



Council of Governors Meeting

Date and Time: Wednesday, 14 July 2021, 14:30 - 17:00

Venue: MS Teams

Time	Item	Subject	Lead	Action	Format
1.0	OPENING ADMINISTRATION				
14:30	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Assure	Report
	1.3	Minutes of meeting held on 21 April 2021	Chairman	Approve	Report
	1.4	Action Log and Matters Arising	All	Note	Verbal
	1.4.1	Governor Training and Development	CCAO	Note	Report
2.0	STRATEGY				
14:40	2.1	Estate Strategy and Green Plan	-	-	-
	2.1.1	<i>Green Plan</i>	Parveen Kumar/ DEF	Endorse	Report
	2.1.2	<i>Estate Strategy</i>	Tim Wright/DEF	Endorse	Report
3.0	QUALITY, SAFETY & PEOPLE, PERFORMANCE				
15:15	3.1	Chief Executive Officer's Report	DCEO	Update	Report
15:30	3.2	Integrated Quality & Performance Report (Outcomes, Performance and Productivity)	Ann Beasley/ COO	Update	Report
15:45	3.3	Culture Programme	Stephen Collier/ CPO	Update	Report
16:00	3.4	Final Quality Account & Report 2020/21	Parveen Kumar/ ACN	Note	Report
16:10	3.5	External Auditors Report	Paul Cuttle	Receive	Report
4.0	STRATEGY & SYSTEM WORKING				
16:20	4.1	Clinical and Supporting Strategies	HoS	Update	Report
16:30	4.2	Integrated Care System Update	HoS	Update	Report
5.0	MEMBERSHIP, INVOLVEMENT & ENGAGEMENT				
16:40	5.1	Membership Engagement Committee Report	Lead Governor	Note	Report
	5.1.1	Membership Engagement Strategy 2021/22	CCAO	Endorse	Report
	5.1.2	Annual Members Meeting 2021 Plan	CCAO	Endorse	Report
6.0	COUNCIL OF GOVENORS GOVERNANCE				
16:50	5.1	Appointment of new Senior Independent Director	Chairman/ CCAO	Endorse	Report
	5.2	Council of Governors meetings and site visits in 2021/22	Chairman / CCAO	Review	Report
7.0	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: 16 September 2021, 14:00-17:00					



Council of Governors Meeting

Council of Governors Purpose:	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and Those in Attendance		
Members	Designation	Abbreviation
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AA1
Afzal Ashraf	Public Governor, Wandsworth	AA2
Mia Bayles	Public Governor, Rest of England	MB
Padraig Belton	Public Governor, Rest of England	PB1
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Patrick Burns	Public Governor, Merton	PB2
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
Linda Kirby	Appointed Governor, Merton Council	LK
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance		
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Ann Beasley	Non-Executive Director	AB-NED
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Jenny Higham	Non-Executive Director	JH-NED
Parveen Kumar	Non-Executive Director	PK-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Tim Wright	Non-Executive Director	TW-NED
Andrew Grimshaw	Chief Financial Officer/Deputy Chief Executive (item 2.1 and 3.1)	CFO/DCEO
Anne Brierley	Chief Operating Officer (item 3.2)	COO
Robert Bleasdale	Acting Chief Nurse (item 3.4)	ACN
Paul Da Gama	Chief People Officer (item 2.3)	CPO
Ralph Michell	Chief Strategy Officer (item 4.1 and 4.2)	CSO
Tamara Croud	Head of Corporate Governance & Board Secretary	HCG-BS
Presenters		
Humaira Ashraf	Director of Culture and Organisation Development (item 2.3)	DCOD
Andrew Asbury	Director of Estates & Facilities (item 2.1)	DEF
Paul Cuttle	Grant Thornton, External Audit Partner (item 3.5)	EAM
Secretariat		
Trupti Bolke	Interim Corporate Governance Officer	ICGO
Apologies		
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP



Council of Governors Meeting

Jacqueline Totterdell	Chief Executive Officer	CEO
Quorum: <i>The quorum for any meeting of the Committee shall be at least one third of the Governors present.</i>		



Minutes of the Meeting of the Council of Governors (In Public)
21 April 2021, 15:00 – 17:00, via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AA
Mia Bayles	Public Governor, Rest of England	MB
Padraig Belton	Public Governor, Rest of England	PB
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenni Doman	Staff Governor, Non-Clinical	JM
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Shalu Kanal	Public Governor, Wandsworth	SK
Linda Kirby	Appointed Governor, Merton Council	LK
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Tunde Odutoye	Staff Governor, Medical & Dental	TO
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
In Attendance:		
Ann Beasley	Non-Executive Director	AB-NED
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Jenny Higham	Non-Executive Director	JH-NED
Pui-Ling Li	Associate Non-Executive Director	ANED
Jacqueline Totterdell	Chief Executive Officer (item 2.1 only)	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive (item 3.1 only)	CFO/DCEO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance/Board Secretary	HO CG-BS
Richard Coxon	Corporate Governance Officer (Minutes)	CGO
Apologies:		
Adil Akram	Public Governor, Wandsworth	AAk
Sandhya Drew	Public Governor, Rest of England	SD
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Basheer Khan	Public Governor, Wandsworth	BK
Parveen Kumar	Non-Executive Director	PK-NED
Tim Wright	Non-Executive Director	TW-NED



		Action
1.0	OPENING ADMINISTRATION	
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting. The Council held a minute's silence for Nasir Javed Khan, Public Governor for Merton, who had sadly passed away on 13 March 2021. On behalf of the Council, the Chairman formally noted the contribution that Nasir had made to the Council and to the Trust during his service as a Governor.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interests reported.</p>	
1.3	<p>Minutes of the meeting held on 16 February 2021</p> <p>The minutes of the meeting held on 16 February 2021 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council received the action log which had only two items, both of which the Council agreed to close:</p> <ul style="list-style-type: none"> • COG.16.02.21/01: A refresh of the Committees of the Council would be undertaken over the summer of 2021. In the meantime, a refresh of the membership of the two Committees had been undertaken. Governors had been asked formally via email to express interest in joining the Committees and appointments had been made in line with the process set out and the requirements of the terms of reference of each committee. • COG.16.02.21/02: The CCAO reported that, as last year, NHS England and NHS Improvement (NHSE/I) had changed the requirements for undertaking the annual audit due to the Covid-19 pandemic. As a result, the auditors would not be undertaking an audit of the Quality Accounts and, as a result, the Council would not be required to select a quality indicator for auditing. 	
2.0	KEY ISSUES	
2.1	<p>Chief Executive Officer's Report</p> <p>The Council of Governors received the report from Jacqueline Totterdell, Chief Executive Officer (CEO), who highlighted the following key points:</p> <ul style="list-style-type: none"> • It was reported that the Trust had treated approximately double the number of Covid-19 patients in wave two as compared with wave one. The number of Covid positive patient currently at the Trust, on both intensive care and in general and acute beds, had fallen significantly since the height of the second wave. • The Trust's vaccination hub had administered 822 vaccines in one day on 12 April 2021, the highest number achieved by the hub in a single day to date. In total, the Trust had administered over 30,000 vaccines as at 21 April 2021. • It was noted that over 80% of staff had received their first does of the vaccine and the campaign to encourage more BAME staff to take up the vaccine had improved take-up. There was still some resistance among certain ethnic groups, and among Black members of staff in particular, to the vaccine and the Trust was working with these groups to understand the concerns that existed and how these could best be 	



		Action
	<p>addressed.</p> <ul style="list-style-type: none"> • At an operational level the Trust had, to date, reopened 22 of its 29 theatres with plans for the remaining theatres to be all open by week commencing the 26 April 2021. The Trust was ensuring that staff were taking sufficient time off to ensure they got a rest after such an intensive period. • It was noted that the urgent care service pilot at Queen Mary's Hospital had been extended for another six months. The Trust's emergency care performance continued to be amongst the best in London and in the top ten nationally. The improvements in the Emergency Department (ED) were the product of hard work and innovating thinking by staff. • There continued to be a major focus on strengthening the culture of the organisation. Following the staff survey results, the Trust planned to define five key areas to focus on over the coming months based on staff feedback. Known as the "Big 5", a dedicated monthly focus on each theme would start next month, with the first month focusing on staff health and wellbeing. It was hoped that this focus on the Big 5 would translate into clear improvements in the next NHS staff survey scheduled later in the year. • There had been new several appointments to senior roles since the Council last met in February 2021. Anne Brierley had been appointed as the Trust's permanent Chief Operating Officer. Julie Scrivens had been appointed as Divisional Director of Operations for the Medicine and Cardiovascular Division and Dr Frances Elmslie had been appointed Clinical Director of the NHS South East Genomic Medicine Service Alliance (GMSA), of which the Trust was a member. • The Trust was pleased to have launched the South West London Procurement Partnership (SWLPP) on 1 April 2021. This brought together the four procurement teams at St George's, Epsom and St Helier, Kingston and Croydon. The joint procurement service was based at St George's but there was a procurement and supply chain presence at each of the four trusts. • The Trust also welcomed the news that St George's University of London had been ranked among the top universities for knowledge-sharing especially in the wake of teams' continued work to help further knowledge of Covid-19 through ground breaking research and clinical trials. • A year on from the start of the Covid-19 pandemic, as part of work to recognise the enormous contribution of staff across the Trust, St George's Hospital Charity had commissioned Derek Francis, a member of the Trust legal team, to create portrait photographs of staff which were now on display around the hospital. A nurse portrait had also featured in lights on Oxford Street. The Trust had benefitted from £198,000 of funding from the Captain Sir Tom Moore via NHS Charities Together funding which would be used for shower facilities and cycle racks for staff. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • In response to a question raised by John Hallmark (JH), the Chief Executive reported that the improvements in the Emergency Department had been achieved by the team working closely together to problem solve and develop creative solutions. • In response to a question raised by Khaled Simmons (KS) about using the term 'BAME', it was acknowledged that the Government had recently signalled its intention to stop using this term. The Chief Executive explained that there had been 	



		Action
	<p>discussions with the Trust's BAME staff network about this, and there were mixed views. For the time being, however, the group was content that this term continue to be used.</p> <ul style="list-style-type: none"> • Andrew Grimshaw, Chief Finance Officer (CFO), responded to a question on procurement and explained that items such as disposal gloves could be bought at scale nationally. Other items were sometimes better procured regionally and locally. The new SWLPP provided the Trust and its partners with a better opportunity to buy at scale and link with local sources where possible. • In response to a question raised by Richard Mycroft (RM) about resuming face-to-face Council of Governors meetings, the Chief Executive responded that that it would be challenging to hold face-to-face meetings on site at present for a number of reasons. Specifically, a number of large meeting rooms had been converted into staff rest areas and the Trust lacked the space to hold large meetings while also providing for appropriate social distancing. It was also noted that it could be difficult to hold a 'mixed' meeting, with face-to-face and virtual elements simultaneously as the Trust lacked the technology and meeting space to support such meetings. The Chief Executive also emphasised that while infection rates had fallen, the Trust continued to care for a wide range of vulnerable patients and minimising the number of people on site remained necessary. • Alex Quayle (AQ) reported that the Trust had started letting relatives visit patients who were very ill and on end of life pathways. The Chief Executive noted that there was agreement at SWL level to allow relatives to visit patients where it was possible while ensuring that everyone was kept safe. <p>The Council of Governors noted the report.</p>	
3.0	COLLABORATION	
3.1	<p>Annual Planning 2021-22</p> <p>The Council of Governors received the report from the Chief Finance Officer on Annual Planning for 2021-22. The following key points were highlighted:</p> <ul style="list-style-type: none"> • There were six high-level NHS priorities identified in the national operational planning guidance: <ol style="list-style-type: none"> 1. Supporting the health and wellbeing of staff and taking action on recruitment and retention. 2. Delivering the NHS Covid-19 vaccination programme and continuing to meet the needs of patients with Covid-19. 3. Building on what we have learnt during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. 4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities. 5. Transforming community and urgent emergency care to prevent inappropriate attendance at ED, improve timely admission for ED patients and reduce length of stay. 6. Working collaboratively across systems to deliver these priorities. • It was noted that planning for 2021/22 was taking on a new form, and that planning would be undertaken in two stages with the year having been broken into two parts for planning purposes; the first six month of the year (H1) and the second half of the year (H2). The good news was that for H1 the Trust had the same funding as for the second half of 2020/21. This gave the Trust an opportunity to not only recover but to 	



		Action
	<p>redesign how it worked. This would also give time to think about H2 and 2022-23 plans.</p> <ul style="list-style-type: none"> It was noted that there was a lot to fit into this including both national and local agendas with there being a greater expectation that pressures were managed locally within Integrated Care Systems. There remained a high level of uncertainty about H2 and 2022-23 and clarity was not expected for some considerable time. This would therefore make planning for the second half of the year challenging. The draft plans including activity, workforce and finance would be ready for submission to NHSE/I on 6 May 2021 and the final plan would be submitted in June 2021. <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> In response to a question raised by KS, the CFO reported that the Chief Operating Officer was capturing learning with clinical staff which should help with capacity and planning. In response to a question raised by Hilary Harland (HH), in relation to workforce planning it was noted that the Trust's vacancy rate was broadly steady at eight to ten percent of total workforce, which was an improvement compared with previous years. There had been a surge of interest in nursing due to Covid-19 and the Trust would be speeding up recruitment time and optimising training capacity where possible. <p>The Council of Governors noted the report.</p>	
3.2	<p>Proposed NHS Legislative Changes: Integration and Innovation White Paper</p> <p>The Council of Governors received the report from Stephen Jones, Chief Corporate Affairs Officer (CCAO), on proposed legislative changes to the NHS as set out in the Government's <i>Integration and Innovation White Paper</i>. The following key points were highlighted:</p> <ul style="list-style-type: none"> The Department of Health and Social Care had published its White paper for NHS reform in February 2021, entitled '<i>Integration and Innovation: Working Together to Improve Health and Social Care for all</i>'. This was the biggest reform of the NHS for ten years, since the Lansley reforms of 2012. The implications of the reforms had been discussed recently by the Trust Board. The legislative proposals set out in the White Paper built on the increasing focus on integration and collaboration that had been developing in recent years, and as set out in the NHS Long Term Plan. Separate consultations had also been launched on reforming NHS procurement and tendering. The planned reforms included putting Integrated Care Systems (ICS) on a statutory basis, comprising an ICS NHS Body and a separate ICS Health and Care Partnership, intended to promote integration within the NHS and between NHS and other bodies. On the current best estimate of potential timescales, which were subject to change, the NHS anticipated the Bill receiving Royal Assent in Quarter four 2021/22 and the changes coming into force from 1 April 2022. When established each ICS NHS body would have a unitary board which would be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body. The ICS Body will take on the commissioning functions of the Clinical Commissioning Groups (CCGs) and some of those of NHS England. However, there would be no powers to direct providers and providers' relationships with the Care Quality Commission would remain unchanged. The ICS would have a new duty to compel providers to have regard to the system financial objectives for mutual 	



		Action
	<p>investment in achieving financial level control at system level.</p> <p>The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • Sarah McDermott (SMD) commented that although the Trust was a leading provider in south west London, the detail of how it would be represented on the ICS NHS Body was unknown. Similarly, it was unclear from where the NEDs on the ICS NHS Body would come . It was acknowledged that some of these governance questions were not yet clear and it was likely that further clarity would emerge during the Parliamentary passage of the Bill. • In response to a question raised by KS on public accountability, it was noted that there was nothing in the White Paper to suggest that the role of Governors and Foundation Trusts would change. It appeared that the Government did not plan to make changes to the role of Governors. KS added that consideration should be given by the centre to the involvement of Foundation Trust Governors in the NHS ICS Body. • In response to a question raised by JH on the Trust's closer collaborative work with Epsom and St Helier (ESTH), it was noted that the work the Trust was undertaking to strengthen its collaboration with ESTH was very much in line with the thinking around integration. Closer collaboration would put both trusts in a stronger position within the Swouth West London Integrated Care System. It was noted that there were six clinical areas with collective waiting lists across SWL which benefited patients. <p>The Council of Governors noted the report.</p>	
4.0	ENGAGEMENT AND REPRESENTATION	
4.1	<p>Membership Engagement Committee Report</p> <p>The Council of Governors received the Membership Engagement Committee report from Richard Mycroft (RM), Committee Chair, and the following key points were highlighted:</p> <ul style="list-style-type: none"> • The Committee had noted the good progress on implementing the quarter four 2020/21 engagement activities and welcomed the Trust utilising virtual resources to continue to engage with members. The Merton Constituency Event had been held virtually on 8 March 2021 and had been attended by 16 members and 10 Governors and this would provide a template for future virtual events during 2021/22. The event had been recorded and uploaded to the membership pages of the Trust's website. It was noted that the virtual members' talks were now recorded and uploaded to the website for those unable to attend. • An update from the Patient Partnership Experience Group (PPEG) had been received. Alfredo Benedicto and John Hallmark attended these meetings, but any Governor was able to join a meeting to observe. • The Committee was keen to move back to face-to-face engagement with members when social distancing restrictions allowed. The Trust was developing proposals to produce a hard copy magazine for members, stakeholders and staff. • It was noted that the Trust was entering the third and final year of current the Membership Strategy (2019-22) and that work would begin in the coming months to review membership engagement and develop a new strategy beyond 2022. 	

		Action
	<p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the report; • Noted the membership engagement plan for quarter four 2020/21 activity; • Noted the membership engagement plan for 2021-22. 	
5.0	GOVERNANCE OF COUNCIL OF GOVERNORS	
5.1	<p>Council of Governors Membership</p> <p>The Council of Governors received the Council of Governors Membership report from the CCAO and the following key points were highlighted:</p> <ul style="list-style-type: none"> • There had been a number of vacancies for appointed Governors following several Governors coming to the end of their terms. Councillor Linda Kirby had been appointed to the Council of Governors by Merton Council and Professor Kathy Curtis had been appointed by Kingston University. The vacancy for St George's University had been widely advertised to identify suitable candidates to replace Dr Fran Gibson. • Following the vacancy left by the passing of Nasir Javed Khan in March 2021, the Trust could either hold an election for the remaining 18 months of Nasir's term of office or ask the person who was runner-up at the most recent election to that seat if they wanted to serve the remaining time. Holding a new election would be expensive, and it was also noted that this would be held very shortly after the November 2020 elections. Going back to the runner-up in the previous election was possible and the individual, Patrick Burns, had been approached and had indicated that he was interested in becoming a Governor, in the event the Council opted to use that process. AB commented that knew Patrick Burns from Mencap and Healthwatch and felt that he would be an asset to the Council. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the nomination by Kingston University of Professor Kathy Curtis to the vacant Appointed Governor seat on the Council previously filled by Val Collington; • Noted that St George's University of London is currently identifying a suitable individual to succeed Dr Fran Gibson as the Appointed Governor on the Council; • Agreed the recommendation that the Merton Public Governor elected seat be filled by offering the seat to the candidate with the next highest number of votes in the most recent election for that seat in line with the provisions in the Trust's Constitution. 	
5.2	<p>Council of Governors Annual Work Programme</p> <p>The Council of Governors received the Council of Governors 2021-22 Annual Work Programme from the CCAO which set out the work plan for the Council for the coming year. The work plan also included the Governor Seminars which would run in parallel with the formal meetings of the Council. The proposed 2021-22 work plan had been extended to cover the spectrum of performance reports to give the Council an opportunity to cover the breadth of performance issues as well as a standing item on the Integrated Care System.</p> <p>The Council approved the report.</p>	
6.0	CLOSING ADMINISTRATION	



		Action
6.1	<p>Any other business</p> <p>There were no items of any other business.</p>	
7.2	<p>Reflections on meeting</p> <p>The Chairman invited reflections on the meeting. AB commented that he felt that there had not been as much of an opportunity to hear from the NEDs at this meeting. It was noted that the particular topics on the agenda on this occasion meant that opportunities to hear from NEDs on specific items were more limited but that the Council Work Plan for 2021/22 that had been agreed provided regular agenda items to which NEDs would speak.</p> <p>The Chairman thanked everyone for their contributions to the meeting.</p>	
	<p>Date of next Meeting 14 July 2021, 14:00-17:00</p>	

DRAFT

Council of Governors Public Action Log - 14 July 2021						
Action Ref	Section	Action	Due	Lead	Commentary	Status
There are no actions on the Action Log. All existing actions were closed at the Council of Governors meeting held on 21 April 2021.						



Meeting Title:	Council of Governors		
Date:	14 July 2021	Agenda No	1.4.1
Report Title:	Council of Governors Training and Development in 2020-21: Annual Self-Certification of Compliance with Foundation Trust Licence		
Lead:	Stephen Jones, Chief Corporate Affairs Officer		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	To Note		
Executive Summary:	<p>As part of the Trust's annual self-certification against its licence, the Trust is required to confirm to NHS England and NHS Improvement that Governors have received enough training and guidance during the course of the year to carry out their roles.</p> <p>In order to make this self-certification, on 18 May 2021 the Council of Governors was asked to review, on email circulation, a paper setting out an overview of the training and briefings the Council of Governors received during 2020-21 in order to demonstrate the Trust is meeting its Foundation Trust self-certification licence conditions. The paper asked the Council of Governors to agree that the Trust could confirm its compliance with this licence requirement. Governors endorsed this on email circulation and the self-certification of compliance with this element of the Trust's provider licence was finalised following approval of the Board on 27 May 2021.</p>		
Recommendation:	The Council of Governors is asked formally to note its approval on email circulation of the development and training activities delivered during 2020/21 and the Trust's compliance with the Governor training aspects of its provider licence in 2020-21.		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-led		
Single Oversight Framework Theme:	Leadership and Improvement Capability		
Implications			
Risk:	Governors not informed to carry out their duties.		
Legal/Regulatory:	Foundation Trust Licence requirement that the Trust provide adequate and appropriate training to its Governors.		
Resources:	N/A		
Previously Considered by:	Council of Governors (on email circulation)	Date	18 May 2021
Appendices:	N/A		



Council of Governors

Council of Governors Training and Development in 2020-21

1.0 PURPOSE

- 1.1 This paper provides assurance that Governors have been provided with adequate and appropriate training and development opportunities during 2020/2021. This assurance includes an overview of training and briefings members of the Council of Governors have received during 2020/2021.
- 1.2 This report serves to support the Trusts Annual Self-Certification of Compliance with the Foundation Trust Licence. The paper seeks confirmation from the Council of Governors that it is content the Trust self certifies that it has provided adequate training to Governors during 2020-21.
- 1.3 Agreement was sought via email circulation to the Council of Governors on 18 May 2021, with a commitment that the outcome be formally reported to the next Council of Governors meeting on 14 July 2021.

2.0 REQUIREMENTS FOR GOVERNOR TRAINING AND DEVELOPMENT

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

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

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

- 2.2 For a number of years, the Trust has had in place arrangements for providing Governors with induction on commencing their terms of office and ongoing training and development during their service on the Council of Governors. Reflecting this, Governors have previously endorsed the Trust making a positive return to NHS Improvement confirming that Governors have received appropriate training and development to help them fulfil their roles.

3.0 APPROACH TO GOVERNOR TRAINING AND DEVELOPMENT IN 2020/21

- 3.1 In December 2019, the Council of Governors held an effectiveness review, which looked at what aspects of the functioning of the Council was working well and which aspects had scope for further development. Based on responses of 25 Governors, feedback suggested that the Council was working reasonably effectively and had improved its effectiveness over the previous year. While the findings overall were positive, some areas for development were also highlighted, which included:

- Developing effective challenge to Non-Executive Directors and being well-equipped to do so, and aided by the appropriate information;
- Representing members and the public and the Council holding itself to account for delivering this;
- Quality of papers and the time available for discussion;
- Training and development for Governors

3.2 At its meeting in February 2020, the Council considered an action plan to address each of the highlighted areas for development. In relation to training and development of Governors, the Council agreed to the following:

- All Governors have the opportunity to attend NHS Provider training courses.
- All Governors encouraged to join NHS network events.
- All Governors can request specific topics for briefings.
- Informal Governor Sessions/Workshops to be launched from April 2020 to provide training and development on risk management, assurance and accountability, interpreting data and other issues requested by Governors.
- Governor Development Day scheduled each year facilitated by NHS Providers and/or other external provider and will include core training for governors and other specific areas such as effective challenging and questioning, holding NEDs to accounting, chairing of meetings, membership engagement etc.

4.0 DELIVERY OF GOVERNOR TRAINING AND DEVELOPMENT IN 2020/21

4.1 Despite the challenges imposed by the Covid-19 pandemic, particularly the need to meet virtually, a comprehensive programme of Governor training and development was delivered during 2020/21. During 2020/21, the following training and development activities were provided to Governors:

- May 2020: A briefing session for Governors was held which focused on the Covid-19 pandemic and the Trust's response. The session was delivered by the Chief Executive and covered a wide range of issues related to the pandemic response including: Covid positive patient numbers, intensive care surge capacity, workforce impact, the availability of personal protective equipment, plans for restoring services following the first wave, and longer-term recovery and its implications.
- August 2020: A half-day Governor development session was delivered externally by NHS Providers. The topics covered included: an introduction to the NHS and the NHS landscape, an overview of NHS governance and the role of Foundation Trust Governors, and training in effective questioning and challenge to Non-Executive Directors. This was attended by 18 members of the Council of Governors.
- September 2020: The Trust provided Governors with a confidential briefing on closer collaboration with Epsom and St Helier University Hospitals NHS Trust and on the development of a joint renal service. This was attended by 18 members of the Council of Governors.
- October 2020: The Trust held a Council of Governors development seminar, delivered internally by the Trust. The areas of focus included: strategy and NHS system working; the Trust's workforce, staff engagement and culture change programme; and training in risk management and the Board Assurance



Framework. This session was attended by 20 members of the Council of Governors.

- January 2021: A further half day development session for Governors supported by NHS Providers was delivered in January 2021, which focused on NHS finance and quality issues. This was attended by 19 members of the Council of Governors.
- March 2021: The Trust held a Governor development seminar focused on the Trust's estate and facilities management, digital and information technology, and closer collaboration with Epsom and St Helier University Hospitals. This was attended by 17 members of the Council of Governors.

4.2 In addition to the training and development provided to current Governors, the Trust also delivered an induction programme to Governors elected in November 2020:

- A virtual Governor induction session was held on 15 December 2020. Chaired by the Trust Chairman, the session covered an overview of the Trust's strategy, operations and finance led by the Deputy Chief Executive, a briefing on the Trust's governance structure and corporate governance in the NHS by the Chief Corporate Affairs Officer, and a session from the Lead Governor on membership engagement and opportunities for Governors to become involved with the work of the Trust.
- New Governors were invited to observe the Council of Governors meeting on 10 December 2020, as well as Board Committees.
- New Governors were invited to join the NHS Providers' half day core training event on 12 January, alongside existing Governors.
- New Governors were also provided with key reference material including the Trust's Constitution, the NHS Foundation Trust Code of Governance, a Guide to being a Foundation Trust Governor, and a schedule of meetings.

4.3 In 2020/21, as part of the programme of formal Council meetings, Governors had briefings on Covid-19 and the Trust's response, the Trust's financial position, patient partnership and engagement, the Trust's CQC action plan, and the Trust's cultural change programme, as well as confidential briefings on the Trust's cardiac surgery service and collaboration with Epsom and St Helier.

4.4 Governors receive Parts 1 and 2 Board papers and are welcome to attend Part 2 of the Board as well as the Board Committees as observers. This ensures Governors have a wide range of information available to help them perform their roles effectively.

4.5 Prior to the Covid-19 pandemic, Governors would have also had the opportunity to participate in Patient-Led Assessment of the Care Environment (PLACE) inspections at both St George's and Queen Mary's Hospital and to participate in the Trust's Ward Accreditation Scheme. When Government restrictions permit and it is safe to do so, we hope to resume such opportunities in a Covid secure way.



5.0 RECOMMENDATION

- 5.1 The Council of Governors is asked formally to note its approval on email circulation of the development and training activities delivered during 2020/21 and the Trust's compliance with the Governor training aspects of its provider licence in 2020-21.

Meeting Title:	Council of Governors		
Date:	14 July 2021	Agenda No	3.1 and 3.2
Report Title:	Estate Strategy & Green Plan		
Lead Director/ Manager:	Tim Wright, Non-Executive Director (Estates Lead) Parveen Kumar (Sustainability Lead) Andrew Grimshaw, Chief Financial Officer/Deputy Chief Executive Officer		
Report Author:	Andrew Asbury, Director of Estates and Facilities		
Presented for:	Endorse		
Executive Summary:	<p>We have completed a final draft of our Estate Strategy, which provides a blueprint for estate development at St George's for the next 20 years. It has been written to be fully compliant with NHS recommendations.</p> <p>An enormous amount of consultation occurred during the production of the strategy. During June we have presented this strategy to all key governance groups, all of whom have endorsed the strategy for Board approval. We will look to structure the document more clearly in its final form along the three key NHS themes of 'Where are we now', 'Where do we want to be' and 'How will we get there'.</p> <p>The key building blocks of the development plan have already been agreed by the Trust Board, with decisions to pursue HIP funding for a new building on the Knightsbridge site, together with the vacation of Lanesborough Wing, already decided. This strategy adds further levels of detail both to the detailed phasing of the long term development plan and the wider implications within Estates & Facilities. It also looks to better align E&F strategic objectives with those of the Trust and SWL.</p> <p>Whilst developing the estate strategy, we have also developed in tandem a Sustainable Development Plan more commonly known as a Green Plan. Whilst George's has been behind the curve on sustainable development, this Green Plan sets a roadmap for putting in place appropriate governance over the next 1-2 years together with an ambitious development plan, which adheres to the wider NHS Net Zero plan. Having an estate strategy and green plan aligned in this way is relatively innovative, ensures that benefits of delivering both strategies are articulated and improves the likelihood of obtaining funding.</p> <p>We will now be asking the Board to support the development of the first business case gateway, a Strategic Outline Case, over the coming 12 months.</p> <p>The document attached outlines the key elements of the Estate Strategy and Green Plan. The full document is currently too large to share but as soon as feasible the Trust would make this accessible to Governors.</p>		
Recommendation:	The Council of Governors is asked to review and endorse the estates strategy and green plan and provide feedback before presentation to the Trust Board.		
Supports			
Trust Strategic Objective:	Build a better St George's		
CQC Theme:	Safe / Well Led		
NHS Oversight Framework Theme:	Operational Performance		
Implications			



Risk:	Directly aligns with SR7 'We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure'.
Legal/Regulatory:	NHSE/I requirements for Trust's to have an up-to-date Estate Strategy
Equality, Diversity & Inclusion	N/A

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St George's University Hospitals NHS Foundation Trust



The Green Plan
Executive Summary



Introduction



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

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



Introduction

Key drivers for change:



Legislation

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



Demographic Trends

- 67% of men and 50% of women are overweight or obese (2020).
- Over 400,000 people in the UK were admitted to hospital with COVID-19 between March 2020 and March 2021.

The Climate & Ecological Emergency



- All of the top 10 warmest years for the UK have occurred since 2002.
- There has been a 12% increase in rainfall with significant flooding events since 2010.
- 60% of wild animals and 83% of river/lake wildlife have been lost.

Cost Savings & Efficiency



- Energy usage from all NHS estate energy sources amounted to 11.3 billion kWh (2019/2020).
- Invest total cost in building restorations (backlog) was £9.0 billion in 2019/2020.

Introduction

We identified that to St George's, being a sustainable simply means:

- Effectively managing resources;
- Having a positive impact on the environment, society and the economy;
- Providing the best possible patient care through inclusion of a positive workplace environment and long-term financial sustainability.

The Green Plan was developed through consideration of:

- Key drivers
- Global and local trends
- Informal semi-structured workshops
- Telephone conferences with Trust representatives
- Publicly available information

In order to properly embed the targets and objectives defined within the plan, we have emphasised the importance of **behaviours**, **communications** and **workplace culture** so Sustainable Development becomes a business as usual approach moving forward.

The targets, objectives and key priorities identified have been developed through the lens of **short-term** 'easy wins' and **long term** ambition to develop a roadmap which spans from 2021 to 2040.



Key Findings

Carbon, Energy & Utilities

- Imported 9.9 million kWh of grid electricity, produced 35.6 million kWh and exported 2.7 million kWh CHP electricity during 2019/20.
- Gas emissions account for more than 90% of total emissions.
- Benchmark indicates fossil fuel consumption is above typical practice whereas electricity consumption is better than typical practice.
- BMS and smart meters in place.

Capital Projects

- Following a number of frameworks
- Sustainability and social value aspects are considered within the tendering process.

Sustainable Travel & Logistics

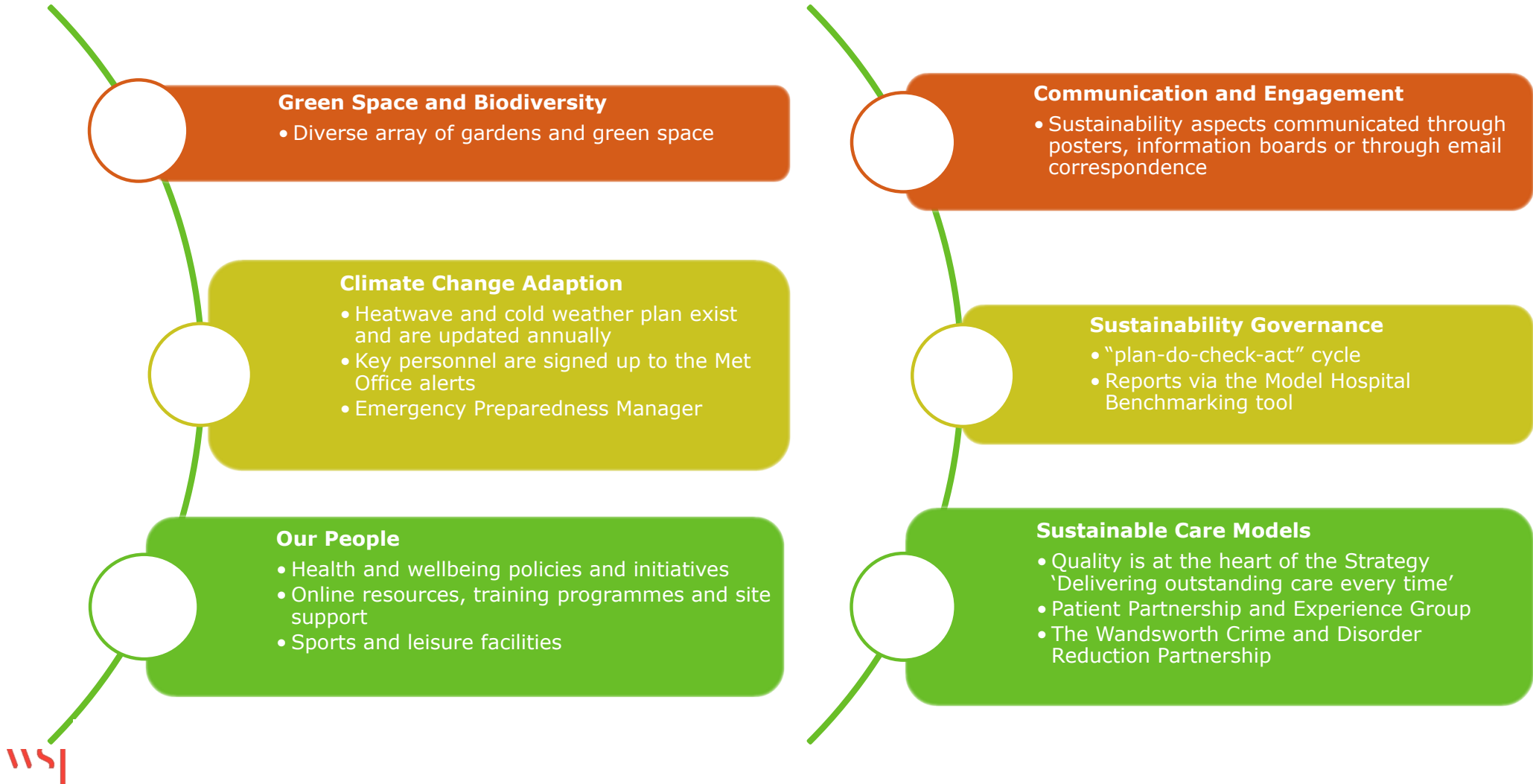
- Majority of staff walk or travel by car to work
- 30% of staff live within 5km
- Existing infrastructure for active travel is limited and not pedestrian or cycle friendly
- Roads and public transport congested and a lack of wayfinding.

Sustainable Use of Resources

- 17% of the total waste recycled
- Signed NHS pledge
- Waste signage is provided



Key Findings



Opportunities

Carbon, Energy & Utilities

- Review the BMS
- Energy efficiency programme & Smart energy management system
- DEC or EPCs for buildings

Sustainable Use of Resources

- Aim to go paperless
- Eliminate avoidable single use plastic & consider Circular Economy principles
- Mandatory training for staff
- Increase recycling rate 50% by 2025

Capital Projects

- Prioritise maintenance
- Refurbishment and retrofit
- Instil sustainability, consider Circular Economy and BREEAM

Sustainable Travel & Logistics

- Upgrade the travel plan and develop patient and operational strategy to promote a modal shift
- Identify associated emissions and improve education.
- Provision for working from home and virtual/digital appointments.

Green Space and Biodiversity

- Green Space and Biodiversity Strategy
- New developments compliant with UK biodiversity policy and incorporate biophilic design.

Climate Change Adaption

- Undertake Flood Risk Assessment
- 'Summer / Winter Plan - Staff Awareness Programme'
- Climate Change Risk Assessment and a Climate Change Adaptation Plan.



Opportunities

Our People

Audits and assessments with staff

Environmental monitoring and measurements to improve air quality and thermal comfort.

Review existing resources and facilities which future developments to consider Fitwel Standards.

Sustainable Care Models

Upgrade non-clinical systems

Increase utilisation of Microsoft Office functionalities

Communications and telephony improvements

Communication and Engagement

Focus on awards, campaigns, digital media, and consultations

Designated Sustainability notice board, share positive stories on social media and share with local community

Sustainability Governance

Report to SRP and attain an SDAT score, report on sustainability aspects annually and ensure sustainability is included in spending.

Sustainability Champion



Summary of our key commitments and targets



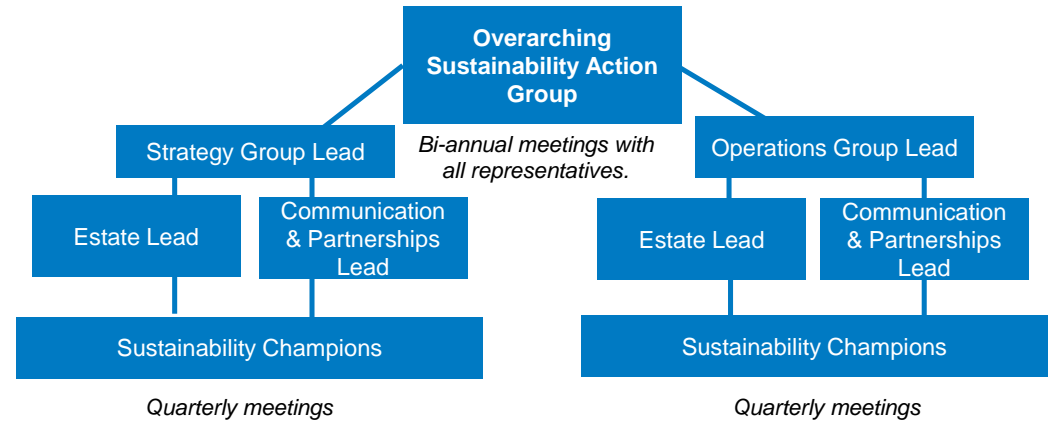
Governance

14.2 St George's Sustainability Governance

St George's currently follows the "plan-do-check-act" (PDCA) cycle, also known as the Deming Cycle, which is an iterative management process used to assist with the continuous improvement of our processes, people, products, and services. The PDCA cycle is a simple but powerful framework for fixing issues and has a positive impact on productivity and efficiency. Additionally, this method aligns to the International Organisation for Standardisation (ISO).

St George's does not currently report to the Board lead on Sustainability and a formalised Sustainable Governance Structure has not yet been established.

Sustainability Champions Group



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Roadmap

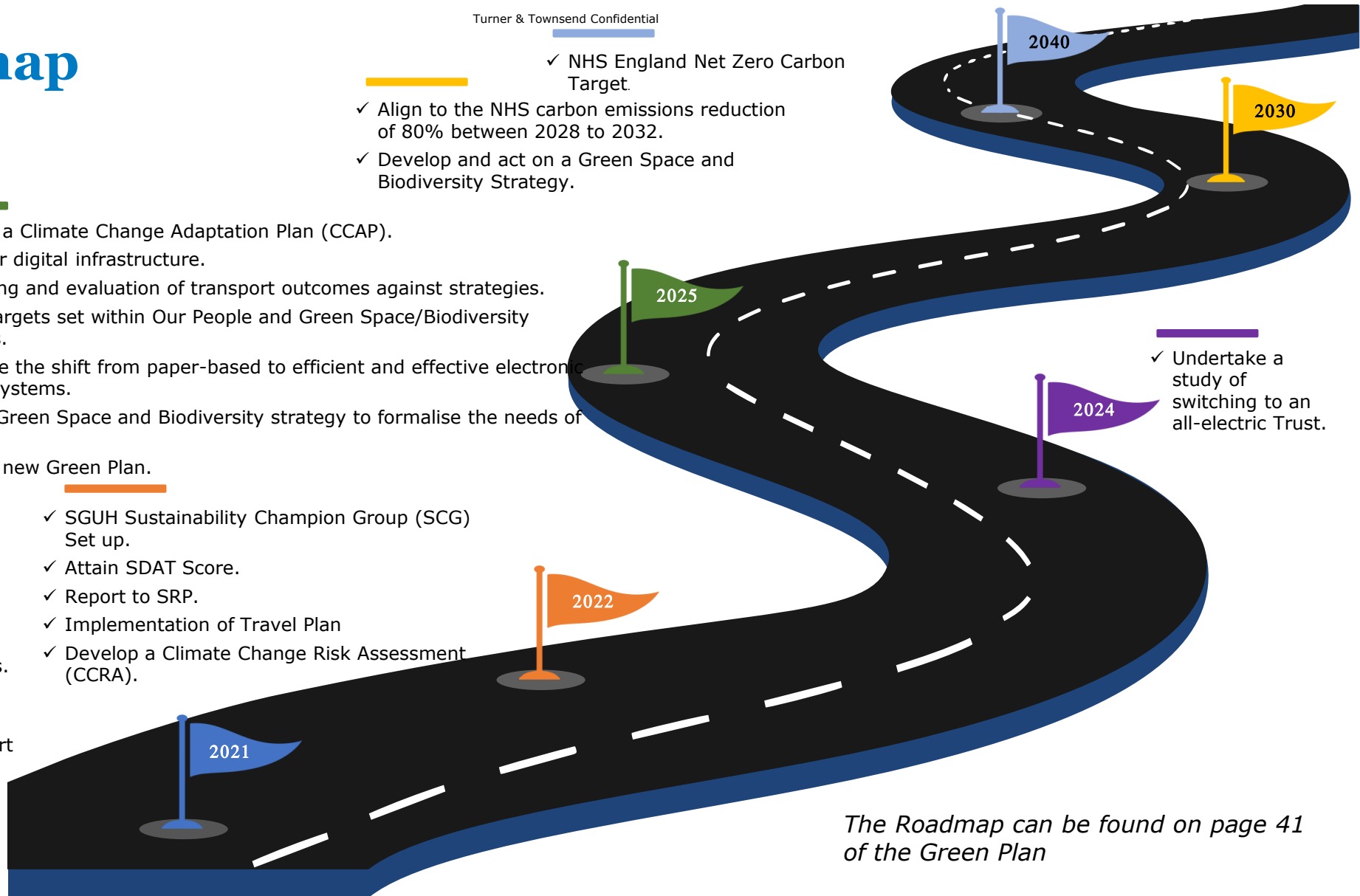
- ✓ NHS England Net Zero Carbon Target.
- ✓ Align to the NHS carbon emissions reduction of 80% between 2028 to 2032.
- ✓ Develop and act on a Green Space and Biodiversity Strategy.

- ✓ Develop a Climate Change Adaptation Plan (CCAP).
- ✓ Audit our digital infrastructure.
- ✓ Monitoring and evaluation of transport outcomes against strategies.
- ✓ Action targets set within Our People and Green Space/Biodiversity chapters.
- ✓ Complete the shift from paper-based to efficient and effective electronic clinical systems.
- ✓ Write a Green Space and Biodiversity strategy to formalise the needs of SGUH.
- ✓ Develop new Green Plan.

- ✓ SGUH Sustainability Champion Group (SCG) Set up.
- ✓ Attain SDAT Score.
- ✓ Report to SRP.
- ✓ Implementation of Travel Plan
- ✓ Develop a Climate Change Risk Assessment (CCRA).

- ✓ SGUH Green Plan implemented.
- ✓ Attain DEC and EPCs.
- ✓ Update Travel Plan.
- ✓ Instruct a Sustainable Transport Lead.
- ✓ Procure energy from green providers.

- ✓ Undertake a study of switching to an all-electric Trust.



