Income	136.3	11.5	10.8	(0.7)	113.3	113.0	(0.3)
	Income Total		**989.2**	**82.3**	**82.1**	**(0.1)**	**824.7**	**828.9**	**4.2**
	Expenditure	Pay	(604.8)	(51.8)	(52.1)	(0.3)	(506.0)	(508.8)	(2.8)
		Non Pay	(356.1)	(29.5)	(28.2)	1.2	(300.5)	(298.6)	1.9
	Expenditure Total		**(960.9)**	**(81.3)**	**(80.3)**	**0.9**	**(806.5)**	**(807.4)**	**(0.9)**
	Post Ebitda		(44.1)	(3.4)	(3.4)	(0.0)	(34.2)	(34.2)	(0.0)
	Grand Total		**(15.8)**	**(2.4)**	**(1.6)**	**0.8**	**(16.1)**	**(12.7)**	**3.3**
ERF	**Income**		21.4	1.2	0.4	(0.8)	19.1	22.0	2.9
	Expenditure		(10.6)	0.0	0.8	0.8	(10.7)	(13.6)	(2.9)
	Total		**10.8**	**1.2**	**1.2**	**0.0**	**8.4**	**8.4**	**0.0**
	Reported Position		**(5.0)**	**(1.2)**	**(0.4)**	**0.8**	**(7.6)**	**(4.3)**	**3.3**

Trust Overview

The in month reported position at **M10 is a £0.4m deficit, which is on £0.8m favourable to plan. The YTD position is a £4.3m deficit, which is £3.3m favourable to plan**.

Excluding ERF income and costs:

- **Income** is £4.2m over plan, due to additional funding for SWL ICS and increased funding to cover Vaccination costs.
- **Pay** is £2.8m overspent across Junior Doctor and Nursing staff groups due to additional costs related to COVID, such as sickness.
- **Non-pay** is £1.9m underspent due to lower costs in Commercial Pharmacy.

The Trust has received £22.0m of ERF income, which is £2.9m over plan. The Trust has incurred £13.6m of associated costs, which is £2.9m under plan.

2. Balance Sheet as at 31st January 2022

Statement of Financial Position	M12 March-21 FY 20-21 Actual Audited (£m)	M10 Jan-22 FY21-22 YTD Actual (£m)	Movement YTD Jan-22 (£m)
Fixed assets	**470.7**	**492.4**	**21.7**
Current assets			
Stock	**13.2**	15.9	2.7
Debtors	**83.3**	81.0	(2.3)
Cash	**36.6**	51.8	15.3
Total Current Assets	**133.1**	**148.7**	**15.6**
Current liabilities			
Creditors	**(110.8)**	(159.7)	(49.0)
Capital creditors	**(36.0)**	(23.5)	12.6
PDC div creditor	**0.0**	(6.7)	(6.7)
Provision<1 Year	**(0.9)**	(0.9)	0.0
Borrowings< 1 year	**(5.1)**	(4.4)	0.7
Int payable creditor	**(0.1)**	(0.1)	0.1
Total current liabilities	**(152.9)**	**(195.2)**	**(42.3)**
Net current assets/-liabilities	**(19.9)**	**(46.5)**	**(26.7)**
Provisions> 1 year	**(3.3)**	(3.2)	0.1
Borrowings> 1 year	**(57.4)**	(57.2)	0.2
Total Long-term liabilities	**(60.7)**	(60.3)	0.3
Net assets	**390.2**	**385.6**	**(4.6)**
Taxpayer's equity			
Public Dividend Capital	**531.9**	531.9	0.0
Income & Expenditure Reserve	**(225.2)**	(229.9)	(4.6)
Revaluation Reserve	**82.4**	82.4	0.0
Other reserves	**1.2**	1.2	0.0
Total taxpayer's equity	**390.2**	**385.6**	**(4.6)**

M10 FY21-22 YTD Statement of Financial Position

- Fixed assets have increased by £21.7m since March-21. This includes the impact of depreciation (£22.9m), capital expenditure (£44.5m) and Grove reversionary interest of £148k.
- Inventory value has increased by £2.7m compared to Mar-21 (slide 10j). This is due to increases in central store stock, pharmacy, cardiac catheter and cardiac pacing stocks (slide 10j).
- Debtors has decreased by £2.3m since March 2021, and this is due to high accounts receivables turnover by the Trust from NHS debtors. There has been significant reduction in NHS Debtors including NHS CCG, NHS FT receivables and Other general debtors. However there is a modest YTD increase in both NHS and NHS Debtor accruals. Non-NHS Prepayment has increased by £4.6m YTD M10.
- The cash position is £15.3m higher than reported at year-end in March-21. The increase in cash is due to the YTD Jan-22 payment received from NHS England of £281m, NHS SW London CCG £403m, HEE £31m, NHS SE London CCG £28m and NHS SU Heartland CCG £23m for the block payment, Covid-19 top-up and other invoices. The Trust also received £16m from Epsom, £8m from Croydon NHS Trust and £10m from NHS Kingston Trust for SWL pathology and other invoices YTD Jan-22. Major YTD payments are NHS LA £27m, NHS Pension £72m, HMRC £126m including advance payment and monthly payroll. Other payments include YTD LEEF and DHSC Capital Loan and PDC payment.
- Cash resources are tightly managed monthly to meet the £3.0m minimum cash target at the end of the year.
- Creditors are £49.0m higher than the figures reported at year-end in March-21. There is a significant increase in Non-NHS Non-Pay accruals since March-21. Other liabilities (deferred income) decreased by £1.3m since March-21. March-21 creditors were low due to HMRC, and NHS Pension liability was paid in same period as compared to January-22.
- Capital creditors are £12.6m lower than March-21. This decrease is due to FY 20-21 capital creditors paid in FY21-22.
- Provision has decreased by £0.1m which is due to the utilisation of early retirement provision.
- No new borrowing since March-21, except an increase in capital finance lease borrowing of £5.7m M10 YTD.
- PDC dividend charge creditor increased to £6.7m since March-21. This is due to the M10 YTD PDC dividend charge accrual of £9.4m. This accrual is based on the FY21-22 forecasted PDC dividend charge of £11.2m. In September-21, the Trust paid a PDC dividend charge payment of £2.3m and also received PDC dividend charge refund of £362k for FY20/21.
- No PDC capital received between April-21 and January-22.
- Taxpayers equity has reduced by £4.6m in M10 YTD. This is mainly due the I&E YTD M10 deficit of £4.6m. M10 YTD I&E deficit, includes finance expense and PDC dividend charges.

3. Month 10 Cash Flow Statement

Statement of Cash Flow	M10 YTD FY 21-22 Actual £m
Opening Cash balance	**36.6**
Income and expenditure deficit	(4.6)
Depreciation	22.9
Impairment	0.0
Interest payable	2.7
PDC dividend	9.4
Other non-cash items	(0.2)
Operating surplus/(deficit)	**30.2**
Change in stock	(2.7)
Change in debtors	2.3
Change in creditors	49.0
Change in provisions	(0.1)
Net change in working capital	**48.5**
Capital spend	(44.5)
Capital Creditors	(12.6)
Capital additions Finance leases	5.7
Interest paid	(2.7)
PDC dividend charge paid	(2.7)
Net change in investing activities	**(56.7)**
PDC Capital Received	0.0
Accrued Interest YTD (DH & LEEF)	0.0
DH Capital £14.747m Loan repaid	(0.6)
LEEF Loan (Other Loan)	(1.5)
PFI	(1.1)
Finance lease payments	(3.5)
Net change in financing activities	**(6.7)**
Cash balance as at 31.01.2022	**51.8**