The Roadmap can be found on page 41 of the Green Plan

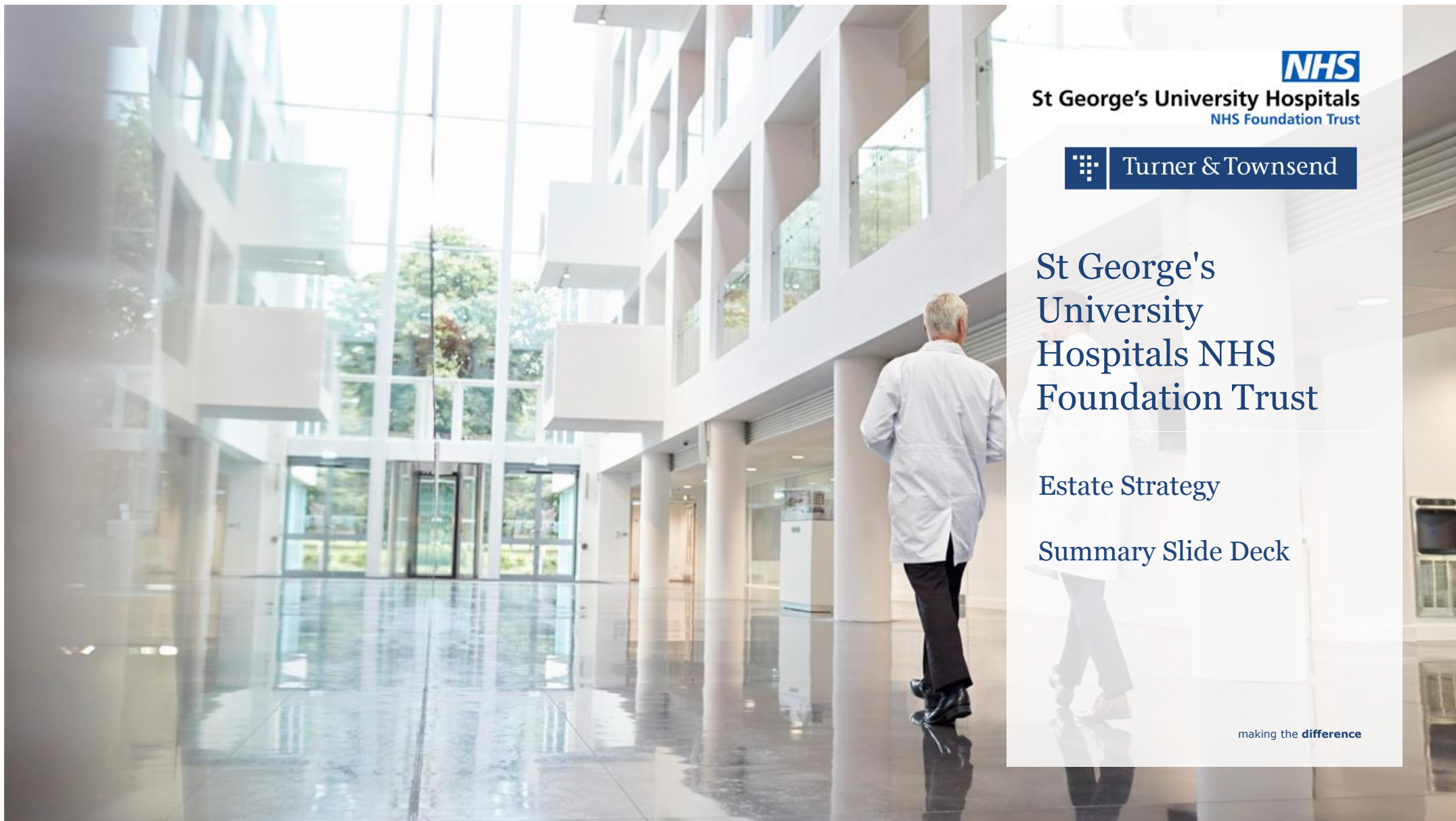
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St George's University Hospitals
NHS Foundation Trust



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Estate Strategy

Summary Slide Deck

making the **difference**

Contents

1. Estate Strategy – Introduction
2. Estate Performance
3. Engagement
4. Clinical Modelling
5. Masterplan
6. First Phase
7. Next steps

Estate Strategy

Introduction

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

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



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

Estate Strategy

Estate performance (summary of)



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

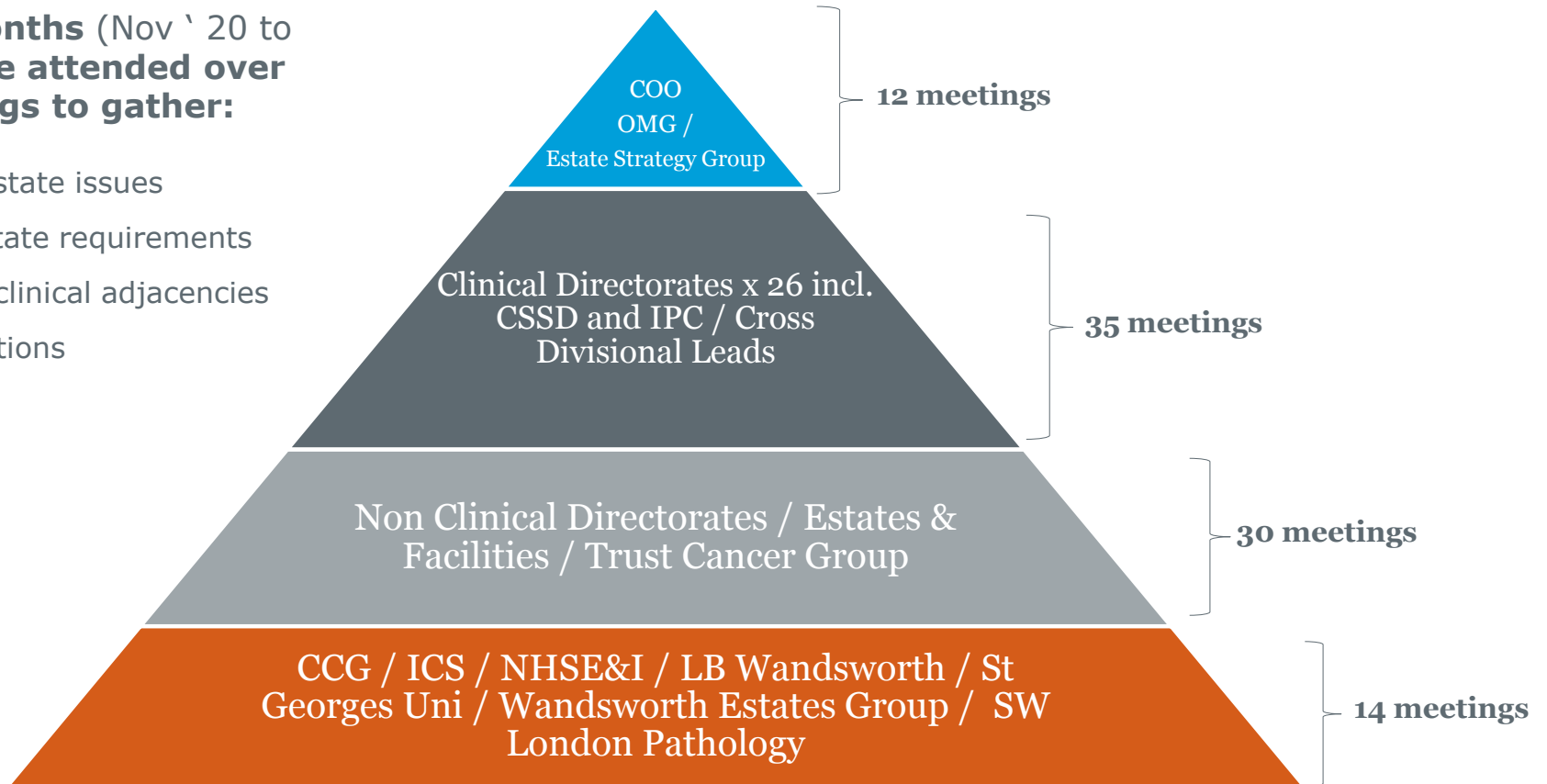
- Royal Free London NHS Foundation Trust
- University College London NHS Foundation Trust
- Chelsea & Westminster NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust.

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

Estate Strategy Engagement

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

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



Estate Strategy

Clinical Engagement

Our Clinical Engagement included the following Departments:

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

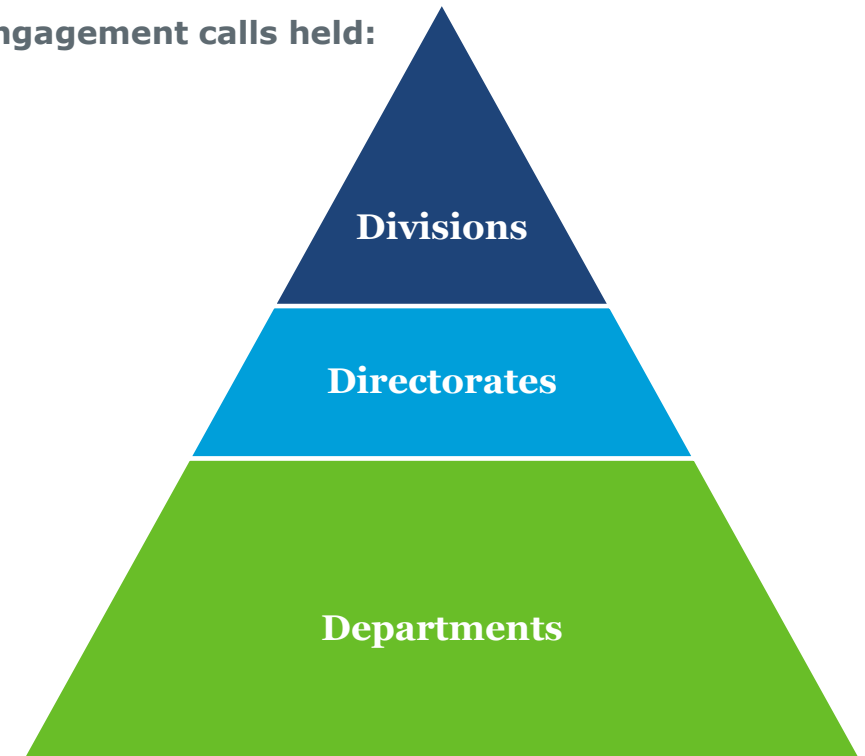
Estate Strategy

Clinical Engagement

The clinical engagement identified several consistent themes:

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

Engagement calls held:



Estate Strategy

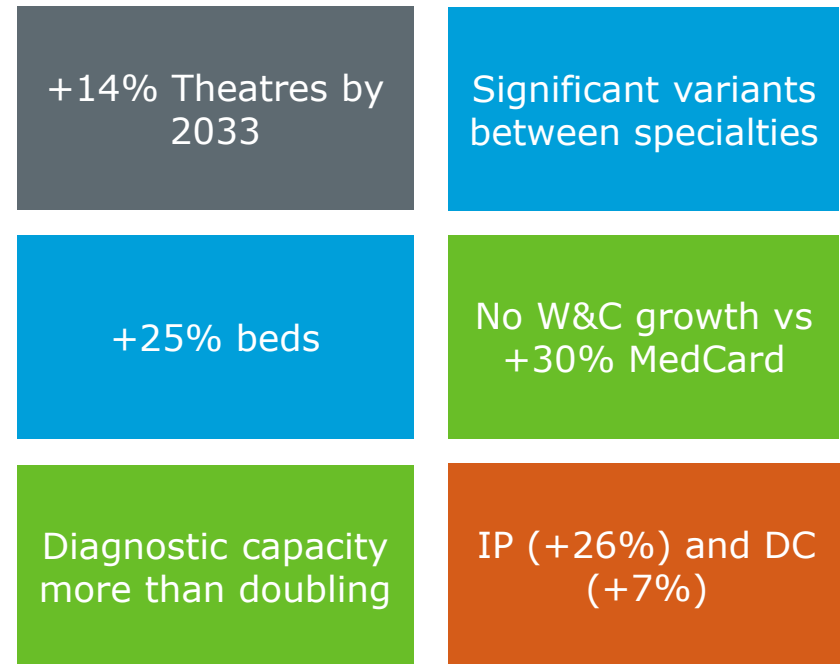
Activity & capacity modelling

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

Key points:

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

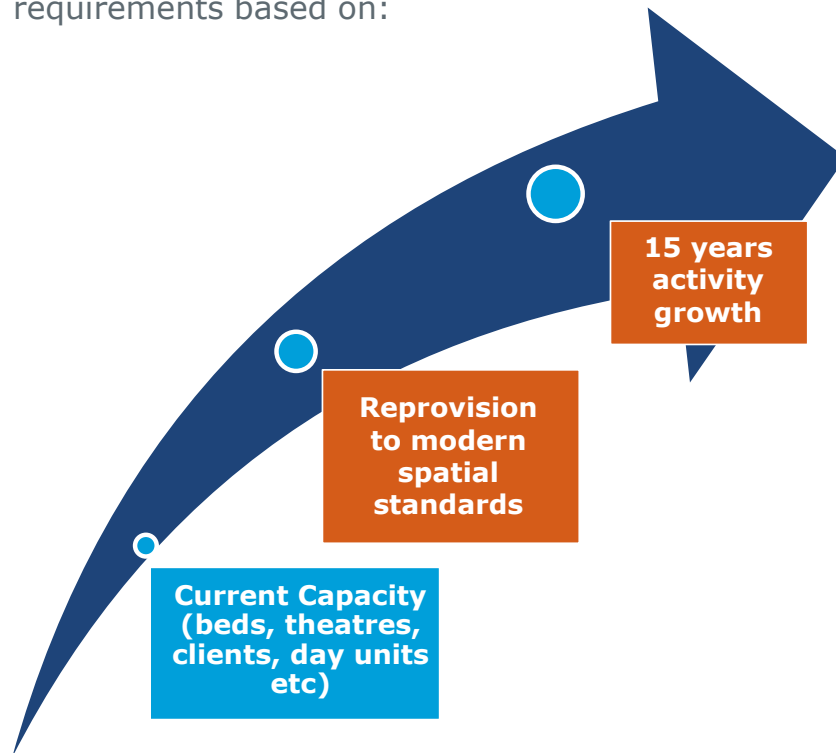
The model identified High-Level unmitigated growth driven outputs:



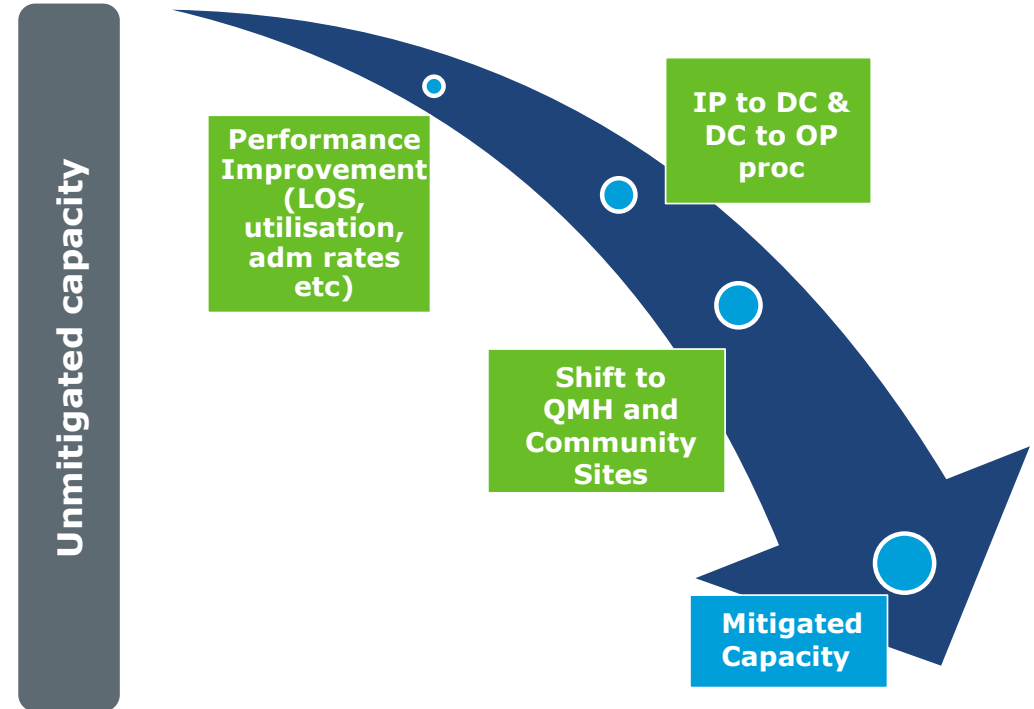
Estate Strategy

Growth projections and mitigation

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



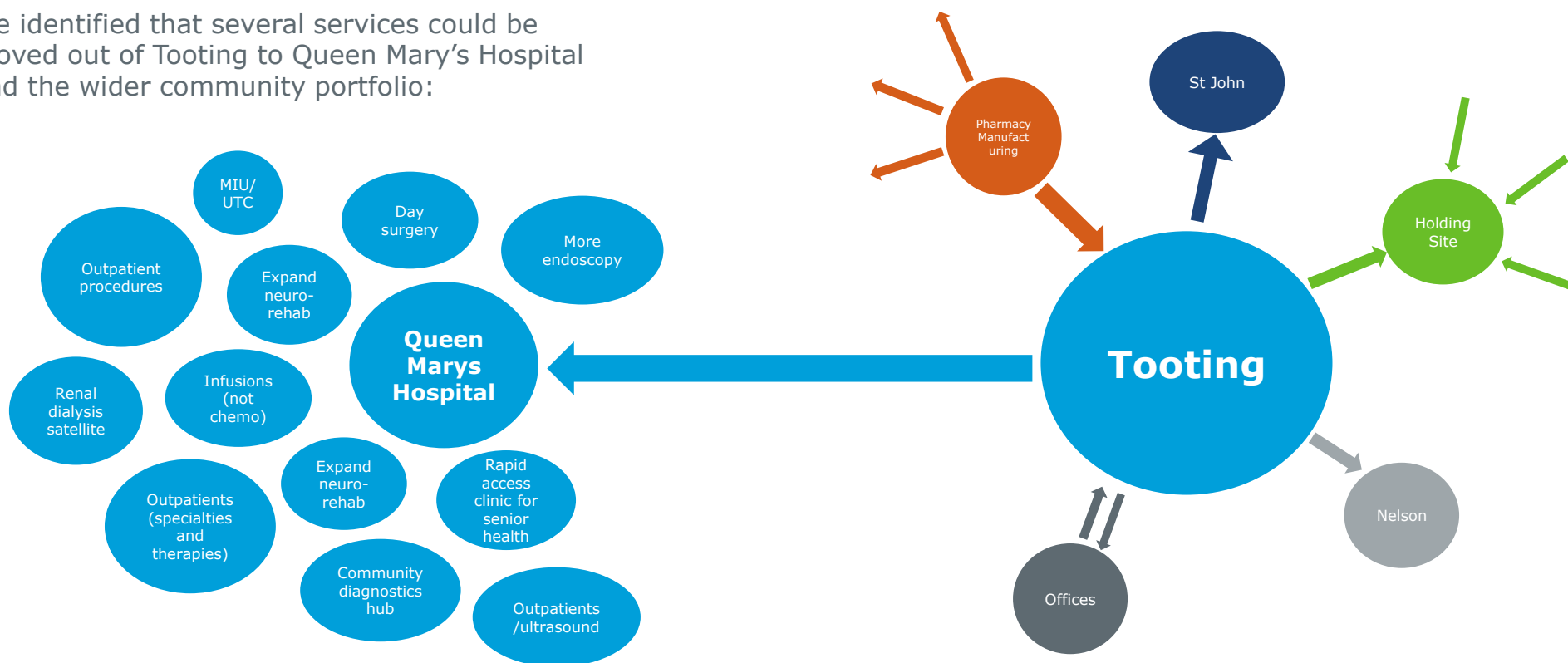
We balanced the unmitigated capacity requirements against the following, to calculate our **future spatial** requirements:



Estate Strategy

Services to move out of Tooting

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



Estate Strategy (opt 1)

Vision Statement and Strategic Objectives

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

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

Our objectives are:

- 1 - Efficient and effective asset management
- 2 - High-quality, fit-for-purpose and compliant
- 3 - Environmentally friendly and low carbon solutions
- 4 - Flexible, future-proofed and sustainable
- 5 - Collaborative, evidence-based and standardised delivery

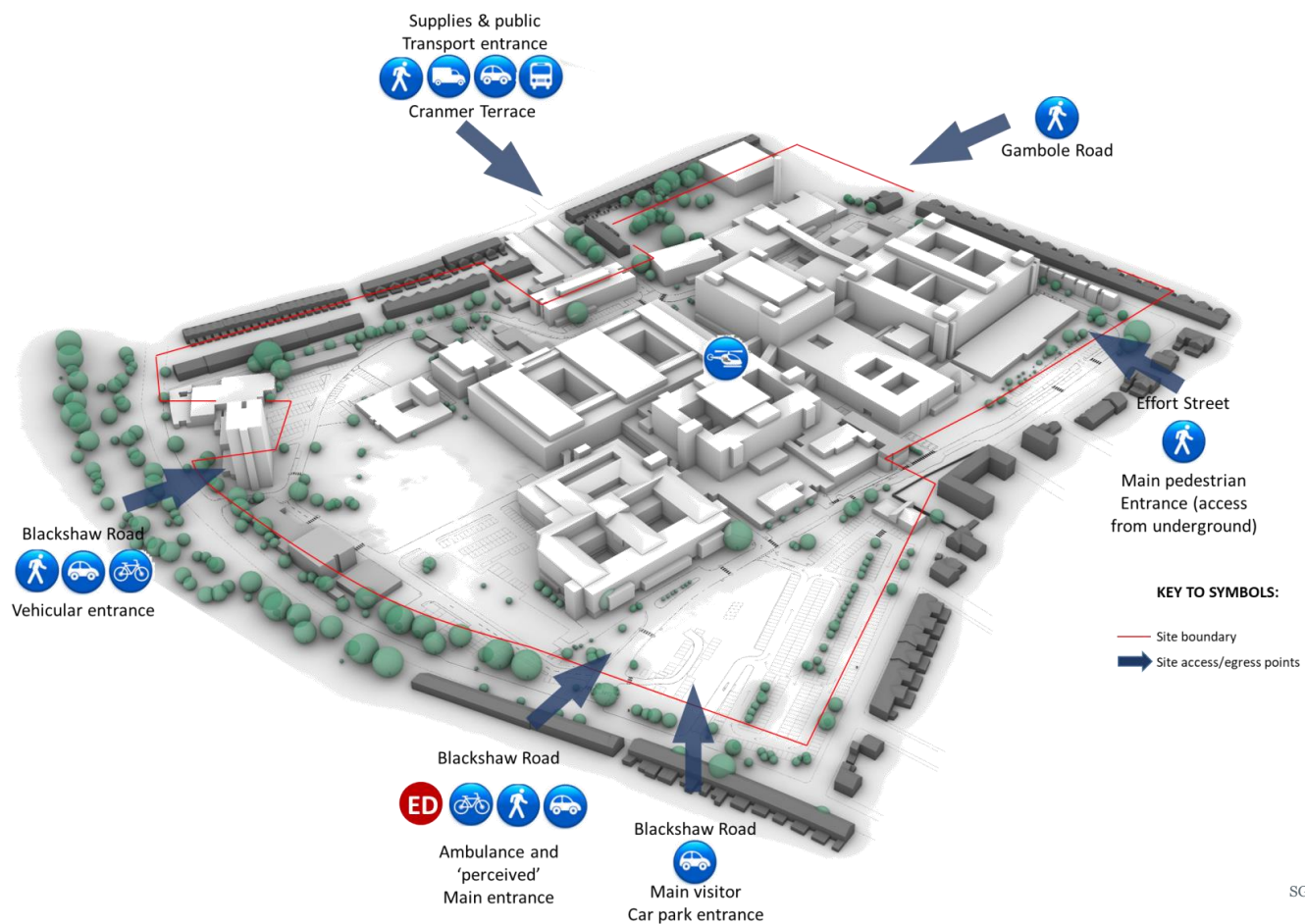


Masterplan

SGUH Estate Strategy - Summary May 2021

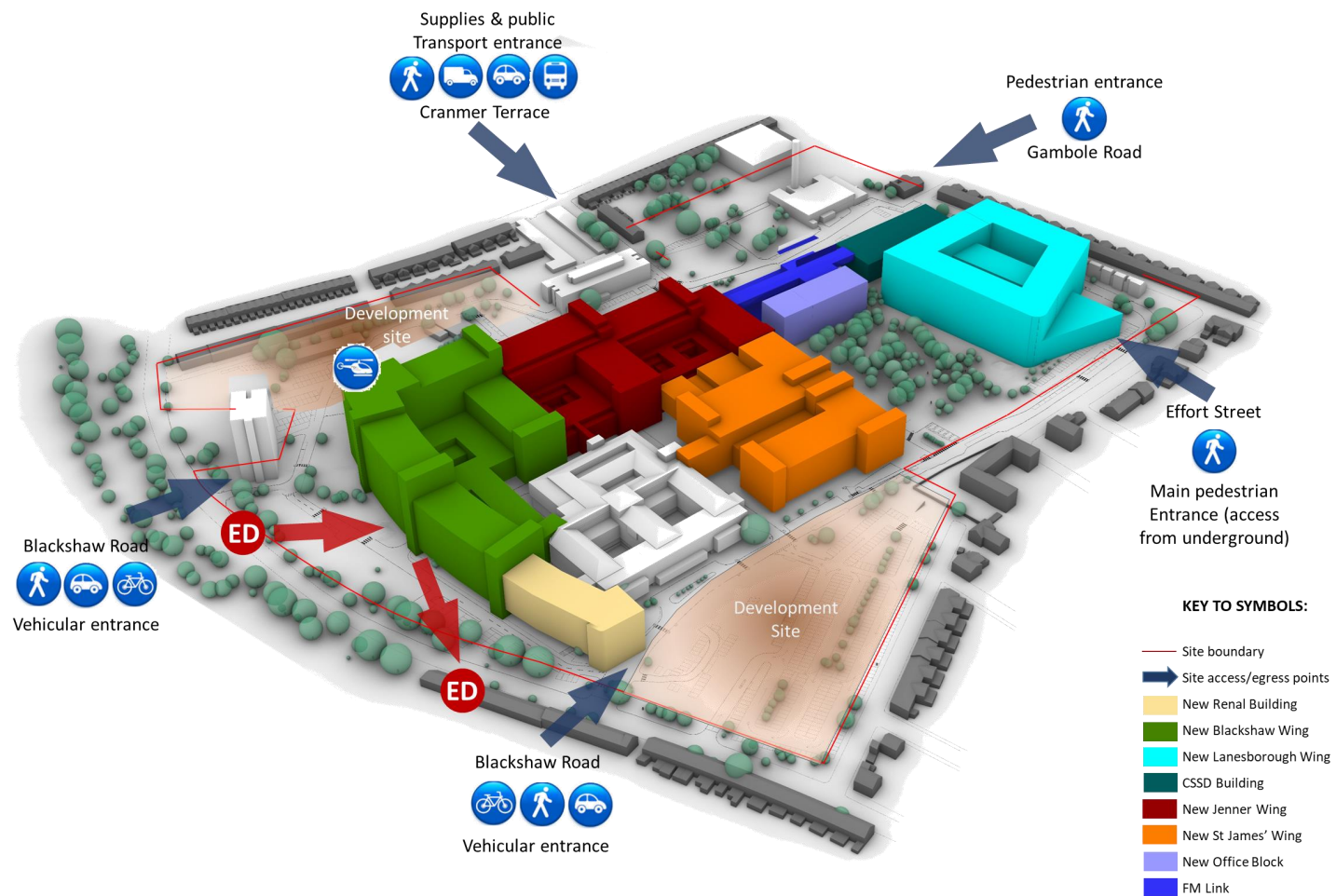
Estate Strategy

Masterplan Proposal – Current State



Estate Strategy

Masterplan Proposal – Final State



Estate Strategy

Do Nothing Consequence

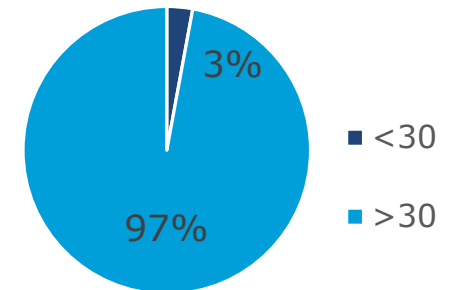
The consequence of 'doing nothing':

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

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

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

Age profile (excl AMW):



Estate Strategy

High Level Benefits

<p>Quality of Estate – the Trust premises will be fit for purpose and functionally suitable with appropriate and effective maintenance arrangements to meet the required HBN / Stat. Compliance standards.</p>	<p>Enhanced patient experience – we will provide state of the art facilities that enable clinicians to deliver treatment in a comfortable, caring, safe and uplifting environment, which enhances patient experience.</p>	<p>Effectiveness – the estate will be fully utilised and will have appropriate measures in place to ensure business resilience and continuity</p>	<p>Health & Safety – the estates will provide a safe environment to high standards of Health & Safety and statutory compliance</p>	<p>Environmental – the Green Plan principles will be embedded into the core values of the Estates & Facilities team and new developments and refurbishment employ sustainable methods and techniques, making use of low and renewable energy sources</p>
<p>Value for Money - the estate will offer the NHS value for money</p>	<p>Partnerships and stakeholders – we work with our public sector partners and key stakeholders to deliver a cohesive approach to strategic estate management through our investment programmes</p>	<p>Staff Welfare – we provide, in all its estate provision, fit for purpose and cost-effective facilities and amenities for staff.</p>	<p>Capital Investment - improved functionality for service delivery with better adjacencies which generate better efficiencies, improved access & enhanced support facilities, respond to privacy & dignity, disability discrimination legislation & security and safety.</p>	<p>Backlog Maintenance – a reduction in the Trust's overall estates backlog with improved mitigation of critical service infrastructure risk.</p>
<p>Space Utilisation - maximising clinical/non clinical ratios enhancing the target performance of the Lord Carter recommendations.</p>	<p>Net Zero Carbon – we will continue to recognise the importance of the sustainable development within the design and build process. Ensuring standards continue to improve we will fully reinforce this through HTM 07-07 sustainable health and social care buildings, Green Plan, BREEM and achieving sustainability in Construction procurement.</p>		<p>Social & Corporate Citizenship - we will provide significant benefits to our local communities through local supply chain partners and local labour to help reduce unemployment, to support apprenticeship programmes and overall enhancements in value for money.</p>	<p>Spatial - Improving clinical adjacencies so that support and diagnostic services are close to where they are needed, promoting closer team working and providing a better patient experience</p>

Estate Strategy

Phase 1b – Construction of new Blackshaw Wing

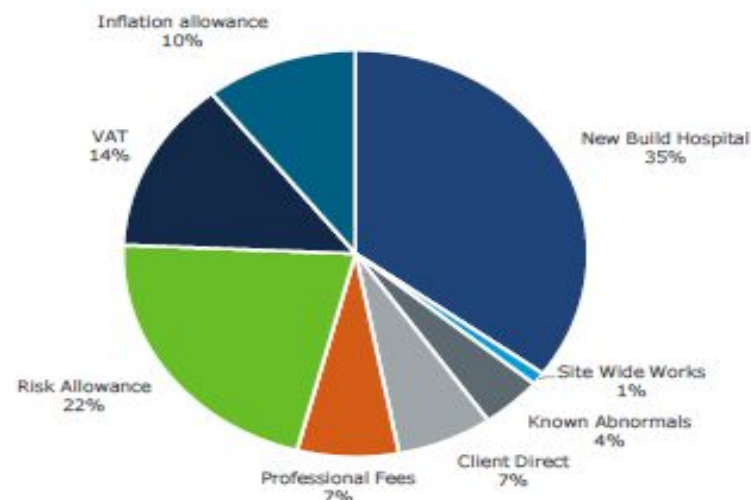


Estate Strategy

Phase 1b – timescales & cost

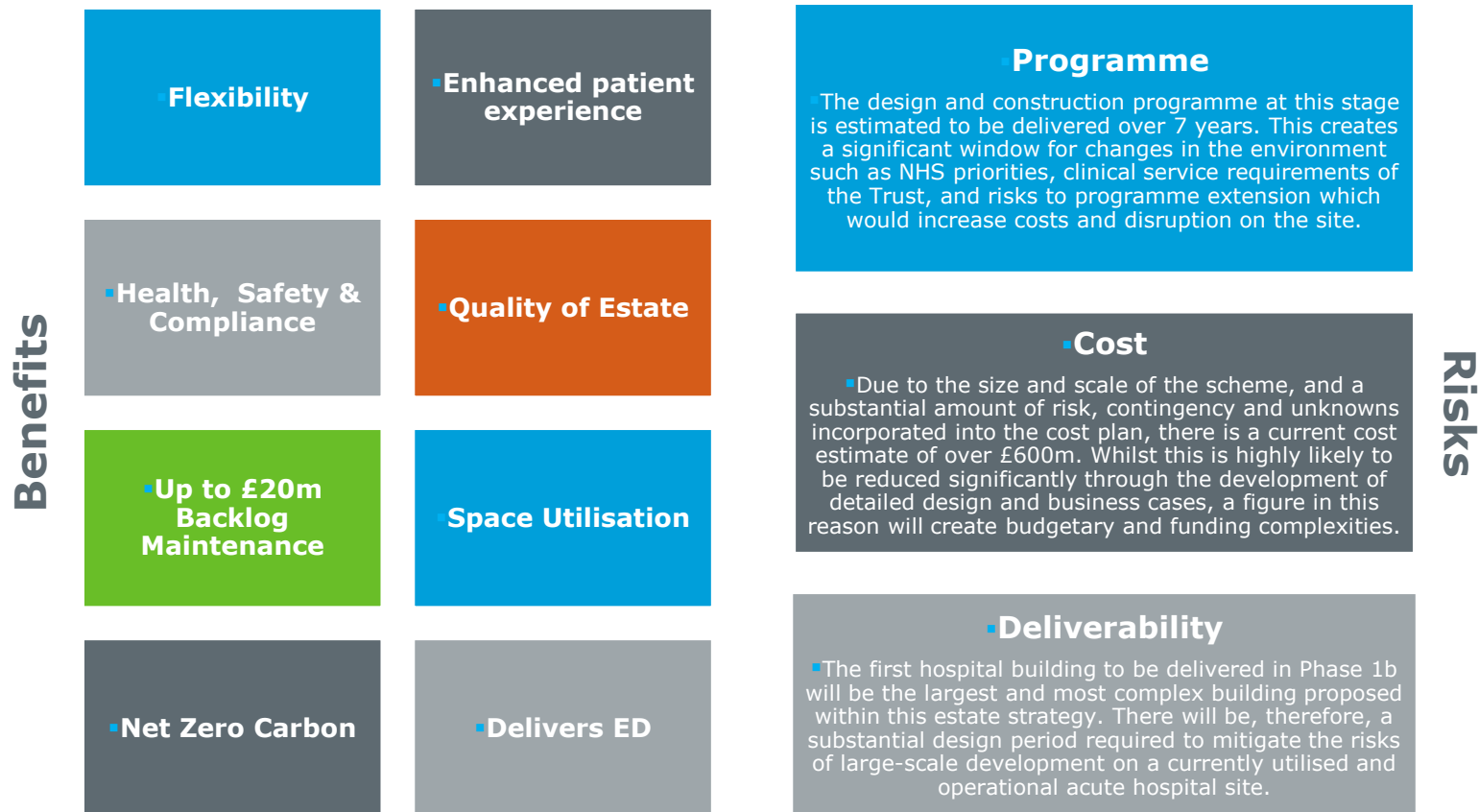
	2021		2022		2023		2024		2025		2026		2027		2028	
	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2
New 35,050m2 hospital building - Women & Children, OPD (part), Restaurant (temp location), Pharmacy, Diagnostics, Wards, FM																
Internal Trust approvals, estates strategy update, NHS E&I & NHP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

£607.2m	£12,832 sqm
First new-build to follow Renal	Approval to proceed with SOC by end 2021
7 year design and construction programme	Build completion mid-2028



Estate Strategy

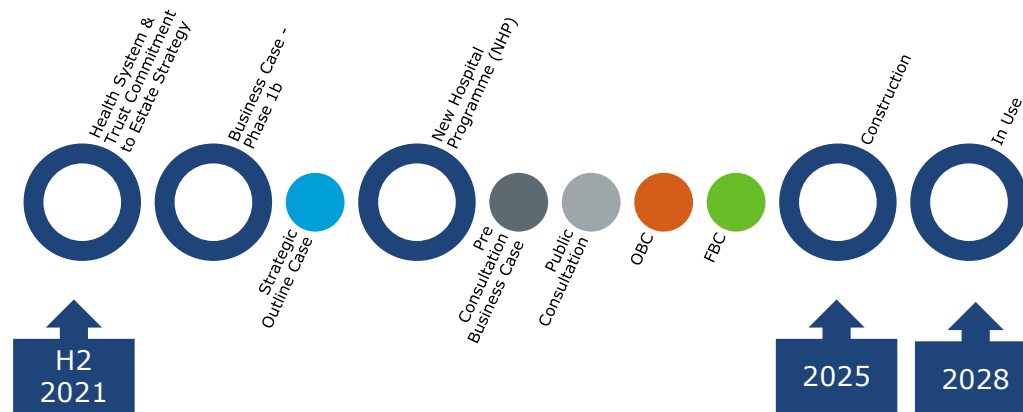
Phase 1b – Benefits & Risks



Estate Strategy

Key decisions & activities post Estate Strategy

Key Activities – Phase 1b:



Key Decisions

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

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Chief Executive's Report to Council of Governors 14 July 2021



Andrew Grimshaw
Deputy Chief Executive Officer & Chief Finance Officer

14 July 2021

Introduction

2

Purpose

The 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

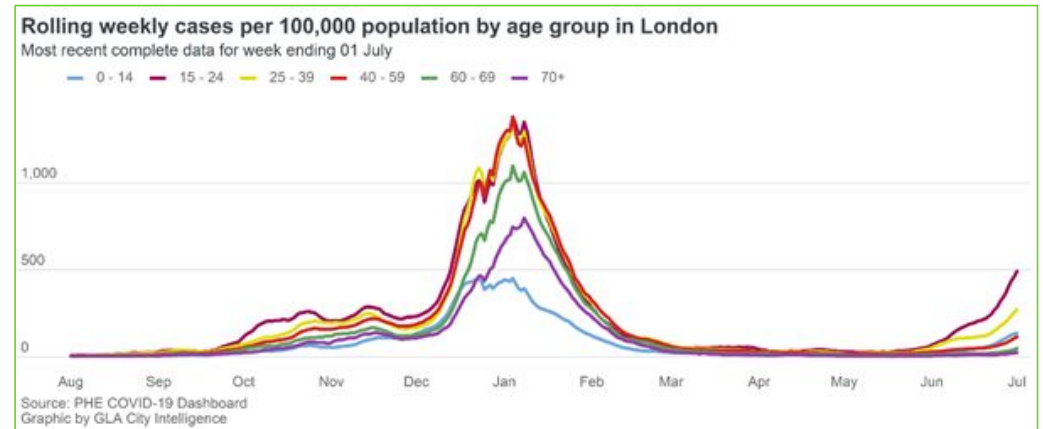
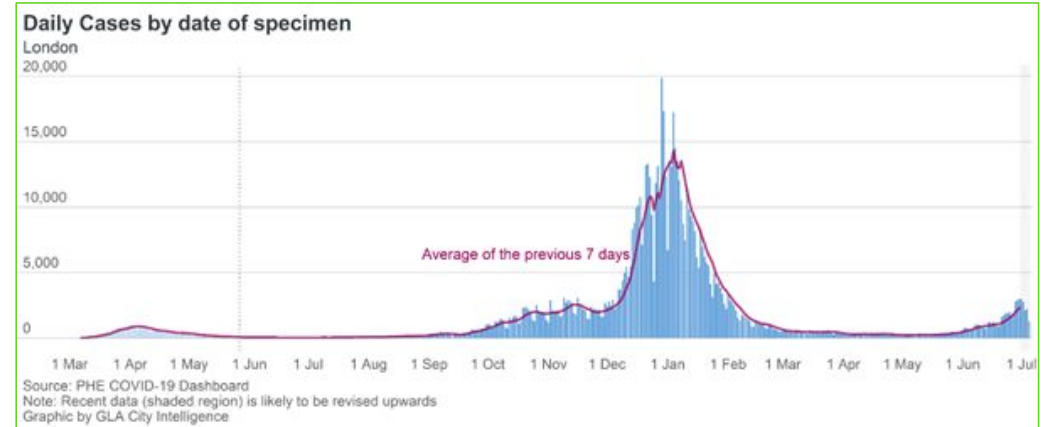
Patients and staff feel cared for when accessing and providing high quality timely care at St Georges; in how the Trust starts to recovers from Covid-19 and in how we respond to any future wave



Covid-19 Update

London Covid-19 cases

- Cases of Covid-19 across England have risen in recent weeks. The rise in the number of cases has been varied across the country, with the North East and North West of England recording the sharpest increases in case numbers (most recent data published by Public Health England for the week ending 1 July 2021).
- London has followed a similar pattern, recording increases in cases since from late May 2021, with particularly sharp increases in recorded cases among younger age groups (15-24 and 25-39 year olds). On 6 July, the total number of new people tested positive for Covid-19 was reported as 3,633, and the total number of Covid-19 cases in the capital was 780,123 of our a total of 4.3 million cases in England as a whole.
- On a borough level, Wandsworth recorded the third highest number of cases per 100,000 people for week ending 1 July 2021 (a total of 284 cases / 100,000), and Merton the 19th highest number of cases for the same period (175 cases / 100,000). Lambeth recorded the second highest number of cases in London (297 cases / 100,000). All data is as at week ending 1 July 2021.



Covid-19 Update

London & Trust Covid-19 hospital admissions

- London Covid-19 hospital admissions**

Despite the increase in the number of Covid-19 cases in London in recent weeks, there has not been a significant rise to date in hospital admissions across the capital. Total Covid-19 hospital admissions remain low, as do the number of mechanically ventilated patients. The number of Covid-19 hospital admissions has risen only slightly.

- London vaccination position**

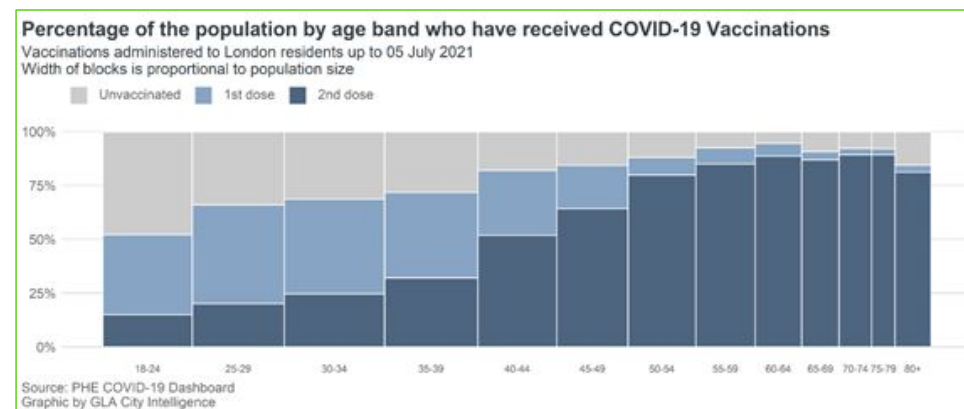
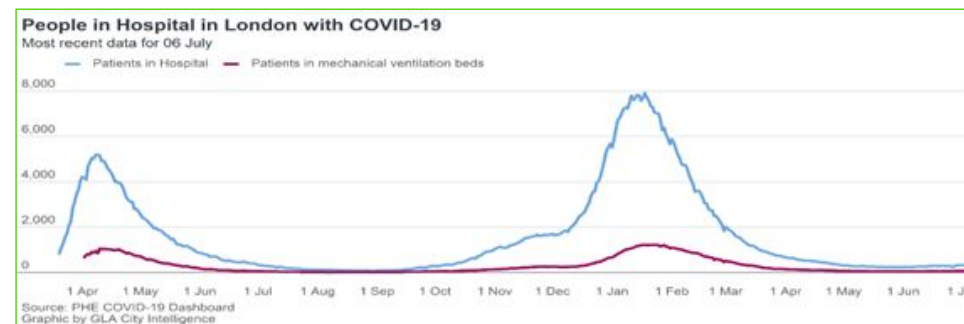
As at 5 July 2021, over 5.3 million people in London had received the first dose of a Covid-19 vaccination and over 3.6 million had received two doses. In London, this means that 77.6% of the total population has received a first dose and 52% has received a second dose. Vaccine uptake in London is currently less than elsewhere in England.

- St George's Covid-19 admissions**

The London-wide position is reflected at the Trust, where the number of Covid-19 positive patients remains low and relatively flat at present. As at 7 July 2021, there is 1 Covid-19 positive patient in ITU and 8 Covid-19 positive patients in general and acute beds at the Trust. This compares with the wave two peak in January 2021 of 354 Covid-19 positive patients on the wards and over 90 Covid-19 positive patients in ITU. The Trust has returned to its base level of ITU beds, but remains ready to step ITU capacity back up in the event of significant increases in cases.