M10 FY21-22 YTD cash movement

- The cumulative M10 21-22 I&E deficit is £4.6m. (*NB this includes the impact of donated grants and depreciation which is excluded from the NHSI performance total).
- Within the I&E deficit of £4.6m, depreciation (£22.9m) does not impact cash. The charges for interest payable (£2.7m) and PDC dividend (£9.4m) are added back and the amounts actually paid for these expenses shown lower down for presentational purposes. This generates a YTD cash "operating surplus" of £30.2m.
- The net change in working capital has increased to £48.5m in January-22 compared to March-21. This is due to a major movement in creditors of £49.0m, which is due to the increased NHS and Non-NHS accruals and NHS Pension liability in January-22 compared to March-21.
- The Stock value increased by £2.7m in January-22 compared to March-21. This is due to significant increase in Pharmacy, Cardia Catheter and Cardiac Pacing clinic stocks.
- Trust paid DH Capital loan repayment of £0.6m YTD Jan-22. LEEF loan repayment of £1.5m was paid in June-21 and Dec-21. In addition, until January-22, Trust made a repayment of £1.1m and £3.5m for PFI and Finance leases, respectively.
- Capital creditors reduced by £12.6m compared to March-21 and new capital finance lease additions of £5.7m were made YTD at January-22.
- No capital or revenue support PDC funding received between April-21 and January-22.

January-22 cash position

- The Trust achieved a cash balance of £51.8m on 31st January-22, £48.8m higher than the £3m minimum cash balance required by NHSI. This is due to the January-22 contracts income including Covid-19 top-up received from CCG and NHS England.

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4. M10 Capital

Spend category	FY Budget £000	YTD budget £000	YTD exp £000	*YTD var £000*
MRI	9,900	9,900	7,934	1,966
Cath Labs	6,700	6,700	4,820	1,880
Estates	6,200	2,873	20,339	-17,466
IT	6,600	3,052	4,444	-1,392
Lease Renewals	3,500	3,500	3,450	50
SWLP BAU Capital	500	0	0	0
SWLP 4TTP	700	0	0	0
Total St George's Schemes	**34,100**	**26,025**	**40,987**	**-14,962**
SWL Schemes				
Critical Care Expansion	27,217	14,672	892	13,780
SGH Emergency Floor	3,070	2,048	62	1,986
SWL LCHR (host TBC)	2,000	1,332	0	1,332
SWL PACs	1,300	868	915	-47
Community Diagnostics Hub	2,000	0	1,623	-1,623
Total SWL Schemes	**35,587**	**18,920**	**3,492**	**15,428**
Total Expenditure	**69,687**	**44,945**	**44,479**	**466**
Mitigations required in year	-5,549	0	0	0
SWL contingency held at STG	2,400	0	0	0
Expenditure as per PFR	**66,538**	**44,945**	**44,479**	**466**

- The Trust is planning to spend £66.538m on capital expenditure this financial year, including £3.5m on finance leases.
- This spend is to be funded by Internal capital of £20.497m, leases of £3.5m and new PDC allocation of £42.041m. In addition to this there is a planned £500k on donated spend.
- The spend is planned to cover a number of spending initiatives this year covering IT Medical Equipment and estate infrastructure.
- The Trust has spent £44.479m YTD as at M10.
- Trust continues to exert tight control over capital expenditure, approving requisitions for all projects.

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NHS
St George's University Hospitals
NHS Foundation Trust

Meeting Title:	**Council of Governors**		
Date:	10 March 2022	**Agenda No**	**4.1**
Report Title:	**Membership and Engagement Committee Report**		
Lead Director/ Manager:	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Noting		
Executive Summary:	This report updates the Council of Governors on the meeting of the Council of Governors' Membership and Engagement Committee held on 1 March 2022. The Committee focused principally on the early development of a new membership engagement strategy. In doing so, it considered a range of factors in developing both a strategic vision for membership engagement and discussed the development of strategic objectives to deliver on a new vision. The Committee agreed that it was important to involve members in the development of the new strategy by undertaking a membership survey and holding focus groups with interested members. The Committee discussed how best to engage with members on a practical level and agreed that a key element of this was to engage with existing networks and groups within communities. The Committee also discussed possible topics of interest to members to help develop a new programme of member talks. The Committee then considered a paper analysing how best to engage with members within the Rest of England constituency, in light of the fact that these members lived outside the immediate constituencies of the trust and were more spread out geographically.		
Recommendation:	The Council of Governors is asked to: • note the update from the Membership and Engagement Committee; • note the membership report (appendix 1)		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-Led		
Single Oversight Framework Theme:	Leadership and improvement capability		
Implications			
Risk:	Performance of the Chairman and Non-Executive Directors is fundamental to the effective leadership of the Trust		
Legal/Regulatory:	*Foundation Trust Code of Governance* section B.6		
Resources:	As set out in the paper.		
Previously Considered by:	N/A	**Date**	N/A
Appendices:	Appendix 1: Membership Report, February 2022		