- Trust IPC measures beyond 19 July 2021**

Despite the scheduled further easing of Covid restrictions from 19 July 2021, the Trust will be maintaining infection prevention and control measures on the hospital site in line with Public Health England requirements that mask wearing and social distancing continue in hospital settings for clinical and non-clinical areas.



St George's Covid-19 Hospital admissions	25/06/21	02/07/21	07/07/21
Number of ICU beds currently open	66	66	66
Number of Covid-19 positive patients currently in ICU	1	1	1
Number of Covid-19 positive patients on our wards	5	5	8
Number of Covid-19 positive patients treated and discharged - from hospital (since March 2020)	2,740	2,749	2,757
Total number of patients who have sadly died and tested - positive for Covid-19 (since March 2020)	756	759	759

Covid-19 Update

Trust vaccination hub

- As at 28 June 2021, a **total of 72,315 vaccinations** had been administered by the Trust's vaccination hub, with a total clinic capacity over 600 doses daily, and the potential for 1,000 clinic slots on the weekends.
- Among Trust staff, **85% of staff have received their first vaccination, and over 72.5% have had their second doses**. Within this, vaccination rates vary depending on staff group, banding and ethnicity:
 - Medical & dental and Allied Health Professionals staff have the highest vaccination rates, while estates & facilities, administrative & clerical and additional clinical services staff have the lowest vaccination rates.
 - Black / black British staff are the staff group with the lowest vaccination rates, with the number of black staff having received the second vaccine particularly low compared with other groups.
- In order to **improve vaccine uptake** the following actions have taken place:
 - Face-to-face and virtual staff Q&A sessions, including focused department led Q&A sessions by vaccination team, targeting areas of low uptake
 - Trust wide 'Be like' campaign
 - Publicising external specific Q&A sessions, such as on vaccine safety, fatality and by faith groups
 - Vaccination clinic operates a walk-in service for all staff, temporary and agency and is available on the national bookings platform for public to access
 - Telephone call by HR to all staff who have not had the vaccine
 - Communication for departments to display on vaccination safety/effectiveness
- The CNO is currently working with the Trust Flu lead to plan for the winter flu programme from September, with the possible integration of Covid vaccine boosters.

Vaccinations by staff group					
Staff Group	1st Vaccine	Total staff	1st Vaccine %	2nd Vaccine	2nd Vaccine %
Add Prof Scientific and Technic	576	679	84.8%	522	76.9%
Additional Clinical Services	958	1251	76.6%	798	63.8%
Administrative and Clerical	1497	1898	78.9%	1268	66.8%
Allied Health Professionals	647	696	93.0%	593	85.2%
Estates and Ancillary	210	274	76.6%	189	69.0%
Healthcare Scientists	368	422	87.2%	340	80.6%
Medical and Dental	1370	1453	94.3%	1260	86.7%
Nursing and Midwifery Registered	2362	2727	86.6%	2099	77.0%
Grand Total	7988	9400	85.0%	7069	75.2%

Vaccinations by staff AfC banding		
Band	1st Vaccine %	2nd Vaccine %
Band 2	73.4%	61.7%
Band 3	76.5%	63.6%
Band 4	75.4%	66.3%
Band 5	80.8%	70.7%
Band 6	87.6%	77.6%
Band 7	92.7%	84.1%
Band 8a	93.8%	84.6%
Band 8b	94.6%	83.8%
Band 8c	98.5%	92.5%
Band 8d	100.0%	91.5%
Band 9	100.0%	94.1%
VSM	100.0%	88.9%
Medical	94.3%	86.7%
Grand Total	85.0%	75.2%

Vaccinations by staff ethnicity		
Ethnicity	1st Vaccine %	2nd Vaccine %
Asian/Asian British	89.3%	80.2%
Black/Black British	64.4%	50.4%
Chinese/Other	89.1%	80.0%
Mixed Race	73.4%	63.3%
Not Stated	78.2%	67.7%
White/White British	91.3%	82.7%
Grand Total	85.0%	75.2%

Ethnicity	1st Vaccine %	2nd Vaccine %
BAME	79.0%	68.1%
Not Stated	78.2%	67.7%
White	91.3%	82.7%
Grand Total	85.0%	75.2%



Covid-19 update

Surge and elective recovery

- Although the rate of Covid-19 hospital admissions remains low at present, the Trust is very busy and has seen significant increases in demand for services, particularly but not exclusively in emergency care. This is in line with trends seen across the NHS, with urgent and emergency care in London and nationally under greater pressure due to unprecedented demand, which exceeds the levels of demand seen prior to the pandemic.
- Paediatrics has been particularly busy, with some of this pressure coming from a greater than seasonal prevalence of children's respiratory illnesses commonly seen in winter (such as bronchiolitis).
- A summer surge in pressures on the Trust will be driven by these wider pressures as well as by any increase in Covid-19 related hospital admissions. This is likely to translate into significant pressure on both general and acute beds and ITU.
- Surge planning has been underway for some time, and the Trust is operating a set of principles for flexing its previous Covid-19 surge plans. In the event that the Trust needs to adopt a full surge, this will impact on elective activity beyond sustaining business as usual elective activity.

Flexing the Plan: Guiding principles for managing clinical risk across all patient cohorts	
Principle	Actions
Minimising Covid-19 transmission	<ul style="list-style-type: none"> • Vaccination (patients and staff) • Extended dedicated "green" elective pathways • Explore new technologies for Point of Care Testing
Sustaining BAU for as long as possible	<ul style="list-style-type: none"> • Manage initial ITU surge across all four SWL Trusts • Maximise daycase surgery (23 hour recovery, QMH theatres) • Planned uplift in elective activity (July and September / October)
Managing the new dynamic; urgent and emergency care, elective and Covid demand	<ul style="list-style-type: none"> • ITU-surge areas for St George's not in specialist tertiary wards • Develop the L2 Covid+ step-down pathway in enhanced support G&A ward • Children's network to manage RSV (local and acute) • Redeploy staff (ITU and Covid wards) in Pods
Staff support	<ul style="list-style-type: none"> • Build on good practice / staff feedback from second surge • Build annual leave for all staff into surge and recovery planning

Operational performance

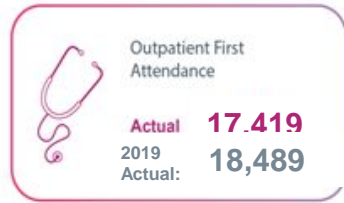
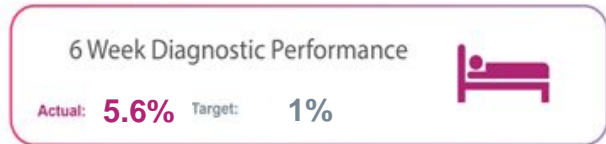
Clinical services updates and key performance indicators

- The Trust has continued to record strong performance against the four-hour **emergency department operating standard**, and has been amongst the best performing Trusts in London and across England against this metric.
- The **new surgery treatment centre at Queen Mary's Hospital** opened on 14 June 2021. The centre has four dedicated operating theatres for day surgery and a recovery areas. It will provide surgical teams from St George's and other hospitals in south west London protected theatre time to ensure patient waiting for routine procedures get the treatment they need. Procedures carried out at the site include plastic surgery for skin cancer, urological procedures, gynaecology, vascular and general surgery.
- In May 2021, a **new facility to care for patients undergoing interventional radiology (IR)** procedures opened at St George's Hospital. The new unit provides the Trust with a dedicated space for day case and inpatients before and after their IR procedures. The facility has six separate bays, and will improve care for the thousands of patients who undergo interventional radiology procedures at the Trust every year, both as day case and as inpatients.
- On 2 June 2021, it was announced that the Trust had secured funding for a **new joint renal unit with Epsom and St Helier** on the St George's Hospital site. The new unit will provide specialist care for the sickest renal patients across west London and Surrey.



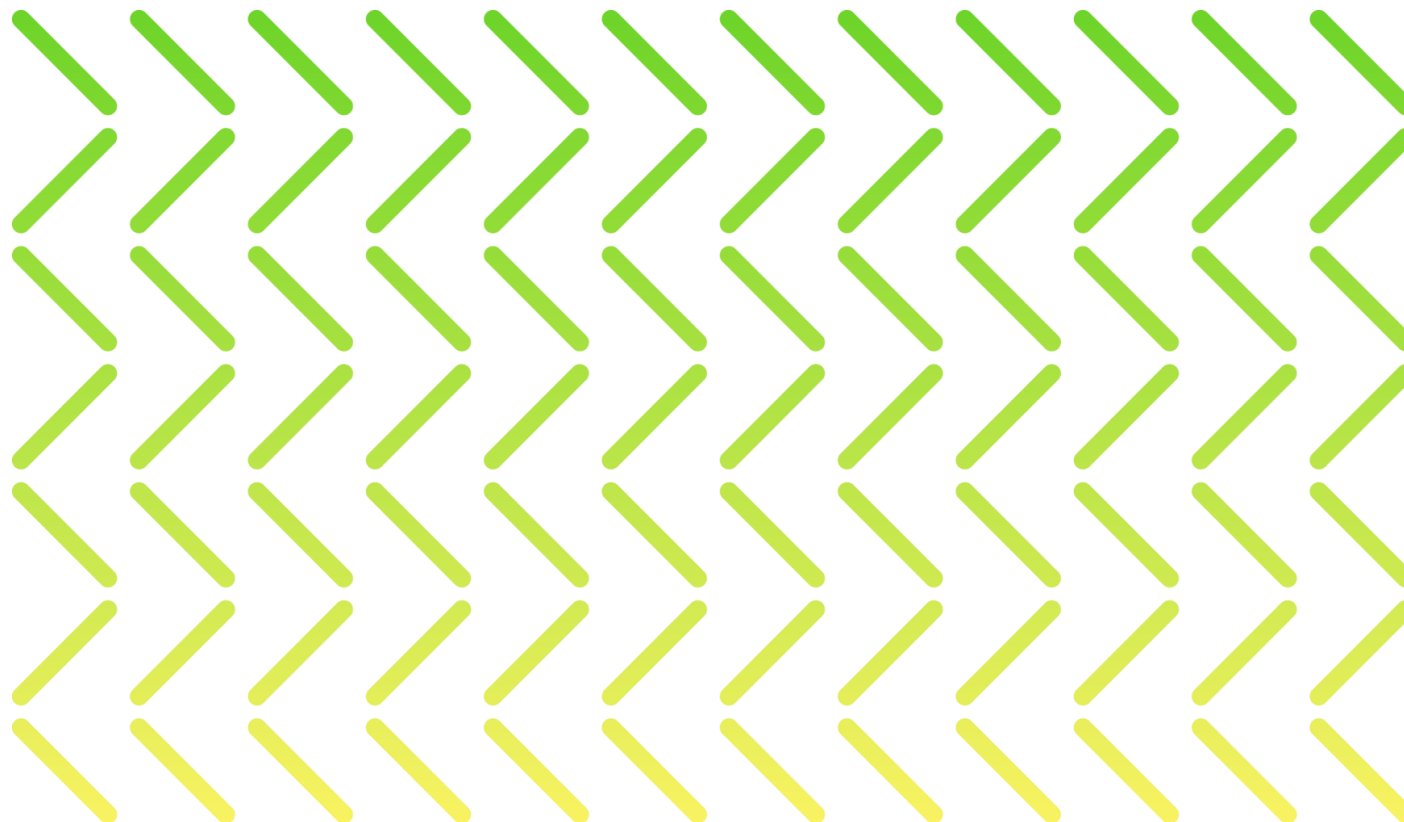
How Are We Doing?

May 2021



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.



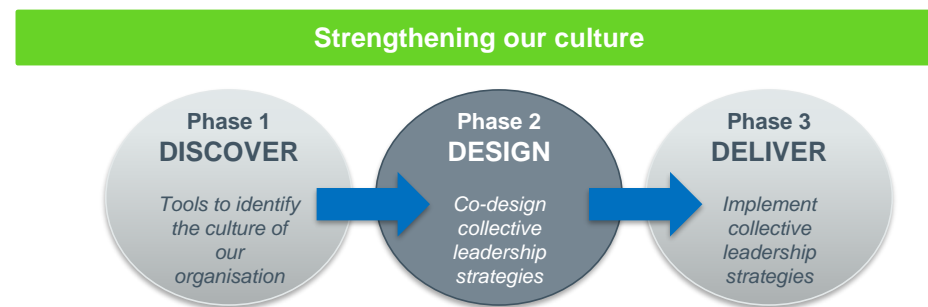
Strengthening our culture

The Big 5 and strengthening culture programme



- As part of our response to the NHS staff survey results, we agreed five key areas we want to improve on, based on staff feedback – and our **Big 5** will drive how we respond over the coming weeks and months. Over 5,000 have already told us what we need to do better by filling out the NHS Staff Survey – and we are incredibly grateful to those who did. This intelligence and those sourced from the additional listening events will inform the development of the Big 5 priorities for the year.

- We're now into our third month of the Big 5:
 - In May, we held a **health and wellbeing month**, which was focused on all of the work we are doing to support staff, including: deskercise, running, yoga, mindfulness and 'Riddim' dance fitness sessions, counselling and support services.
 - In June, the Big 5 theme was "**Let's talk**", which was all about supporting staff to raise concerns, promoting awareness of how to speak up.
 - In July, we are focusing on **flexible working** – urging staff and line managers to adopt a flexible by default approach. A hybrid model served us well during Covid and we want to continue to offer flexible working to staff wherever possible.
 - Looking ahead, **career progression** will be our focus in August, making building a culture where progression is based on merit and hard work; and finally in September we will be focusing on **creating a better workplace**, where we will concentrate on giving staff the tools and equipment they need to do their job effectively.



- We continue to make progress in strengthening our culture. In May, the Board approved the culture action plan, and our new culture, diversity and inclusion programme board has held its first meeting to drive this work forward.
- Draft targets and indicators of impact are being scrutinised and refined to balance ambition with achievability. More detailed plans for all workstreams are under development. Business Case for additional resources required for CEI Programme Delivery Phase has been drafted.
- CEI Programme Board subgroup under formation to look at **Supporting Team Development** and a proposal for implementation is under development
- CEI Programme Board subgroup under formation to look at **Values and Behaviours**
- Culture champions** continue to meet monthly
- Subgroup on '**Villages**' continues to develop the villages concept to build stronger sense of community, inclusion and belonging.



Diversity and inclusion Overview



- **Calibre Leadership Programme for disabled staff**

Our joint application with Royal Marsden have been successful and we have been offer 10 places each.

Programme runs from February – April 2022

Application process and logistics are being reviewed. We will be promoting from September and welcoming applications from staff



- **“White Allies” programme**

Our application has been successful, the programme runs from September 21 – February 22.

The following members of staff will be attending the six modules:

- Dr Richard Jennings, CMO
- Anna Clough, Deputy COO
- Kim Ferns, HON for Quality
- Dr Dom Spray, Clinical Director, Critical Care
- Matthew Ayres, GM ED
- Bethea H. Jones, DGM Children’s Services

LGBTQ + PRIDE

- June has always been Pride Month for our LGBTQ+ Community and for London Pride. Due to current restrictions London Pride has been postponed until Saturday 11th September. The LGBTQ+ Staff Network didn’t want to let June go past with honouring this important celebration so they ran a number of small activities. This included:

- ✓ Raising the Progress flag at both SGH and QMH sites.
- ✓ Rainbow bunting displayed in some communal areas and wards
- ✓ 600 cupcakes were kindly designed and baked by a member of the Charity team!
- ✓ One of our ED Receptionists created a number of posted to help us raise awareness of the different communities within LGBTQ+
- ✓ Over 150 additional staff members have pledged support to the NHS Rainbow badge scheme
- ✓ As with previous events the E&F, Catering and Charity teams have been fully behind us
- ✓ To wrap up the month members of the network and some execs will be on the helipad (30th) flying the progress flag!

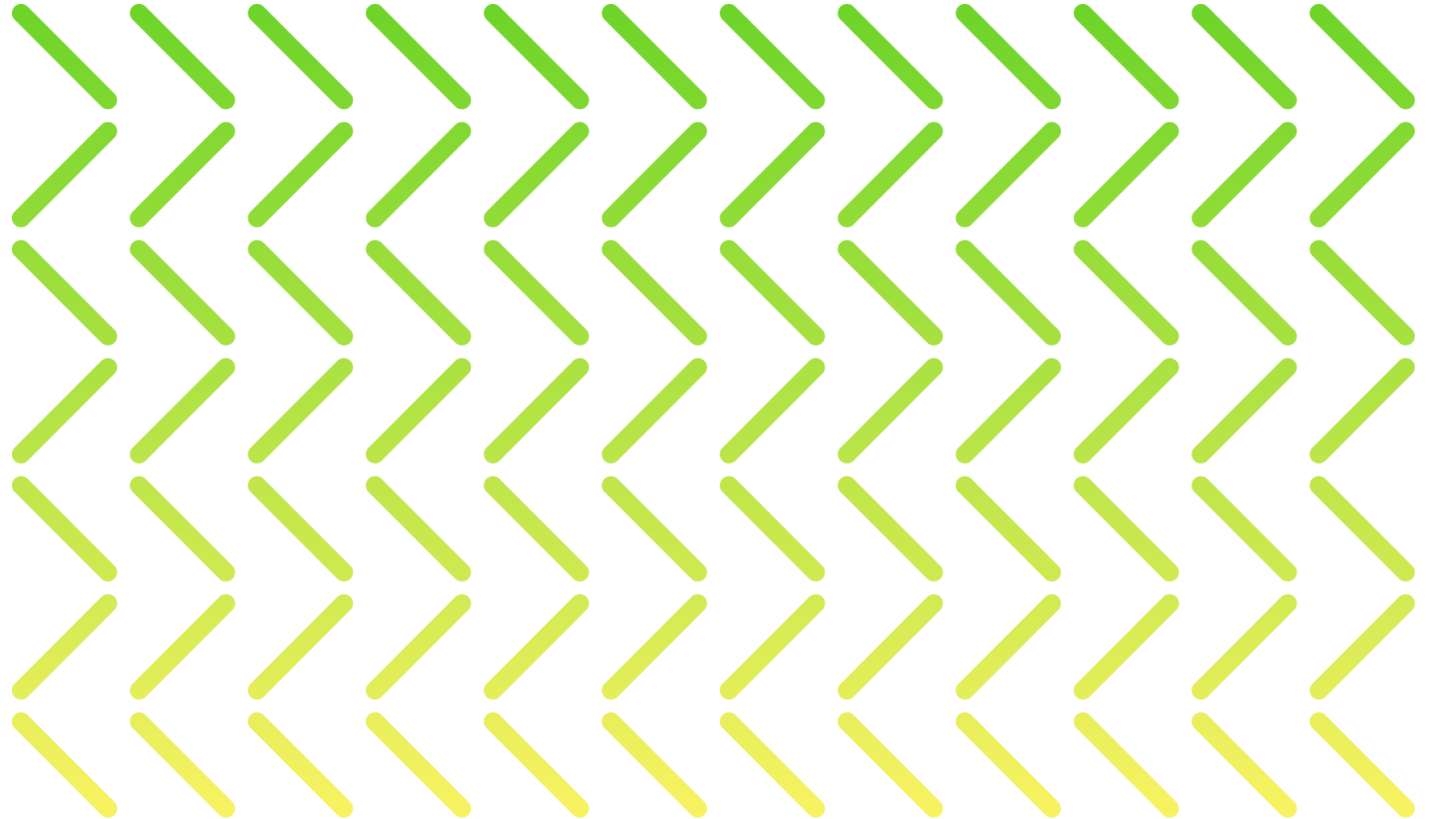


BECAUSE...



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.



Trust financial position

2020/21 year end and 2021/22 financial planning

Year end 2020/21

- For 2020/21, the Trust developed a plan to reduce its deficit to breakeven, which was achieved, albeit with a control total adjustment for annual leave of £3.1m. Actual performance for the year was a deficit of £3.1m representing an improvement on 2019/20 of £10.2m. The financial plan shown in the tables is a deficit of £11.1m, which excluded a Non NHS income top-up of £13.0m, and block income reduction of £1.9m (hence an adjusted plan of breakeven).
- The Trust spent £98.6m of capital in 2020/21. This was funded from internally generated funds, Covid-19 funding and additional one-off funding. The capital funds available to us were used to support ongoing investment in IT, our estate and medical equipment.
- The Trust's external auditors have completed their work on the 2020/21 financial audit. The auditors have issued an unqualified audit opinion.

2020/21 financial performance against plan			
	2020/21 Actual	2020/21 Plan	Variance
	£ millions	£ millions	£ millions
Total income excl capital & PSF	973.7	917.1	56.6
Expenditure excluding donated	- 1,039.8	- 973.5	- 66.3
Adjusted financial performance	- 66.0	- 56.3	- 9.7
Capital donations/depreciation	4.3	- 0.7	5.0
PSF/FRF/MRET/top-up	62.9	45.2	17.7
Surplus deficit incl PSF/FRF/MRET/top-up	1.3	- 11.8	13.1
Adjusted financial performance incl PSF/FRF/MRET/top-up	- 3.1	- 11.1	8.1

Planning for 2021/22

- Planning for 2021/22 is being conducted on a different basis this year, with the year ahead being divided into two parts, H1 covering the first six months of the year, and H2 the second half of the year. In late June 2021, the Trust submitted its H1 financial plan to NHSEI in line with national planning guidance. The Trust has developed a plan for the full year which reports a full year deficit of £1.2m, £0.6m for H1. Taken with other plans within SWL the ICS is planning to present a balanced plan to NHSEI. The key elements of the plan:
 - A total income budget of £998.9m in 2021/22;
 - the risk around shortfalls in non-NHS income previously covered by additional block NHS income has materialised and is £8m;
 - Increased income in 20/21 due to increase spend on NHSE high cost drugs, COVID testing, and additional income received under the existing framework to cover Covid and increased activity costs continue into 21/22;
 - The plan includes £14.8m (full year value) of elective recovery fund income. This is the element of the plan that has the most risk attached to it.
 - The plan includes a decrease in income of £32.8m due to the transfer of the hosting of the GP Leo contract to Royal Free (offset with costs), an increase due the Trust hosting SWL Procurement (recharge to partner Trusts, offset with cost), ESH joining SWLP, as well as expected non-pay inflation.



Corporate objectives 2021/22

Closer alignment and streamlining priorities

- 2021/22 will be another uncertain year for the NHS in terms of the planning cycle, being effectively split into two parts, H1 and H2. The focus of H1 is recovery of patient services and staff well-being, given the significant impact of Covid in these areas in 2020/21.
- The Board has agreed that the 2020/21 Care, Culture and Collaboration corporate objectives previously agreed in September 2020 form the basis of our corporate objectives in H1 (see opposite).
- A focused piece of work is being undertaken by the Executive team to review the corporate objectives, including developing a simple presentation of the whole setoff objectives and deliverables, agree a common presentation and reporting methodology, and being closer alignment across the organisation's priorities.
- Through the cultural diagnostic work, staff identified clarity of purpose and accountability for delivery as a key area for improvement at St. George's. It is proposed that we develop our H2 corporate objectives with this staff feedback in mind.
- The plan is to develop in-year objectives, corporate objectives and priority strategic initiatives by September 2021 and to present these to the Board in October 2021, with communications activity around these H2 objectives being undertaken between October 2021 and March 2022.

	CARE	CULTURE	COLLABORATION
Corporate Objective	Patients and staff feel cared for when accessing and providing high quality timely care at St George's; in how the Trust starts to recover from Covid-19 and in how we respond to any future wave.	We will 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.	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
Outcome Measures	Continue to improve patient and staff recommendation rates as 'a place to be treated.'	Continued improvement in our staff engagement and recommendation rates.	Deliver NHS Constitution recovery targets.
	Further reduce avoidable harm and death compared to our 2019/20 baseline.	Occupational health and well being support available to all staff.	Deliver breakeven to financial plan.
	Timely access to wellness reviews as part of PDRs, psychology and specialist services, to support staff recovery.	Further improve diversity through our recruitment and promotion practices.	Optimise our education and R&D potential with St. George's University of London.
	90% of staff have had both their Covid vaccinations	Co-create our culture improvement plan, based on staff feedback from the diagnostic stage.	Deliver the elective recovery framework to maximise the recovery funding available for reinvestment.

Other key updates

New Secretary of State for Health



Further easing of Covid-19 restrictions from 19 July 2021



Car parking consultation – closes 12 July 2021



10 years of 24 hours in A&E

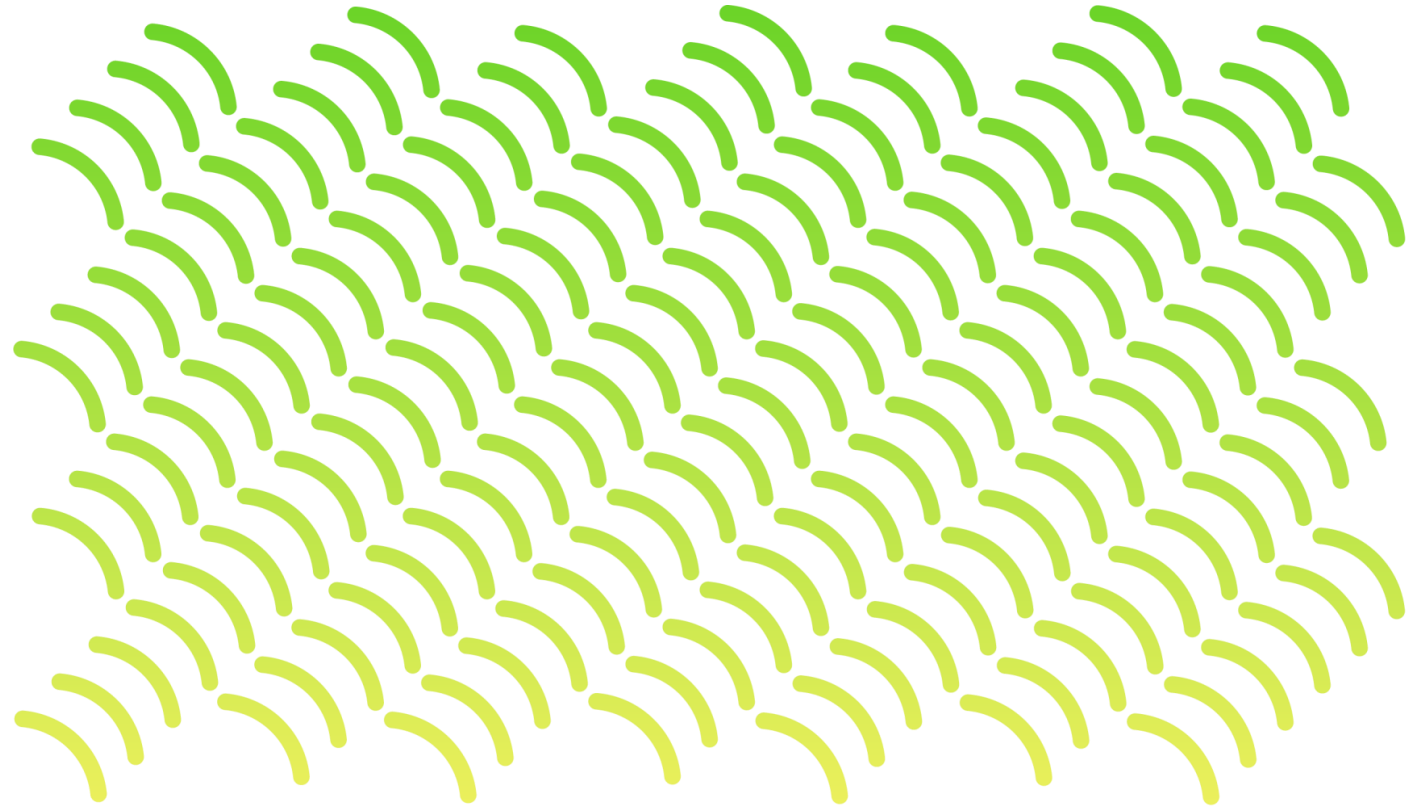


St George's wins £50,000 to increase clinical placements



Anna Macarthur – new Director of Comms and Engagement







Performance Briefing Council of Governors

Anne Brierley

Chief Operating Officer

7 July 2021



Contents

- How we are doing
- Emergency Performance
- Elective Performance
- Cancer Performance

Performance Overview

How Are We Doing?

May 2021

Daycase and Elective Surgery operations

Actual: 4,512
2019 Actual: 5,561



6 Week Diagnostic Performance

Actual: 5.6% **Target:** 1%



Four Hour Emergency Standard

Actual: 93.2%
Target: 95%



April 2021

Referral to Treatment Standard - Number of 52 Week Breaches

Non-Admitted: 815
Admitted: 1,359

Whole Trust Inpatient Friends and Family Test

Actual: 97.1%
Target: 95%



Outpatient First Attendance

Actual: 17,419
2019 Actual: 18,489



14 Day GP Referral for all Suspected Cancers

Actual: 86.9% **Target:** 93%

April 2021

62 day GP Referral to Treatment

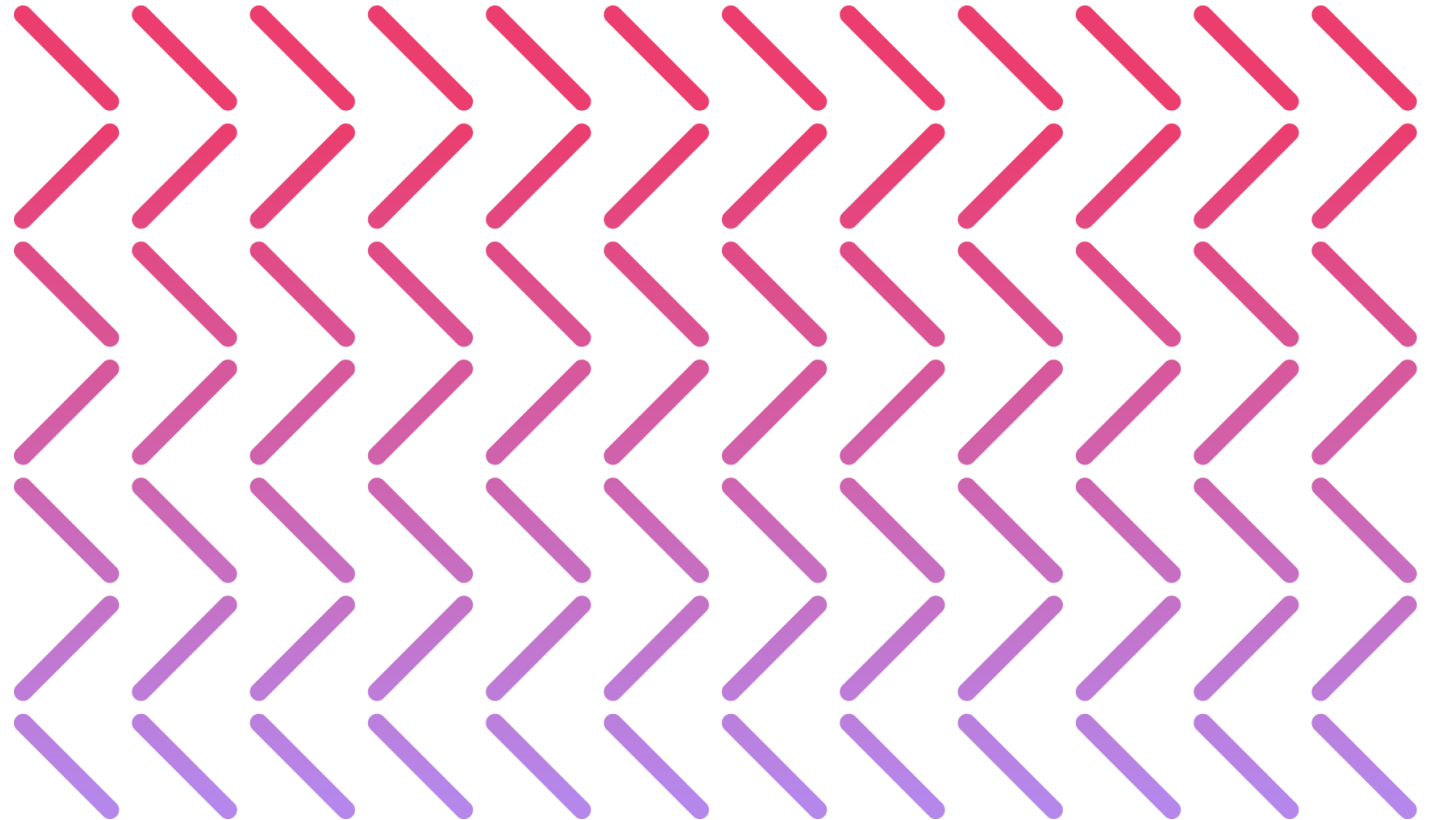
Actual: 78.6% **Target:** 85%

April 2021

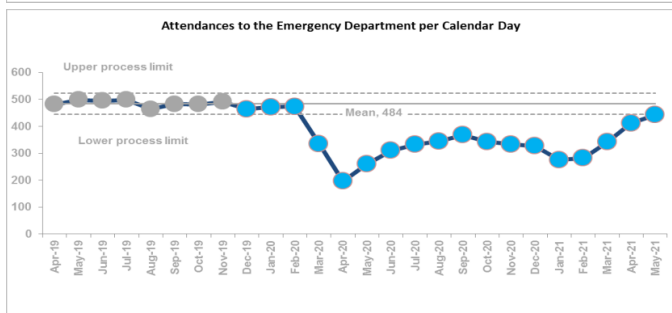
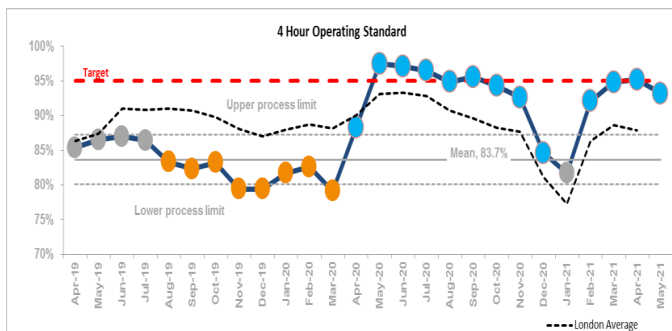
Outpatient performance is expected to be 101% after catch-up, which is higher than the 84% trajectory by 17%.
Elective and Daycase performance is expected to be 92% after catch up, higher than the 86% trajectory by 6%



Emergency



Emergency Performance



Throughout June, attendances have continued to rise with activity levels exceeding the same period in 2019 with, on average, 26 more patients per day - the largest proportion have a Priority Score of 3 or above.

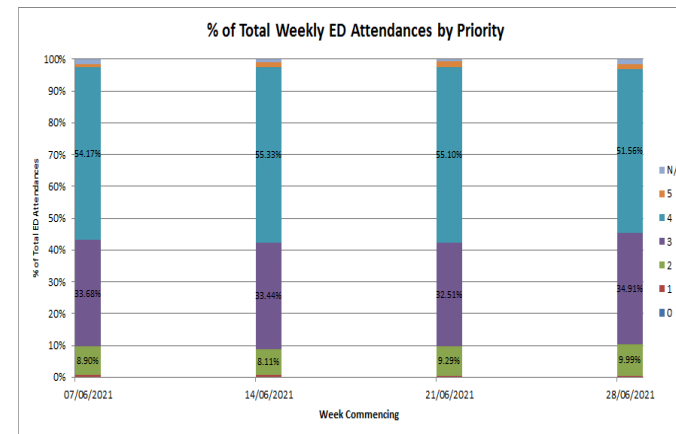
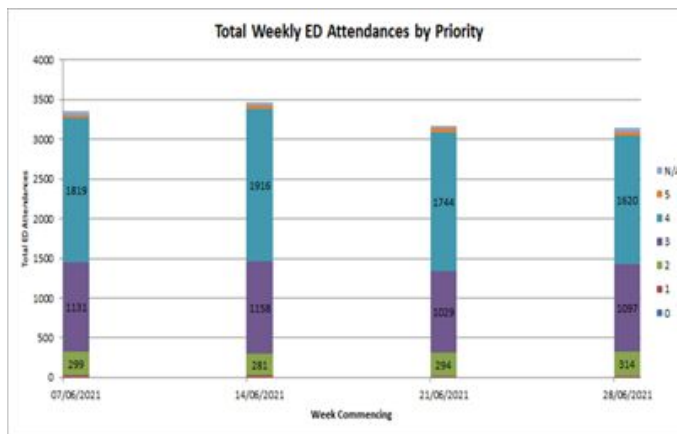
Week Commencing	Manchester Triage Score							Grand Total
	0	1	2	3	4	5	N/A	
07/06/2021	5	18	299	1131	1819	34	52	3358
14/06/2021	2	23	281	1158	1916	50	33	3463
21/06/2021	4	13	294	1029	1744	56	25	3165
28/06/2021	5	10	314	1097	1620	47	49	3142
Grand Total	16	64	1188	4415	7099	187	159	13128

What the information tells us

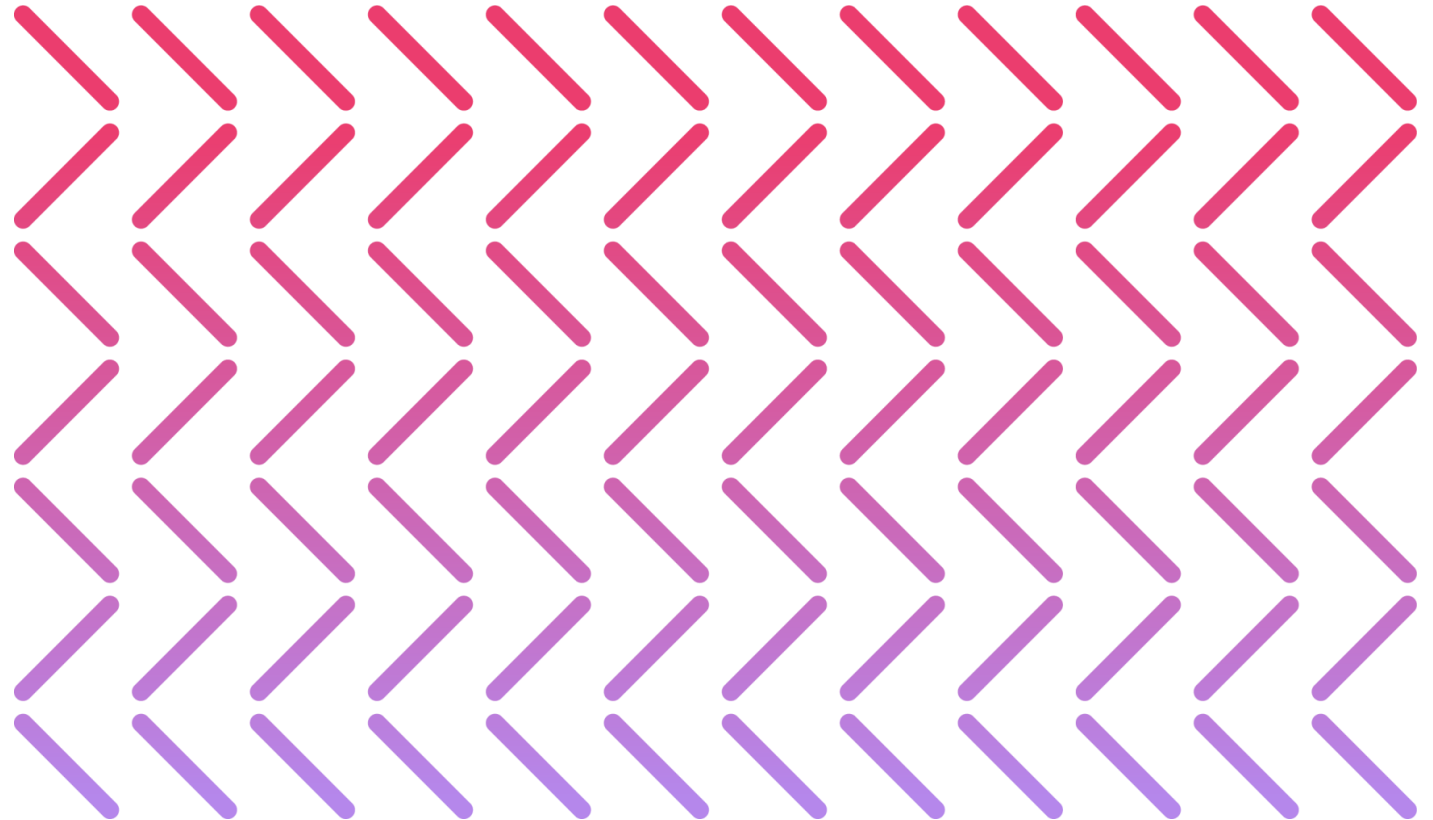
Throughout May, the Trust continued to see a rise in emergency demand with daily patient attendances to front end Emergency Services increasing from 412 in April to 442 in May. Of the 13,712 patients attending 93.2% were either discharged, admitted or transferred within four hours of their arrival maintaining a high performance against higher demand and reporting above the London average. Activity levels continue below the lower control limit but are rising towards pre-COVID levels with the emergency department extremely busy at times throughout the month where daily arrivals have exceeded 470. The proportion of walk-in patients increased by a further 5% in May whilst also seeing a rise in ambulance arrivals by, on average, 10 attendances per day. Ambulance activity levels have returned to within the upper and lower control limits in line with the mean of 2019/20. Both the admitted and non-admitted pathway performance remains above the upper control limits with non-admitted performance consistently above 95%. On average, 45% of patients scored between 1-3 on the Manchester Triage Score System compared to 48% in April.

Actions and Quality Improvement Projects

- ED continues to hold daily internal reviews of the previous day's performance and, additionally, continues to meet regularly with other clinical and non-clinical areas to explore opportunities for improvement.
- Utilisation at the Enhanced Primary Care Hub located at Queen Mary's Hospital is running consistently at over 75%.
- 7,828 patients have now checked into the Emergency Department using the EDck.in smartphone self-clerking system. On 28 May, a new record of 126 patients used the system to check-in. As ED attendances increase, the system appears to be being used more frequently and the new, built-in patient feedback survey shows positive user experience, ED has been asked to present the technology to other partners in South West London.
- Continuing issues with the number of adult and paediatric mental health patients attending the department and the capacity of partners to support their care needs - this is being addressed through engagement with the mental health providers.
- ED has developed a new internal dashboard to measure performance against the new Emergency Care Standards.