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Membership Engagement Committee Report
Council of Governors, 10 March 2022

1.0 PURPOSE

1.1 This paper provides an update on the issues considered at the Membership Engagement Committee meeting held on 1 March 2022.

2.0 BACKGROUND

2.1 The role of the Membership Engagement Committee is to develop and implement the Trust's Membership Strategy, identify key actions for supporting effective engagement with members of the Trust and facilitate mechanisms and activities which ensure the Trust's membership is representative of the communities it services. The Committee plays a key role in ensuring that all members of the Council of Governors participate in activities which improve engagement and involvement with members. The Committee provides assurance on these matters to the full Council of Governors.

2.2 The Council of Governors has a collective statutory duty to represent the interests of members and the public. While the Committee acts as a working group for the delivery of the Membership Strategy, effective membership engagement is an issue for which the Council has collective responsibility.

3.0 COMMITTEE CHAIR

3.1 The new membership of the Committee was agreed by the Council of Governors at its meeting in December 2021. At that stage, the Committee was yet to agree which of the Governors would chair the Committee. At its meeting on 1 March, the Committee discussed the chairing arrangements, noting that no-one had yet nominated themselves for the role. Sandhya Drew (Rest of England) volunteered to chair the next meeting of the Committee, and the Committee agreed that it would consider rotating the chair between Committee members.

3.0 ISSUES DISCUSSED

3.1 The meeting was largely devoted to developing a successor to the current Membership Strategy 2019-22, and planning local membership engagement activities.

3.2 The key issues discussed and considered included:

- Membership Strategy Refresh: The Committee received a presentation on developing a new membership strategy. It noted the importance of engaging members and the public in the development of the strategy both by conducting a survey of members and holding a number of focus groups. This would help to ensure that the strategy reflected what mattered to members and was based on feedback about how best to engage with them. The Committee discussed the importance of developing an overarching vision for the new strategy, and building a set of objectives to deliver on that vision. Consideration was given to whether to aim for an increase in the number of members overall, but while it was considered important to continue to register members, not least because of natural turnover in membership, the Committee felt strongly that numerical increases in membership as an end in itself was not appropriate. Instead, the Committee favoured strengthening how the Trust – and Governors – engage with the existing membership. In particular, the Committee considered that there were significant opportunities to engage more effectively with members by mapping and engaging with the wide range of community groups that existed within each of the Trust's constituencies. In Wandsworth alone there were over 900 community groups, and attending some of these would help to build relationships and further engagement. It was felt that focusing on this held out the

best opportunities to maximise the impact of membership engagement and that this should be a key feature of the new strategy. The group discussed how best to communicate with members and, on balance, felt that regular, short and focused communications provided the best opportunities for connecting with members. The Committee questioned the value of pursuing a hard copy membership publication, and felt that online communications may be more timely and impactful.

- Membership Engagement Activities and Planning: The Committee received an update on membership engagement activities. Again, it noted that there was considerable scope for promoting engagement by plugging into local community networks. The limited number of attendees at Governor-led constituency engagement events over the past year suggested that there my be more milage in piggybacking on existing fora. It was also suggested that the St George's Charity would be good to link with. The Committee reviewed a list of potential topics for developing a new programme of members' talks. In particular, alongside the usual condition-specific talks, the Committee suggested that topics around career opportunities in the NHS, including volunteering, would be useful as well as practically-focused sessions focused on appointments and virtual clinics.

- Engagement with Rest of England Members: The Committee received a paper by Sandhya Drew in consultation with Mia Bayles on the current membership and level of engagement in the Rest of England constituency. It was noted that there is no data on the level of engagement of members in the community. It was also noted that there are no facilities like townhalls, libraries available to governors for engagement with the community. It was suggested a survey to understand the needs of the members and how best to engage them is carried out because it will ensure clarity on their interests and activities planned in the future.

- Membership Report: The Committee considered and noted the membership report, which is attached at Appendix 1. The report set out the membership of the Trust as at February 2022. The Committee noted that the composition of the Trust's membership was broadly representative of the communities it served.

4.0 RECOMMENDATION

4.1 The Council of Governors is asked to:

- note the update from the Membership and Engagement Committee; and
- note the membership report (Appendix 1).

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Membership Report
February 2022

February 2022

Summary

This report provides an update on the current membership profile of the Trust. It provides an overview and analysis of the membership by constituency, gender, age, ethnicity and socio-economic background.

The Membership Strategy 2019-22 sets out that the Trust maintain and where possible increase the overall size of the Trust's membership. The strategy also set an objective of working towards building a membership that is representative of the communities the Trust serves. It was agreed that the Committee would maintain oversight of the composition of the membership of the Trust to be analysed on a regular basis to help understand any changes in demographics across the local communities and identify any groups that are underrepresented. The Membership Strategy sets out that the membership would be analysed on a regular basis to track any changes in the composition of the membership.

The data set out in this report is valid as at 25 February 2022.

Recommendation:

The Council of Governors is asked to note the report and that there have been no material changes since the last report.

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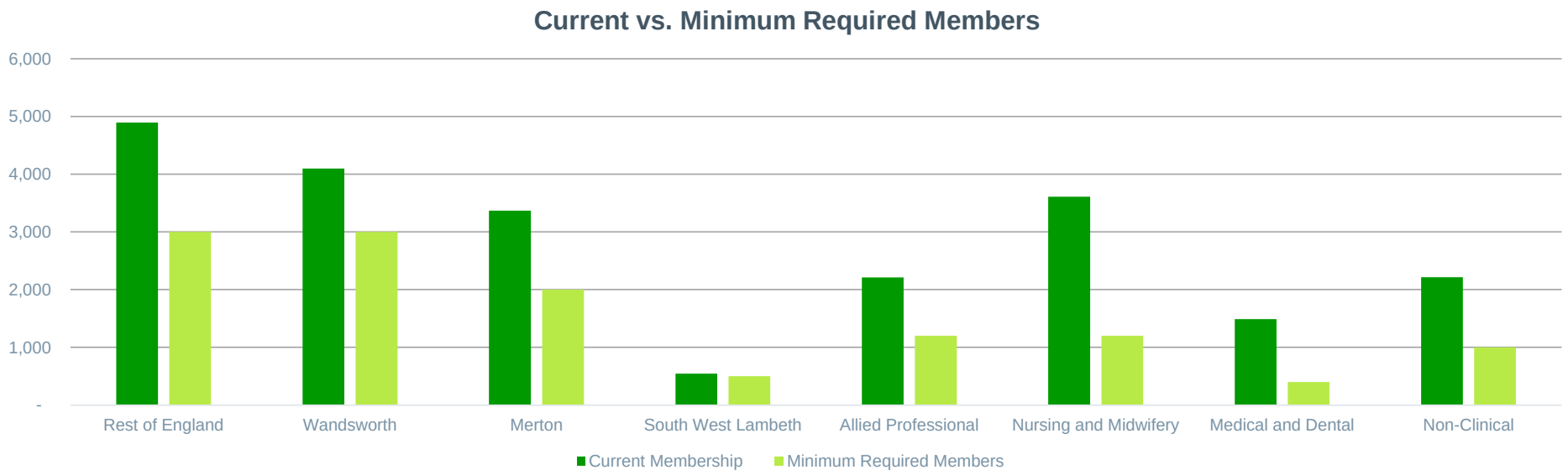
Current Membership

The Trust currently has a total of 12,909 public members and 9,526 staff members.