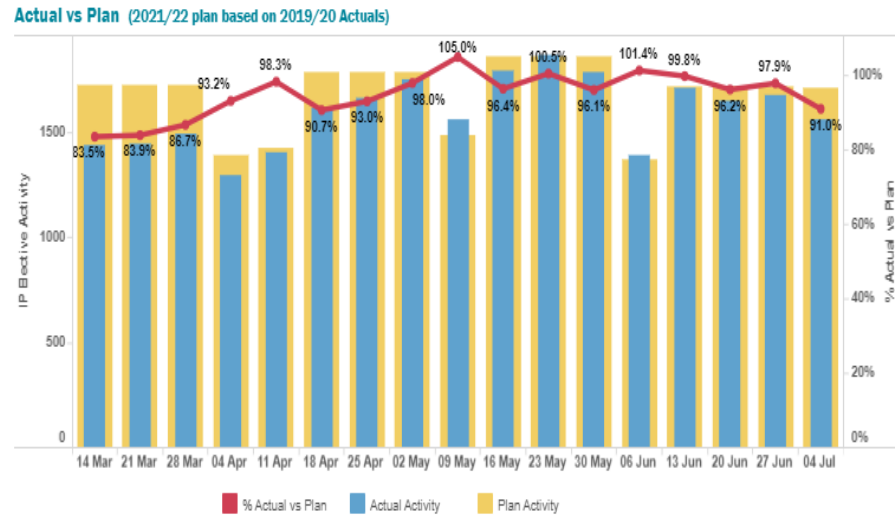
Elective



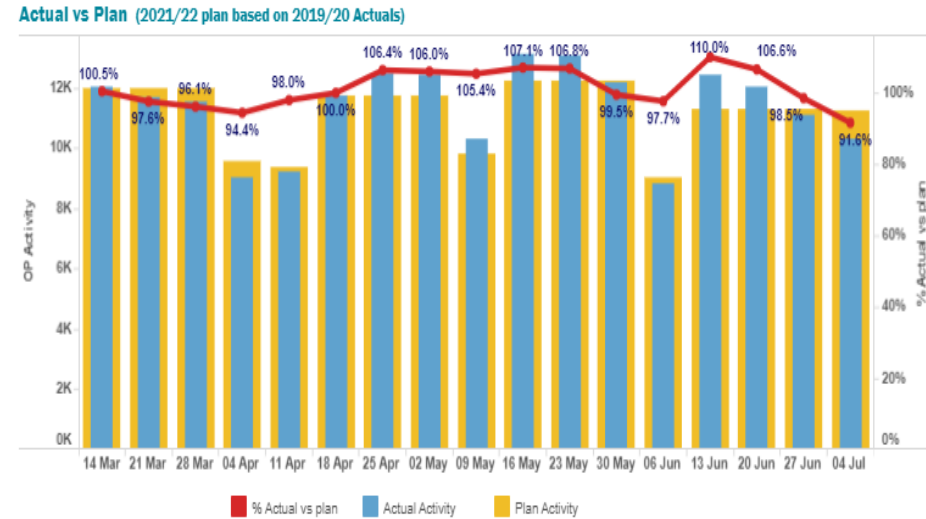
Elective Care Recovery Update

Activity – Actual vs. Plan

Inpatient



Outpatient

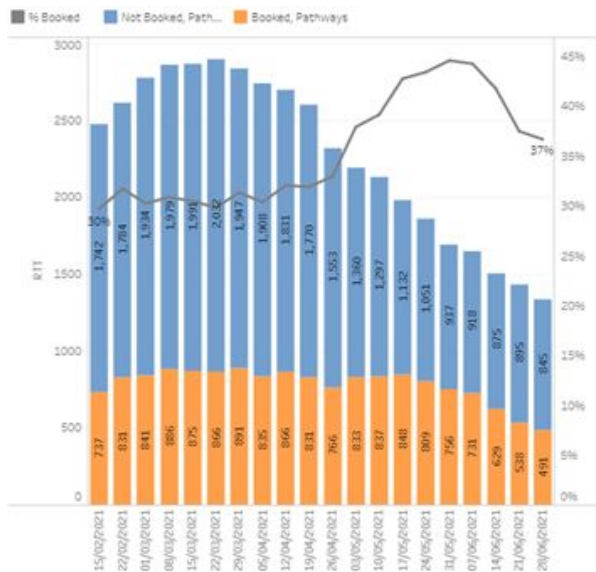


What the data is showing

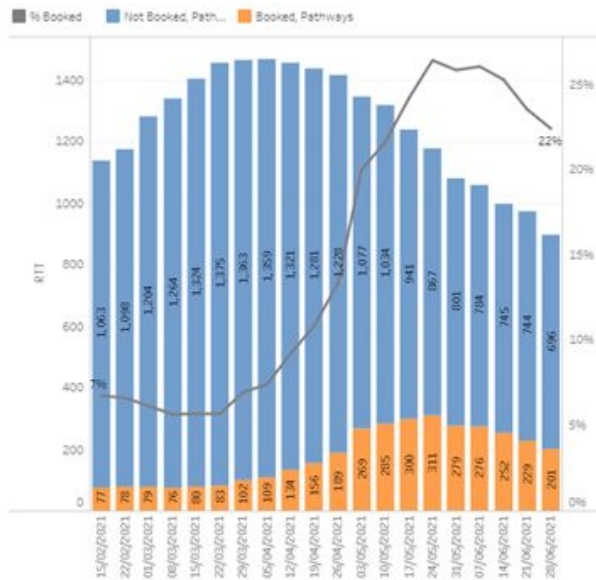
Inpatient and Outpatient activity levels have fluctuated between 90 and 110% since April but both areas have seen a decline throughout June. Whilst the overall numbers of patients being treated remains similar, this is lower than the activity numbers in the same period of 19/20.

Trust 52 week performance - Current

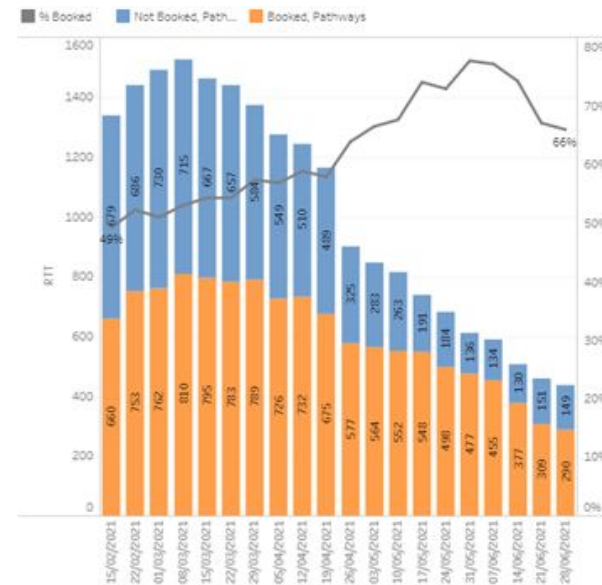
Total



Admitted



Non Admitted

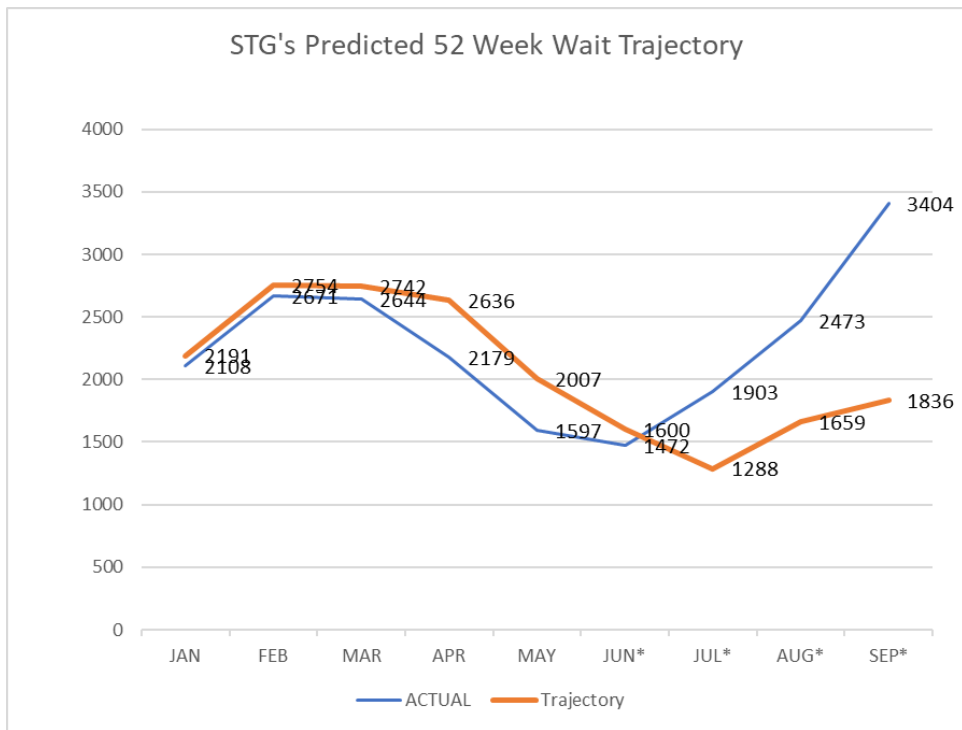


What the data is showing

The total number of patients waiting longer than 52 weeks continues to reduce, and as at 28 June 2021, the total number of patients stood at 1,336. This is significantly better than the initial forecast trajectory of 4,141 patients by the end of June.

There have been significant reductions seen on the non admitted Patient Tracking List (PTL), with a specific focus on patients waiting for a first outpatient appointment.

Trust 52 week performance – Q2 Forecast



The blue line represents the actual position from Jan – May and the current forecast position from June – September

The orange line represents our target position

What the data is showing

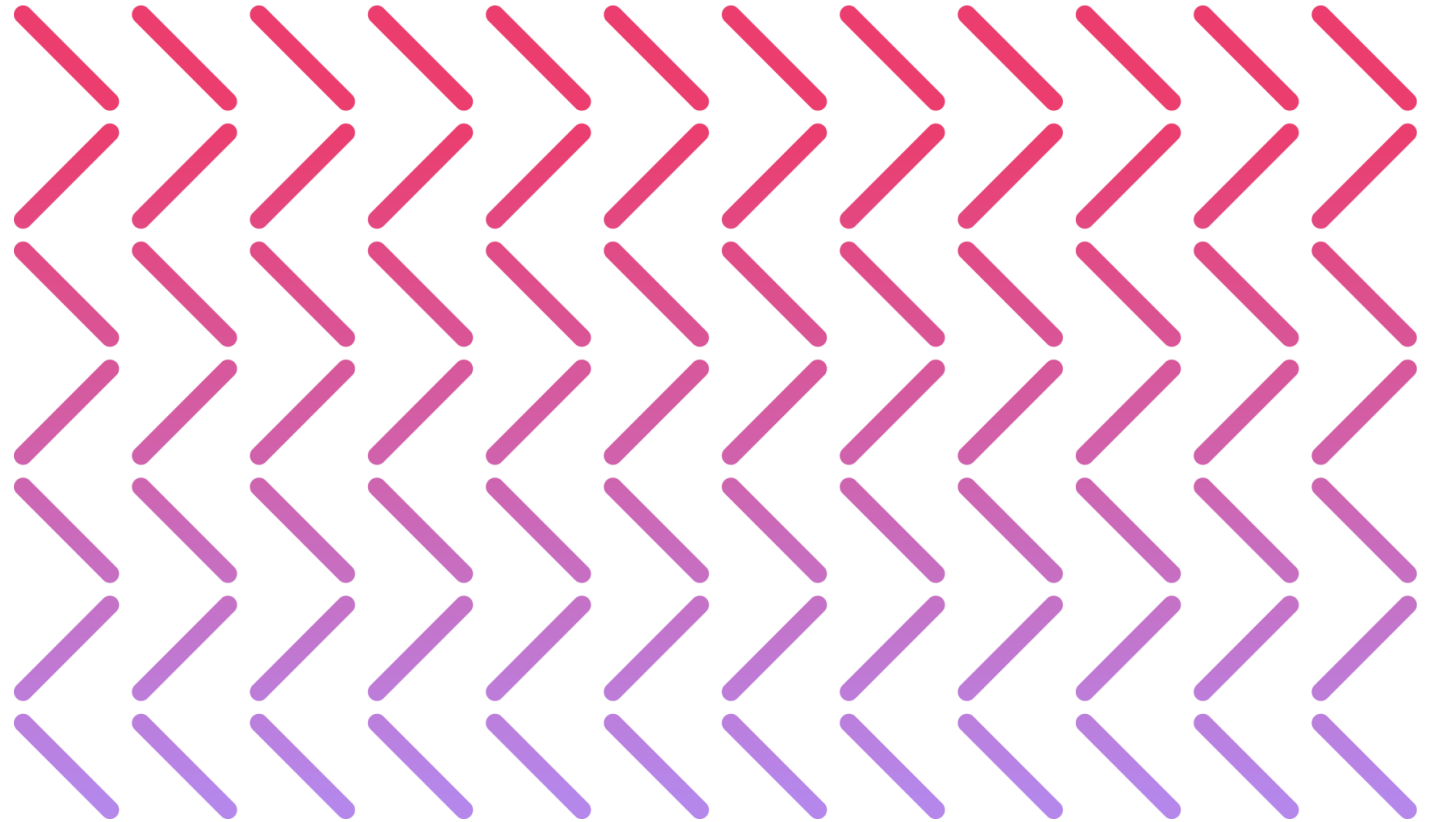
Looking at patients currently on our waiting lists, the worst case position is that there will be 5,089 patients waiting more than a year at the end of September. However, by using current activity levels and activity modelling, we can predict that this position will improve and there will be circa 1,800 patients waiting more than a year at the end of September.

It is recognised that this is a marginal increase from the current position and this is as a result of changing referral patterns. In the past 3 months we have benefited from a reduction in referrals 12 months ago, however referral patterns changed in July 2021 leading to longer outpatient waits and competing demand between long waiters and managing current demand.

The majority of this risk sits within 7 key services, listed below, who are focusing on additional plans to reduce the number of long waiters.

- Audiology
- Cardiology
- ENT
- General Surgery
- Neurosurgery
- Plastic Surgery
- Vascular Surgery

Cancer



Cancer Standards May 2021 Performance

MAY 2021 CWT POSITION				
CWT Standards	Total Seen/Treated	Total Compliant	Performance	Required
TWW Standard	1416	1257	88.8%	93%
Breast Symptomatic	271	211	77.9%	93%
31 Day 1st Treatment	212	204	96.2%	96%
31 Day Subsequent Drug	88	88	100.0%	98%
31 Day Subsequent Surgery	58	58	100.0%	94%
62 Day GP Standard Treatment	70	47	67.1%	85%
62 Day Screening	25.5	19	74.5%	90%
62 Day Consultant Upgrade	21	18	85.7%	<i>Internal - 85%</i>

What information tells us:

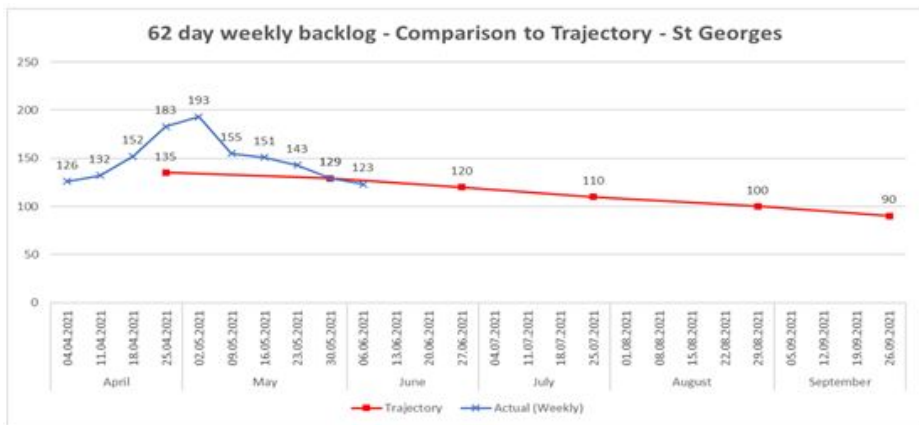
The Trust was non-compliant against the 14-day and 62-day Standards.

Quality Improvement:

14-day Standard – the non-compliant services were Breast and Lower Gastro-Intestinal (GI); both have recovery plans which are reliant on recruitment. **Return to compliance forecast for Q3.**

62-day Standard – performance will remain below 85% as the majority of pathways have been delayed during COVID due to Infection Prevention & Control guidelines, diagnostic capacity issues and focus on reducing the 63-day backlog. **Return to compliance forecast at the end of Q3.**

Patients Waiting Over 63 Days on the 62-day Cancer RTT Pathway



What the information tells us:

The graph shows the number of patients waiting over 63 days against trajectory; the table shows the same data by cancer type. Most tumour types continue to see a reduction in this wait band, except for Lower GI and Head & Neck.

Quality and Improvement:

Most of the Head & Neck patients are referred late from other Trusts – there is a SWL wide review in progress. Access to CT-Colon and Endoscopy are contributing to longer pathways for Lower GI patients. Both services are increasing capacity for cancer.

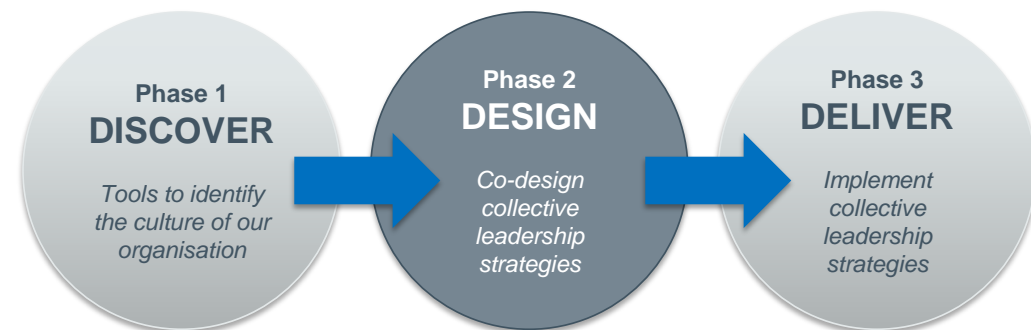
Tumour Group	June Trajectory	63-103 Days	104+ Days	Total Backlog	Weekly Trend
Brain	0	0	0	0	↓ 1
Breast	15	14	4	18	↑ 1
Children's	0	1	0	1	↔
Gynaecology	15	6	7	13	↓ 1
Haematology	1	5	0	5	↑ 1
Head & Neck	19	23	4	27	↑ 2
Lower GI	16	19	2	21	↑ 3
Lung	4	5	1	6	↑ 4
Skin	16	7	3	10	↓ 5
Upper GI	27	7	2	9	↓ 7
Urology	7	11	2	13	↓ 3
Other	0	0	0	0	↔
Grand Total	120	98	25	123	↓ 6



Culture Programme Update

Board of Governors Meeting

14 July 2021



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Findings of the Discover (Diagnostic) Phase

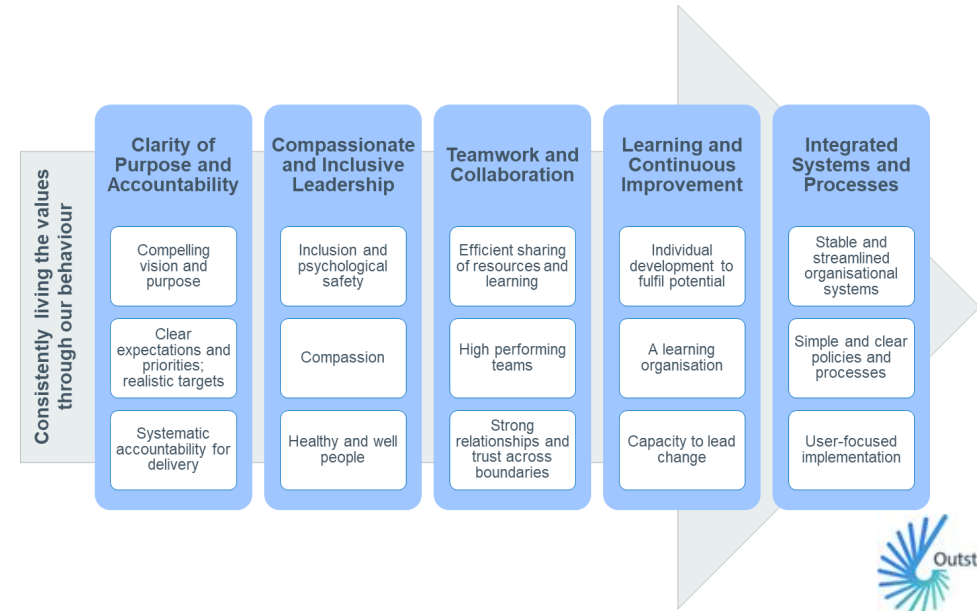
Findings from the main report...

Strengths	Areas for Improvement
<ul style="list-style-type: none"> • Pride in patient care • Stability of Executive Team • Delivering despite constraints • Some exemplary managers • University connection • Appetite for change 	<ul style="list-style-type: none"> • Varied clarity of vision • Accountability for delivery • Unrealistic targets • Workaround culture • Compassion not 'landing' • Mixed leadership skill • Low psychological safety • Bullying, harassment and discrimination • Working in siloes • Unfulfilled drive to learn • Clinical leadership collaboration

- The main report of the 'Discover' phase identified a set of 17 strengths and weaknesses (see left) in our culture. These were later synthesised into a set of 6 main themes (see bottom left), included in the report summary that was published in November 2020.
- For the purpose of developing an initial programme design, these themes were further developed into 5 main areas of potential plus 1 cross-cutting theme around living our values (see below).
- While these are largely still accurate, the main themes or workstreams have evolved in line with developments, such as the need to make our D&I goals much more central to the culture programme.

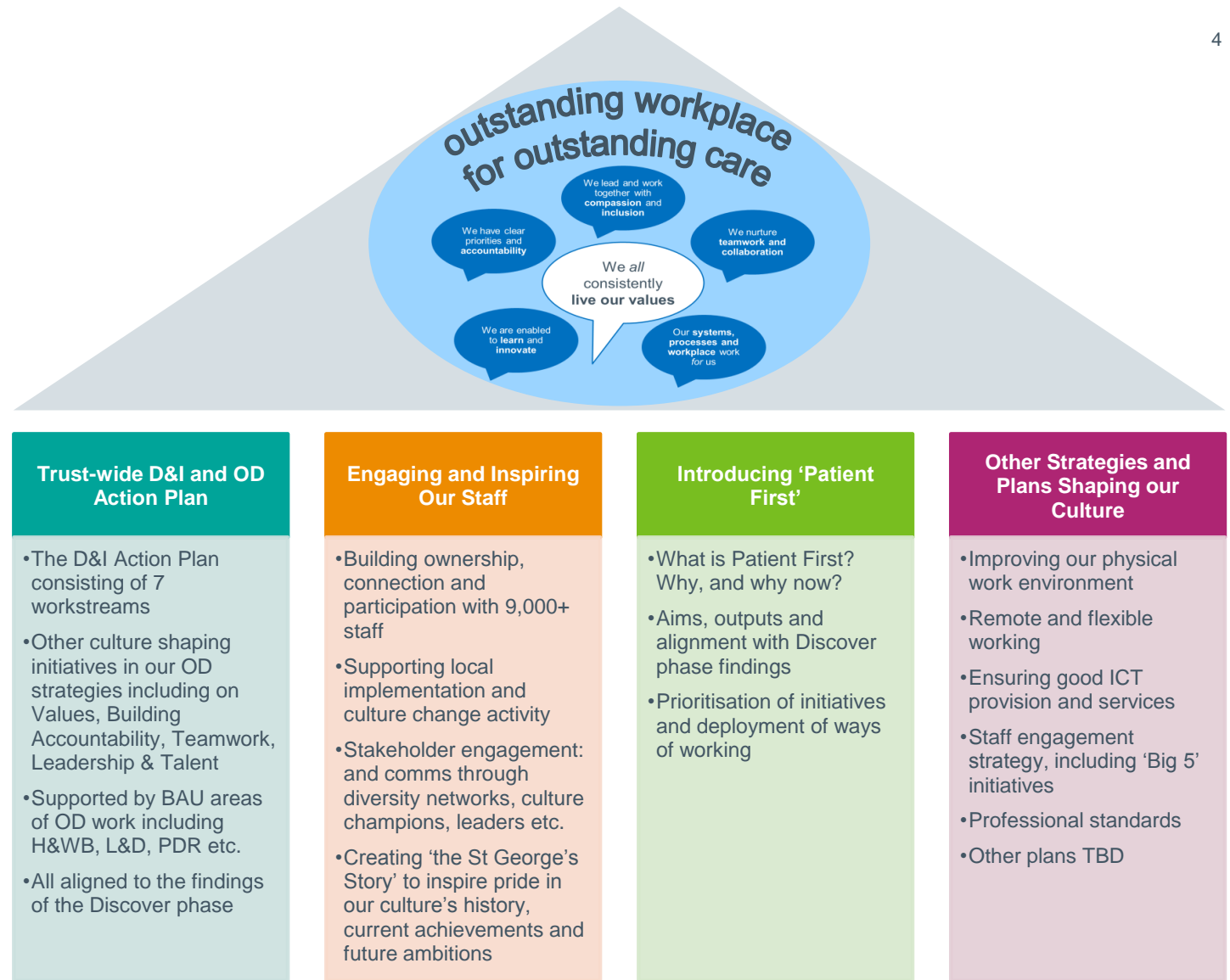
Conclusions in the report summary...

1. Clearer decisions on the Trust's priorities which balance the needs of the organisation, staff and patients
2. An environment where staff feel empowered to work together and improve services
3. Investment in building strong leadership across all levels
4. An environment where people feel safe to share their views and learning
5. Learning, innovation and teamwork at the heart of how we do things
6. A commitment to long term improvement, supported by consistent processes and structures



Creation of 'Four Pillars'

- Since the Discover (diagnostic) phase, delays in progress around the Christmas period were caused primarily by the second wave of COVID, but also by a need to consider how to approach and integrate 'Patient First'.
- Since then, we have redesigned the programme's work into 4 main pillars. An overview of each is included in the following pages.
- The Initial Culture Programme Design centred on a corporate, Trust-wide OD plan. Feedback has emphasised the need to build in a significant body of work around engaging and inspiring all staff.
- The Trust intends to adopt a 'Patient First' approach which will influence our work around business planning, setting priorities, QI and local innovation. While not technically part of the programme, it is included as a pillar as it will have major benefits for and dependencies with our culture programme.
- It has also become clear that a number of parallel strategies will also positively influence our culture, which also need to be integrated.
- All 4 pillars will work toward achieving our 'target culture', which will be represented in the 'apex' by the target statements and programme identity *that is under development*.
- The Culture and OD team will be responsible for delivering the first two columns.



Trust-wide Diversity & Inclusion and OD Action Plan

Overview

- The existing D&I action plan is central to this programme and critical to achieving cultural change
- A range of supporting OD solutions will enable and sustain new cultural patterns
- Mostly solutions are from (or derived from) the evidence based NHSI Design Toolkit, with some solutions proposed specifically for St George's
- Proposed solutions are based on input from the NEDs, EMT, other senior leaders, and culture champions
- Much of this work is already underway or part completed
- The table opposite summarises the proposed OD plans that will support the culture programme

Area	OD Solutions
Diversity & Inclusion	<ul style="list-style-type: none"> • Trust-wide D&I Action Plan
Living Our Values	<ul style="list-style-type: none"> • Values into behaviours • Values-based recruitment and induction
Clarity of purpose and accountability	<ul style="list-style-type: none"> • Aligned goals and objectives (Business planning) • PDR (appraisal) system transformation • Team level goals
Leadership & Talent Development	<ul style="list-style-type: none"> • Inclusive management and leadership development • Inclusive talent management – including a commitment to positive action development • Coaching and mentoring
Teamwork and Collaboration	<ul style="list-style-type: none"> • Supported team based working • System leadership development – including a commitment to positive action development



Engaging and Inspiring Our Staff Overview

- This pillar is about building ownership, connection and participation among our **9000+** staff and inspiring people to get involved
- Sometimes this will be about translating organisational OD work to the local level, and sometimes culture initiatives will start and build locally
- It will involve extensive Trust-wide communications with all stakeholders and staff, and the continuous sharing of ideas and successes.
- The St George's Story (project title tbc) will aim to inspire greater recognition of and pride in our culture's history, current achievements and future ambitions
- This pillar requires some further development and definition with stakeholders. Some of it by the nature of culture change should remain emergent, however we anticipate three main areas of work as described opposite

Area of Focus	Likely Activities
Supporting Local Implementation and Culture Change Activity	<ul style="list-style-type: none"> • Establishing local centres/hubs of representation and culture change activity • Team communications and events, guided by tools and core messages • Local piloting and trialling of new ways of working • Will involve training and skills development for champions and local change agents
Trust-wide Stakeholder Engagement and Communications	<ul style="list-style-type: none"> • Develop of a culture programme name and 'identity' • Stakeholder engagement strategy and plans • Via culture champions, existing networks and forums • Ongoing multi-directional dialogue
Storytelling: 'The Story of St Georges'	<ul style="list-style-type: none"> • Creating and sharing the story of St George's that honours our history and invites people to shape our future • Rebuilding confidence and inspiring pride and trust across the organisation • Integrating and sharing successes across teams and divisions



Introducing 'Patient First' Overview

- This pillar will firstly explain what we mean by Patient First, where it came from, and why we are seeking to integrate it through St George's now
- It will propose a number of aims and main projects - some of which formerly appeared in the Culture OD action plan, but which now align more with the 'Patient First' pillar.
- There will be strong links with the business planning and strategic objective setting process

Area of Focus	Likely Activities
Team Reflexivity and Continuous Learning	<ul style="list-style-type: none"> • Local tools and processes to support quality reflection and learning
Integration of QI in day to day work	<ul style="list-style-type: none"> • Continuing to embed tools, processes, ways of working and local cultures that will support QI methodologies to thrive
Project and Programme Management	<ul style="list-style-type: none"> • Introducing and embedding an organisation wide project and programme methodology
Systems and Processes that work	<ul style="list-style-type: none"> • Ensuring accurate specification and consistent implementation of new systems and processes • Aims to avoid unfit for purpose processes and workarounds



Other Strategies and Plans Shaping our Culture

Overview

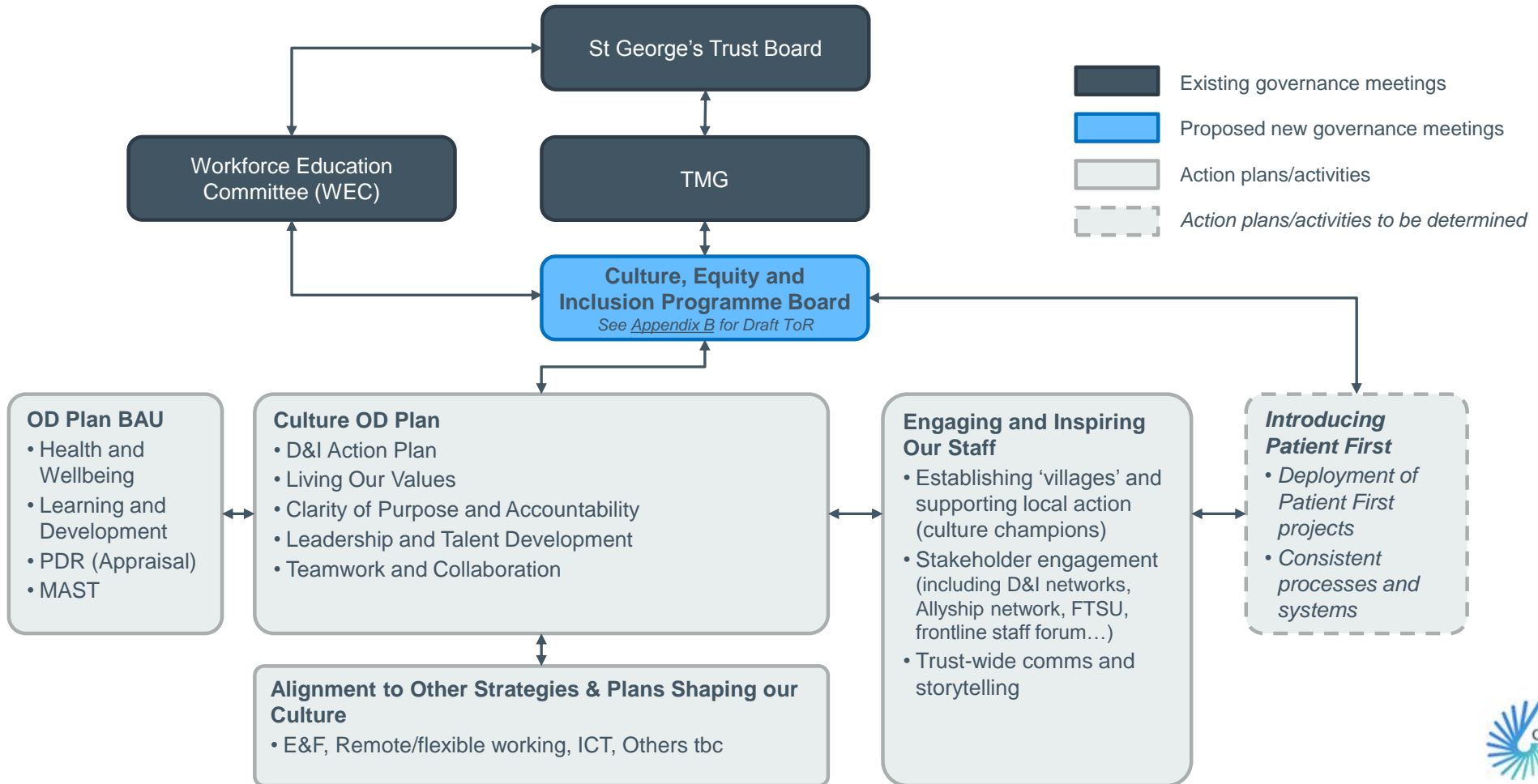
- There are a number of other strategies, programmes or initiatives across St George's that will have a large impact on our culture and address some of the main concerns that came out of the Discover phase
- Some of these are noted opposite, and it is likely there will be more to add

Strategies/Plans	Activities
Staff Engagement Strategy	<ul style="list-style-type: none"> • Including planned initiatives within the 'Big 5' areas of focus prioritised by staff after publication of annual staff survey results
Remote & Flexible Working	<ul style="list-style-type: none"> • Updating policies and processes to enable staff to work where and when is most suitable • Ensuring COVID onset ways of working are properly established and supported
ICT Enhancement	<ul style="list-style-type: none"> • Ensuring a good standard of ICT provision and services • Addressing some of the basic concerns like internet bandwidth, access to computers, hardware shortages, and ongoing software workarounds
Estates Strategy	<ul style="list-style-type: none"> • Improving our physical work environment including offices, clinical areas, shared staff spaces and public zones • Enhanced workspaces will positively influence the way we work
Professional Standards	<ul style="list-style-type: none"> • Developing and embedding clear standards of professional and operational leadership
Education Strategy	<ul style="list-style-type: none"> • Using technology to modernise our channels of delivery of training and education (EDIT programme) • Creating learning tools and environments that will enhance learning experience and impact
'Business As Usual' OD	<ul style="list-style-type: none"> • Health and Wellbeing services and projects • Corporate Learning & Development and Clinical Education programmes
Best Practice Local Culture Initiatives	<ul style="list-style-type: none"> • Identifying, communicating and integrating local culture change initiatives across the organisation • Examples include culture initiatives in Child Therapies and ED



Programme Governance

- Governance for the programme includes establishment of a Culture, Equity and Inclusion (CEI) Programme Board that reports into the WEC and Board via the TMG



Measuring Impact

- We will know we are successful when we see positive changes in three main areas as outlined below.
- Note that all of these proposed indicators and targets are currently being tested for accuracy and require further consultation before exact figures are agreed.

1. Staff survey results

Measurement	Baseline	Targets		
	2020 Oct	2021	2022	2023
Increase in overall engagement score	7.0	7.1	7.3	7.5
Increase in employee morale score	6.0	6.1	6.4	6.7
Reduced intention to resign/leave score	TBC	TBC	TBC	TBC
Increase in Equality, Diversity and Inclusion score	8.4	8.6	8.9	9.3
Increase in Safety culture score	6.6	6.7	7.0	7.3
Increase in Quality of appraisals score	5.7	5.8	6.0	6.2
Increase in Immediate manager score	6.6	6.8	7.1	7.3
Increase in Health and wellbeing score	5.9	6.1	6.3	6.6
Increase in Team working score	6.4	6.5	6.8	7.0

2. Workforce statistics

Measurement	Baseline	Targets		
	2021 Mar	2022	2023	2024
Sickness Rate (%)	3.1	3.0	2.9	2.7
Turnover Rate (%), excludes Junior Doctors	14.4	14.0	13.5	13.0
Vacancy rate	8.6	8.4	8.00	7.7

3. Percentage of staff identifying as BAME

Band	Baseline	Targets			Comments
	2020 Sep	2021	2022	2023	
Band 6	49.8	52	53	53	Overall target is for the BAME workforce to reflect the overall workforce at all levels, therefore more than 50% is over-representation
Band 7	37.2	51	55	60	
Band 8a	28.7	31	35	39	
Band 8b	24.2	28	35	40	
Band 8c	25.0	26	30	36	Currently workforce figures suggest a decline from 25% in Sep 2020 to 24.3% in Feb 2021
Band 8d	14.8	15	20	35	Currently workforce figures suggest a decline from 14.8% in Sep 2020 to 13.9% in Feb 2021
Band 9	13.1	30	36	40	
VSM	20.8	20	30	40	Currently workforce figures suggest a decline from 20.8% in Sep 2020 to 9.5% in Feb 2021

Other measurement factors:

- Staff pulse survey (currently being developed)
- Improvements in WRES/WDES metrics as per the D&I action plan impact tracker



General Progress Updates

- The following notes offer general progress updates in the two main pillars of the programme that lie within the Culture and OD Team’s remit for delivery.
- In addition, the first column offers updates around design and programme management of the whole programme itself.

Programme Management	Trust-wide Diversity & Inclusion and OD Action Plan	Engaging and Inspiring Our Staff
<ul style="list-style-type: none"> • High level plans are being developed into detailed timelines, with clear priorities and dependencies • Outcome measures and targets are proposed and now being tested and refined • Business case for additional resources has been submitted for consideration, focusing on 5 main areas: <ul style="list-style-type: none"> ○ Leadership development ○ Inclusive talent management ○ Supporting team development ○ Engaging all staff in the CEI programme ○ Values and behaviours 	<ul style="list-style-type: none"> • Organisational Action Plan <ul style="list-style-type: none"> ○ Continuing to de-bias recruitment through the Recruitment Inclusion Specialist scheme and new compulsory inclusive recruitment training modules (currently in pilot) ○ Supporting Divisions and Directorates to develop local D&I plans ○ Successful in securing places in multiple D&I leadership programmes (WRES experts, White Allies, ‘Calibre’ Disability Leadership Programme) • Leadership Development (LD) <ul style="list-style-type: none"> ○ Currently developing a LD framework to underpin all LD activity with clear expectations of performance and consistent strategic ‘golden threads’ ○ Existing LD programmes are under review to align with this framework • Supporting Team Development <ul style="list-style-type: none"> ○ Scoping out the offer of tools from Affina OD to assess and develop service-delivery teams, and the training of team ‘coaches’ • Values and behaviours <ul style="list-style-type: none"> ○ Beginning to develop a project around revitalising our 4 existing values and engaging all teams to reconnect with them in their day to day working lives • PDR (appraisal system) <ul style="list-style-type: none"> ○ Focusing on increasing PDR completion rates ○ Upgrading the LMS to enable online completion and recording ○ Designing a values-based PDR system 	<ul style="list-style-type: none"> • Continuing to work closely with culture champions to consult and co-create plans and to feed in views and ideas of the wider staff body • Currently scoping out plans to engage all staff for the onset of the Deliver phase, through a series of communications, events and other channels to engage all of our staff in the programme • Developing a brief to develop the ‘story of St George’s’ which will seek to: <ul style="list-style-type: none"> ○ integrate stories of our achievements and successes from our history, present and future ○ encourage a more positive, balanced narrative about our organisation among staff ○ help to promote and instil a greater sense of pride in our organisation’s identity, history and achievements





Quality Account 2020-21 (and quality priorities for 2021-22)

Council of Governors

Professor Parveen Kumar

Robert Bleasdale

Chief Nurse and Director of Infection Prevention and Control

14 July 2021



Purpose of the session

1. Introduction to the Quality Account [Report]
2. Review of performance in 2020-21 against the following performance measures:
 - National Clinical Audits and national confidential enquiries
 - National core set of 9 quality indicators: Mortality; Patient Reported Outcome Measures; Readmissions; Patient experience; Staff recommendations to friends and family; Patient recommendations to friends and family; Venous thromboembolism (VTE); Infection control; and Patient safety indicators
 - National measures used to monitor access to services via the NHS Improvement Single Oversight Framework: Referral to treatment times; Emergency Department access; Cancer access and Diagnostic waits
3. High level progress against the quality account priorities 2020-21
4. Quality Priorities in the Quality Account 2021-22
5. Any questions

1. Introduction to the Quality Account [Report]

There are two specific pieces of legislation governing NHS healthcare providers (Foundation Trusts) to publish a quality account each year: The Health Act 2009; and The NHS (Quality Accounts) Amendment Regulations 2017 ('the quality account regulations')

The quality account is an important way for providers to report on quality and show improvements in the services they deliver to local communities. It helps Trusts to improve public accountability for the quality of care provided. The quality account is a document in its own right. However, NHS England and NHS Improvement also require all NHS Foundation trusts to produce a quality report as part of the Trusts annual report and quality account will also form the quality report within the Trusts annual report

Trusts are required to identify a set of quality priorities against the following three quality themes:

- 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
- Improve patient experience: meeting our patients' emotional as well as physical need
- Improve effectiveness and outcomes: providing the highest quality care, with world class outcomes whilst also being efficient and cost effective

Due to the pandemic the quality priorities for 2020-2021 were rolled forward to 2021-2022 with the inclusion of a specific focus on reducing nosocomial Covid-19 infection for inpatients. The quality priorities for 2020-2021 had been identified by:

- External assessments
- Local and national audit
- National priorities for sepsis, safe staffing, falls, and infection control
- Analysis of incidents and complaints
- Feedback from national and local surveys
- Healthwatch 'Enter and View' visits

Due to the pandemic NHSI removed the requirement for Foundation Trusts to obtain a limited assurance audit opinion of the Quality Account [report] and Trusts were not required to audit a Council of Governors selected indicator. However, as external audit of the reported performance for 2020-21 has not been undertaken, the Audit Committee requested the Quality and Safety Committee review the Trust's performance as documented in the Quality Account 2020-21. This was undertaken at its meeting in June 2021 and is outlined at slides 5-8. However, Grant Thornton, the Trust's external auditor has read the content and confirmed there were no material inconsistencies with the Trust's Annual Report. The Trust engaged with stakeholders and received statements for inclusion from South West London CCG, Wandsworth Healthwatch and Wandsworth Overview and Scrutiny Committee.

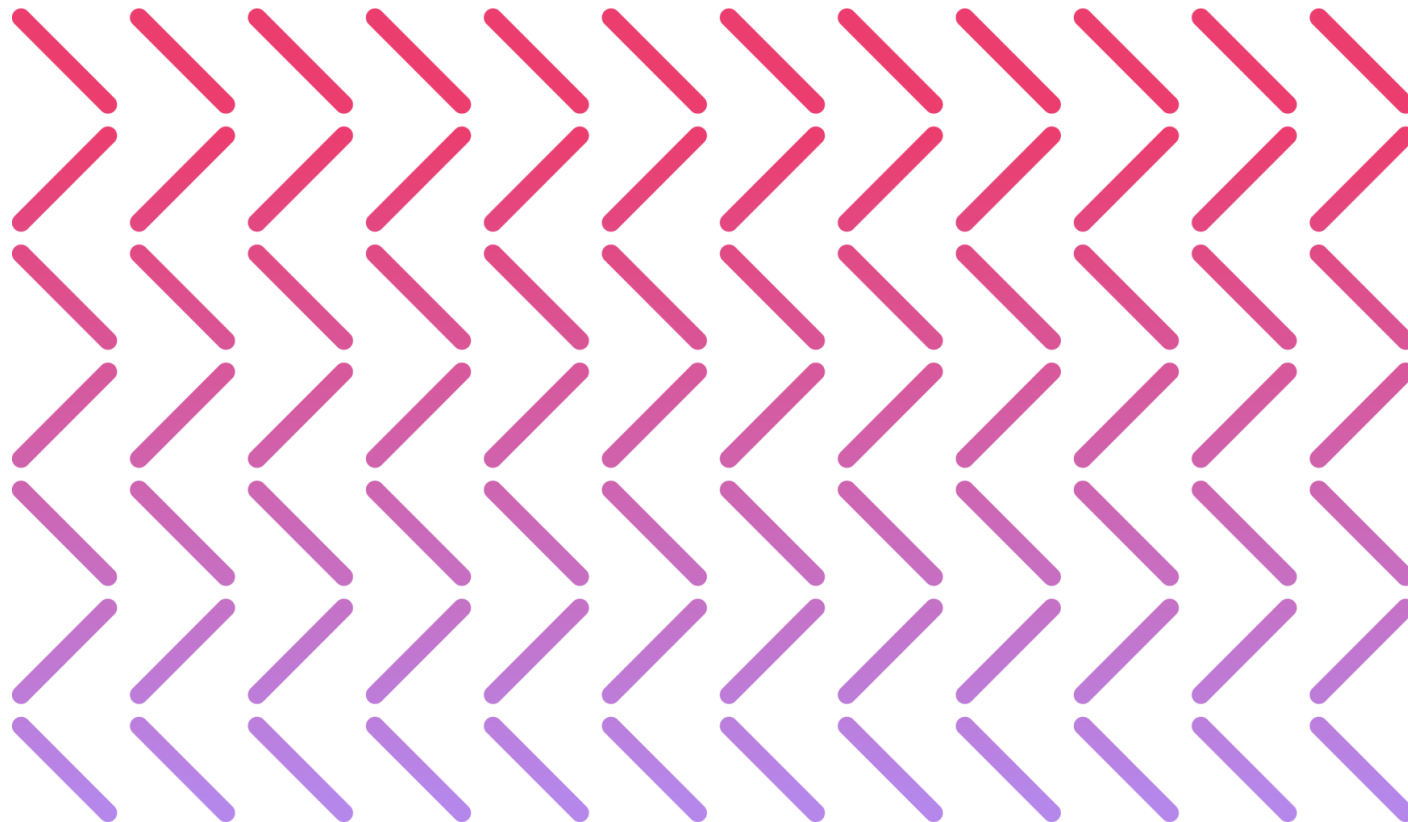
The Quality Account [report] was approved by the Trust Board on 24 June 2021 (see Appendix 1).