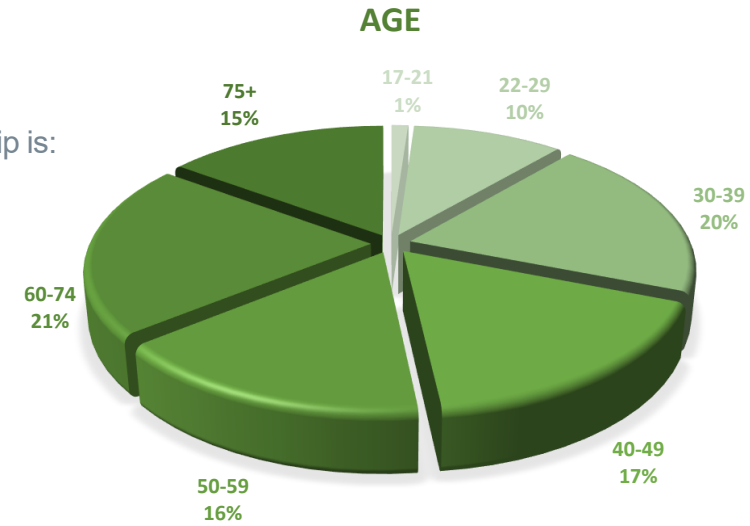
The chart above reflects the current breakdown of members by constituency. In all constituencies the Trust's current membership was above the minimum required under the Trust's constitution. The Trust has adopted a strategy of not growing its membership but instead focusing on the quality of engagement.

Membership Profile Analysis – Age, Gender, Ethnicity

Age

The age profile of the Trust's membership is:

- 14-21 years (1%)
- 22-29 years (10%)
- 30-39 years (20%)
- 40-49 years (17%)
- 50-59 years (16%)
- 60-74 years (21%)
- 75 years and over (15%)



Ethnicity

The Trust's public constituencies and staff constituencies reflect a wide and diversity ethnicity profile. This diversity was reflected in the Trust's membership.

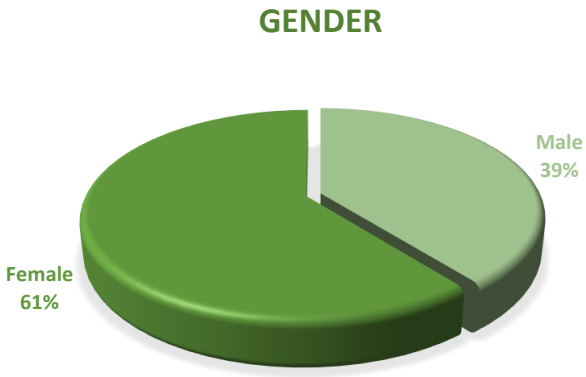
There was no significant under-representation among any single ethnic group identified.

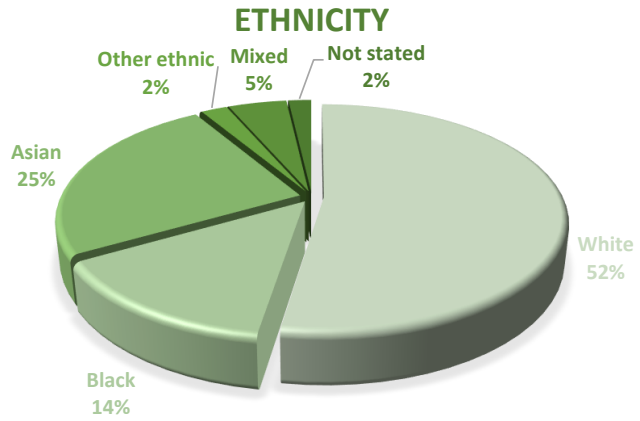
Gender

The gender profile of the Trust's members is:

- Women - 61%
- Men – 39%

The split of men and women were reflective of the population of the of the constituencies covered by the Trust.