2. Review of Performance 2020-21

National Mandated Clinical Audits
and National confidential enquiries

National core set of
quality indicators and

NHS Improvement
Single Oversight Framework



34 National Mandated Audits: 15 above national average, 17 at national average and 2 below national average

15 audits demonstrated performance above the national average	17 audits demonstrated performance same as the national average
British Association of Urological Surgeons (BAUS) Audit: Nephrectomy	ICNARC (Intensive Care National Audit and Research Centre) Case Mix Programme (CMP)
British Association of Urological Surgeons (BAUS) Audit: Percutaneous Nephrolithotomy	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): National Report Pulmonary Rehabilitation
British Association of Urological Surgeons (BAUS) Audit: Radical Prostatectomy	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma
Falls and Fragility Fractures Audit programme (FFFAP): National Hip Fracture Database (NHFD)	National Audit of Breast Cancer in Older Patients (NABCOP)
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma	National Audit of Percutaneous Coronary Interventions (PCI)
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	National Cardiac Audit Programme (NCAP): Cardiac Rhythm Management (Arrhythmia Audit)
National Cardiac Audit Programme: Heart Failure Audit	National Cardiac Surgery Audit
National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit (NBoCA)	National Diabetes Audit - Adults: Pregnancy in Diabetes
National Gastro-intestinal Cancer Programme: National Oesophago-Gastric Cancer Audit (NOGCA)	National Diabetes Audit: Core Audit
National Lung Cancer Audit (NLCA)	National Diabetes Audit: Inpatient Audit
National Neonatal Audit Programme	National Gastro-intestinal Cancer Programme: National Oesophago-Gastric Cancer Audit (NOGCA)
National Diabetes Audit: Inpatient Harms	National Joint Registry (NJR)
Royal College for Emergency Medicine (RCEM): Assessing for Cognitive Impairment in Older People	National Maternity and Perinatal Audit (NMPA)
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	National Paediatric Diabetes Audit (NPDA)
Surgical Site Infection Surveillance	National Prostate Cancer Audit (NPCA)
	Paediatric Intensive Care (PICANet)
	The National Audit of Cardiac Rehabilitation (NCAR)

34 National Mandated Audits: 15 above national average, 17 at national average and 2 below national average










2 audits where performance below the national average	Improvement actions
<p>Royal College for Emergency Medicine (RCEM): Vital Signs in Children The audit report showed room for improvement. One area was significantly lower than both the expected range and the national average; for senior clinician to review the notes once a patient leaves or is removed from the department without being seen. An improvement action plan is in place and the progress against the action plan is monitored on a monthly basis at the Emergency Department governance meeting.</p>	<ol style="list-style-type: none"> 1. Consultant lead for safeguarding in ED to lead development of standard operating procedure to support the review of cases where an infant, child or adolescent either leaves or absconds from a department unexpectedly prior to discharge, or when they do not attend for planned follow up 2. Develop iclip flag system to identify the under 1 cohort presenting with injuries 3. Develop a Safeguarding page on the new intranet site to facilitate easy access to standard operating procedures
<p>National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): National Report Pulmonary Rehabilitation The audit report showed 75% of patients were seen within 90 days of referral, while this is above the national average of 58%, it is below the target of 85%. The Trust also performed above the national average on the measure of patients undertaking a practice exercise test (91% against 41.8% nationally) but still below the target of 100%. An improvement action plan is in place and the progress against the action plan is monitored on a monthly basis at the Directorate meeting.</p>	<ol style="list-style-type: none"> 1. Review how people are informed of the audit and put set steps in place to ensure that all potential patients can be included in the audit 2. Review and adjust the data collection method with mandatory information required to improve data availability to clinicians 3. Identify a single person lead for the audit with responsibility to monitor progress and prompt staff engagement 4. Establish a working group to ensure all patients have written discharge plans 5. Work with the SWL partnership to secure funding from NHSE for additional resources to address increased wait times

Annual Clinical Audit Programme Governance Framework: Monitoring and Assurance

- Trust's annual Clinical Audit Programme reviewed at Divisional level and approved at PSQG and QSC
- Responsible Clinical lead identified for each National audit
- Improvement action plan developed in response to audit findings monitored at care group and directorate level
- From July 2021 progress against national audit improvement action plans included in quarterly divisional performance reports to Patient Safety and Quality Group







National Core Set of 9 Quality Indicators

Areas of improvement/ deterioration when compared with 2019-20

Indicator/metric	Comments	RAG	Page
Improvement in performance			
Summary Hospital Level Mortality Indicator (SHMI)	maintained lower than expected mortality rate at 0.84		29
Staff recommendation to friends and family	achieved above average scores year on year		32
Patient recommendations to friends and family	achieved an increase on % of inpatients who would recommend		32
Venous Thromboembolism (VTE)	achieved above national average at 96.18%		33
Venous Thromboembolism (VTE)	achieved above national average at 96.18%		33
Clostridium Difficile	50% reduction in cases when compared with previous year		34
Patient safety incidences causing severe harm or death	reduced number for consecutive 2 years		34
No change in performance			
Patient reported outcome measures	The 2020-21 data was not available at the point of submission, however performance for previous years has shown no/ limited change		30
Deterioration in performance			
Readmission within 28 days	Readmission numbers have increased year on year since 2018-19		31

Our performance against NHSI Single Oversight Framework

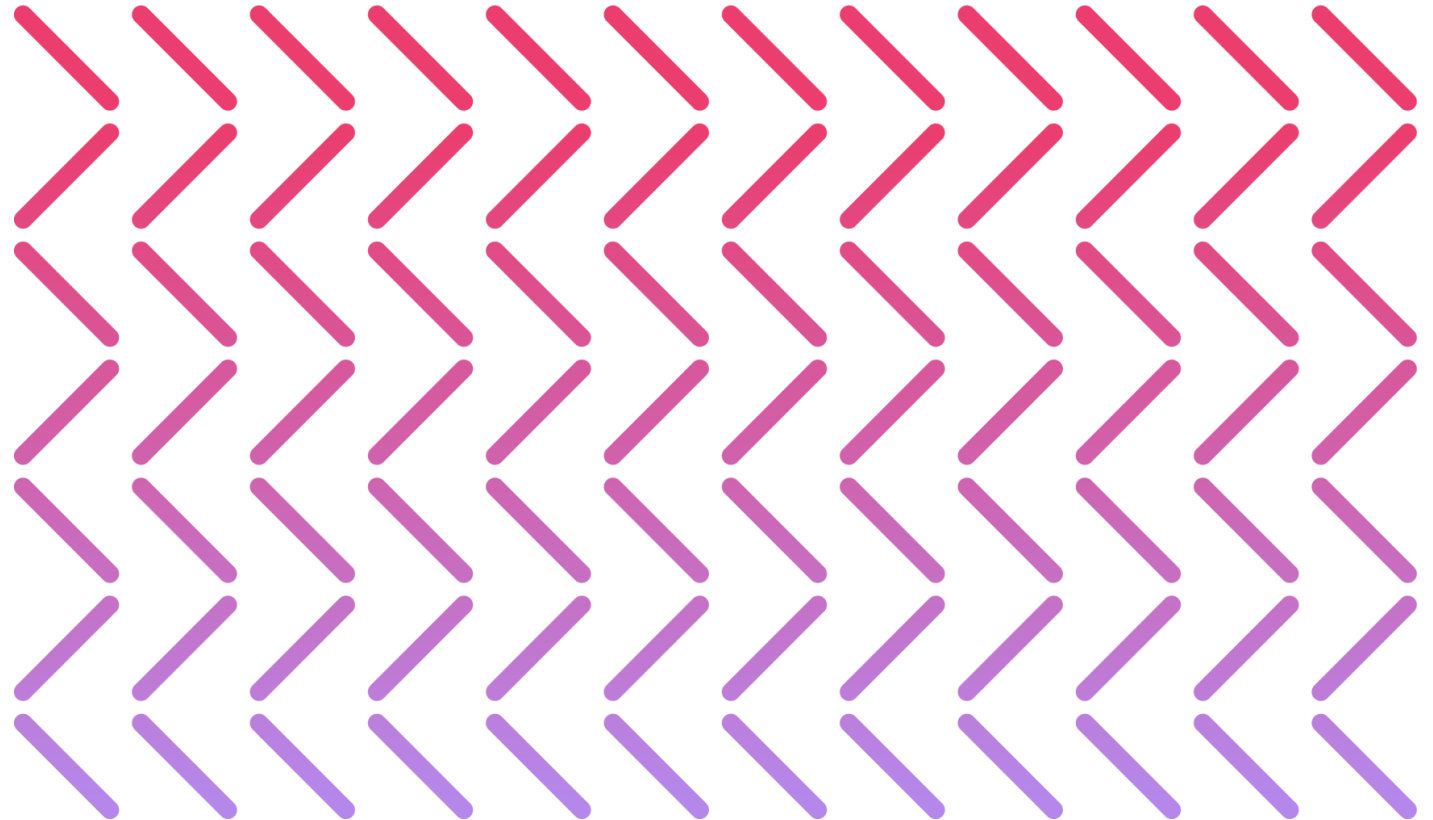
Due to the Covid-19 pandemic and the uneven flow of patient activity throughout the year the Trust was unable to supply the annual performance for 2020-21 due to the mis-leading nature of the data. The table below presents the average monthly performance for the year, together with the year-end exit position for March 2021 compared against the exit position for March 2020.

Key performance Indicator	Indicator Description	Target	Average Monthly Performance (Apr 20 - Mar 21)	March 2021 Performance (Year End Exit)	March 2020 Performance (Comparison)
Referral to treatment times	Number of 52 week breaches	0	N/A	2,644 	32
Referral to treatment times	% of patients treated within 18 weeks of referral	>=92%	65.2%	69.3% 	79.3%
Cancer access	% of cancer patients treated within 62 days of urgent GP referral	>=85%	70.4%	77.1% 	82.6%
	% of patients treated within 62 days from screening referral	>=90%	66.2%	80.8% 	77%
Diagnostic waits	% of patients receiving a diagnostic test within 6 weeks of referral	99%	71.4%	89.8% 	81.5%
4 Hour Operating Standard	% of patients discharged, admitted or transferred within 4 hours of arrival	95%	92.8% (actual)	94.8% 	79.1%

Governance Framework: Monitoring and Assurance

- National Core Set of Quality Indicators monthly in the Integrated Quality and Performance Report (IQPR) and delivery of improvement actions tracked at the Patient Safety and Quality Group and Trust Management Group
- NHSI Single Oversight Framework metrics are monitored on a weekly basis at commcell and monthly in the Integrated Quality and Performance Report (IQPR) and delivery of improvement actions tracked at the Operational Management Group and Trust Management Group

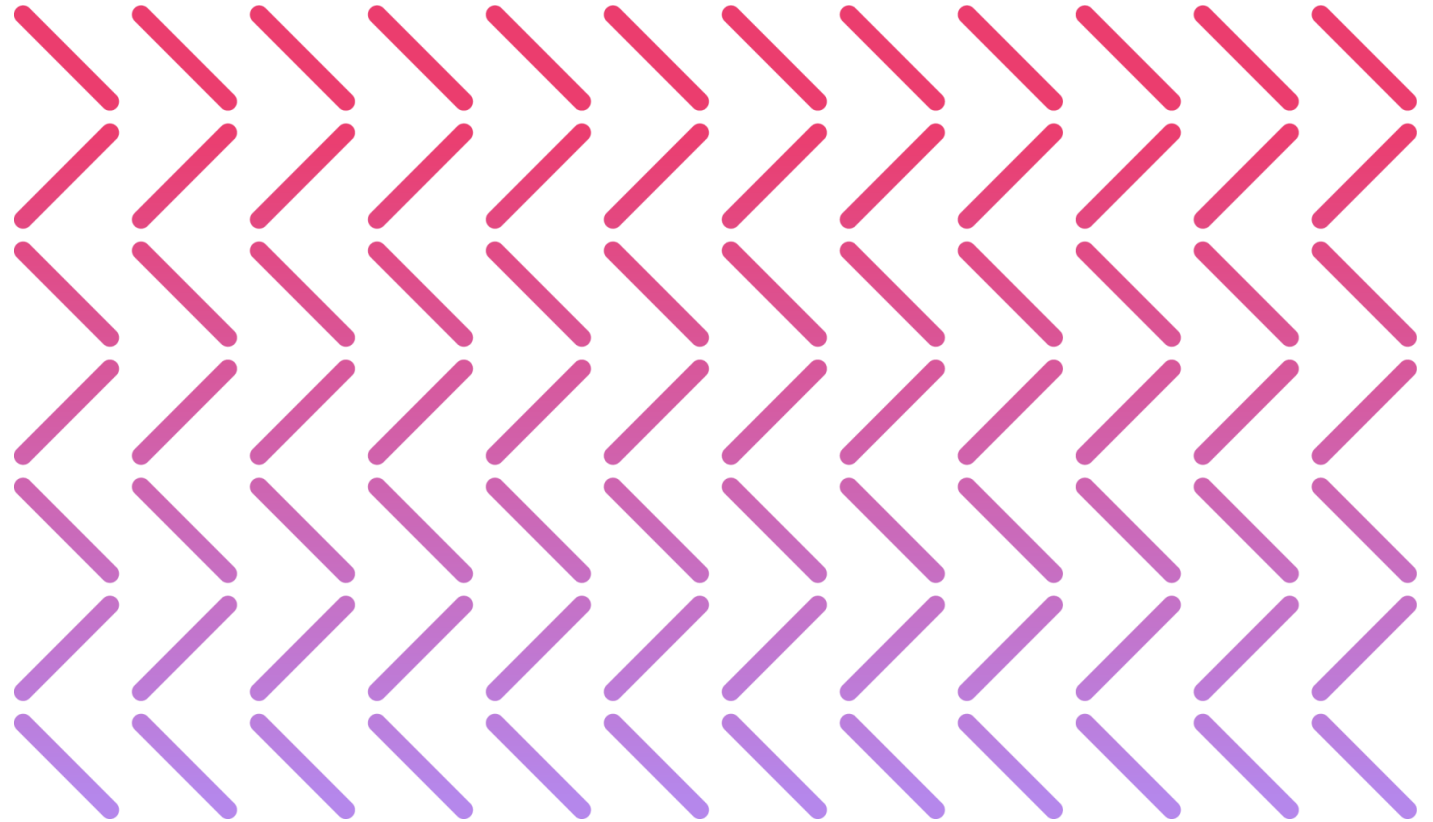
3. Quality Priorities 2020-21: High level progress



Our quality account priorities 2020-21: High level progress

Improving Patient Safety	Our measures for success	RAG	IQPR slide
Timely escalation and response to deteriorating patients	<ul style="list-style-type: none"> Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20 Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20 All adult inpatients will have a TEP Reduction in the number of cardiac arrests compared with 2019/20 	A	13-14
Patients who lack mental capacity will have proper protection and care	<ul style="list-style-type: none"> Achieve compliance with our training targets for Mental Capacity Act (MCA) training and target specific areas based on analysis of notes audit 	A	17
Consent for treatment	<ul style="list-style-type: none"> All adult inpatients will have a TEP Audit of consent demonstrates an improved position when compared with 2019/20 	A	13
Learning from Deaths	<ul style="list-style-type: none"> Maintain Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals 	G	23
Improving Patient Experience			
Learn from complaints to provide patients with an excellent experience	<ul style="list-style-type: none"> Reduction in the number of complaints when compared with the 2019/20 baseline 	G	20
Provide an equitable experience for patients from vulnerable groups	<ul style="list-style-type: none"> Improvement in our self-assessment when compared to baseline with reference to the NHS benchmark against national standards for Learning Disability Patients 	A	N/A
Improve patient flow particularly with reference to improved discharge processes	<ul style="list-style-type: none"> Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2019/20 baseline See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20 Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2019/20 Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20 	A	N/A
Improving Effectiveness and Outcomes			
Develop and implement an integrated training and education framework	<ul style="list-style-type: none"> We will have an integrated education and training framework with SWL and St Georges Mental Health Trust for our staff to support the care and treatment of mental health patients in an acute setting 	A	N/A
Embed a culture of quality, safety and learning	<ul style="list-style-type: none"> Improvements in related questions in the NHS Staff Survey 	A	N/A
Patients will not wait too long for treatment	<ul style="list-style-type: none"> Achievement of targets for: Referral to Treatment (RTT) within 18 weeks; Diagnostics within six weeks; Four hour operating standard; and Cancer standards 	A	32-38

4. Quality Account Priorities 2021-22



Quality Account Priorities 2021-22

1. Improving patient safety

- **Reduce the risk of Nosocomial Covid-19 infection for in-patients: Review Nosocomial Covid-19 infection at a local and system level and revise infection prevention and control procedures**
- **Timely escalation and response to deteriorating patients:** Ensure all non-elective adult inpatients have a treatment escalation plan (TEP) in place within 24 hours of admission
- **Patients who lack mental capacity will have proper protection and care:** Demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly, and have proper protection and care
- **Consent for treatment:** All patients will be supported to give consent for treatment
- **Learn from deaths:** Embed medical examiner service and learning from deaths processes

2. Improving patient experience

- **Learn from complaints to provide patients with an excellent experience:** Undertake thematic analysis of our complaints to identify recurrent themes and share the findings
- **Provide an equitable experience for patients from vulnerable groups:** Undertake self-assessment against the National Learning Disability Standards
- **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; and 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

3. Improving effectiveness and outcomes

- **Develop and implement an integrated training and education framework:** With SWL and St George's Mental Health Trust we develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting
- **Embed a culture of quality, safety and learning:** Implement the recommendations from the external reviews of our clinical governance processes to ensure they support the delivery of safe, high quality care
- **Patients will not wait too long for treatment:** Deliver care in line with activity plans

Any questions

Appendix A

Quality Priorities 2020/21:

Narrative on service improvement




Quality and Safety Committee
19 February 2021



Our quality account priorities 2020-21: service improvement

IMPROVING PATIENT SAFETY	OVERALL PROGRESS TO DATE	RAG
Timely escalation and response to deteriorating patients	<ul style="list-style-type: none"> Electronic Treatment Escalation Plan was built in the test domain of iClip and a baseline audit was undertaken The updated national early warning score assessment process (NEWS2) was implemented in iClip Inclusion of monthly TEP performance by ward in divisional reports to PSQG did not happen due to the number of ward moves and will be commenced in the next reporting cycle 	A
Patients who lack mental capacity will have proper protection and care	<ul style="list-style-type: none"> The MCA assessment template on iClip was launched in quarter 3, accompanied by supporting guidance The integration of the guidance with Level 1 and 2 e-learning is pending as part of wider review of Level 1 training (scheduled for Q1 2021/22) and Level 2 (scheduled for Q 3 2021/22) The Trust wide MCA staff knowledge survey was implemented in December 2020 and yielded 495 responses. Analysis of the findings is expected by end-March 2021 	A
Consent for treatment	<ul style="list-style-type: none"> Completion of the Trust wide Consent audit was delayed until December 2020. The interim results were presented to care group leads in December 2020 and implementation of the agreed improvement actions has commenced. Outcome report and resultant action plans to be presented to Health Records Group in February 2021 (January 2021 meeting cancelled due to extreme operational pressures) 	A
Learning from Deaths	<ul style="list-style-type: none"> Recruitment to the Mortality and Morbidity team leader completed. Interviews to be held for the M&M coordinator roles (x 5 wtes) in January 2021 We continue to monitor and investigate mortality signals in discrete diagnostic and procedure codes from Dr Foster through the Mortality Monitoring Committee (MMC). There are currently investigations underway related to cardiology, intracranial injury and major trauma; the progress of each is being overseen by the MMC, with monthly reports on progress Mortality as measured by the summary hospital-level mortality indicator (SHMI) is lower than expected for the year September 2019 – August 2020. We are one of 14 trusts in this category, and one of 11 trusts that also had a lower than expected number of deaths for the same period in the previous year. Our latest HSMR, for the 12 months from November 2019 to October 2020 also shows our mortality to be lower than expected Looking specifically at emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend. SHMI and HSMR have taken differing approaches to managing the impact of Covid-19, which is now included in the periods reported. Dr Foster, who produce the HSMR, include Covid-19 activity; whereas NHS Digital who are responsible for SHMI have excluded all Covid-19 activity 	G

Our quality account priorities 2020-21:service improvement

IMPROVING PATIENT EXPERIENCE	OVERALL PROGRESS TO DATE	RAG
Learn from complaints to provide patients with an excellent experience	<ul style="list-style-type: none"> Apart from April 2020 our response rate for complaints has been above the 85% target for all categories since August 2019 and 100% for all categories since September 2019 The learning from complaints is discussed at PSQG as part of the quarterly divisional performance reports and as part of the quarterly Complaints and PALs report 	
Provide an equitable experience for patients from vulnerable groups	<ul style="list-style-type: none"> The NHS benchmark assessment was completed against national standards for Learning Disability patients An improvement action plan has been developed but due to exceptional demands on the service implementation has been slower than expected 	
Improve patient flow particularly with reference to improved discharge processes	<ul style="list-style-type: none"> 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 	

Our quality account priorities 2021-21: service improvement

IMPROVING EFFECTIVENESS AND OUTCOMES	OVERALL PROGRESS TO DATE	RAG
Develop and implement an integrated training and education framework	<ul style="list-style-type: none"> Implemented a standard operating policy for the documentation of assessments completed by the psychiatric liaison team Reviewed leadership capacity and recruited to a new role commenced December 2020 Head of Nursing for Mental Health Head of Nursing for Mental Health now focussed on the development of the integrated training and education framework 	A
Embed a culture of quality, safety and learning	<ul style="list-style-type: none"> Recruited to the majority of new posts recommended by the external governance review Commissioned a third external governance review to assess the effectiveness of quality and safety reporting and monitoring through the existing meeting structures up to the Quality and Safety Committee and to the Board. The report was received in the Trust in February 2021 	A
Patients will not wait too long for treatment:	<ul style="list-style-type: none"> Achieved 88% elective activity: based on Elective and Daycase only and excluding COVID-19 activity 	A



Quality Report (Account) 2020/21



Part 1

Statement on quality from the Chief Executive

Since my introduction to last year's Quality Account, Covid-19 has had a profound impact across the NHS, with services under very significant pressure. Here at St George's, staff have worked through a period of extreme challenge, but have continued to put quality – and the safety of our patients – at the forefront of everything we do.

I am pleased at the progress we have made in a number of areas – and this is down to the efforts of staff across the organisation, in a wide variety of roles. Of course, there have also been challenges, some significant, which are rightly detailed in this report.

In March 2020 we exited the special measures regime for quality of services which was a big step forward for the organisation and staff morale. In December 2020 we were also removed from financial special measures – an achievement which means regulators have confidence in our leadership, and we can focus on the quality of care we provide.

Our performance metrics are starting to evidence the shift in culture to one of an organisation constantly looking to improve. This is shown by consistent achievement of lower than expected SHMI (Summary hospital level mortality indicator); the increase of VTE (venous thromboembolism) assessments to 96.18%; and the reduction by 50% of C.difficile cases due to lapses in care.

Due to the pandemic, national quality surveillance was paused – however we continued to monitor our services internally, which this report demonstrates. This includes our delivery of the clinical audit programme where the Trust performed above the national average on a number of important quality and safety indicators.

The shift in culture was also reflected in this year's Staff Survey results, where we saw an increase in how satisfied staff are with the quality of care they give to patients, and an improvement in how staff perceive the culture of safety at the Trust. These scores are encouraging, but we are focussed on continuing to make progress in these areas.

Reducing harm to our patients means creating a culture where staff feel supported to raise concerns about any aspect of patient care. Over the past year, we have taken steps to make it easier for staff to do this, including launching our Freedom to Speak Up strategy, and raising awareness about how to report incidents from when new staff join the Trust to regular awareness raising on our all staff communications.

We continue to focus on delivering improvements within our cardiac surgery service at St George's. In March 2020, NHS Improvement published the findings of an external, independent review of cardiac surgery at St George's Hospital. The report concluded that there were failings in the care provided to 102 patients between 2013 and 2018.

We have introduced positive changes to the department in recent months, and data from the National Institute for Cardiovascular Research (NICOR) continues to demonstrate that the



service is safe, and no longer an outlier for mortality which means the service is no longer subject to external scrutiny. The Trust Board continues to review the service's mortality data on a regular basis.

Strengthening our own governance processes has been integral to our quality priorities since the cardiac surgery review, and this year we completed our third external governance review, looking at ward to Board reporting and monitoring of quality and safety. One of the outcomes has been the appointment of three deputy chief medical officers, with responsibility for safety, quality, effectiveness and quality improvement. These appointments are an important step in strengthening our corporate medical directorate and wider clinical governance.

We continue to respond to the effects of the pandemic, despite the small numbers of patients with the virus in our hospitals at the time of writing. As a result of pausing non-urgent treatment during the second Covid-19 wave, we are tackling our elective backlogs that have grown in certain specialities. Reducing our waiting lists will take time, but we are working with other hospitals in south west London – as we have throughout the pandemic – to ensure patients get the care they need as quickly as possible.

Despite the many challenges brought by Covid-19, some areas of development have been accelerated as a direct result of the pandemic. For example, we have been at the forefront of clinical research and together with St George's, University of London, have extended our research portfolio, focussing on trials relating to the Covid-19 virus. We are also now running the majority of our outpatient appointments virtually where assessed safe to do so, and we have improved our IT infrastructure to enable our teams to do this.

To the best of my knowledge the information contained in this document is accurate and reflects our view of the quality of the health services we provide. I would like to thank our staff who have worked so hard to deliver outstanding care, every time for our patients in a truly unprecedented year – they are a credit to the organisation.

A handwritten signature in black ink, appearing to read "JTotterdell", is written over a horizontal dotted line.

Jacqueline Totterdell

Chief Executive

25 June 2021



Part 2

2.0 Priorities for improvement and statements of assurance from the board

2.1 Our quality priorities for 2021/22

Context

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

In September 2020 the Trust Board agreed a refresh of our corporate objectives, setting out our priorities for rest of the year (October 2020 – March 2021). This does not change our vision or our five year strategy.

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

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

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

Throughout 2020/21 the Trust continued to implement the quality priorities set out in 2020/21 which were aligned to the seven priority areas in our Quality and Safety Strategy:

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



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

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



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

In 2020/21 we developed the year 1 implementation plan to support the delivery of our five year Quality and Safety Strategy. Although, the objectives of the implementation plan were not fully met due to the impact of the pandemic, progress was made across all areas.

Our quality priorities 2021/22 and why we chose them

The quality priorities for 2021/22 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

We have not held specific listening events in the last year

Each quality priority comes under one of three quality themes:

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

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

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

Priority 1 – Improve patient safety

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

In 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.



What	How	What will success look like
Reduce the risk of Nosocomial Covid-19 infection for in-patients	Review Nosocomial Covid-19 infection 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 2020/21
Timely escalation and response to deteriorating patients	Ensure all non-elective adult inpatients have a treatment escalation plan (TEP) in place within 24 hours of admission	<p>Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20 and 2020/21</p> <p>Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20 and 2020/21</p> <p>80% of adult inpatients will have a TEP (compared with 33% in April 2021)</p> <p>Reduction in the number of cardiac arrests compared with 2019/20 and 2020/21</p>
Patients who lack mental capacity will have proper protection and care	Demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly, and have proper protection and care	Achieve compliance with our training targets for Mental Capacity Act (MCA) training and target specific areas based on analysis of notes audit
Consent for treatment	All patients will be supported to give consent for treatment	<p>80% of adult inpatients will have a TEP (compared with 33% in April 2021)</p> <p>Audit of consent demonstrates an improved position when compared with 2020/21</p>
Learn from deaths	Embed medical examiner service and learning from deaths processes	Maintain Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals



Priority 2 - Improve patient experience

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

What	How	What will success look like
Learn from complaints to provide patients with an excellent experience	Undertake thematic analysis of our complaints to identify recurrent themes and share the findings	Reduction in the number of complaints when compared with the 2019/20 baseline (complaint numbers impacted in 2020/21 due to the pandemic)
Provide an equitable experience for patients from vulnerable groups	Undertake NHS benchmark assessment against the National Learning Disability Standards having had the opportunity to make service improvements following the self-assessment in 2020	Improvement in our self-assessment when compared to baseline
Improve patient flow particularly with reference to improved discharge processes	<p>Continue with our clinically led long length of stay meeting with local authority input to support patients with complex discharge needs.</p> <p>Progress further the implementation of Red to Green in iClip to highlight the issues that delay discharge</p> <p>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</p> <p>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</p>	<p>Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2020/21 baseline (fast track process implemented due to pandemic in 2020/21)</p> <p>See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20 and 2020/21</p> <p>Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2020/21</p> <p>Improvement in the patients who were</p>



		discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20 and 2020/21
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Priority 3 - Improve effectiveness and outcomes

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

What	How	What will success look like
Develop and implement an integrated training and education framework	With SWL and St George's Mental Health Trust we develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting	We will have an integrated education and training framework
Embed a culture of quality, safety and learning	Implement the 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
Patients will not wait too long for treatment	Deliver care in line with activity plans [revised to reflect the impact of the pandemic]	Achievement of targets for: <ul style="list-style-type: none"> • Four hour operating standard • Cancer standards Achievement of agreed trajectories for target recovery due to the impact of the pandemic for: <ul style="list-style-type: none"> • Referral to Treatment (RTT) within 18 weeks • Diagnostics within six weeks



2.1.4 How progress to achieve these priorities will be reported

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

2.1.5 Progress against priorities for 2020/21

[See part 3]



2.2 Statements of assurance from the Board of Directors

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

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

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

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

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

During the year our anaesthetic team at St George's were re-accredited under the Royal College of Anaesthetists (RCoA) Anaesthesia Clinical Services Accreditation (ACSA) scheme. This is a significant achievement, as to receive accreditation, departments are expected to demonstrate high standards in areas such as patient experience, patient safety and clinical leadership.

In July 2020 St George's was named the world's first Twins Trust Centre for Research and Clinical Excellence, so demonstrating our position as one of the best providers of care for multiple pregnancies. Our fetal medicine team has also created the first ever registry of cases of TTTS (twin to twin transfusion syndrome) and employed a specialist TTTS/ Multiple Pregnancy research study coordinator, who looks after the registry and liaises with parents.

In March 2021, the brain tumour centre provided jointly by St George's, the Royal Marsden Hospital and Royal Surrey County Hospital was awarded designation as a Tessa Jowell Centre of Excellence. This reflects many years of collaborative working across South West London and Surrey, striving to get the very best diagnostics, surgery, oncological treatment and holistic care for patients with brain tumours.



2.2.1 During 2020/21 the Trust provided and/or subcontracted 64 relevant health services. A detailed list is available in the Statement of Purpose on our website www.stgeorges.nhs.uk/about

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

2.2.1.2 The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services by St George's University Hospitals NHS Foundation Trust for 2020/21.

2.2.2 Participation in clinical audit and National Confidential Enquiries

During 2020/21, 69 national clinical audits and 1 national confidential enquiry covered relevant health services that St George's University Hospitals NHS Foundation Trust provides.

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

2.2.2.2 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust was eligible to participate in during 2020/21 are as follows:

Key:

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

x - Unable to participate due to the lack of a data collection tool. This position will be rectified in 2021/22

National clinical audits and national confidential enquiries (Title)		Relevant	Participating
Antenatal and newborn national audit protocol 2019 to 2021		✓	✓
British Association of Urological Surgeons (BAUS) Audits	Cystectomy	✓	✓
	Female Stress Urinary Incontinence	X	N/A
	Nephrectomy	✓	✓
	Percutaneous Nephrolithotomy	✓	✓
	Radical Prostatectomy	✓	✓
	Bladder Outflow Obstruction Snapshot Audit	✓	✓
	Renal Colic Snapshot Audit	✓	✓
	Management of the Lower Ureter in Nephroureterectomy Audit	✓	✓
British Spine Registry		✓	✓
Case Mix Programme (CMP)	Neurology Intensive Care Unit	✓	✓
	General Adult Intensive Care	✓	✓
	Cardiothoracic Intensive Care Unit	✓	✓
Child Health Clinical Outcome Review Programme	Transition from Child to Adult Health Services	N/A	N/A
Cleft Registry and Audit Network (CRANE)		X	N/A
Elective Surgery (National PROMs Programme)		✓	X
Emergency Medicine QIPs	Fractured Neck of Femur	✓	✓
	Pain in Children	✓	✓
	Infection Control	✓	✓
Falls and Fragility Fracture Audit Programme (FFFAP)	Fracture Liaison Service Database (FLS-DB)	✓	✓
	National Audit of Inpatient Falls (NAIF)	✓	✓
	National Hip Fracture Database (NHFD)	✓	✓
Inflammatory Bowel Disease (IBD) Audit		✓	✓
Learning Disabilities Mortality Review Programme (LeDeR)		✓	✓
Mandatory Surveillance of HCAI		✓	✓
Maternal and Newborn Infant Clinical Outcome	Maternal mortality surveillance and	✓	✓



Review Programme	confidential enquiries		
	Perinatal Mortality Surveillance	✓	✓
	Perinatal confidential enquiries	✓	✓
Medical and Surgical Clinical Outcome Review Programme - Physical Health in Mental Health Hospitals		✓	✓
Mental Health Clinical Outcome Review Programme		X	N/A
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Adult Asthma	✓	✓
	COPD	✓	✓
	Paediatric Asthma	✓	✓
	Pulmonary Rehabilitation	✓	✓
National Audit of Breast Cancer in Older Patients (NABCOP)		✓	✓
National Audit of Cardiac Rehabilitation		✓	✓
National Audit of Care at the End of Life (NACEL)		✓	N/A
National Audit of Dementia (NAD)		✓	N/A
National Audit of Pulmonary Hypertension		X	N/A
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		✓	✓
National Bariatric Surgery Register		✓	✓
National Cardiac Arrest Audit (NCAA)		✓	✓
National Cardiac Audit Programme (NCAP)	Adult Cardiac Surgery	✓	✓
	Adult Percutaneous Coronary Interventions	✓	✓
	Cardiac Rhythm Management (Arrhythmia Audit)	✓	✓
	Congenital Heart Disease in Children and Adults	X	N/A
	Heart Failure Audit	✓	✓
	Myocardial Ischaemia National Audit Programme (MINAP)	✓	✓
National Clinical Audit of Anxiety & Depression (NCAAD)		X	N/A
National Clinical Audit of Psychosis (NCAP)		X	N/A
National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia		✓	✓
National Diabetes Audit – Adults	Core Audit	✓	✓
	Foot Care Audit	✓	✓
	Inpatient Audit - Harms (NaDIA)	✓	✓
	Inpatient Audit (NaDIA)	N/A	N/A
	Pregnancy in Diabetes 2020/21	✓	✓
National Early Inflammatory Arthritis Audit (NEIAA)		✓	✓
National Emergency Laparotomy Audit (NELA)		✓	✓
National Gastro-intestinal Cancer Programme	National Bowel Cancer Audit (NBoCA)	✓	✓
	National Oesophago-Gastric Cancer Audit (NOGCA)	✓	✓
National Joint Registry		✓	✓
National Lung Cancer Audit (NLCA)		✓	✓
National Maternity and Perinatal Audit (NMPPA)		✓	✓
National Neonatal Audit Programme (NNAP)		✓	✓
National Ophthalmology Database Audit		X	X
National Paediatric Diabetes Audit (NPDA)		✓	✓
National Prostate Cancer Audit (NPCA)		✓	✓
National Vascular Registry		✓	✓
Neurosurgical National Audit Programme		✓	✓
NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.		✓	N/A
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry		N/A	N/A
Paediatric Intensive Care Audit (PICANet)		✓	✓
Perioperative Quality Improvement Programme (PQIP)		✓	✓
Prescribing Observatory for Mental Health UK (POMH-UK)		X	N/A
Sentinel Stroke National Audit Programme (SSNAP)		✓	✓
Serious Hazards of Transfusion Scheme (SHOT)		✓	✓
Society for Acute Medicine Benchmarking Audit		✓	✓
Surgical Site Infection Surveillance		✓	✓
The Trauma Audit & Research Network (TARN)		✓	✓
UK Cystic Fibrosis Registry		X	N/A
UK Registry of Endocrine and Thyroid Surgery		✓	✓
UK Renal Registry National Acute Kidney Injury programme		✓	✓



2.2.2.3 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust participated in during 2020/21 are as follows:

National clinical audit and national confidential enquiries (Title)	
Antenatal and newborn national audit protocol 2019 to 2022	
British Association of Urological Surgeons (BAUS) Audits	Cystectomy
	Nephrectomy
	Percutaneous Nephrolithotomy
	Radical Prostatectomy
	Bladder Outflow Obstruction Snapshot Audit
	Renal Colic Snapshot Audit
	Management of the Lower Ureter in Nephroureterectomy Audit
British Spine Registry	
Case Mix Programme (CMP)	Neurology Intensive Care Unit
	General Adult Intensive Care
	Cardiothoracic Intensive Care Unit
Elective Surgery (National PROMs Programme)	
Emergency Medicine QIPs	Fractured Neck of Femur
	Pain in Children
	Infection Control
Falls and Fragility Fracture Audit Programme (FFFAP)	Fracture Liaison Service Database (FLS-DB)
	National Audit of Inpatient Falls (NAIF)
	National Hip Fracture Database (NHFD)
Inflammatory Bowel Disease (IBD) Audit	
Learning Disabilities Mortality Review Programme (LeDeR)	
Mandatory Surveillance of HCAI	
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries
	Perinatal Mortality Surveillance
	Perinatal Confidential Enquiries
Medical and Surgical Clinical Outcome Review Programme	
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Adult Asthma
	COPD
	Paediatric Asthma
	Pulmonary Rehabilitation
National Audit of Breast Cancer in Older Patients (NABCOP)	
National Audit of Cardiac Rehabilitation	
National Audit of Care at the End of Life (NACEL)	
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	
National Bariatric Surgery Register	
National Cardiac Arrest Audit (NCAA)	
National Cardiac Audit Programme (NCAP)	Adult Cardiac Surgery
	Adult Percutaneous Coronary Interventions
	Cardiac Rhythm Management (Arrhythmia Audit)
	Heart Failure Audit
	Myocardial Ischaemia National Audit Programme (MINAP)
National Diabetes Audit – Adults	Core Audit
	Foot Care Audit
	Inpatient Audit - Harms (NaDIA)
	Inpatient Audit (NaDIA)
	Pregnancy in Diabetes
National Early Inflammatory Arthritis Audit (NEIAA)	
National Emergency Laparotomy Audit (NELA)	
National Gastro-intestinal Cancer Programme	National Bowel Cancer Audit (NBoCA)
	National Oesophago-Gastric Cancer Audit (NOGCA)
National Joint Registry	
National Lung Cancer Audit (NLCA)	
National Maternity and Perinatal Audit (NMPA)	
National Neonatal Audit Programme (NNAP)	



National Paediatric Diabetes Audit (NPDA)
National Prostate Cancer Audit (NPCA)
National Vascular Registry
Neurosurgical National Audit Programme
Paediatric Intensive Care Audit (PICANet)
Perioperative Quality Improvement Programme (PQIP)
Sentinel Stroke National Audit Programme (SSNAP)
Serious Hazards of Transfusion Scheme (SHOT)
Society for Acute Medicine Benchmarking Audit
Surgical Site Infection Surveillance
The Trauma Audit & Research Network (TARN)
UK Registry of Endocrine and Thyroid Surgery
UK Renal Registry National Acute Kidney Injury programme

2.2.2.4 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audit and national confidential enquiries (Title)		Submission rate (%)
Antenatal and newborn national audit protocol 2019 to 2022		100%
British Association of Urological Surgeons (BAUS) Audits	Cystectomy	100%
	Nephrectomy	100%
	Percutaneous Nephrolithotomy	100%
	Radical Prostatectomy	80.2%
	Bladder Outflow Obstruction Snapshot Audit	On-going
	Renal Colic Snapshot Audit	On-going
	Management of the Lower Ureter in Nephroureterectomy Audit	On-going
British Spine Registry		On-going
Case Mix Programme (CMP)	Neurology Intensive Care Unit	100%
	General Adult Intensive Care	100%
	Cardiothoracic Intensive Care Unit	100%
Elective Surgery (National PROMs Programme)		*0%
Emergency Medicine QIPs	Fractured Neck of Femur	100%
	Pain in Children	100%
	Infection Control	On-going
Falls and Fragility Fracture Audit Programme (FFFAP)	Fracture Liaison Service Database (FLS-DB)	On-going
	National Audit of Inpatient Falls (NAIF)	100%
	National Hip Fracture Database (NHFD)	89.9%
Inflammatory Bowel Disease (IBD) Audit		On-going
Learning Disabilities Mortality Review Programme (LeDeR)		On-going
Mandatory Surveillance of HCAI		100%
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries	100%
	Perinatal Mortality Surveillance	100%
	Perinatal Confidential Enquiries	100%
Medical and Surgical Clinical Outcome Review Programme		100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Adult Asthma	On-going
	COPD	On-going
	Paediatric Asthma	100%
	Pulmonary Rehabilitation	On-going
National Audit of Breast Cancer in Older Patients (NABCOP)		100%
National Audit of Cardiac Rehabilitation		On-going
National Audit of Care at the End of Life (NACEL)		On-going
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		100%
National Bariatric Surgery Register		On-going
National Cardiac Arrest Audit (NCAA)		100%
National Cardiac Audit Programme (NCAP)	Adult Cardiac Surgery	On-going
	Adult Percutaneous Coronary Interventions	On-going



	Cardiac Rhythm Management (Arrhythmia Audit)	On-going
	Heart Failure Audit	On-going
	Myocardial Ischaemia National Audit Programme (MINAP)	On-going
National Diabetes Audit – Adults	Core Audit	On-going
	Foot Care Audit	On-going
	Inpatient Audit - Harms (NaDIA)	100%
	Inpatient Audit (NaDIA)	N/A
	Pregnancy in Diabetes	100%
National Early Inflammatory Arthritis Audit (NEIAA)		*0%
National Emergency Laparotomy Audit (NELA)		On-going
National Gastro-intestinal Cancer Programme	National Bowel Cancer Audit (NBoCA)	100%
	National Oesophago-Gastric Cancer Audit (NOGCA)	100%
National Joint Registry		100%
National Lung Cancer Audit (NLCA)		100%
National Maternity and Perinatal Audit (NMPA)		100%
National Neonatal Audit Programme (NNAP)		100%
National Paediatric Diabetes Audit (NPDA)		On-going
National Prostate Cancer Audit (NPCA)		100%
National Vascular Registry		On-going
Neurosurgical National Audit Programme		100%
Paediatric Intensive Care Audit (PICANet)		On-going
Perioperative Quality Improvement Programme (PQIP)		On-going
Sentinel Stroke National Audit Programme (SSNAP)		On-going
Serious Hazards of Transfusion Scheme (SHOT)		100%
Society for Acute Medicine Benchmarking Audit		100%
Surgical Site Infection Surveillance		100%
The Trauma Audit & Research Network (TARN)		86%
UK Registry of Endocrine and Thyroid Surgery		100%
UK Renal Registry National Acute Kidney Injury programme		On-going

* The Trust was unable to participate in the National PROMs Programme and NEIAA audit due to the lack of a data collection tool. This position will be rectified in 2021/22.

2.2.2.5 National clinical audits - action taken

The reports of 34 national clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2020/21 and the Trust intends to take the following actions to improve the quality of healthcare provided.

National Clinical Audit	Action: Based on information available at the time of publication
British Association of Urological Surgeons (BAUS) Audit: Nephrectomy	The service stated that the complication rate in procedures at the Trust was 1.31%, which was below the national average of 2.45% and a mortality rate of 0% which was also below the national average of 0.39% despite our patients having a higher risk profile than average. The service lead is looking forward to continuing these positive results this coming year
British Association of Urological Surgeons (BAUS) Audit: Percutaneous Nephrolithotomy	The project lead stated that transfusion rate is slightly below national average (1.22% compared to 1.76% nationally). The Trust is generally in line with the national average patient risk profile (stone complexity, stone dimensions, and presence of Spina Bifida/Spinal Injury). An action plan is in place to address these areas
British Association of Urological Surgeons (BAUS) Audit: Radical Prostatectomy	The service has been working on the data quality rate, although below 100%, has improved since the last audit round. The complication rate in procedures was 1.10%, which was below the national average of 1.41%. All other measures including patient risk profile are in line with national average
Falls and Fragility Fractures Audit programme (FFFAP): National Hip Fracture Database (NHFD)	The Trust was performing above the national average on all key performance indicators from this audit: Prompt orthogeriatric review, prompt surgery, NICE compliant surgery, prompt mobilisation, not delirious post-operative, and return to original residence. The service reports to be striving towards continuing this high level of compliance
ICNARC (Intensive Care National Audit and Research Centre) Case Mix Programme (CMP)	The audit lead confirmed submission data also included COVID-19 ITU surge areas. The Trust had also submitted data to ICNARC on a weekly basis with respect to COVID admissions. Further data was provided internally on a daily basis regarding ventilation support of patients admitted to ICU with COVID
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): National Report Pulmonary Rehabilitation	The audit report showed 75% of patients were seen within 90 days of referral, while this is above the national average of 58%, it is below the target of 85%. The Trust also performed above the national average on the measure of patients undertaking a practice exercise test (91% against 41.8% nationally) but still below the target of 100%.



	<p>The service provided an action plan based on the findings of the audit and has commenced work with the SWL partnership in order to secure funding from NHSE for additional resources to address increased patient wait times:</p> <ul style="list-style-type: none"> • The service is working to change how they inform people of the audit and is setting steps in place to improve data completeness • Work is underway to adjust the data collection method with mandatory information required to improve data availability to clinicians • Nomination of an audit lead to monitor progress, troubleshoot issues as they arise and drive action plans • Working group assembled to ensure all patients have written discharge plans
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma	The Trust performed well against 3 of the 6 key performance indicators. The project lead confirmed that staffing levels are at full strength. Due to pressures from COVID-19 respiratory nurses were required to work on the wards full time, and data collection was impacted. This has now recovered, with the clinical audit team having worked with the service to ensure adequate data collection.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma	The project lead reported that overall outcomes were above average. Action planning was focussed on patients receiving steroids within one hour of admission, with examination of supporting documentation
National Audit of Breast Cancer in Older Patients (NABCOP)	The Trust is performing largely in line with national averages on all key performance indicators. The project lead reported that improvements had been made on triple diagnostic assessment after action planning from the previous audit round
National Audit of Percutaneous Coronary Interventions (PCI)	The report showed the Trust was below many of the expected measures for this audit, such as use of Drug Eluting Stents (DES) during PCI procedures in specific syndromes which was used 81% of the time, against the recommended standard of 90%. However, the reported DES use was impacted by a new DES in use at the Trust not appearing as an option on the national audit portal. The data completion at source by operators was also suboptimal, leading to large amounts of data cleansing by clinically capable individuals. There was also a catheter lab upgrade underway which will include new software to improve data completion rates at source.
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	The report showed that the Trust performed well against all national averages. The audit lead commented that the service now offered a specialist service 7 days a week with specialist advice available the next working day. The Trust remained a best practice clinic and was one of few in the country that had clinical psychology and neuropsychology input
National Cardiac Audit Programme (NCAP): Cardiac Rhythm Management (Arrhythmia Audit)	The report showed good performance with compliance rate, data quality and submission rates. The service lead stated that work on data quality was a priority in the coming year with a new software system replacing paper notes, and training being rolled out to ensure that all staff utilise the system to its full potential. The catheter lab upgrade also provides opportunities for expanding patient capacity
National Cardiac Audit Programme: Heart Failure Audit	The Trust performed well in 12 of 15 key measures of the audit with a participation rate of 93% compared to 90% nationally. Prescription of key disease-modifying medicines for patients with heart failure was very good; this included beta blockers (95%) and mineralocorticoid antagonists (69%) treatments that are life-saving and inexpensive. Both figures were significantly higher than the national average. During hospital admission, 96% of patients received an echocardiogram, a key diagnostic test; the national average for this measure was 87%. Action planning for the coming year centres around improving specialist input, all patients receiving a plan, and ACE inhibitors on discharge
National Cardiac Surgery Audit	The report showed the Trust's risk adjusted in-hospital survival rate between 2016 and 2019 was 97%. This demonstrated that the unit was performing as expected and that there was no statistically significant difference between units in that category. The audit lead confirmed performance was closely monitored and reported on a monthly basis
National Diabetes Audit - Adults: Pregnancy in Diabetes	<p>The report was released every two years since 2017, with the most recent report in October 2019. This allowed for comparison of two years' worth of data. The next report is expected to be released later in 2021/22.</p> <p>In the absence of recent national findings, the project lead stated that the next round of audit will expand parameters to include continuous glucose monitoring, and all women with Type 1 diabetes will be eligible. Work is underway to ensure that all patient data are accurately captured. Locally, the Maternal medicine team performed an audit investigating diagnostics for gestational diabetes, which had been altered due to COVID-19 and had reverted to use of glucose intolerance testing – this work was published in the British Journal for Obstetrics and Gynaecology</p>
National Diabetes Audit: Core Audit	<p>The Trust had historically submitted limited numbers of cases for this project. The results show the Trust was performing quite well and was either as expected or higher than expected for 8 of 9 key measures for patients with type 1 diabetes and was in line with all 9 metrics for patients with type 2 diabetes.</p> <p>The low submission rates led the service and the clinical audit team to collaborate with the Trust ICT team and develop an electronic data collection tool to routinely capture the 8 main performance indicators of the audit. Early analysis indicated that submission rates were greatly</p>



<p>National Diabetes Audit: Inpatient Audit</p>	<p>improved and provided a more accurate reflection of the care provided in the diabetic unit</p> <p>The last snapshot audit captured 144 in-patients with diabetes, equating to 17.6% of inpatients that day which was in line with nationally recorded data.</p> <p>Overall, patient satisfaction was reported at 72% which was 11% less than the 83% recorded nationally. The national report breaks the results down into 10 key metrics and improvement areas for the Trust were; a higher proportion of patients with severe hypoglycaemic episodes during their last 7 days of hospital; average time a nursing specialist and consultant spent with each patient; and proportion of patients receiving a foot assessment within 24 hours.</p> <p>The service lead developed the following actions in place for the coming year, based on the recommendations from the report:</p> <ul style="list-style-type: none"> • Audit the perioperative pathways, utilising the results from GIRFT to aid this process • Create an electronic alert on patient database system to help assist identifying all eligible patients on admission • Expand weekend services in line with standards for Seven Day Services • Promote mandatory staff training, after the initial training package implemented • Develop a diabetes safety board to promote excellence in patient care and ensure learning from incidents is shared
<p>National Diabetes Audit: Inpatient Harms</p>	<p>The NaDIA Harms audit results are not broken down to Trust level data. However, the report showed the Trust had submitted data every month since the audit began, 1 of only 28 hospitals to achieve this out of 120 participating sites. The project lead plans to continue current working practices to maintain the same high standards</p>
<p>National Early Inflammatory Arthritis Audit (NEIAA)</p>	<p>The Trust had historically struggled to complete data entry and meet key process measures for this project. The Trust submitted a low number of incomplete cases during this period and did not meet the 6 key performance indicators and was unable to meet the best practise tariff requirement.</p> <p>Actions for the year ahead:</p> <ul style="list-style-type: none"> • Recruit to the funded new consultant post to lead the service • Recruit more staff into the audit process, including Physicians Associates to assist with data entry onto the audit platform to reduce the burden on consultants and increase compliance • Construct an electronic data collection tool on the patient record system to streamline data collection
<p>National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit (NBoCA)</p>	<p>The report showed data completeness in submitted cases was 95% for the Trust which was significantly higher than the national average of 83%. 99% of patients were seen by a Clinical Nurse Specialist, higher than the national average of 86%. The project lead looks forward to continuing the high quality work in the coming year, and is closely monitoring results with supplementary local level audits</p>
<p>National Gastro-intestinal Cancer Programme: National Oesophago-Gastric Cancer Audit (NOGCA)</p>	<p>A key metric from the report examined the percentage of patients diagnosed with oesophago-gastric cancer after an emergency admission. Previously the Trust has performed below national average, but the latest results were 14.6%, which is now better than the national average of 20.7%. The second key measure was from referral to treatment time, with 62 days being the expected timeframe, the Trust had outperformed this standard with an average time of 60 days. Actions for this year will work on consolidating these gains, and continuing to work to high standards</p>
<p>National Joint Registry (NJR)</p>	<p>The Trust performed in line with the expected rate with regard to 90-day mortality rates on knee and hip procedures, as well as revision rates operations. Data quality was 100% on all measures, higher than the expected standard</p>
<p>National Lung Cancer Audit (NLCA)</p>	<p>The report showed the Trust performed above national (38.7%) and regional average (45.6%) for survival rate with a rate of 49.2%. This marked the department out as a positive outlier. The project is looking forward to continuing the positive performance in the coming year</p>
<p>National Maternity and Perinatal Audit (NMPA)</p>	<p>The latest report was released in August 2020 examining 2016-2017 data, and showed Trust outcomes are broadly in line with national averages. A key metric where the Trust performed above the average was in babies receiving mechanical ventilation. The report was shared with the service and an action plan is in place</p>
<p>National Neonatal Audit Programme</p>	<p>The latest report showed the Trust performed above the national average on several key measures including ensuring that babies born at least than 32 weeks had their temperature taken in a timely manner and was at expected levels (81.5% compared to 70.3% nationally). The Trust also performed well on parents having consultations with a senior member of the team within 24 hours (99% against 96.7% nationally).</p> <p>The Trust complied with national standards on staffing levels in 57.9% of shifts, below the national average of 69%.</p> <p>An action plan was developed in line with the report recommendations</p>
<p>National Paediatric Diabetes Audit (NPDA)</p>	<p>The project lead reported that The Trust's mean HbA1c level was continually improving, health check completion rate (7 checks) had also improved due to a diligent team approach, and a new electronic database had allowed for increased data accuracy and easier data management. Actions for the year ahead centre around:</p> <ul style="list-style-type: none"> • Patient education in annual health check habits • Ensuring all samples reach the laboratory



	<ul style="list-style-type: none"> Increasing the uptake of diabetes technology, which is currently below the national average Providing more support and information to patients transitioning from child to adult services. The service is involved in improvement work within the regional network in relation to address this
National Prostate Cancer Audit (NPCA)	The Trust has performed within the expected range on all key measures - 90-day readmission, patients experiencing at least one genitourinary complication requiring procedural/surgical intervention within 2 years, mean sexual function score, and mean urinary incontinence score. The project lead was satisfied with the progress made and the action plan for the year ahead will focus on embedding current best practice
National Vascular Registry	The report was released in November 2020. Benchmarking of the 5 key measures shows the Trust was either meeting the standard or within the expected range for 4 of these. Action planning for this year will focus on the last metric, which is case ascertainment
Paediatric Intensive Care (PICANet)	The report was published in January 2021 and showed that the Trust had a 96% case ascertainment within 3 months of discharge, as required and was in the lower limits for Emergency Readmissions within 48 hours and Standardised Risk Adjusted Mortality Ratio which is positive. The number of WTE nurses to one bed reflected the national picture and the Trust ensured staff numbers met the needs of patients on ICU
Royal College for Emergency Medicine (RCEM): Assessing for Cognitive Impairment in Older People.	The Trust submitted 501 cases, significantly higher than the recommended target of 120. The latest report showed that the Trust performed better than the national average for all key performance indicators. The project lead is looking forward to continuing working at these high standards
Royal College for Emergency Medicine (RCEM): Pain in Children	The report was published in January 2021 and showed room for improvement. One area that was significantly lower than the expected range and the national average, was for senior clinician reviewing notes once a patient leaves or is removed from the department without being seen. The project lead presented these findings and an action plan was put in place
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	The latest audit findings showed the Trust was able to record no instances of Serious Adverse Reactions, and Near Miss – Other. This was below both the area average of 3.45 and 3.32 respectively, and below the average of Trusts of a similar size (6.47 and 7.53). The project lead is working on the following action plan: <ul style="list-style-type: none"> Continue to investigate transfusion reactions as they arise, currently there are no specific actions due to the reaction of an individual donor and is unlikely to reoccur Deliver the business case for a new electronic tagging system to eliminate wrong blood in tube incidences
Surgical Site Infection Surveillance	The latest report focused on reduction of long bone fractures. Nationally a surgical site infection (SSI) occurred in 0.9% of cases whereas it was slightly higher at 1.1% of cases at the Trust (inpatient and readmission). However, for inpatient cases alone, the Trust performed better (0.3%) than the national average (0.6%). The following actions have been put forward by the project lead: <ul style="list-style-type: none"> Revise and adapt a SSI root cause analysis tool in collaboration with clinical teams to ascertain any lessons for future clinical practice with feedback to clinicians and Divisional Governance Teams Continue to monitor compliance with standard NICE guidance regarding theatre procedures including sutures Continue with feedback to surgical teams and other relevant stakeholders regarding infections, rates of SSIs and PHE reports Continue Infection Prevention and Control walkabouts in theatres Establish closer links with the Trauma and Orthopaedic clinic
The National Audit of Cardiac Rehabilitation (NCAR)	The Cardiac Rehabilitation service has adapted throughout COVID-19 restrictions via telephone/email/text and using a variety of resources, including exercise manuals and DVDs. The latest audit report published in 2020 showed the Trust met all 7 key performance metrics. The audit lead provided actions for the recommendations highlighted in the report. The aim going forward was to maintain the standards set and to resume a face-to-face service, in conjunction with the now remote service giving patients more flexibility and to improve outcomes over previous levels. The service will be requesting feedback from patients that attended Cardiac Rehabilitation over the pandemic period to improve the remote style service.

2.2.2.6 Local clinical audits – actions taken

The reports of 5 local clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2020/21 and the Trust intends to take the following actions to improve the quality of healthcare provided.



Local Clinical Audit	Action: Based on information available at the time of publication
Consent Audit	This audit examined the consent process across the Trust, and consisted of two separate components to provide additional assurance. The first component of the audit was a retrospective self-directed examination of consent forms from across all clinical specialities and the second component was a deep dive investigation of a random sample taken from the first component, these cases were then scrutinised by subject matter experts to ensure that both the letter and spirit of the consent process had been adhered to. The findings showed that documentation of discussions around alternative treatments and questions the patients may have raised could be improved. In addition, patients deemed to be lacking capacity often either lacked documented evidence of decision specific capacity assessments or a checklist of best interest. An action plan was developed to embed the consent form on the electronic patient record system with the interim plan to ensure all paper consent forms were scanned to prevent issues of loose filing; to re-audit within the next 6 months; to develop a flow chart to assist in clinical decision making and improve equity and quality of care provided
Controlled Drugs Check and Stock Audit	This audit was carried out on a quarterly basis to ensure controlled drugs are correctly stored and secured and that an adequate record was kept which complied with controlled drug guidance. The project lead confirmed that performance in this quarterly project has been largely positive, despite wider disruptions due to COVID-19. Compliance was recorded at or above 90% for 17 or more of the 22 standards each quarter. Actions for the year ahead include expanded training outreach to ensure learning points are embedded
Local Safety Standards for Invasive Procedures (LocSSIPs) Audit	This audit project looked at reviewing the Trust's use of LocSSIPs for all invasive procedures, and was split into a theatre and non-theatre version. The most recent data was quarter 4 2020/21 and the Trust achieved 100% for all Theatre areas combined. Action plan for the coming year: The clinical audit team have been working closely with project lead and Theatres staff to revise the audit tool. This involved implementing aspects of the Theatre Accountable Items audit, streamlining the questions included. This is now being used as of quarter 1 2021/22 and the team are optimistic that this will deliver a more accurate portrayal of specialties compliance in the audit
Paediatric Intrathecal Audit	The audit examined the process and procedures around intrathecal injections as part of a paediatric chemotherapy regimen. Data for appointments and drugs administered for these patients was collected via the chemotherapy prescribing system which allowed for easier collation. The audit lead confirmed that this was a biannual audit of Oncology and Haematology intrathecal prescription services for Children and Young People, with data submitted as evidence for part of a peer review process. Work remains around the arrangements for paediatric oncology, considerations and will include which e-prescribing system to use and where chemotherapy is prepared. If intrathecal chemotherapy is to be administered at the Trust it would need to be prescribed on Chemocare, checked, made up, collected and administered by staff on the Trust register. Actions to respond to this involve developing a common training programme and a patient assessment tool
Protected Mealtimes and Nutritional Screening Audit	This audit was carried out quarterly across the Trust and was made up of two elements, firstly the audit examined the principals of avoiding non-clinically urgent mealtime interruptions for inpatients, along with if appropriate assistance was provided; the nursing team carried out this part of the audit. The nutritional screening component examined if appropriate measurements were taken of patients, and if nutritional assessments were carried out; dieticians carried out this element of the audit. Results for protected mealtimes showed good adherence to most standards of the audit, however some work remains around adequately preparing all vulnerable patients for their meals. Actions for the coming year centre on targeted training. Results of the nutritional screening audit found that standards were missed for weighing patients, completion of nutritional screening tool within 24hours of admission, and body mass index recording. The project lead suspects that staff redeployments may have impacted results this year, a re-audit is scheduled to ensure standards have now recovered



2.2.3 Our participation in clinical research

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

St George's 2019/24 Research Strategy sets out plans to build on our strong research base and invest more in our staff to support their research ambitions, invest in our IT research infrastructure and gain core National Institute for Health Research (NIHR) funding for our Clinical Research Facility.

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

A key way to develop and offer new treatments is through participation in clinical research studies that are approved by the NIHR, which supports NHS and academic institutions to deliver quality research that is patient-focused and relevant to the NHS, and we doubled the number of patients recruited between 2017 and 2020. Since the pandemic began, in line with NIHR guidance we have prioritised Covid-19 clinical research. We have recruited over 6,000 patients to 40 clinical research studies, we led the Novavax Covid vaccine trial in the UK, and we are amongst the top NHS Trusts in the country for the number of urgent public health Covid studies.

The number of patients receiving relevant health services provided or subcontracted by St George's University Hospitals NHS Foundation Trust in 2019/20 that were recruited during that reporting period to participate in research approved by a research ethics committee was 7,549. (This number was lower than the published number for 2019/20 of 10,928 due to the NIHR requirement to prioritise Covid-19 research).

2.2.4 Our Commissioning for Quality and Innovation (CQUIN) performance

In 2020/21 the percentage value for CQUIN was 1.25% for both CCGs and NHSE of total contract income.

As a result of the COVID-19 pandemic, the operation of CQUIN (both CCG and specialised) was suspended for all providers until 31 March 2021 and the Trust was not required to implement CQUIN requirements, carry out CQUIN audits or submit CQUIN performance data in order to be eligible for payment of the funding allocated for CQUIN.

However, the 1.25% allowance for CQUIN included in the nationally set block payments and CQUIN payments were paid to the Trust in full at the applicable rate.



2.2.5 Our registration with the Care Quality Commission (CQC)

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

The CQC has not taken any enforcement action against St George's University Hospitals NHS Foundation Trust during 2019/20.

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

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

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

In April 2021 the Trust was also removed from Financial Special Measures.



Ratings for St George's Hospital

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

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

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

During the last year the CQC has explored and tested new ways of working (which were not an inspection and Trust services were not rated) including the provision of an Emergency Support Framework and a Transitional Regulatory Approach which both included enhanced monitoring and gathering of evidence against a set of structured questions. The structured assessments looked at Infection Prevention and Control practice in the Trust in July 2020, provision of care and treatment in Urgent and Emergency Care in October 2020.

No concerns were highlighted by the CQC; if concerns had been identified an on-site inspection would have taken place.

We continue to focus on delivering improvements within our cardiac surgery service at St George's. In March 2020, NHS Improvement published the findings of an external, independent review of cardiac surgery at St George's Hospital. The report concluded that there were failings in the care provided to 102 patients between 2013 and 2018.



We have introduced positive changes to the department in recent months, and data from the National Institute for Cardiovascular Research (NICOR) continues to demonstrate that the service is safe, and no longer an outlier for mortality which means the service is no longer subject to external scrutiny. The Trust Board continues to review the service's mortality data on a regular basis.

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

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

2.2.8 Our data quality

St George's University Hospitals NHS Foundation Trust submitted records during 2020/21 for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 99.5% for admitted patient care
- 99.8% for outpatient care
- 98.0% for accident and emergency care

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

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

2.2.9 Our Information Governance Assessment Report

The Trust was compliant with all the mandatory requirements of the NHS Data Security and Protection Toolkit (DSPT) for 2019/20 and planned compliance for 2020/21 by 31 March 2021. However, due to COVID-19 outbreak, NHS Digital allowed all NHS organisations to postpone the Toolkit submission until 30 June 2021. They also extended National Data Opt-Out Compliance until 30 September 2021. The Trust's Information Governance Manager together with the Informatics Services continued to work on the Toolkit submission under the leadership of the Chief Information Officer while tackling emergent challenges due to the impact of COVID-19. The Trust aims to submit the Toolkit with all the mandatory requirements by "Satisfactory Standard Met Status" by 30 June 2021.

2.2.10 Payment by results

St George's University Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21.



2.2.11 Learning from deaths

During 2020/21 1,744 of St George's University Hospitals NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of this reporting period:

- 429 in the first quarter
- 287 in the second quarter
- 420 in the third quarter
- 608 in the fourth quarter

By 31 March 2021, 111 case record reviews have been carried out in relation to 6.4% of the deaths included.

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

- 18 in the first quarter
- 22 in the second quarter
- 31 in the third quarter
- 40 in the fourth quarter

Five (representing 0.3%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter this consisted of:

- 2 representing 0.47% of the number of deaths which occurred in the first quarter
- 1 representing 0.35% of the number of deaths which occurred in the second quarter
- 1 representing 0.24% of the number of deaths which occurred in the third quarter
- 1 representing 0.16% of the number of deaths which occurred in the fourth quarter

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

What we have learnt and action taken

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

- The Trust has continued to demonstrate full compliance with the Clinical Negligence Scheme for Trusts (CNST) Safety Action One, as evidenced by the quarterly Perinatal Mortality Review Tool reports. In addition to summarising compliance with the standards each report also detailed potential areas for learning and improvement. Over the year these included improving clinical record templates to prompt carbon monoxide monitoring, incorporating learning from deaths in mandatory training, and introducing a new placental histology form
- Investigation of mortality related to sepsis was conducted by the Trust Sepsis Lead. This work contributed to a number of improvement initiatives, including the design of an infographic to guide accurate diagnosis, recording and subsequent coding of sepsis. A risk stratification tool was implemented in the Emergency Department and



a new sepsis tool launched across wards through our electronic patient record system, iClip

- A review of mortality following hip fracture was completed which led to improvements to clinical documentation and governance processes. Clinical documentation templates were updated across specialties to support consistent and accessible documentation of pre-anaesthesia medical comorbidities. Governance was strengthened through the discussion of all breaches of key national standards at multi-disciplinary best-practice tariff meetings and the prioritisation of local mortality review. Improvements to data quality and completeness was also achieved through a programme of regular review and quarterly audit

Summary of action taken in 2020/21 and plans for 2021/22

A new clinical lead for Learning from Deaths was appointed in April 2020 and the spent last year developing the strategic approach to Learning from Deaths and defining the processes to support improved implementation of the national Learning from Deaths framework.

Progress against the action plan arising from the external governance review of mortality conducted in 2019, has been prioritised. The aim of this work was to strengthen existing processes and develop new approaches within specialties to ensure that we maximise the opportunities for learning identified by mortality reviews, and to support the design and delivery of robust action plans.

The Trust invested in six new posts to create a team of Mortality and Morbidity coordinators to support care groups and this year ended with the successful recruitment of the Team Leader and work was initiated to develop a standardised approach to Mortality and Morbidity meetings. The full team will be in place by June 2021 and will provide practical support to clinical teams and facilitate the improved flow of information and learning related to mortality across the Trust.

As part of the improvement plan implemented following the external governance review of mortality a comprehensive review of the Trust's Learning from Deaths policy was carried out. The updated policy was modelled on the national template, published by NHS Improvement.

The Learning from Deaths Lead also undertook training to complete mortality reviews using the Royal College of Physicians structured judgement review, and supported by another trained consultant, completed independent mortality reviews for deaths that met the criteria defined within the Learning from Deaths policy. These included:

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

For any death where the central Mortality Review Team felt there was significant concern, the case was escalated immediately to the Risk Team to consider if a serious incident, or other, investigation was required. Any significant problem of care, whether or not it affected the outcome, was highlighted to the clinical team for discussion and local learning. In addition to promoting reflection and learning by highlighting to governance and clinical teams



where care or treatment could potentially have been better, the Learning from Deaths Lead also highlighted excellent practice.

During the year the Medical Examiner (ME) service was embedded further within the Trust building on the developments in 2019/20 and scrutinised all non-coronial deaths in addition to those referred to the Coroner. The service continued to support accurate and consistent certification of death and to support the bereaved. Where the ME identified potential governance issues that need to be further explored they have continued to refer these either to the Lead for Learning from Deaths, to the Risk Team or to the clinical team involved with the patient's care.

In line with national expectations, it is anticipated that during 2021/22 the service will begin to scrutinise deaths that occur within defined areas of the community. Recruitment of two Medical Examiner Officers is planned and will be essential to the expansion of the ME service.

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

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

5 representing 0.29% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement review, which is based on the Royal College of Physicians (RCP) tool.

2.2.12 Standards for Seven Day Services

The Trust undertook a risk based review of its compliance against the clinical standards for seven day services and identified that the Trust was unable to deliver full compliance during the last year.

However, the Trust had further improved its compliance with standard 2 in that more than 90% of patients received a consultant review within 14 hours of admission.

The Trust was not compliant with Standards 5, 6 and 8 and the planned improvement actions were delayed due to the pandemic.

The Board assurance statement was deferred until September 2021 and will be reflected in the Quality Account 2021/22.

2.2.13 How our staff can speak up

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

Staff can raise concerns with:

- Any manager/ leader within their department
- Freedom to Speak up Guardian/ Champion
- Their Human Resource Adviser/ Manager



- Executive and non – executive leads for Freedom to Speak Up
- Chief Corporate Affairs Officer
- Chairman

Staff can raise concerns in different ways such as:

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

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

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

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

2.2.14 Guardian of safe working

The year 2020/2021 was dominated by the Covid-19 pandemic. During the first wave (April to June 2020) the Doctors in training were redeployed and worked willingly in acute areas. The result was a flexible workforce supported by senior colleagues; but who have had to compromise on many training opportunities despite the accommodation of speciality colleges and examination boards. Annual leave catch up was completed by the end of March 2021. The second wave (November 2020 to March 2021) saw a different approach with doctors working shorter periods and rotating back to their specialities as soon as possible. The Trust had provided wellbeing support with psychologists visiting the wards, wellbeing hubs and a mentoring scheme was offered. The impact on exception reporting was a dramatic drop to (210 compared with 458) more than half the previous year reflecting that trainees were so committed to their work they did not want to claim extra money but also the increased vigilance of consultants made sure that the shift work ran smoothly and trainees could get home on time. Rota gaps were then not analysed in the same way as direct comparisons could not be made as the rotas were rewritten to support the Covid-19 response.

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

In the next year, emphasis will be on recruiting doctors to represent their specialties in the Junior Doctors Forum, looking into support for the Medcard division where 83 of the



exception reports arose and completing the spending plans for the wellbeing monies in the Mess.

2.3 Reporting against Core Indicators

National Core Set of Quality Indicators

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

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

2.3.1 Mortality

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

Summary hospital level mortality indicator (SHMI)	Apr 18 – Mar 19	May 18 – Apr 19	Jun 18 – May 19	Jul 18 – Jun 19	Aug 18 – Jul 19	Sep 18 – Aug 19	Oct 18 – Sep 19	Nov 18 – Oct 19	Dec 18 – Nov 19	Jan 19 – Dec 19	Jan 20- Dec 20
SHMI	0.82	0.82	0.81	0.83	0.83	0.83	0.85	0.85	0.85	0.86	0.84
Banding	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected
% Deaths with palliative care coding	51	51	50	49	49	50	49	49	48	47	49

Source: NHS Digital

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

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

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

- We have fully implemented the Learning from Deaths Framework and embedded the implementation of the Medical Examiner System. We undertook a review of our mortality monitoring process. We have recruited an addition 6.0 wte posts to



strengthen the administrative support to the monitoring process. We review all deaths to ensure we identify and share every opportunity to learn and improve the care our patients receive.

2.3.2 Patient reported outcome measures

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

Percentage of patients reporting an increase in health following surgery		2015-16		2016-17		2017-18		2018-19		2019-20		2020-21*	
		SGH	National average	SGH	National average	SGH	National average	SGH	National average	SGH	National average	SGH	National average
Hip replacement	EQ-5D™	100	88.4	77	89.1	71	90	66.7	90.2	No Data	90.1		
	EQ-VAS	58	65.6	75	67.2	43	68.3	66.7	69.6	No Data	69.8		
	Specific	94	96.5	71	96.7	75	97.2	100	97.2	No Data	97.3		
Knee replacement	EQ-5D™	69	80.7	100	81.1	0	82.6	No data	82.7	50.0	83.2		
	EQ-VAS	33	56.4	40	57.5	33	59.7	No data	59	No data	60.1		
	Specific	85	93.6	100	93.8	33	94.6	No data	94.7	100	94.7		

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

*The 2020/21 data has not been published at the time of submitting this report. This data will be included in the Quality Report 2021/22.

For both hip and knee replacement procedures, the EQ-5D™ and EQ-VAS scores give the patients view of their general health improvement. The specific score comes from questions about improvement related to the hip or the knee replacement, higher scores are better. It should be noted that at St George's we perform only a small number of complex cases of knee and hip replacements, with the majority of routine cases being referred to the South West London Elective Orthopaedic Centre for treatment and coupled with the current lack of data collection tool this explains our variance from the national average score for these measures. A new data collection provider will be in place in 2021/22 however the Trust's participation will still be with reference to small patient numbers.

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

- Patients who have had these procedures are asked to complete a short questionnaire which measures a patient's health status or health related quality of life at a moment in time. The questionnaire is completed before, and then a minimum of three months after surgery, and the difference between the two sets of responses is used to determine the outcome of the procedure as perceived by the patient

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

- Continue to offer patients the opportunity to participate in PROMs and contact the patient at the three month intervals to prompt a further response



2.3.3 Readmission within 28 days of discharge

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

Readmissions	2017-18			2018-19			2019-20			2020-21		
	0-15	16 and over	Total	0-15	16 and over	Total	0-15	16 and over	Total	0-15	16 and over	Total
Discharges	14201	47572	61773	13975	48206	62181	13022	47103	60125	8,522	34,886	43,408
28 day readmissions	651	4428	5079	751	4006	4757	932	4218	5150	524	3,638	4,162
28 day readmissions rate	4.58%	9.31%	8.22%	5.37%	8.31%	7.65%	7.16%	8.95%	8.57%	6.15%	10.43%	9.59%

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

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

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

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

2.3.4 Patient experience

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

Patient Experience	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21*
St George's University Hospitals	66.6	68.8	68.6	67.9	66	65	67.2	67.1	
National average	68.1	68.7	68.9	69.6	68.1	68.6	67.2	64.2	
Highest (best)	84.4	84.2	86.1	86.2	85.2	85	85	84.2	
Lowest	57.4	54.4	59.1	58.9	60	60.5	58.9	59.5	

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

* The 2020/21 data has not been published at the time of submitting this report. This data will be included in the Quality Report 2021/22.

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

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



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

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

2.3.5 Staff recommendation to friends and family

We consider that this data is as described for the following reasons: we outsource the collection of data for the NHS National Staff Survey; it is collected and submitted annually to the Staff Survey Co-ordination Centre. The data for 2020/21 shows that we achieved above average scores for staff who would be happy with the standard of care that would be provided to a friend or a relative who needed treatment by this organisation.

Staff recommendation	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
St George's University Hospitals	67%	73%	71%	70%	73%	69%	72%	76%
Average for Acute	66%	68%	70%	68%	69%	70%	71%	74%
Highest Acute Trust	94%	93%	93%	95%	86%	87%	87%	92%
Lowest Acute Trust	40%	36%	46%	48%	47%	41%	40%	48%

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

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

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

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

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

2.3.6 Patient recommendations to friends and family

Our patients are very positive about our services and in 2020/21, 97.5% of our Inpatients and 89.3% of those visiting our A&E department said they would recommend our services to their friends and family.

Friends and Family Test	2016-17		2017-18		2018-19		2019-20		2020-21	
	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient
St George's University Hospitals										
Response rate	23.10%	30.76%	20.19%	25.50%	26.20%	26.40%	15.27%	34.38%	18.97%	28.74%
% would recommend	83.80%	95.81%	84.26%	96.24%	87.00%	97.00%	82.41%	96.5%	89.83%	97.5%
% would not recommend	10.51%	1.29%	10.39%	1.08%	8.50%	1.00%	12.36%	1.14%	6.52%	0.75%
National comparison as at March 2020 response rate	12.9%	26.1%	12.8%	23.2%	12.3%	24.6%	12.1%	24.4%	N/A*	N/A*
National comparison as at March 2020 % would recommend	87%	96%	84%	96%	86%	96%	85%	96%	N/A*	N/A*
National comparison as at March 2020 % would not recommend	7%	1%	9%	2%	8%	2%	9%	2%	N/A*	N/A*



..\\Performance Visibility Team\\Performance Board & Quality Monthly Reports\\Archive

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

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

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

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

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

2.3.7 Venous thromboembolism

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

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

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

VTE Assessments	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
St George's University Hospitals	95.89%	96.77%	96.64%	95.90%	96.0%	93.9%	96.18%
National Average	96.10%	95.76%	95.61%	95.80%	95.6%	95.5%	95.33%
Best performing Trust*	100%	100%	100%	100%	100%	100%	100%
Worst performing Trust*	79%	78.1%	63%	72%	74.4%	71.7%	77.16%

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

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

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

2.3.8 Infection control

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



Clostridium Difficile	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
St George's University Hospitals							
Trust apportioned cases *Change in reporting: denotes those Cases confirmed due to lapses in care	38	29	36	16	31	*8	*4
Trust bed-days	254,213	273,493	287,962	296,981	282,339	285,321	225,244
Rate per 100,000 bed days	14.9	10.6	12.5	5.4	11.0	2.8	1.75
National average	33.7	33.7	30.2	31.2	33	3	N/A
Worst performing trust	121	139	116	113	177	15	N/A
Best performing trust	0	0	0	0	0	0	N/A

<https://www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure>
http://stg1tableau01/#/site/L/views/BedOccupancy_1/OccupiedBedDaysbyAdmissionMethod?iid=4

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

- We have a process in place for collating data on Clostridium Difficile cases. The data is collated internally and submitted to Public Health England. The CCG reviews the root cause analysis undertaken and provides validation as to whether Clostridium Difficile acquisition was due to a lapse in our care

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

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

2.3.9 Patient safety incidents

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

Patient Safety Incidents	Oct 14 - Mar 15	Apr 15 - Sep 15	Oct 15 - Mar 16	Apr 16 - Sept 17	Oct 16- Mar 17	Apr 17- Sep 18	Oct 18- Mar 19	Apr 19- Sep 19	Oct 19 - Mar 20	Apr 20- Sep 20
St George's University Hospitals										
Incidents causing Severe Harm or death	16	23	20	15	13	14	23	10	9	Not published
% incidents causing Severe Harm or death	0.31%	0.43%	0.37%	0.25%	0.22%	0.25%	0.38%	0.16%	0.13%	Not published
*National average	0.50%	0.43%	0.79	0.38%	0.37%	0.35%	0.36%			



<i>(acute non-specialist)</i>										
*Highest reporting rate	5.10%	1.96%	1.33%	1.38%	1.09%	1.23%	0.49			
*Lowest reporting rate	0.05%	0.09%	0%	0.02%	0.03%	0.02%	0.01%			

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

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

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

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

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

- Continue to work towards enhancing existing mechanisms throughout 2021/22. These include: risk management input into training programmes, increased frequency of root cause analysis (RCA) training, increased involvement from medical staff in following up incidents, a monthly governance newsletter and a quarterly analysis report and thematic learning.



Part 3

3.1 Our performance against the NHS Improvement Single Oversight Framework

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

Key performance indicators

Key performance Indicator	Indicator Description	Target	Annual performance 2018-19	Annual performance 2019-20	Annual performance 2020-21
Referral to treatment times	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on a complete pathway		N/A (Not reporting)	84.2%	No data
ED access	95% of patient wait less than 4 hours	>=95%	88.4%	83.2%	No data
Cancer access	% cancer patients treated within 62 days of urgent GP referral	>=85%	86.9%	85.2%	No data
	% patients treated within 62 days from screening referral	>=90%	86%	88.8%	No data
Diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	99%	95.7%	No data

Due to the Covid-19 pandemic and the uneven flow of patient activity throughout the year the Trust is unable to supply the annual performance for 2020-21 due to the mis-leading nature of the data.

The table below presents the average monthly performance for the year, together with the year-end exit position for March 2021 compared against the exit position for March 2020.

Key performance Indicator	Indicator Description	Target	Average Monthly Performance (Apr 20 - Mar 21)	March 2021 Performance (Year End Exit)	March 2020 Performance (Comparison)
Referral to treatment times	Number of 52 week breaches	0	N/A	2,644	32
Referral to treatment times	% of patients treated within 18 weeks of referral	>=92%	65.2%	69.3%	79.3%
Cancer access	% of cancer patients treated within 62 days of urgent GP referral	>=85%	70.4%	77.1%	82.6%
	% of patients treated within 62 days from screening referral	>=90%	66.2%	80.8%	77%



Diagnostic waits	% of patients receiving a diagnostic test within 6 weeks of referral	99%	71.4%	89.8%	81.5%
4 Hour Operating Standard	% of patients discharged, admitted or transferred within 4 hours of arrival	95%	92.8% (actual)	94.8%	79.1%

3.2 Our performance against our Quality priorities in 2020-21

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, 2019/20. 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 2020/21?	How our performance compared with 2019/20
We will ensure timely escalation and response to deteriorating patients	<p>All adult inpatients will have a TEP</p> <p>Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20 and 2020/21</p> <p>Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20 and 2020/21</p> <p>Reduction in the number of cardiac arrests compared with 2019/20 and 2020/21</p>	<p>We partially achieved this</p> <p>We developed an electronic mechanism to monitor the number of TEPs in place for adults within 24 hours of admission</p> <p>We monitor TEP performance on a monthly basis in the Integrated Quality and Performance Report</p> <p>In April 2020 45% of adults had a TEP in place within 24 hours of admission, performance in March 2021 was 33.8%</p> <p>The number of cardiac arrests in 2020/21 was 108; 2.3/1000 inpatient admissions</p> <p>NEWS2 audits showed</p>	<p>In 2018/19 we established an improvement project and developed the TEP (paper) and in 2019 we implemented TEP in paper format whilst we built an electronic TEP in the test domain of iClip</p> <p>We rolled out the electronic TEP Trust wide in March 2020 in response to Covid-19</p> <p>The number of cardiac arrests in 2019-20 was 153; 2.3/1000 inpatient admissions</p> <p>NEWS2 audits showed an appropriate response</p>



		an appropriate response performance of 89% in March 2021 which was a reduction in appropriate response performance from 94.1% in March 2020	performance of 89.6 % in March 2019 and an appropriate response performance of 94.1% in March 2020
Identification, protection and care of patients who lack mental capacity to make certain decisions	<p>We will demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly, and have proper protection and care.</p> <p>We will achieve compliance with our training targets for Mental Capacity Act (MCA) training</p>	<p>We partially achieved this</p> <p>The electronic forms to standardise recording were implemented</p> <p>A Trust wide audit of Consent was undertaken in December 2020</p> <p>Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 training performance had achieved the target of 90% or above since 2019</p> <p>Level 2 training performance was 79% in March 2021 against the target of 85%</p>	<p>Revisions to iClip were made in the test domain to standardise recording and enable efficient audit processes.</p> <p>Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 training performance had achieved the target of 90% or above</p> <p>Level 2 training performance was 76.4% against a target of 85%</p>
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	<p>We did not achieve this</p> <p>In April 2020 45% of adults had a TEP in place within 24 hours of admission, performance in March 2021 was 33.8%</p>	No data available
Embed medical examiner service and learning from deaths processes	Maintain Summary Hospital Level Mortality Indicator (SHMI) within confidence intervals	<p>We achieved this</p> <p>Mortality as measured by the summary hospital-level mortality indicator (SHMI) was lower than expected for the 12 months from January 2020 to December 2020 at 0.84</p>	Mortality as measured by the summary hospital-level mortality indicator (SHMI) was lower than expected for the 12 months from January 2019 to December 2020 at 0.86



Patient experience			
Our quality priorities	What will success look like?	How did we do in 2020/21?	How our performance compared with 2019/20
Undertake thematic analysis of our complaints to identify recurrent themes and share the findings	Reduction in the number of complaints when compared with the 2019/20 baseline	We achieved this 2020/21: 752 (However, the impact of Covid-19 on the number of complaints received should be noted)	2019/20: 956 (2018/19: 1101)
We will build a patient partnership structure to enable patients to be involved in improvement work from the earliest stage	We will deliver year one of the strategy and develop the strategy for the next three years	We partially achieved this The group was suspended earlier this year due to Covid-19 and meetings were re-established later in the year The group focused on finalising the Toolkit for User Groups resource and reviewed the PPEG web pages during this time Engagement of Patient Partners in the development of the Emergency Department works A number of other projects and developments requiring input from Patients Partners were put on hold this last year A successful recruitment campaign brought 10 new patient partners on board	In 2018/19 twelve patient partners were recruited to the Patient Experience and Partnership Group A service level patient user group was established in dermatology, urology and at Queen Mary's Hospital We delivered the objectives as set out in the one-year Patient Partnership and Experience Strategy 2019/20. The strategy for Patient Partnership and Experience is included as a priority focus area within the Quality and Safety Strategy 2019/24
Undertake a second self-assessment against the National Learning Disability Standards having	Improvement in our self-assessment when compared to baseline	We partially achieved this Due to exceptional demands on the service implementation of the improvement plan	The NHS benchmark assessment was completed against national standards for Learning Disability patients



<p>had the opportunity to make service improvements following the first self-assessment in 2020</p>		<p>following the 2018/19 self-assessment was slower than expected</p> <p>The second self-assessment was completed against national standards for Learning Disability patients for 2019/20</p> <p>The 2019/20 self-assessment was against 107 questions, 79 of which were considered as measurable for benchmark purposes.</p> <p>For 61% (48/79) the Trust was in line with other Trusts, however although it was recognised the Trust was not an outlier in these areas, improvement actions are to be developed for delivery in 2021/22.</p> <p>For the remaining standards:</p> <ul style="list-style-type: none"> • 25% (20/79) were above the national standard • 14% (11/79) were below the national standard 	
<p>Improve patient flow particularly with reference to improved discharge processes</p>	<p>Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2019/20 baseline</p> <p>See an upward trend in our patients</p>	<p>We partially achieved this</p> <p>Discharge hub implemented and aligned to the site team to enable increased oversight of expected discharges</p> <p>Implemented South</p>	<p>Review of patient experience of discharge through the departure lounge by Healthwatch</p> <p>Established 'long length of stay' meetings to help facilitate the</p>



	<p>reporting involvement in their discharge arrangements when compared with 2019/20</p> <p>Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2019/20</p> <p>Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20</p>	<p>West London system approach of agreed discharge to assess process</p> <p>Created a monitoring process</p> <p>The number of patients awaiting external assessment, repatriation or external care increased to 1108 in 2020/21 compared with 991 in 2019/20. This position was impacted by Covid-19</p> <p>87.5% of patients reported feeling involved in the discharge planning process compared with 87.8% in 2019/20</p> <p>In 2019/20 discharge summaries were sent to GP practices within 24 hours for 46.4% of our discharged patients. The data for 2020/21 is available in iClip, however a revised interface with the Trust's data warehouse is currently being developed and the 2020/21 data was not available at the time of publishing this report</p> <p>The number of patients who were discharged from an elective inpatient setting with a follow up appointment or investigation date deteriorated by 57% from 2348 in 2019/20 to 1347 in 2020/21. This was impacted by Covid-19 as there was less</p>	<p>discharge of complex patients</p> <p>Incorporated Red to Green reporting on iClip (a process to identify the internal delays for discharge associated with waiting for investigations to take place and/or obtaining the results)</p> <p>991 patients awaited external assessment, repatriation or external care</p> <p>88% of patients reported feeling involved in the discharge planning process</p> <p>Discharge summaries were sent to GP practices within 24 hours for 46.4% of our discharged patients</p> <p>2348 patients were discharged from an inpatient setting with a follow up appointment or investigation date</p>
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		elective activity in 2020-21	
Clinical effectiveness and outcomes			
Our quality priorities	What will success look like?	How did we do in 2020/21?	How our performance compared with 2019/20
With SWL and St George's Mental Health Trust we will develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting	We will have an integrated education and training framework	We did not achieve this The new post of Head of Nursing for Mental Health was recruited to and the post holder commenced in December 2020 The development of the integrated training and education framework did not commence as expected due to delayed recruitment	This was not included as a quality priority in 2019/20
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 2020	We partially achieved this Quality of Care: 7.6 (average trust score 7.5) Safety Culture: 6.6 (average trust score 6.8)	NHS Staff Survey 2019 Quality of Care: 7.5 (average trust score 7.5) Safety Culture: 6.5 (average trust score 6.7)
Deliver care in line with activity plans	Achievement of targets for: <ul style="list-style-type: none"> • Referral to Treatment (RTT) within 18 weeks • Diagnostics within six weeks • Four hour operating standard • Cancer standards 	We did not achieve this Activity plans and associated performance targets were not delivered due to the impact of the pandemic	As reported in section 3.1, page 33



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

A1.1 Statement from South West London Clinical Commissioning Group

South West London Clinical Commissioning Group (SWL CCG - Wandsworth Borough) is the host commissioner for St George's University Hospitals NHS Foundation Trust (SGUH) and is responsible for the commissioning of high-quality health services from the Trust on behalf of the population of Wandsworth and surrounding boroughs.

SWL CCG and the SGUH leadership team have worked collaboratively throughout 2020/21 to provide a good level of assurance in relation to the quality of services provided to the local population. The CCG has continued to attend the Trust internal patient safety and quality group meetings, and quarterly quality partnership meetings have been maintained to address externally generated quality issues not covered at the internal meetings. The Quality Partnership meetings bring together stakeholders including GPs, senior clinicians, managers from both SGUH and SWL CCG, commissioners from other local CCGs, and Healthwatch. Intelligence is also gained from other sources including patient feedback received directly by the CCG.

SGUH has been proactive in addressing quality issues identified through the CCG's well-established Quality Alert system (Make a Difference), where quality issues relating to a provider are raised with to the CCG. SGUH have successfully addressed a number of quality issues identified through this system, and the CCG is pleased to note that some of these issues, including addressing the long waits for treatment and improving patient flow in relation to discharges, have been included in the priorities for 2021/22.

The CCG acknowledges that 2020/21 has been a challenging year with the pressure and impact of the COVID-19 pandemic. The Trust is to be commended for continuing to maintain a focus on patient safety and quality throughout the pandemic.