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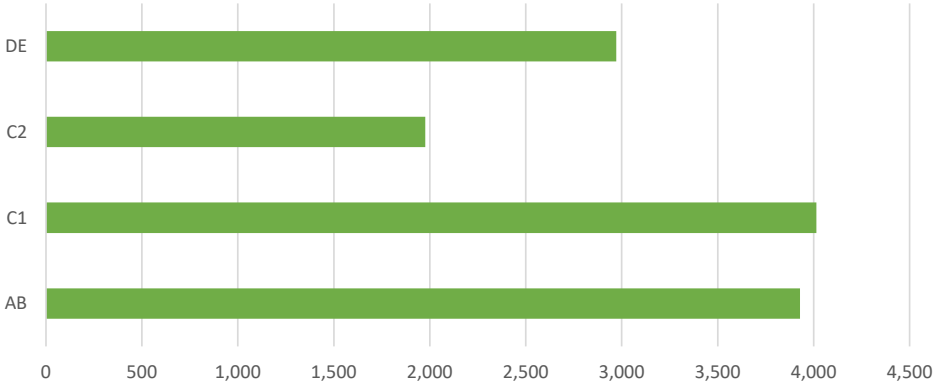
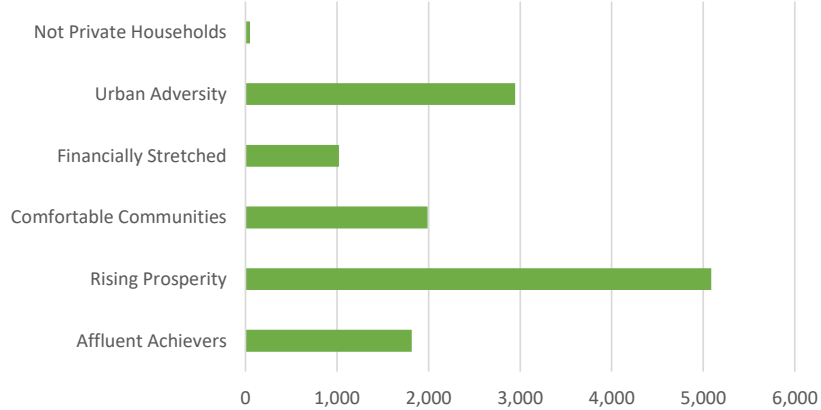
Membership Profile Analysis – Socio-economical analysis

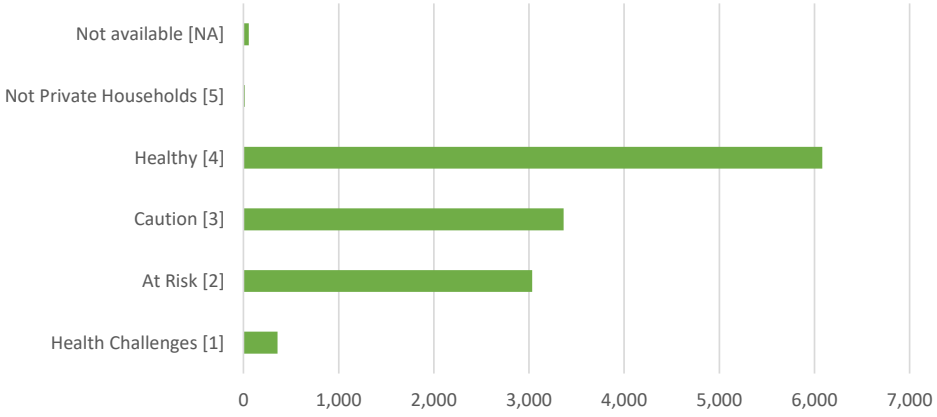
Office of National Statistics (ONS)* – Social Grade



Socio-Economic Groups



Wellbeing



- The Trust's public members are largely within the skilled manual occupations social grade followed by skilled and unskilled manual occupations. Average pay was below circa 4% the national average.
- Most of the Trust's members fit within the 'rising prosperity' (city sophisticates/career climbers) and 'urban adversity' (young hardship, struggling estates/difficult circumstances) socio-economic grades.
- Most of the members are categorised as healthy. Those which fall within the 'caution and at risk categories have COPD and obesity issues.

	*ONS Social Data Code
AB	Higher & intermediate managerial, administrative, professional occupations
C1	Supervisory, clerical & junior managerial, administrative, professional occupations
C2	Skilled manual occupations
DE	Semi-skilled & unskilled manual occupations, Unemployed and lowest grade occupations

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