The Trust has made significant progress in implementation of the CQC action plan from December 2019 with 40 of the 46 improvement actions completed during the year. Good progress has also been made against the actions from two clinical governance reviews during 2020/21. The report from the third governance review has just been received by the Trust. The CCG will continue to monitor and support the Trust with implementation of the actions from this review during 2021/22.

The CCG welcomes the opportunity to provide a statement for SGUH's Quality Account for 2020/21. We confirm that we have reviewed the information contained within the draft Quality Account and agree with the Trust's assessment of the delivery of the 2020/21 priorities. We are pleased to note the progress made in delivering the quality priorities for last year, particularly the implementation of the medical examiner service and learning from deaths framework. We are also pleased to note the progress made with undertaking thematic analysis of complaints to identify themes and share learning. The CCG would like to see the Trust focus on the triangulation of these findings with themes from other sources, like incidents, serious incidents, and quality alerts, to achieve integrated learning.

The CCG was disappointed to note that improving patient flow with reference to improved discharge processes was partially achieved in 2020/21. As with previous years, discharge related issues at the Trust continued to be a top theme from quality alerts received



by the CCG during the year. We are encouraged to note that this priority is being carried forward into 2021/22 and would urge the Trust to continue to develop the launch of the discharge forum where stakeholders could work collaboratively with the Trust to address these issues. This includes maintaining a focus on improving communication and shared care arrangements in relation to the pathway for DOACs.

The CCG has taken account of the identified quality priorities for 2021/22 and are pleased to note that these priorities include prevention of Nosocomial COVID-19 infection for in-patients. The CCG would like a focus on the recovery from COVID-19 in relation to ensuring a robust system is in place to track patients whose care was paused or stopped during the COVID-19 pandemic. We are also pleased with the continued priorities on managing the deteriorating patient and hope that the re-launch of the outreach team will help to support this work.

In addition to the priority to improve patients discharged from an inpatient setting with a follow-up appointment or investigation, the CCG suggests that the Trust also includes patients discharged from ED in this work. We urge SGUH to also consider a focus on improving outcomes for non-cohorted heart failure patients, and to continue the work on achieving the NICE guidance for cholecystitis in 2021/22.

Overall comments

Overall, the Quality Report provides an encouraging account of quality within the Trust and reflects the work that the senior team has invested in improving quality over 2020/21.

The CCG is committed to working collaboratively to support the Trust in delivering the priorities identified in the quality report for 2021/22.



Dr Nicola Jones MBE

MBChB DRCOG MRCGP MBA

Place Lead for Wandsworth (On behalf of SWL CCG)

1 June 2021



Dr Gloria Rowland MBE

SWL Chief of Nurse & Executive Director for Quality (ICS) NHS SWL CCG

3 June 2021



A1.2 Statement from Healthwatch Wandsworth

We are pleased to have the opportunity once more to comment on the Quality Account for St George's Hospital. Despite the challenging climate of the pandemic and related restrictions, we have continued to have been kept informed and involved in the monitoring of quality improvement throughout the year at the monthly Quality and Safety Committee, the Quality Partnership meeting (previously the Clinical Quality Review Group) and the Patient Partnership Engagement Group. We also take part in other areas of governance through our Healthwatch appointed Governor.

These comments have been written at the beginning of June 2021, as the Covid-19 pandemic in the UK is still present and as the effects of over a year of coping with waves of Covid related patients and safety measures continue to impact what the system can achieve and where it has to focus quality and infection prevention. The tremendous effort of staff across the hospital teams is very much appreciated in the community and we would like to recognise the challenges faced and the achievement accomplished to maintain of quality of provision through this period. Staff have made enormous and swift changes made in wave one and two in particular, learning from wave one, such as making changes to the Emergency Department, ensuring the decrease in nosocomial infections, making rapid changes to capacity in Intensive Care Units and more. Planning has taken place across hospitals in the area, the hospital has been involved in research and delivery of the vaccine programme and at the same time there have been rapid changes to the hospital's physical estate.

Outpatients: we welcome changes to more online appointments. Many people have told us that they really can be useful. However, for certain consultations that may be more sensitive or complex or for particular sections of the community face-to-face consultations or other special arrangements are needed. We would like to see quality monitoring and scrutiny that ensures clinical effectiveness, safety and quality as well as accessibility in access. For example, monitoring online appointment bookings and monitoring missed calls and the reasons for them to ensure continuity of communications.

Cardiac services: we note the improvements in the issues raised in the CQC report and that these have been achieved alongside the major disruption due to the pandemic. We welcome the clear articulation of the final areas for continued improvement in future plans.

Waiting lists: one of the major impacts of the pandemic has been the growth of waiting lists, including 52+ weeks. Tackling this needs to be a top priority and should include ensuring that those waiting are regularly reviewed to ensure they are at right level of clinical risk and kept informed about their wait. The management of pain and other condition related issues whilst waiting will also be an important part of this process.

Communication: We have seen during the pandemic how patients can be reluctant to seek care if they perceive services to be busy or if they are worried about entering services and coming in to contact with Covid. It is important that communications and information about measures to ensure patient safety are promoted widely and that people are encouraged to contact support to help them manage their health.



During the last year we did receive reports from the public about difficulties with communications as appointments were cancelled or re-arranged and hope that communications into the next year will not have such issues.

Building on learning from the previous Covid challenges for supportive communication between clinical teams and families is important and the hospital website must be kept fully up-to-date on what patient and family expectations should be in fraught circumstances because this will be the main source of guidance for many.

Screening services: ensuring progress on screening services should be prioritised.

Discharge procedures: We are pleased to see a focus on discharge. We hope to see that patients and carers are involved in continued improvements in the discharge processes, including via the new Discharge Forum. We hope that there will be a focus on ensuring carers are well informed and take part in discharge planning and continued care where appropriate.

Patient experience and involvement: involvement and consideration of patient experience in designing and improving services will be particularly important in the coming year. More specific information in future accounts about how patients have been involved in improving the quality of services at the hospital, from the National Patient Survey to the contribution of patient partners on the Patient Partnership Engagement Group as well as patient feedback to individual departments would be welcome. We would also welcome if the account demonstrated how patients have been involved in setting the quality priorities for the following year.

Co-ordination with other parts of the health and care system: as a new ICS system will soon be developed it will be important to see how quality is monitored and improved across the system. We welcome the focus on infection prevention as part of work across South West London. It would be welcome to see further collaboration with South West London and St George's Mental Health Trust to improve care for people with a mental health condition in the acute setting.

Moreover, patients have told us that one of the most important things that would improve their health and care is how organisations co-ordinate their care and communicate with them as a system, they often would like a single access point for care and information.

We hope our comments will be helpful for the continued and improving focus on quality and safety at St George's Hospital. We hope to continue to encourage and be involved in how the hospital works with our community, particularly those who are in minority or disadvantaged groups, to ensure access to quality services to meet their needs.

Stephen Hickey

Chair, Healthwatch Wandsworth

02 June 2021



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

Whilst this statement is submitted on behalf of the Wandsworth Adult Care and Health Overview and Scrutiny Committee, the tight timescale for its submission means that any outstanding year end information that was not included in the original report sent has not been covered here. Also due to the timings allowed for its submission meant that it has not been possible to agree it at a Committee meeting and the below comments have been prepared in consultation with its leading members.

Due to the COVID-19 pandemic starting in 2020, the Local Authority's Public Health Service has not had capacity to contribute to this Quality Account, noting that the majority of Public Health service provision was halted with focus re-directed to pandemic related services.

We are providing comment according to the Trust's three Priorities:

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

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

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

Noting within these Priorities are seven qualities from the Trust's Quality and Safety Strategy:

1. We will minimise avoidable harm across our organisation, utilising the developments in technology and embedding further, robust quality assurance and learning processes
2. We will improve outcomes for patients through timely diagnosis, exceptional care and treatment and by working with our partners to ensure we contribute to developing the whole pathways of care for our patients
3. We will provide patients with an excellent experience through their journey with us, monitoring and acting on feedback to ensure continual improvements in the areas that matter the most to our patients
4. We will improve staff experience, enabling staff to feel valued, supported, and equipped to deliver high quality safe care and improve their work via quality improvement methodology
5. We will provide patients with an equitable experience by proactively reaching out with system partners to our communities and our vulnerable groups
6. We will embed a culture in which quality, safety and learning is embraced across the organisation, and is supported by robust systems of safety governance
7. We will be at the forefront of providing and developing pioneering and leading edge treatments for today and for the future



Priority 1 – Improve patient safety

What	How	What will success look like
Timely escalation and response to deteriorating patients	Ensure all non-elective adult inpatients have a treatment escalation plan (TEP) in place within 24 hours of admission	<p>Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20 and 2020/21</p> <p>Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20 and 2020/21</p> <p>80% of adult inpatients will have a TEP (compared with 33% in April 2021)</p> <p>Reduction in the number of cardiac arrests compared with 2019/20 and 2020/21</p>
Learn from deaths	Embed medical examiner service and learning from deaths processes	Maintain Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals

We would like to understand more as to ways in which the Adult Health Overview and Scrutiny Committee can receive periodical reporting measuring the Timely escalation and response to deteriorating patients and Learning from deaths. Is there an opportunity to share this information with key Adult Social Care staff, particularly those who work alongside Acute Hospital staff supporting the needs of these patients? Sharing learnings and practices will support the professional development of health and care staff within and externally to St George's Hospital.



Priority 2 - Improve patient experience

<p>Improve patient flow particularly with reference to improved discharge processes</p>	<p>Continue with our clinically led long length of stay meeting with local authority input to support patients with complex discharge needs.</p> <p>Progress further the implementation of Red to Green in iClip to highlight the issues that delay discharge</p> <p>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</p> <p>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</p>	<p>Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2020/21 baseline (fast track process implemented due to pandemic in 2020/21)</p> <p>See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20 and 2020/21</p> <p>Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2020/21</p> <p>Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20 and 2020/21</p>
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We would like to ask for Hospital discharge reporting information as described in 'Priority 2 – Improve patient experience' to be shared with Adult Social Care Senior Management and periodically presented to the Adult Health OSC. We would like to understand the process set out for Acute Hospital staff, Social Workers and other partners when considering discharging patients from hospital and ensuring their



Continuing Health Care needs are recognised and addressed before discharge takes place.

Within the Discharge to Assess procedures and processes, we would be interested to hear from the Trust describing the current whole pathways of care delivered and examples of proactively reaching out to system partners, local communities and vulnerable groups. We are seeking examples from Discharge to Assess (D2A) services as to how the Trust embeds a culture in which quality, safety and learning is embraced and the robust systems of safety governance in place. We welcome opportunity to work with Trust and systems partners to agree an operating model for the Discharge Hub and D2A process.

We would welcome hearing of the learnings from the past year which can be shared across health and social care partners.

For future Quality Account comments, we would like to be allowed 30 working days to collate and submit comments to the Trust and would welcome ways to receive periodical updates throughout the year reflecting the Priorities and Qualities.

Finally, we would like to thank the Trust for enabling the Wandsworth health Overview and Scrutiny Committee to provide comment on its Quality Account.

Cllr Adrian Flook
Chairman
Wandsworth Council Adult Care and Health Overview and Scrutiny Committee

4 June 2021



A1.4 2018/19 limited assurance report on the content of the Quality Reports and mandated performance indicators

[Not provided due to Covid-19 pandemic]

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

[Not provided due to Covid-19 pandemic]



Annex 2:

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

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

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

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

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2020/21* and supporting guidance *Detailed requirements for quality reports 2010/21*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to 25 June 2021
 - papers relating to quality reported to the board over the period April 2020 to June 2021
 - feedback from commissioners dated 3 June 2021
 - feedback from governors [Governors invited to comment]
 - feedback from local Healthwatch organisations dated 3 June 2021
 - feedback from overview and scrutiny committee dated 4 June 2021
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 1 April 2019 – 31 March 2020
 - the latest national patient survey Inpatient, June 2019; Urgent and Emergency Care, October 2019; Children and Young People, November 2019; and Maternity, January 2020
 - the latest national staff survey dated March 2021
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated [Not provided due to Covid-19 pandemic]
 - the CQC inspection reports dated 18 December 2019
- the quality report presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporate the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.



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

By order of the board.

A handwritten signature in black ink, appearing to read "Gillian Norton", written over a horizontal dotted line.

Gillian Norton
Chairman
24 June 2021

A handwritten signature in black ink, appearing to read "Jacqueline Totterdell", written over a horizontal dotted line.

Jacqueline Totterdell
Chief Executive
24 June 2021



Grant Thornton

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

Year ended 31 March 2021

St George's University Hospitals NHS FT

June 2021



Contents



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

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1. Headlines

This table summarises the key findings and other matters arising from the statutory audit of St George's University Hospitals NHS Foundation Trust ('the Trust') and the preparation of the Trust's financial statements for the year ended 31 March 2021 for those charged with governance.

Financial Statements

Under International Standards of Audit (UK) (ISAs) and the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to report whether, in our opinion:

- the Trust's financial statements give a true and fair view of the financial position of the Trust and its income and expenditure for the year; and
- The Trust's financial statements and Remuneration and Staff report have been properly prepared in accordance with the Department of Health and Social Care (DHSC) group accounting manual 2020/21 (GAM)

We are also required to report whether other information published together with the audited financial statements in the Annual Report, is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

Our audit work is now complete having been undertaken remotely following the receipt of the draft Financial Statements on the 30 April 2021. Our findings are summarised on pages 5 - 13. We have not identified any material adjustments to the financial statements which will impact on the Trust's surplus position. Audit adjustments are detailed in Appendix C. We have also raised recommendations for management as a result of our audit work in Appendix A. Our follow up of recommendations from the prior year's audit are detailed in Appendix B.

We have concluded that the other information to be published with the financial statements, is consistent with our knowledge of your organisation and the financial statements we have audited.

Our audit report opinion will be unmodified.

Statutory duties

The Local Audit and Accountability Act 2014 ('the Act') also requires us to:

- report to you if we have applied any of the additional powers and duties ascribed to us under the Act; and
- to certify the closure of the audit.

We have not exercised any of our additional statutory powers or duties.

We expect to certify the completion of the audit upon the completion of our work on the Trust's VFM arrangements, which will be reported in our Annual Auditor's report in advance of the revised 22 September 2021.

1. Headlines

Value for Money (VFM) arrangements

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are now required to report in more detail on the Trust's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the Trust's arrangements under the following specified criteria:

- Improving economy, efficiency and effectiveness;
- Financial sustainability; and
- Governance

Our Vfm work remains in progress and we expect to issue our Auditor's Annual Report in line with the National Audit Office's revised deadline of 20 September 2021.

From the work we have undertaken to date, no matters have been identified that would impact on our proposed audit opinion on the financial statements.

As part of our work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. In our Audit Plan, presented to the Audit Committee at its meeting in March 2021, we identified a risk in respect of financial sustainability. Our work on this risk is nearing completion and we are satisfied that under the current NHS regime this has not materialised into a significant weakness in arrangements. Further detail is set out in the value for money arrangements section of this report.

Significant Matters

We did not encounter any significant difficulties or identify any significant matters arising during our audit.

Acknowledgements

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

2. Financial Statements

Overview of the scope of our audit

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

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

Audit approach

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

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

There have been no changes to our audit approach which was reported in our Audit Plan in March 2021.

Conclusion

Our audit of the Trust's financial statements is complete. We will issue an unqualified audit opinion.

2. Financial Statements



Our approach to materiality

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

We have revised the performance materiality percentage to reflect the increased expenditure at the Trust.

This was compared to the projected gross expenditure at Month 9, upon which our planning materiality levels were based.

We detail in the table below our determination of materiality for the Trust

	Trust Amount (£)	Qualitative factors considered
Materiality for the financial statements	15,000,000	
Performance materiality	10,500,000	
Trivial matters	300,000	
Materiality for related parties and remuneration report	50,000	High degree of stakeholder interest in this area.



2. Financial Statements - Significant risks

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

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

Risks identified in our Audit Plan	Commentary
<p>Management override of controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Trust faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk requiring special audit consideration.</p>	<p>We have:</p> <ul style="list-style-type: none"> • evaluated the design effectiveness of management controls over journals. • analysed the journals listing and determined the criteria for selecting high risk unusual journals. • identified unusual journals made during the year and the accounts production stage for appropriateness and corroboration. • gained an understanding of the accounting estimates and critical judgements applied by management and considered their reasonableness. <p>Procedures forming part of our audit approach include:</p> <ul style="list-style-type: none"> • testing of unusual journal entries made during the year and in particular at year end during the accounts production stage for appropriateness an corroboration. This is in the context of significant national concern that journals are being used to accrue expenditure in some NHS bodies to reduce surpluses. This issue is being considered by auditors of NHS bodies nationally. We are required to carry out additional checks at all audits. No issues of concern have yet emerged at the Trust. We note there was no increased activity in processing journals at year end that may be indicative of this type of action and our review of individual journals has not identified any examples that we would deem inappropriate or out of line with the Trust's accounting policies. <p>No further issues have been identified in our response to this risk, which require reporting to those charged with governance.</p>

2. Financial Statements - Significant risks

Risks identified in our Audit Plan

Commentary

Improper revenue recognition Under ISA (UK) 240, there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.

Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240.

The majority of the Trust's revenue is received from CCGs and NHS England for the provision of patient care services. We have determined that the estimation of the year-end revenue and receivables position with commissioners is a significant risk area for our audit due to the level of estimation uncertainty applying to this area of the financial statements.

We have not deemed it appropriate to rebut the presumed significant risk for material streams of patient care income and other operating revenue, due to the scale of financial pressures experienced by the trust, which increase the risk of material misstatement from improper revenue recognition.

We have therefore identified the occurrence and accuracy of the Trust's income streams and the existence of associated receivable balances as a significant risk.

We have:

- evaluated the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2020/21.
- reviewed the Group's response to implementation of IFRS 15 'Revenue From Contracts with Customers', as interpreted by GAM 2020/21.
- documented our understanding of the Trust's system for accounting for income from patient care activities and other operating revenue, and evaluated the design of the associated controls.

Procedures forming part of our audit approach which at the time of writing remain in progress include:

Patient Care Income

- investigation of unmatched revenue and receivable balances, using the DHSC mismatch report, corroborating the unmatched balances used by the Trust to supporting evidence.
- agreeing, on a sample basis, other patient care revenue outside of the block arrangements to supporting documentation.
- agreeing the monthly system and COVID-19 top ups received during the year to supporting evidence of expenditure incurred as appropriate.
- evaluating the Trust's estimates and the judgments made by management in order to arrive at the total income from contract variations recorded in the financial statements.

Other Operating Revenue

- agreeing, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence.


No issues have been identified in our response to this risk, which require reporting to those charged with governance.

2. Financial Statements - Significant risks

Risks identified in our Audit Plan	Commentary
<p>Valuation of land and buildings</p> <p>The Trust revalues its land and buildings on an annual basis to ensure that the carrying value is not materially different from the current value at the financial statements date. The valuation represents a significant estimate by management in the financial statements.</p> <p>Management have engaged the services of a valuer to estimate the current value as at 31 March 2021 via a desktop valuation.</p> <p>The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions.</p> <p>We therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement, and a key audit matter.</p>	<p>We have:</p> <ul style="list-style-type: none"> evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work. This included considering whether the impact of COVID-19 has been considered and adequately disclosed. written to the valuer to confirm the basis on which the valuations were carried out. evaluation of the competence, capabilities and objectivity of the valuation expert. challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding, including through use of our auditor's expert Montagu Evans. testing, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register, revaluation reserve, and Statement of Comprehensive Income. <p>No issues have been identified which require reporting to those charged with governance.</p>
<p>Fraud in Expenditure Recognition</p> <p>As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may be greater than the risk of fraud related to revenue recognition. There is a risk the Trust may manipulate expenditure to meet externally set targets and we had regard to this when planning and performing our audit procedures.</p> <p>Management could defer recognition of expenditure by under-accruing for expenses that have been incurred during the period but which were not paid until after the year-end or not record expenses accurately in order to improve the financial results.</p>	<p>Procedures forming part of our audit approach which at the time of writing remain in progress include:</p> <ul style="list-style-type: none"> inspecting transactions incurred around the end of the financial year to assess whether they had been included in the correct accounting period; inspecting a sample of accruals made at year end for expenditure but not yet invoiced to assess whether the valuation of the accrual was consistent with the value billed after the year; investigating manual journals posted as part of the year end accounts preparation that reduces expenditure to assess whether there is appropriate supporting evidence for the reduction in expenditure. <p>Across the sector, there is a heightened risk that accruals or other accounting estimates impacting upon the net surplus/deficit position may be made in order to reach a predetermined outturn position, following changes in the funding regime and allocations made by NHSI, rather than basing accruals on the occurrence of the expenditure during the period as required by accounting standards. In a number of Trusts, reported accruals balances have increased significantly since 31 March 2020. This is not the case for the Trust and our testing has not identified any indication of management override in respect of accruals. We note the Trust's levels of accruals have increased compared to the prior year but this increase is largely offset by a reduction in payables.</p> <p>No issues have been identified in our response to this risk, which require reporting to those charged with governance.</p>

2. Financial Statements – key judgements and estimates

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

Significant judgement or estimate	Summary of management's approach	Audit Comments	Assessment
Land and Building valuations – £300.8m	<p>Land and buildings comprise approximately £276m of specialised assets such as the St George's hospital site, which are revalued to be valued at depreciated replacement cost (DRC) at year end, on a modern equivalent asset basis.</p> <p>Management have determined the amount of space and location required for ongoing service delivery in light of their current and projected service needs and have instructed the valuer accordingly. The remainder of land and buildings are not specialised in nature and are required to be valued in existing use value (EUV) at year end.</p> <p>The Trust have engaged with their external valuer, Gerald Eve, to complete the valuation of properties as at 31 March 2021. Approximately 96% of total land and buildings were revalued at 31 March 2021 as part of their desktop valuation exercise on a five yearly cyclical basis.</p> <p>The total year end valuation of land and buildings was £300.8m, a net increase of £5m from 2019/20 (£295.5m).</p> <p>The Trust has included in its accounting policies that the valuation of the estate contains estimation uncertainty to highlight this to the reader.</p>	<p>From the work performed, we are satisfied with the competency, capability and expertise of the management expert used to inform the estimate.</p> <p>We have verified that there has been no significant changes applied in the method and judgments in comparison to previous years.</p> <p>We are satisfied with the use of alternative site assumption is appropriate.</p> <p>We have verified that the accounts are consistent with the valuer's report.</p> <p>We have assessed the consistency of estimate against market data available.</p> <p>We have employed an auditor's expert in order to assess the reasonableness of the data used by the valuer.</p> <p>From the above, we are satisfied with the adequacy of disclosure of the estimate within the financial statements in line with the revised ISA540 requirements.</p>	

Assessment

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

2. Financial Statements - other communication requirements

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

Issue	Commentary
Matters in relation to fraud	We have previously discussed the risk of fraud with the Audit Committee. We have not been made aware of any significant incidents in the period and no other issues have been identified during the course of our audit procedures.
Matters in relation to related parties	We are not aware of any related parties or related party transactions which have not been disclosed.
Matters in relation to laws and regulations	You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work.
Written representations	A letter of representation has been requested from the Trust, which is to be signed alongside the final draft of the financial statements in advance of the conclusion of the audit.
Confirmation requests from third parties	We requested from management permission to send confirmation requests to the Trust's banking and investment providers. This permission was granted and the requests were sent. All of these requests were returned with positive confirmation. We requested management to send letters to those solicitors who worked with the Trust during the year. We have received all confirmations from all relevant parties.
Accounting practices	We have evaluated the appropriateness of the Trust's accounting policies, accounting estimates and financial statement disclosures. Our review found no material omissions in the financial statements.
Audit evidence and explanations/significant difficulties	As set out elsewhere in this report, our audit procedures in the majority of areas remain underway. However to date, all information and explanations requested from management has either been provided or is being prepared by management.

2. Financial Statements - other communication requirements



Our responsibility

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

Issue	Commentary
Going concern	<p>In performing our work on going concern, we have had reference to Statement of Recommended Practice – Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2020). The Financial Reporting Council recognises that for particular sectors, it may be necessary to clarify how auditing standards are applied to an entity in a manner that is relevant and provides useful information to the users of financial statements in that sector. Practice Note 10 provides that clarification for audits of public sector bodies.</p> <p>Practice Note 10 sets out the following key principles for the consideration of going concern for public sector entities:</p> <ul style="list-style-type: none"> the use of the going concern basis of accounting is not a matter of significant focus of the auditor’s time and resources because the applicable financial reporting frameworks envisage that the going concern basis for accounting will apply where the entity’s services will continue to be delivered by the public sector. In such cases, a material uncertainty related to going concern is unlikely to exist, and so a straightforward and standardised approach for the consideration of going concern will often be appropriate for public sector entities for many public sector entities, the financial sustainability of the reporting entity and the services it provides is more likely to be of significant public interest than the application of the going concern basis of accounting. Our consideration of the Trust’s financial sustainability is addressed by our value for money work, which is covered elsewhere in this report. <p>Practice Note 10 states that if the financial reporting framework provides for the adoption of the going concern basis of accounting on the basis of the anticipated continuation of the provision of a service in the future, the auditor applies the continued provision of service approach set out in Practice Note 10. The financial reporting framework adopted by the Trust meets this criteria, and so we have applied the continued provision of service approach. In doing so, we have considered and evaluated:</p> <ul style="list-style-type: none"> the nature of the Trust and the environment in which it operates the Trust’s financial reporting framework the Trust’s system of internal control for identifying events or conditions relevant to going concern management’s going concern assessment. <p>On the basis of this work, we have obtained sufficient appropriate audit evidence to enable us to conclude that:</p> <ul style="list-style-type: none"> a material uncertainty related to going concern has not been identified management’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

2. Financial Statements - other responsibilities under the Code

Issue	Commentary
Other information	<p>We are required to give an opinion on whether the other information published together with the audited financial statements including the Annual Report, is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.</p> <p>No inconsistencies have been identified. We plan to issue an unmodified opinion in this respect.</p>
Auditable elements of Remuneration Report and Staff Report	<p>We are required to give an opinion on whether the parts of the Remuneration and Staff Report subject to audit have been prepared properly in accordance with the requirements of the Act, directed by the Secretary of State with the consent of the Treasury.</p> <p>We have audited the elements of the Remuneration Report and Staff Report , as required by the Code. We found minor presentational issues that have been corrected by the Trust.</p>
Matters on which we report by exception	<p>We are required to report on a number of matters by exception in a number of areas:</p> <ul style="list-style-type: none"> - the Annual Governance Statement does not comply with guidance issued by NHS England and NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit, - the information in the annual report is materially inconsistent with the information in the audited financial statements or apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit, or otherwise misleading. - if we have applied any of our statutory powers or duties. - where we are not satisfied in respect of arrangements to secure value for money and have reported significant weaknesses. <p>We have nothing to report on these matters.</p>
Review of accounts consolidation schedules and specified procedures on behalf of the group auditor	<p>We are required to give a separate audit opinion on the Trust accounts consolidation schedules and to carry out specified procedures (on behalf of the NAO) on these schedules under group audit instructions. In the group audit instructions the Trust was selected as a sampled component.</p> <p>Our review of the accounts consolidation schedules and the specified procedures required under the group instructions will be completed upon receipt of the final financial statements, prior to conclusion of the audit.</p> <p>We anticipate that our assurance statement to the NAO will be submitted concurrently with the issue of our audit opinion.</p>
Certification of the closure of the audit	<p>We intend to delay the certification of the closure of the 2020/21 audit of St George's University Hospitals NHS foundation Trust in the audit report until the findings from our Value for Money procedures have been reported in full to those charged with governance in the Auditor's Annual Report. This will be reported in advance of the deadline of 20 September 2021.</p>

3. Value for Money arrangements

Revised approach to Value for Money work for 2020/21

On 1 April 2020, the National Audit Office introduced a new Code of Audit Practice which comes into effect from audit year 2020/21. The Code introduced a revised approach to the audit of Value for Money. (VFM)

There are three main changes arising from the NAO's new approach:

- A new set of key criteria, covering financial sustainability, governance and improvements in economy, efficiency and effectiveness
- More extensive reporting, with a requirement on the auditor to produce a commentary on arrangements across all of the key criteria.
- Auditors undertaking sufficient analysis on the Trust's VFM arrangements to arrive at far more sophisticated judgements on performance, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

The Code require auditors to consider whether the body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. When reporting on these arrangements, the Code requires auditors to structure their commentary on arrangements under the three specified reporting criteria.



Improving economy, efficiency and effectiveness

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



Financial Sustainability

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



Governance

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

Potential types of recommendations

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



Key recommendation

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



Improvement recommendation

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

3. VFM - our procedures and conclusions

Our VFM work is subject to finalisation and findings will be set out in our Auditor’s Annual Report, in advance of the deadline of 20 September 2021. A letter explaining the reporting timeframes for the VFM work in 2020/21 will be presented alongside the final draft of this report.

As part of our work, we considered whether there were any risks of significant weakness in the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources. We identified the risks set out in the table below, which were reported to the Audit Committee in our Audit Plan in March 2021. We will perform further procedures in respect of these risks and at this stage no significant weakness in the Trust’s arrangements has been identified. This will be kept under review to the date of issuing our Auditor’s Annual Report.

Risk of significant weakness	Procedures undertaken	Conclusion	Outcome
<p>Financial Sustainability</p> <p>The Trust has a history of financial challenges and an ailing infrastructure, these difficulties have been recognised by the Trust and regulators alike. During managed programmes the Trust has made significant headway in actioning these areas, however Covid has understandably made evidencing further progress of this less of a priority.</p> <p>During our assessment of the financial sustainability at the Trust we found two areas for additional consideration. To date we have not identified a significant weakness as a result of these areas, but are continuing our work as further information becomes available to the Trust and ourselves.</p> <p>These areas</p> <ol style="list-style-type: none"> Ability to deliver planned £1.2mil deficit in 2021/22 in light of unclear H2 funding, henceforth referred to as ‘H2 Risk’. Sustainability of capital planning in the light of limited agreed funding, henceforth referred to as ‘Capex Risk’; 	<p>We have:</p> <ul style="list-style-type: none"> reviewed the Trust’s annual and medium term financial plans and assess the robustness of the plan for addressing the financial position assessed the effectiveness of the plan in supporting ongoing financial stability for the Trust. Reviewed the capital plan and the available capital funding <p>We will:</p> <ul style="list-style-type: none"> Consider H2 funding arrangements as they become available to the Trust Consider further capital injections (or lack thereof) and the implications for the long term sustainability of the Trust estate to deliver increased demand for healthcare services. 	<p>At the time of writing, the funding arrangements for NHS providers have not been confirmed beyond the first six months of 2021/22, which makes it challenging for the Trust to plan with any certainty beyond this timeframe.</p> <p>Whilst future financial arrangements are not yet known, what is more certain is that the requirement for financial discipline will return in the short to medium term, and the factors which previously made this challenging for the Trust will still be present. Challenges in the planning, delivery and monitoring of CIPs will be exacerbated by broader uncertainties in the operating environment following emergence from the pandemic.</p> <p>We are satisfied from the procedures undertaken to date that, whilst the Trust has a history of deficits, management have a sound understanding of its underlying financial position, its cultural financial norms and the key demand-led drivers of previous budgetary overspends.</p> <p>It will be important for the Trust going forward to model scenarios for future funding, taking into account the increased role envisaged for the ICS, with an aim to prepare forecasts spanning further than a short-term horizon.</p> <p>By doing so, the Trust will be able to shape its future direction, focusing on genuine service transformation to improve patient outcomes, rather than decision making to achieve immediate financial savings.</p>	<p>At this stage, a significant weakness in the Trust’s arrangements for 2020/21 has not been identified. It will be important for the Trust to monitor and model future funding streams as these are confirmed to ensure it is able to play its part in working toward sustainable finances across the system in the medium term, and continuously improve patient care outcomes.</p>

4. Independence and ethics

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

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


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

Details of fees charged are detailed in Appendix D




Appendices

A. Action plan – Audit of Financial Statements

We have identified **one** recommendation for the Trust as a result of issues identified during the course of our audit. We have agreed our recommendations with management and we will report on progress on these recommendations during the course of the 2021/22 audit. The matters reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with auditing standards.

Assessment	Issue and risk	Recommendations
	Assets Not Revalued	<p>Whilst reviewing the Assets not Revalued, we noted that the Trust holds assets which have not been formally revalued by its external valuers, Gerald Eve, for a number of years. The net book value of these assets as at the 31 March 2021 is immaterial (£12.8m) and the review of publicly available indices suggests any movement would be around our trivial reporting level (£300k).</p> <p>We recommend that the Trust should revisit and review these assets not revalued to ensure that they are satisfied with their valuation.</p> <p>Management response</p> <p>The Trust will revisit their assets not revalued in the next financial year to ensure they are satisfied with the valuation as at 31st March.</p>

Controls

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

B. Follow up of prior year recommendations

We identified the following issues in the audit of St George's University Hospitals NHS Foundation Trust's 2019/20 financial statements, which resulted in four recommendations being reported in our 2019/20 Audit Findings report.

We have followed up on the implementation of our recommendations and note that one recommendation is currently in progress. These will be followed up as part of the action plan for next year.

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
X	<p>Fixed Asset Register</p> <p>The fixed asset register includes items with a net book value of nil at the year end. We have discussed the process with management and the finance team to understand whether assets are maintained on the register as a record after they are no longer in use.</p> <p>Recommendation</p> <p>The register should be reviewed in 2020/21 and updated to remove assets no longer in use and ensure useful asset lives are updated where necessary.</p>	<p>Management are currently reviewing their fixed asset register. We have reviewed their ongoing exercise in order to verify the status of whether assets are still in use and note that this is making significant progress.</p> <p>It is anticipated that this exercise will be complete in the next financial year.</p> <p>We therefore recommend this exercise is completed and that it is performed regularly in order to understand when assets have moved out of use or require an updated useful life.</p>
✓	<p>Accruals de minimis level</p> <p>The de minimis level for accruals is currently £10. This is lower than we observe at other bodies and increases the burden on departments at year end. The level should be appropriate for the entity whilst being at a level that under accrual does not become a material risk.</p> <p>Recommendation</p> <p>The accruals de minimis level should be reviewed to ensure it remains appropriate for the Trust.</p>	<p>Management have reviewed their de minimis level and have considered this to be an appropriate level for the 2020/21 financial year.</p> <p>As this is a recommendation raised on best practice, we would recommend that client revisit this limit to identify an appropriate de minimis level which does not become a material risk.</p>

Assessment

- ✓ Action completed
- X Not yet addressed

B. Follow up of prior year recommendations

We identified the following issues in the audit of St George's University Hospitals NHS Foundation Trust's 2019/20 financial statements, which resulted in four recommendations being reported in our 2019/20 Audit Findings report.

We have followed up on the implementation of our recommendations and note that one recommendation is currently in progress. These will be followed up as part of the action plan for next year.

Assessment

- ✓ Action completed
- X Not yet addressed

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
✓	<p>Payables</p> <p>Whilst reviewing the components of the payables balance in order to perform our substantive testing, we noted there are no detailed breakdowns for all payable account code balances by individual creditors and this required additional time spent during the audit to identify the outstanding transactions that compromised the year end creditor balances.</p> <p>Recommendation</p> <p>We recommended the payable account codes are reconciled on a regular basis to ensure that balances are identifiable by each creditor.</p>	<p>We note a significant improvement with the reconciled payables balance. We were able to perform our substantive testing due to the improved breakdowns.</p> <p>We are satisfied that this action has been completed.</p>
✓	<p>Bank Reconciliation</p> <p>Whilst reviewing bank reconciliations as part of our testing of the year end balance, we noted there is a significant amount of unallocated income held as reconciling items in the reconciliation. This is actively reviewed by the finance team and they were able to demonstrate that it has decreased since year end.</p> <p>Recommendation</p> <p>We recommended cash balances are reviewed on a daily basis to ensure it is allocated and removed from the reconciliation. The current reconciling items should be reviewed and cleared as soon as possible.</p>	<p>From review of reconciling items as part of our bank reconciliation reviews, we have noted that Management have cleared the unallocated income in the bank reconciliations.</p> <p>Reconciling items are cleared promptly after the year end with no issues noted. We are satisfied that this action has been completed.</p>

C. Audit Adjustments

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

Impact of adjusted misstatements

No audit differences above £300,000 were identified during our audit that required adjustments to the Trust's primary statements.

Misclassification and disclosure changes

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

Detail	Auditor's Comments	Adjusted?
PPE Financing Note	It was found that the figures were transposed by £540,000 between the Owned and PFI category.	✓
Payables Note	It was found that the Trust had revisited their creditors and accruals account codes and on assessment, the classification of £3.3 million of payables in the prior year has been corrected in the current period to accruals.	✓

A number of other minor presentational, classification and disclosure amendments were made between the draft and final versions of the financial statements, to ensure that disclosures were consistent with the Group Accounting Manual and relevant to the Trust.

Impact of unadjusted misstatements

The table below provides details of adjustments identified during the 2020/21 audit which have not been made within the final set of financial statements. The Audit Committee is required to approve management's proposed treatment of all items recorded within the table below.

Detail	SOCNE £'000	SOFP £' 000	Impact on adjusted net surplus/ £'000	Reason for not adjusting
Link Corridors Asset was valued at nil balance by the external valuer but included on the asset register.	0	485	0	The asset will be revisited in the following financial year as the balance is not material.
Overall impact	0	485	0	

D. Fees

We confirm below our final fees charged for the audit:

Audit fees	Proposed fee	Final fee
Trust Audit	93,750	TBC

No non-audit or audited related services have been undertaken for the Trust.



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Council of Governors

14th July 2021

Clinical Strategy Update

Suzanne Marsello, Chief Strategy Officer

Author: Phoebe Foster, Strategy Projects Manager



Context and purpose

Delivering outstanding care, every time

Our strategy for 2019-2024

Our vision is to provide outstanding care, every time for our patients, staff and the communities we serve.

We have agreed four priorities that will drive what we do and influence the decisions we will take over the next five years.

<p>Strong foundations</p> <p>To provide outstanding care, every time</p> <ul style="list-style-type: none"> • We will provide outstanding care, every time • We will provide the right care, in the right place, at the right time <ul style="list-style-type: none"> • We will invest in our staff • We will manage our funding and spending, and invest in our future <ul style="list-style-type: none"> • We will improve our buildings and hospital estate • We will make sure our staff and patients have access to the digital technology and information they need, when and where they need it 	<p>Excellent local services</p> <p>To provide excellent local hospital services for the people of Wandsworth and Merton</p> <ul style="list-style-type: none"> • We will provide planned care that fits around our patients' lives using the latest technology • We will provide more same day emergency care 	<p>Closer collaboration</p> <p>To work with others to provide health services for people across south west London</p> <ul style="list-style-type: none"> • We will work with our partners to provide care closer to patients' homes • We will work with neighbouring hospitals to make sure patients get the care they need • We will work with others to meet the changing needs of our ageing population 	<p>Leading specialist healthcare</p> <p>To provide specialist healthcare for the people of south west London, Surrey, Sussex and beyond</p> <ul style="list-style-type: none"> • We will continue to be the main provider of specialist services for our region, including as the major trauma centre • We will be a major centre for cancer, children's and neuroscience services • We will take part in commercial opportunities that enable us to invest more in NHS care • We will develop tomorrow's treatments, today, through innovation, research and training
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- In April 2019, the Trust Board approved a Clinical Strategy for the Trust
- The Trust Board regularly monitors progress in implementing the strategy
- This paper provides an update to Council of Governors on implementation in 2020/21

Highlights

The Trust is making progress in many areas despite COVID-19. A (non-exhaustive) summary of some key highlights includes:

Strong Foundations

- Work on the new **Cathlabs** has begun
- Ground has been broken on the installation of new **MRI capacity**.

Excellent Local Services

- The Trust's response to COVID-19 included a rapid acceleration of the shift to **virtual outpatient clinics**, with a larger number of virtual clinics now being delivered than envisaged in the Trust's outpatient strategy.
- The development of the business case for a **new Emergency Floor** is on track.
- QMH was proposed as the site for the **Community Diagnostic Hub** with support from SWL, and there is on-going work to support this.

Closer Collaboration

- The joint project with Epsom and St Helier to bring together the Trusts' **renal services** is on track
- The Trust has played a leading role in mobilising a **genomic medicine** service alliance for the South East of England with Guy's and St Thomas'.
- There has been a strong collaborative approach to **elective recovery post-COVID-19**, with the development of surgical hubs and 'mutual aid' between SWL Providers.
- The Trust now has a formal **Collaboration Programme with Epsom St Helier** in place.

Leading Specialist Healthcare

- In cancer care, the Trust is on track with the development of what is likely to be one of London's largest **Rapid Diagnostic Centres**.
- Work to strengthen **neuroscience networks** across South West London and Surrey is also on track.
- The renal development above will further bolster the Trust's position as a leading tertiary centre.
- The Trust has also made significant progress in developing proposals for the Principal Treatment Centre (PTC) in **Children's Cancer**, including a joint proposal with RMH

Challenges

In some places, the Trust made less progress in 2020/21 than it intended to when the financial year began. The key challenges are summarised below.

Impact of Covid-19

- COVID 19 accelerated some of the Trust’s ambitions (e.g. virtual outpatients), but it also delayed progress elsewhere. For instance, the development of new models of ambulatory care in General Medical, Acute Medicine and Senior Health Specialties was impacted by the pandemic.
- Work to deliver these ambitions is now planned for 2021/22

Dependency on external partners

- In some places, the Trust’s ability to deliver its strategic ambitions is dependent on external partners. For instance, the Trust hopes to develop a new model for paediatric cancer services, and to apply to become the maternal medicine centre/hub for South West London – but the timetables for developments like this are set by NHS England

Investment

- One of the key challenges for the Trust is to deliver its clinical strategy in a very challenging financial environment. For instance, many surgical specialties at St George’s hope to do more robotic surgery in future, and the Trust worked up an outline business case for this – but capital was not available in 2020/21.

The delays in 2020/21 largely present low risks to the Trust’s ability to deliver its strategy, and mitigations are in place. One area of higher risk is paediatric cancer. The Trust has mobilised a significant programme of work to develop options for the service that keep it at St George’s, but if NHSE decide the service should move elsewhere this could pose significant risks to the Trust’s wider strategy.

St George’s University Hospitals NHS Foundation Trust



Summary

- Despite the challenge that the organisation and its clinical services have faced with Covid since March 2020, a significant amount of progress has been made in relation to progressing the Clinical Strategy.
- Progress has been delivered for the agreed priority clinical areas: Cancer, Children's, Neurosciences and Renal (added as a priority in 2020)
- For some areas, such as Outpatients, Covid has fast-tracked much of the strategy that it was previously thought would have taken 2-3 years to deliver.
- The majority of objectives which are delayed present a low risk to making progress against delivery of the overall Trust Strategy. One area of higher risk is paediatric cancer. The Trust has mobilised a significant programme of work to develop options for the service that keep it at St George's, but if NHSE decides the service should move elsewhere this could pose significant risks to the Trust's wider strategy.
- 2021/22 will be a key year for delivery of the Trust's strategy, with a range of significant projects coming to conclusion (e.g. paediatric cancer, new renal unit, collaboration with ESTH, devolution of specialised services).
- Going forward, the Trust is reviewing its approach to strategy deployment (for instance, reviewing approaches used elsewhere such as at Western Sussex). Priorities for 2021/22 will be developed in alignment with this planned work.

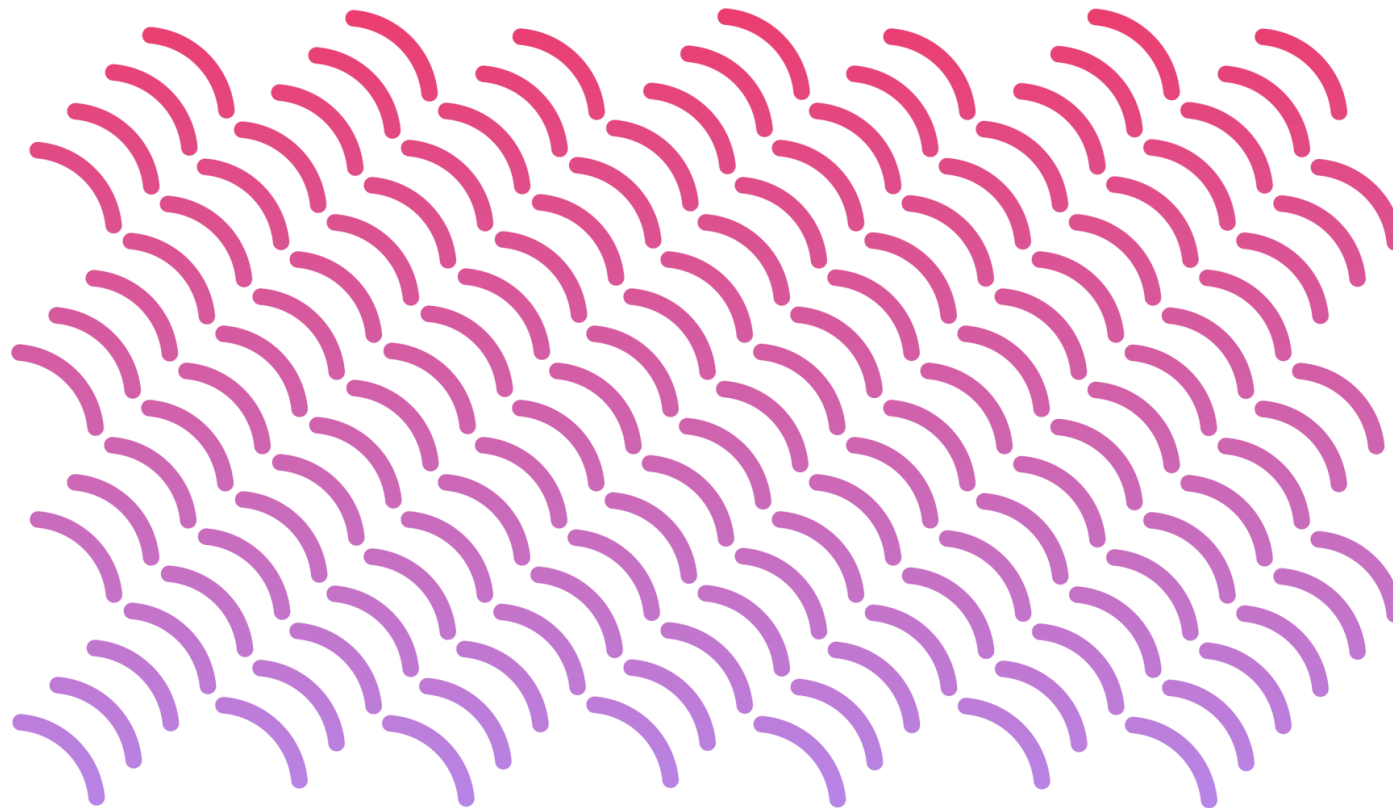
Council of Governors is asked to note the update

South West London (SWL) Integrated Care System Council of Governors (ICS) Update

**Suzanne Marsello,
Chief Strategy Officer**

14 July 2021

Report Author:
Georgia James,
Strategy and Business Development
Manager



Introduction

South West London is a large, complex health and care system, with one CCG but 6 local authorities, 4 acute trusts, one cancer specialist provider (Royal Marsden), 3 community healthcare providers, 2 mental health care providers, 39 networks of GP practices, and a range of voluntary sector partners.

The Trust collaborates with different partners in different ways:

At SWL or Integrated Care System (ICS) level, we

collaborate with commissioners and other providers on a range of programmes.



At 'place' or borough level, we are particularly active partners in Merton and Wandsworth in addressing more local health and care priorities

With other acute hospitals, we are part of a SWL provider collaborative that focuses on issues of shared concern for acute hospitals



SWL-wide programmes

SWL-Wide Programmes: St George's has senior level representation at all of the meetings detailed. A summary of key developments and risks/issues is presented to the Private Trust Board for consideration on a quarterly basis.

SWL Partnership Board	<ul style="list-style-type: none"> Oversees all SWL Health and Care Partnership Activity- attended by CEO In addition to overseeing programmes below, a current key area of focus is considering how SWL will meet national guidance, published June 2021, on how Integrated Care Systems (ICSs) will be expected to operate from April 2022. See later slides for more detail.
Planned and Intensive Care	<ul style="list-style-type: none"> Oversees the collaborative approach to planned and intensive care needs across SWL – chaired by CEO Priorities are focused on a collaborative approach to Covid elective recovery, development of Community Diagnostics Hubs, Critical Care strategy for the future, and outpatient digital transformation
SWL approach to implementation of long Covid	<ul style="list-style-type: none"> Responsible for the development of long COVID pathways for patients experiencing long-term health effects following Covid-19 infection St George's has been identified as the Network hub for SWL NHSE/I published new guidance June 2021, setting out key next steps, the programme is progressing delivery of these e.g. equity of standards and access, patient and public engagement plans
Specialised services & Cancer	<ul style="list-style-type: none"> Oversees the development of specialised and cancer services in SWL – attended by CEO Key area of focus is considering how SWL responds to the national intention to devolve specialised services (currently commissioned by NHS England) to a more local level in future
Urgent and Emergency Recovery Programme	<ul style="list-style-type: none"> Oversees the delivery of the urgent and emergency recovery programme- attended by CEO/COO Focuses on priority areas which have been assessed across the system as the most impactful e.g. timely access to mental health services; same day emergency care access
Royal Marsden Partners Cancer Alliance	<ul style="list-style-type: none"> The Cancer Alliance spans across West London (SWL and NWL). It supports its members to deliver improvements in cancer care- attended by CEO Key areas of focus include improving early/rapid diagnosis of cancer, and supporting the recovery of cancer services following COVID. The alliance funds transformation projects to achieve these goals, including at St George's (e.g. rapid diagnostic centre pilot).
Local Maternity System	<ul style="list-style-type: none"> Oversees a range of collaborative efforts to improve maternity services in SWL – attended by clinical lead Areas of focus include COVID-19 response, responding to the national Ockendon Report into maternity services, improving bereavement care in maternity services (including neonates), improving continuity of care, and improving maternal and perinatal mental health services.
Enabler and advisory groups	<ul style="list-style-type: none"> These groups oversee a range of collaborative work on estates (e.g. estates strategy across SWL), IT (e.g. development of a 'patient portal' enabling patients to interact with their health record), workforce (e.g. exploring the potential development of an integrated Occupational Health service) and finance (e.g. supporting prioritisation of capital spend across SWL)

Merton and Wandsworth

Local programmes	
Merton and Wandsworth Local Health and Care Boards	<ul style="list-style-type: none"> • These two boards bring together health and social care partners across each borough to drive forward improvement programmes that require collaboration across the system (for instance, improving emotional wellbeing support in schools) • Each board’s priorities are driven by the respective Local Health and Care Plan, which sets out areas of focus for Wandsworth and Merton respectively • Recent national guidance has set out a requirement for each local ‘place’ to describe cross-system NHS leadership arrangements, with one leader from each of the acute sector, community services, primary care, and mental health. St George’s has nominated Suzanne Marsello (Chief Strategy Officer) to act as the acute Place-Based Lead for Merton place and Andrew Grimshaw (Deputy CEO) for Wandsworth place • The place-based leadership groups are currently reviewing priorities in the local health and care plans
Queen Mary’s Hospital Programme Board	<ul style="list-style-type: none"> • Oversees collaborative efforts by local providers and commissioners to make better use of Queen Mary’s Hospital, Roehampton (QMH) • The current focus of the Board is exploring the longer term options for the space vacated by the mental health trust (to be available from 22/23), and overseeing implementation at QMH of an elective surgical centre and a Community Diagnostic Hub. Development of elective theatre suites to accommodate elective work is currently progressing with the procurement of four mobile theatres in the QMH car park, which have begun taking patients. Funding to begin development of the Community Diagnostic Hub has been secured, and a business case for additional capacity submitted to NHS England in July 2021.

Acute Provider Collaborative

Whereas the SWL and local programmes above involve partners from across the system (including commissioners and providers in community/primary care services), the Acute Provider Collaborative (APC) brings together St George’s, Epsom St Helier, Kingston and Croydon acute trusts. It enables the trusts to collaborate on shared priorities for acute hospitals. Some key initiatives are set out below.

APC initiatives	
SWL Pathology	<ul style="list-style-type: none"> • Joint pathology service across all four SWL acute Trusts (Epsom St Helier recently joined). • Hosted by SGUH
SWL Procurement	<ul style="list-style-type: none"> • Joint procurement function across all four SWL acute Trusts • Hosted by SGUH
Recruitment hub	<ul style="list-style-type: none"> • Single recruitment function for the four SWL acute Trusts • Hosted by Kingston
Radiology Picture Archive and Communications (PACS)	<ul style="list-style-type: none"> • The four trusts intend to enter into a common contract for PACS • Contract currently out to tender • Lead trust is Epsom St Helier
SWL Elective Orthopaedic Centre (SWLEOC)	<ul style="list-style-type: none"> • Joint service for lower-risk elective orthopaedic surgery • Hosted by Epsom St Helier

National guidance on developing ICSs

NHS England and NHS Improvement (NHSE/I) publish the ICS Design Framework on 16 June 2021. This document builds on previous ICS guidance (released November 2020) and the NHS legislation white paper (released February 2021).

- The ICS design framework sets out the next steps for how NHSE/I expects NHS organisations, working with system partners, to continue developing ICSs during 2021/22, in anticipation of establishing statutory ICS NHS bodies from April 2022. The framework sets out the core arrangements that NHSE/I will expect to see in each system, as well as some key elements of good practice
- As set out in the government’s Integration and Innovation white paper in February, ICSs will be made up of two parts: the ICS partnership, and the statutory ICS NHS body.
- **ICS Partnership:**
 - NHSE/I expects the ICS partnership to be a committee, rather than a corporate body. Its role will be to align the ambitions, purpose and strategies of partners across each system. It will be established by the relevant local authorities in collaboration with the ICS NHS body, and have a specific responsibility to develop an “integrated care strategy”
- **ICS NHS Body:**
 - The ICS NHS body will be a statutory organisation. The members of its unitary board will have collective and corporate accountability for the performance of this organisation and will be responsible for ensuring its functions are discharged. The statutory governance requirements will be set out in legislation and NHSE/I will provide further guidance on the constitution of the board and process for this being agreed prior to establishment
 - Functions will include planning to meet population health needs, allocating resources, and overseeing delivery.
 - Membership of the unitary board yet to be confirmed, but is expected to be comprised of: a **chair** and **at least two independent non-executive directors**; a **chief executive** and **three executive directors**; and a **minimum of three “partner” members**, representing **trusts, primary care and local authorities**.
- The design framework sets out additional detail on the following:
 - Governance and management arrangements – including place-based partnerships
 - Role of providers
 - Provider collaboratives
 - Clinical and professional leadership
 - Patient and public engagement
 - Accountability and oversight – at the ICS and provider level
 - Financial allocations and funding flows – including changes to the procurement of clinical services
 - Data and digital standards and requirements
 - Managing the transition to statutory ICSs

Implications for St George's (1/2)

The new guidance is in line with St George's (and SWL more broadly) current direction of travel, and the Trust is well-placed to meet the requirements by April 2022

Design area	Detailed requirements	Impact on SGUH
Governance and management arrangements	<ul style="list-style-type: none"> ICSs to establish ICS Partnership Board, ICS NHS Body, and place-based partnership arrangements Trusts to be represented on the ICS NHS Body Further guidance on the make-up of ICS Partnership Boards is expected in 21/22 Place-based partnerships to be established at the borough level, and NHS trusts to be involved in the relevant leadership arrangements 	<ul style="list-style-type: none"> In line with the direction of travel, with SGUH representation at all levels of governance
Role of providers	<ul style="list-style-type: none"> NHS trusts (and foundation trusts) will continue in their roles, and be expected to drive transformation alongside primary care, social care, public health and others. They will also be more involved in collectively agreeing with partners how services and outcomes can be improved for that community, how resources should be used to achieve this and how they can best contribute to population health improvement as both service providers and as local 'anchor institutions'. In the future, the ICS NHS body could ask NHS trusts to take on what have been 'commissioning' functions for a certain population The success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS – including system financial balance, improved outcomes and reduced variation / inequalities across the ICS Primary Care Networks to be strengthened as a key partner for the ICS (particularly at the place level). Voluntary and community sector enterprise (VCSE) and independent sector providers are expected to be engaged as well 	<ul style="list-style-type: none"> In general this will continue the current direction of travel for SGUH and SWL, as set out in previous guidance SGUH may consider taking a greater role in establishing SWL work to address health inequalities and the NHS' role as an anchor institution
Provider collaboratives	<ul style="list-style-type: none"> From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. 	<ul style="list-style-type: none"> In line with the direction of travel SGUH will continue to be a core member of the SWL Acute Provider Collaborative, with the SGUH CEO recently taking up the role of lead CEO
Clinical and professional leadership	<ul style="list-style-type: none"> All ICSs should develop a model of distributed clinical and care professional leadership, including ensuring protected time for clinical staff to participate in ICS roles and decision-making 	<ul style="list-style-type: none"> In line with the direction of travel

Implications for St George's (2/2)

The new guidance is in line with St George's (and SWL more broadly) current direction of travel, and the Trust is well-placed to meet the requirements by April 2022

Design area	Detailed requirements	Impact on SGUH
Patient and public engagement	<ul style="list-style-type: none"> ICS NHS bodies are expected to have an engagement plan with a focus on communities experiencing the greatest inequalities. It is expected that there will be a legal duty for ICS NHS bodies to involve patients, unpaid carers and the public in planning and commissioning arrangements, including the role of foundation trusts governors 	<ul style="list-style-type: none"> In line with the direction of travel SGUH Council of Governors will continue to play a prominent role in shaping services
Accountability and oversight	<ul style="list-style-type: none"> NHSE/I regional teams will agree the constitutions and plans of ICS NHS bodies and hold them to account for delivery through the chair and chief executive Providers will continue to be accountable for quality, safety, use of resources and compliance with standards, as well as the delivery of any services or functions delegated to them by an ICS NHS body. Executives of providers will remain accountable to their boards for the performance of functions for which their organisation is responsible. 	<ul style="list-style-type: none"> In line with the direction of travel
Financial allocations and funding flows	<ul style="list-style-type: none"> ICSs will be allocated funding on a population basis. Specialised commissioning (i.e. NHSE/I direct commissioning) will be jointly commissioned, delegated or transferred to ICS NHS bodies as soon as they are ready to do so, pending legislative change. ICS NHS bodies and NHS trusts / foundation trusts will have a duty to collaborate; a duty on the ICS NHS body to act with a view to ensuring system financial balance and meet other financial objectives set by NHSE (this would also apply to trusts); and powers to ensure organisational spending is in line with the system capital plan. The legislative proposal to remove the current rules governing NHS procurement of healthcare services, to be replaced by a new regime specifically created for the NHS. This regime would give decision-makers greater discretion in how they decide to arrange services, with competition and tendering a tool to use where appropriate, rather than the default expectation. 	<ul style="list-style-type: none"> In line with the direction of travel
Data and digital	<ul style="list-style-type: none"> From April 2022, ICSs will need to have smart digital and data foundations in place. ICS NHS bodies are expected to: have a named SRO with the appropriate expertise; implement a shared care record; and agree a plan for embedding population health management capabilities, among other things. 	<ul style="list-style-type: none"> In line with the direction of travel

Roadmap for the transition to statutory ICSs

All systems must transition to the new ICS framework by April 2022. NHSE/I has set out the following implementation plan for 21/22

Timing	Deliverables	SWL progress
By end of Q1 Preparation	<ul style="list-style-type: none"> Update System Development Plans (SDPs) against the key implementation requirements (functions, leadership, capabilities and governance) Develop plans in preparation for managing organisational and people transition 	Complete
By end of Q2 Implementation	<ul style="list-style-type: none"> Ensure people currently in ICS Chair, ICS lead or AO roles are well supported and consulted with appropriately Recruit the ICS NHS body chair and chief executive, and confirm appointments Draft proposed new ICS NHS body MoU arrangements for 2022/23, including ICS operating model and governance Plan for CCG teams to only operate at sub-ICS level (where there will be a significant place-based function) Begin due diligence planning 	On track
By end of Q3 Implementation	<ul style="list-style-type: none"> Ensure people in impacted roles are well supported and consulted with appropriately Recruit finance director, medical director, director of nursing and other board level role in the NHS ICS body ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form Engagement on local ICS Constitution and governance 	TBC
By end Q4 Transition	<ul style="list-style-type: none"> Ensure people in affected roles (i.e. in CCG posts) are consulted and supported Finalise recruitment, due diligence and workforce consultation for transition from CCG to ICS statutory organisation Complete preparations to shift direct commissioning functions to ICS NHS body, where this is agreed from 1 April 2022 Ensure that revised digital, data and financial systems are in place ready for 'go live' Submit the ICS NHS body constitution for approval and agree the 2022/23 ICS MoU with NHSE/I 	TBC





Membership Engagement Committee Report: Meeting held on 1 June 2021



Richard Mycroft
Membership Engagement Committee Chair

14 July 2021

Overview

Summary:

This paper outlines the key matters discussed and agreed at the Membership Engagement Committee meeting held on 1 June 2021. The Committee received reports on the following:

- *Membership Strategy Implementation Progress Update*
- *Membership Engagement Programme: Quarter 1 Update*
- *Engaged Members – Feedback Update*
- *Update from Patient Partnership Experience Group*
- *Membership Report*

Recommendation:

The Council of Governors is asked to:

- **Receive and note the update;**
- **Consider and endorse the update on the Membership Strategy (agenda item 4.1.1); and**
- **Consider and endorse the plans for the Annual Members meeting (4.1.2).**

Membership Engagement Programme: April – May 2021 Activity

The Committee noted the progress made on implementing the quarter one 2021/22 membership engagement activities and welcomed the Trust utilisation of the virtual resources to continue to engage with members.

Virtual Constituency Events:

- The Committee agreed the details for the next Governor Constituency Event (Wandsworth and Rest of England) which would be held on 23 August 2021, 17:30 – 19:00.
- The event would focus on:
 - *Reducing waiting times, safe access to the hospitals sites and moving outpatients to virtual platform*
 - *Our estates strategy*
- Led by Governors and supported by presentations from:
 - *Anne Brierley, Chief Operating Officer*
 - *Andrew Grimshaw, Chief Finance Officer & Deputy Chief Executive Officer*
 - *Andrew Asbury, Estates & Facilities Director*
- Further Governor Constituency Events in Merton and South West Lambeth are being planned during 2021/22 and the Committee will be involved in the development of these.

Members Talks:

The Trust continued with its virtual Members Talks programme. At the time of the meeting Talks had taken place related to the St George’s Hospital Charity (5 May) and Skin Cancer (13 May). These were not well attended and the Committee endorsed the plans to send out reminders to members closer to the date of the event and since the Committee meeting it was confirmed that attendance had improved at the Diabetes Member Talks (6 June) with over 25 attendees.

The programme for the remainder of the year is below:

Date	Theme/topic	Presenters
5 July 2021, 12:00	Wellbeing in a complicated world: Thinking about looking after ourselves during and post-pandemic	Ellie Atkins, Principal Clinical Psychologist, Paediatric Medicine
26 October 2021, 17:00	Black History Month – Staff Story	Marlene Johnson, Staff Governor for Nursing and Midwifery
10 November 2021, 13:00	Lung Cancer (Lung Cancer month – November 2021)	Adrian Draper, Consultant, Lung Cancer Lead

Membership Engagement Programme: April – May 2021 Activity

The Committee noted the progress made on implementing the quarter one 2021/22 membership engagement activities and welcomed the Trust utilisation of the virtual resources to continue to engage with members.

Members Webpage:

The Committee was pleased that people were engaging with the Members webpage and other social media:

- The Trust's membership web pages were refreshed with new content uploaded including recordings of the constituency event and presentations from Members Talks.
- The Members Event webpage was visited 241 times between April - May 2021.
- The clip recorded by Public Governor for Wandsworth (Adil Akram) has been viewed 115 times on YouTube (as at 31 May 2021).

The Brief – Governor Stories:

The Committee noted that Governors continued to be featured in nearly every issue of the Brief which is sent to all stakeholders.

The April edition was opened by 1,022 recipients, which is an 18% open rate and the March edition was opened by 641 recipients which is an 11% open rate.

Annual Members Meeting – 16 September 2021:

The Committee heard that the Trust had made provisions for hosting either a in-person or virtual meeting with the view that after the planned announcement to lift social distancing measures in June 2021.

Things have moved on since the meeting and the final plans are enclosed in agenda item 4.1.2 which is based on the proposals the Committee heard at its June meeting.

Membership Strategy 2021-22: Year 3, Quarter 1 Update

5

The Committee noted the progress made on implementing the quarter one 2021/22 deliverables of the Membership Strategy and that at two months in 2021/22 there was lots of work in train. Members of the Committee also volunteered to be part of a small group to develop targeted programmes of work for underrepresented membership groups. The full Membership Strategy is under agenda item 4.1.1 for the Council's information.

Supporting aims	Year 3	Date	Update
Develop new opportunities for members to express their views	Re-introduce Meet Your Governor Events	Quarter 1	Forward plan to be developed following announcements by / guidance from the Government about lifting social distancing arrangement, now expected 19 July 2021.
Develop targeted campaigns to recruit members from any group which is under-represented	Develop publications (virtual and hard-copies) which Governors can use to promote membership to a diverse range of potential members.	Quarter 1	This action had not been progressed the Committee agreed to a proposal that three members of the Committee volunteer to form a working group to explore what other publications could be developed to target diverse range of members. We have also engaged with the lead for the Children and Young People's Council and we would explore opportunities to engage this group to support with the development of targeted information for young people.
Refresh the membership pages on the Trust's website	Keep content of membership webpages up to date with new content	Ongoing	Ongoing. This is a matter of business as usual practice. The member webpages are regularly updated to look as appealing as possible.
Refresh our membership recruitment material	Review impact of the new materials through feedback from members via the membership survey and engagement events and refresh this where appropriate.	Ongoing	Ongoing. This is a matter of business as usual practice.
Work more innovatively with our partners to promote membership	Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups.	Ongoing	Ongoing. Use the stakeholder contacts provided by Governors to identify opportunities to conduct joint campaign. A standard presentation and promotion pack would be provided to Governors to use at these events
Promote the work of the Trust's Governors, as representatives of our members	Use media resources such as The Brief, Governor Videos or sound bites to promote the role and work of Governors	Ongoing	This work continues and we have invited new Governors to record videos and sound bites. We also invite Governors to introduce our Members Talks. Governors also host and attend Constituency membership events.
Maintain an accurate membership database	Maintain external support from MES to manage the Trust's membership database.	Ongoing	Ongoing. This is a matter of business as usual practice. The Trust engages with Civica Engage over new developments and improvements to the membership database platform and new functions available.

Develop options for introducing a hard copy newsletter for members

The Committee continued to discuss the options for developing a printed magazine in line with the Membership Engagement Strategy year 3 priorities.

The Committee heard that following the agreement at its last meeting, cost and feasibility was being explored by the Trust. Meetings have taken place with, the St George’s Charity, who have express interest in partnering with the Trust on this initiative. The Charity has requested an outline case for development and production of the hardcopy magazine to include the information below. The Committee endorsed the suggested content detailed below. The Trust will also explore, with the University partners whether or not they would also be interested in partnering with the Trust on this initiative. The Committee would receive a full business case at its meeting in August 2021.

Content	Frequency	Budget/Cost	Production
<ul style="list-style-type: none"> • Key activities and developments at the Trust • Updates on major health care issues and themes across South West London and more widely • Major investment and changes to our services • Insights into quality improvement and progress on quality priorities • Features/stories from patients, staff, board members and governors • Membership Statistics • Progress on implementing the Membership Strategy Deliverables • Information from patient partners • Work of the Trust Charity • Information on University partners activities (TBC) 	<ul style="list-style-type: none"> • Quarterly • Bi-annually 	<ul style="list-style-type: none"> • From trusts surveyed costs varies widely. • As a comparison, GiST, the quarterly glossy magazine of Guy’s and St Thomas’ Trust which has typically 24 pages, costs £52k annually in design and print costs, and a further £28k per year in hard copy distribution to 9,000 public members. We can therefore expect total costs per year in producing the magazine to be in the region of £80,000 a year. • Key considerations include Trust financial challenges which like other NHS organisations was challenged with Covid-19 surges impacting on activity income. • Possible to explore funding and joint production with Trust Charity, and potentially through carefully targeted sponsorship. 	<ul style="list-style-type: none"> • Supported by the Trust’s Communications Team – subject to capacity • Outsource to external suppliers for design and production • Printing and mail out will have to be outsourced for these volumes



Patient Partnership Experience Group (PPEG) Update

The Committee also received an update from Terrence Joe, Head of Patient Experience and Partnership on the work of PPEG.

The Committee noted that:

- Alfredo Benedicto and John Hallmark continue to represent the Governors at PPEG, however other Governors were welcome to observe the PPEG meetings.
- The Group had undertaken a recruitment exercise to refresh its membership. This had attracted 22 enquiries, information sessions were attended by 12 people; eight applications forms received, four interviewed and three have started as core members. An additional four people who applied would get involved in new projects. All the new members were experienced patients with a wide range of experience with different services and were representative of age range and ethnicity. There was now a fair range of
- There were a number of projects that required patient input including Procurement of Services at early stage; Pharmacy procurement. Cerner project management healthy life portal for patients to access their personal records. Emergency Department Expansion, interventional radiology suite. Ensuring a fair spread of patient partner involvement in the different on going projects.
- The Corporate Governance team would continue to liaise with Terry Joe to align engagement activities where possible and review whether there are any opportunities for collaborative engagement with member and stakeholders to ensure that Governors have the opportunity to feed in and represent the interest of members.

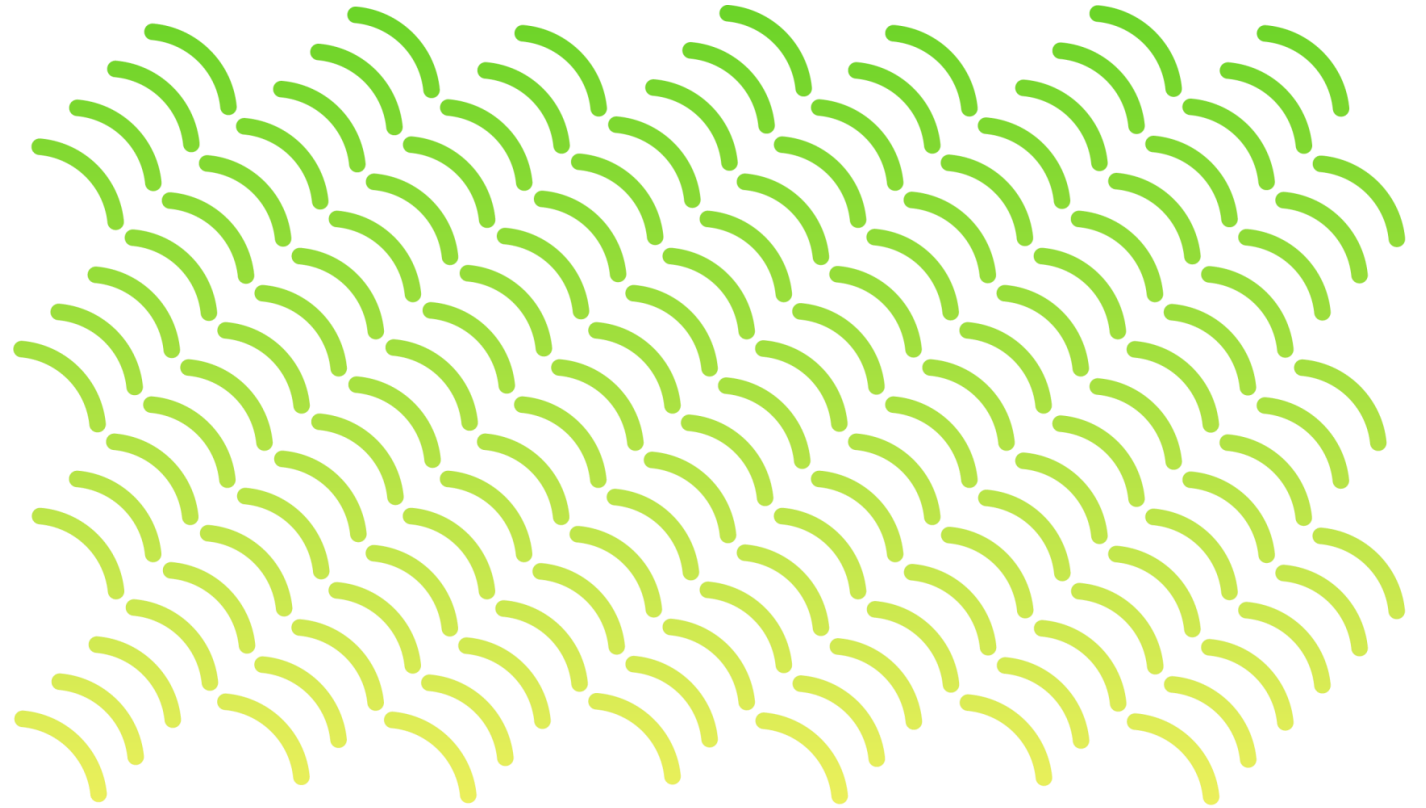
Current Membership – 1 April 2021 – 31 May 2021 Movement

The Committee considered the membership profile of the Trust as at 31 May 2021. The Trust has a total of 12,908 public members and 9,239 staff members. This represents an overall decrease of 19 public members since the last report on the 8 April 2021, which includes 6 new members and 25 members who have passed away or have moved out of constituency. The number of staff members have increased by 68 since last report.

Current vs. Minimum Required 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 Strategy 2019-22 : Implementation Year Three Progress Update



Stephen Jones, Chief Corporate Affairs Officer

Tamara Croud, Head of Corporate Governance

14 July 2021

Introduction

This report outlines the progress made on delivering year three (2021-22) deliverables of the Membership Strategy 2019-22. It focuses on deliverables for April – June 2021. The full programme is set out at Appendix 1.

The ongoing social distancing and related measures put in place by the Government to respond to the Covid-19 pandemic since March 2020 have inevitably had an impact on the scope of our planned engagement work. We anticipated further updates from the Government later in June on a possible further lifting of restrictions however this did not happen. Despite this, the Trust had made progress against key deliverables.

Recommendation

The council is asked to note the progress on the year three Membership Engagement Strategy 2019-22.

Overview of Quarter 1 Deliverables

Key deliverables in quarter 1 (8 April 2021 – 30 June 2021) can be found below and in Appendix 1.

Supporting aims	Year 3	Date	Update
Develop new opportunities for members to express their views	Re-introduce Meet Your Governor Events	Quarter 1	Forward plan to be developed following from Government about lifting social distancing arrangement, expected 21 June 2021.
Develop targeted campaigns to recruit members from any group which is under-represented	Develop publications (virtual and hard-copies) which Governors can use to promote membership to a diverse range of potential members.	Quarter 1	This action had not been progressed and the Committee agreed to a proposal that three members of the Committee volunteer to form a working group to explore what other publications could be developed to target diverse range of members. We have also engaged with the lead for the Children and Young People's Council and we would explore opportunities to engage this group to support with the development of targeted information for young people.
Refresh the membership pages on the Trust's website	Keep content of membership webpages up to date with new content	Ongoing	Ongoing. This is a matter of business as usual practice. The member webpages are regularly updated to look as appealing as possible.
Refresh our membership recruitment material	Review impact of the new materials through feedback from members via the membership survey and engagement events and refresh this where appropriate.	Ongoing	Ongoing. This is a matter of business as usual practice
Work more innovatively with our partners to promote membership	Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups.	Ongoing	Ongoing. Use the stakeholder contacts provided by Governors to identify opportunities to conduct joint campaign. A standard presentation and promotion pack would be provided to Governors to use at these events
Promote the work of the Trust's Governors, as representatives of our members	Use media resources such as The Brief, Governor Videos or sound bites to promote the role and work of Governors	Ongoing	This work continues and we have invited new Governors to record videos and sound bites. We also invite Governors to introduce our Members Talks. Governors also host and attend Constituency membership events.
Maintain an accurate membership database	Maintain external support from MES to manage the Trust's membership database.	Ongoing	Ongoing. This is a matter of business as usual practice. The Trust engages with Civica Engage over new developments and improvements to the membership database platform and new functions available.

Overview of Quarter 2 Deliverables

Key deliverables due from June 2021 and quarter 2 (2021/22) can be found below and in Appendix 1.

Supporting aims	Year 3	Date	Update
Develop options for introducing a hard copy newsletter for staff, patients and the public	A majority of the Trust's members only provided physical addresses. This means that they do not make use of the online and electronic communication.	Quarter 1-2	Discussions have taken place with the St George's Hospital Charity over funding a hard copy newsletter/magazine and St George's University will also be engaged to see if they would partner with the Trust in this project. A progress update is in agenda item 3.1
Promote membership opportunities to younger people in our communities	Deliver one virtual event for young people to attend in addition to developing promotion material targets to this group	End Quarter 2	We will explore opportunities with the Trust's Children and Young People's Council.
Refresh our existing communication channels with members and our approach to membership communication and engagement	Launch a programme designed and delivered by Governors that promote the use of email correspondence.	Quarters 1- 2	Ongoing. Governors are at the forefront of their communities and understand what the engagement resources can be used to entice members to provide email addresses and accurate mobile numbers in addition to signposting their required level of involvement. It is proposed that this programme is led by Governors as they understand their local communities and would be best placed to develop the programme
Improve our programme of engagement events	Subject to feedback from the constituency event pilots, roll out an annual programme of constituency engagement events in Wandsworth, Merton and South West Lambeth	Quarter 2	Following on from the pilot virtual Governor Constituency Event in Merton which took place on Monday 8 March 2020 (Quarter 4 of 2020-21) with the outcome used as a template to deliver future events in 2021-22. This event worked well with 16 attendees and a lots of questions were raised. It is proposed to hold a further virtual Governor Constituency event on the 23 August 2021 (Quarter 2 of 2021-22) for Wandsworth and Rest of England.

Overview of Quarter 2 Deliverables

Key deliverables due from June 2021 and quarter 2 (2021/22) can be found below and in Appendix 1.

Supporting aims	Year 3	Date	Update
Improve our programme of engagement events	Introduce engagement events/opportunities for staff members – using virtual meetings and new intranet hub.	Commencing from Quarter 2 (2021/22)	Ongoing. With staff governors design the intranet hub for staff governors and members and design virtual events for staff members
Improve our programme of engagement events	Deliver the annual programme of constituency engagement events in Wandsworth, Merton and South West Lambeth and members health talks	Commencing from Quarter 2 (2021/22)	Ongoing. Proposed for 23 August 2021 using the pilot delivered in March 2021 as a Wandsworth and Rest of England Event virtually in the first instance moving to physical meetings when social distancing measures cease where possible.



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 2	Date	Update
Objective 1: To improve the quality of mutual engagement and communication with members	Promote the work of the Trust's Governors, as representatives of our members	<p>MSY2:1. Publish first annual membership report which showcases the work of Governors</p> <p>MSY2:2. Use second survey of membership to record member awareness of Governors</p> <p>MSY2:3. Develop video content for the Trust's website, where Governors talk about their work and their reasons for becoming Governors</p>	<p>September 2020</p> <p>August/September 2020</p> <p>July-September 2020 as part of election promotion.</p>	<ul style="list-style-type: none"> Published on 10 September 2020 at Council of Governor meeting and on Trust member webpage. A second membership survey was undertaken in August/September 2020. All Governors have been invited to film video content promote the role of Governors and membership.
	Develop new opportunities for members to express their views	<p>MSY2:4. Publish first annual membership report which showcases work on how the Trust has responded to issues raised by members</p>	<p>September 2020</p>	<ul style="list-style-type: none"> Published on 10 September 2020 at Council of Governor meeting and on Trust member webpage.
	Introduce new levels of membership so members can choose how involved they want to be	<p>MSY2:5. Seek feedback from members through the membership survey to establish the degree to which the introduction of the new levels of membership has helped members have the opportunity to engage on the issues they care about.</p> <p>MSY2:6. Use new levels of membership to target members for participation in surveys, workshops and focus groups</p> <p>MSY2:7. Monitor changes in number of members in each category as a</p>	<p>August/September 2020</p> <p>Quarter 3-4 - using more virtual means in light of social distancing measures</p> <p>Ongoing</p>	<p>The data from the second survey would be analysed to understand how to improve engagement with members.</p> <ul style="list-style-type: none"> Ongoing Ongoing



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 2	Date	Update
		proxy for measuring levels of active engagement		
	Refresh our existing communication channels with members and our approach to membership communication and engagement	<p>MSY2:8. Undertake analysis of which issues and stories have been read most in the membership newsletter</p> <p>MSY2:9. Develop options for introducing a quarterly hard copy newsletter for staff, patients and the public</p> <p>MSY2:10. Launch second membership survey and update Membership Strategy Action Plan to reflect feedback from the survey</p>	<p>September 2020</p> <p>November 2020</p> <p>July – October 2020 following launch of survey the deliverables for Q4 in year 2 and year 3 would be updated</p>	<ul style="list-style-type: none"> Analysis undertaken and reported to Governors in the October Governor bulletin, issue 2. Proposals are being developed and are ongoing. A second membership survey was undertaken in August/September 2020.
	Improve our programme of engagement events	<p>MSY2:11. Subject to feedback from the constituency event pilots, roll out an annual programme of constituency engagement events in Wandsworth, Merton and South West Lambeth</p> <p>MSY2:12. Introduce updated member health talks with broader range of topics.</p>	<p>On hold, first pilot was curtailed by Covid-19 provisions around social distancing. The plans for delivering these would be revisited once the social distancing measures were clear.</p> <p>September 2020</p>	<ul style="list-style-type: none"> A pilot virtual Governor Constituency Event was held for Merton on 8 March 2021 and will be used as template for further virtual events in 2021-22. There was a robust programme Members Talks for 2020-21. The programme was delayed whilst the Trust focused on managing Covid-19 but these have been re-established as virtual events.



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 2	Date	Update
		MSY2:13. Seek to increase member turnout at Annual Members Meeting by a further 20% (with a target of attracting over 120 attendees)	September 2020	<ul style="list-style-type: none"> A live streamed virtual Annual Members' Meeting was held on the 10 September 2020. There were 75 who joined meeting and viewed 204 times on YouTube to date.
Objective 2: To continue to work towards a membership that is representative of the communities we serve	Analyse our membership on a regular basis	MSY2:14. Ongoing monitoring of membership database	Ongoing: This is a matter of business as usual practice.	<ul style="list-style-type: none"> Ongoing: This is a matter of business as usual practice.
	Develop targeted campaigns to recruit members from any group which is under-represented Promote membership opportunities to younger people in our communities	<p>MSY2:15. Subject to learning from year 1 activities; roll out comprehensive plans for engagement with younger people.</p> <p>MSY2:16. Use membership database to track changes in the composition of the Trust's membership within these age groups.</p>	<p>Quarter 3 and 4.</p> <p>Ongoing: This is a matter of business as usual practice.</p>	<ul style="list-style-type: none"> Quarter 3 and 4: As a result of the social distancing measures in place the way schools and universities engage with their students have changed. The Trust has engaged with university to include in their communications to students include information about membership. Ongoing: This is a matter of business as usual practice.
Objective 3: To maintain and where possible increase the overall size of the membership of	Refresh the membership pages on the Trust's website	MSY2:17. Keep content of membership webpages up to date with new content	Ongoing: This is a matter of business as usual practice.	<ul style="list-style-type: none"> Ongoing: This is a matter of business as usual practice.
		MSY2:18. Make improvements based on feedback from membership survey	November – December 2020	<ul style="list-style-type: none"> See above



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 2	Date	Update
the Trust				
	Refresh our membership recruitment material	MSY2:19. Review impact of the new materials through feedback from members via the membership survey and engagement events and refresh this where appropriate.	November to December 2020	<ul style="list-style-type: none"> Ongoing – feedback from survey has helped develop suggested topics for 2021-22 talks programme in the Membership Engagement Report.
	Work more innovatively with our partners to promote membership	MSY2:20. Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups.	Quarter 4	<ul style="list-style-type: none"> There have been no opportunities identified hindered in some part by social distancing arrangements.
	Maintain an accurate membership database	<p>MSY2:21. Maintain external support from MES to manage the Trust's membership database.</p> <p>MSY2:22. Provide regular reports to the Membership Engagement Committee on key trends and developments in membership numbers and patterns</p>	<p>Ongoing: This is a matter of business as usual practice.</p> <p>Ongoing: This is a matter of business as usual practice.</p>	<ul style="list-style-type: none"> Ongoing Ongoing



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 3	Date	Update
Objective 1: To improve the quality of mutual engagement and communication with members	Promote the work of the Trust's Governors, as representatives of our members	MSY2:23. Publish second annual membership report which showcases work on how the Trust has responded to issues raised by members	August 2021	<ul style="list-style-type: none"> Ongoing
		MSY2:24. Use media resources such as The Brief, Governor Videos or sound bites to promote the role and work of Governors	Ongoing	<ul style="list-style-type: none"> Ongoing
	Develop new opportunities for members to express their views	MSY2:25. Re-introduce Meet Your Governor Events	June 2021	<ul style="list-style-type: none"> Ongoing, announcement expected from Government and expected changes due to take place from the 21 June 2021.
	Introduce new levels of membership so members can choose how involved they want to be	MSY2:26. Sign-post, promote and monitor involvement levels and engagement and use this data to improve offer to members.	Ongoing	<ul style="list-style-type: none"> Ongoing
	Refresh our existing communication channels with members and our approach to membership communication and engagement	<p>MSY2:27. Develop options for introducing a hard copy newsletter for staff, patients and the public</p> <p>MSY2:28. Launch a programme designed and delivered by Governors that promote the use of email correspondence.</p>	<p>Quarter 3 (2021-22)</p> <p>Quarters 1- 2 (2021/22)</p>	<ul style="list-style-type: none"> Ongoing. A majority of the Trust's members only provided physical addresses. This means that they do not make use of the online and electronic communication. Ongoing. Governors are at the forefront of their communities and understand what the engagement resources can be used to entice members to provide email addresses and accurate mobile



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 3	Date	Update
				<p>numbers in addition to signposting their required level of involvement.</p> <ul style="list-style-type: none"> It is proposed that this programme is led by Governors as they understand their local communities and would be best placed to develop the programme.
	Improve our programme of engagement events	MSY2:29. Deliver the annual programme of constituency engagement events in Wandsworth, Merton and South West Lambeth and members health talks	Commencing from Quarter 2 (2021/22)	<ul style="list-style-type: none"> Ongoing. Proposed for 23 August 2021 using the pilot delivered in March 2021 as a Wandsworth and Rest of England Event virtually in the first instance moving to physical meetings when social distancing measures cease.
		MSY2:30. Introduce engagement events/opportunities for staff members – using virtual meetings and new intranet hub.	Commencing from Quarter 2 (2021/22)	<ul style="list-style-type: none"> Ongoing. With staff governors design the intranet hub for staff governors and members and design virtual events for staff members.
	MSY2:31. Seek to increase member turnout at Annual Members Meeting by a further 20% (with a target of attracting over 120 attendees)	September 2021	<ul style="list-style-type: none"> Ongoing. It is planned to record the AMM on the 16 September 2021 so that members can view the AMM online even if they cannot attend in person / virtually. 	
Objective 2: To continue to work towards a membership	Analyse our membership on a regular basis	MSY2:32. Ongoing monitoring of membership database	Ongoing	<ul style="list-style-type: none"> Ongoing. This is a matter of business as usual practice.



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 3	Date	Update
that is representative of the communities we serve	Develop targeted campaigns to recruit members from any group which is under-represented	MSY2:33. Develop publications (virtual and hard-copies) which Governors can use to promote membership to a diverse range of potential members.	End Quarter 1 (2021/22)	<ul style="list-style-type: none"> Ongoing. As a result of the social distancing measures and school closures this has been challenging. It is proposed that with the support from 1-3 volunteer governors and the communications promotional material should developed which target these specific groups.
	Promote membership opportunities to younger people in our communities	MSY2:34. Deliver one virtual event for young people to attend in addition to developing promotion material targets to this group.	End Quarter 2 (2021/22)	<ul style="list-style-type: none"> Ongoing.
Objective 3: To maintain and where possible increase the overall size of the membership of the Trust	Refresh the membership pages on the Trust's website	MSY3:1. Keep content of membership webpages up to date with new content	Ongoing	<ul style="list-style-type: none"> Ongoing. This is a matter of business as usual practice. The member webpages are regularly updated to look as appealing as possible.
	Refresh our membership recruitment material	MSY3:2. Review impact of the new materials through feedback from members via the membership survey and engagement events and refresh this where appropriate.	Ongoing	<ul style="list-style-type: none"> Ongoing. This is a matter of business as usual practice.
	Work more innovatively with our partners to promote membership	MSY3:3. Begin joint campaign with partner groups selected on recruiting new members, including members from under-represented or hard-to-reach groups.	Ongoing	<ul style="list-style-type: none"> Ongoing. Use the stakeholder contacts provided by Governors to identify opportunities to conduct joint campaign. A standard presentation and promotion pack would be provided to Governors to use at these events.



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables

Overarching Objective	Supporting aims	Year 3	Date	Update
	Maintain an accurate membership database	<p>MSY3:4. Maintain external support from MES to manage the Trust's membership database.</p> <p>MSY3:5. Provide regular reports to the Membership Engagement Committee on key trends and developments in membership numbers and patterns</p>	Ongoing	<ul style="list-style-type: none"> Ongoing. This is a matter of business as usual practice. The Trust engages with Civica Engage over new developments and improvements to the membership database platform and new functions available.

Key:

Blue: Action closed

Green: In progress and on track

Amber: Deadline missed, action in progress

Red: Deadline missed, action not progressing



Review of Progress Membership Strategy 2019-22 – Year Three 2020/21 Deliverables



Annual Members' Meeting 2021: Proposed Approach



Stephen Jones
Chief Corporate Affairs Officer

14 July 2021

Overview

Summary:

This paper outlines plans for delivering the Trust's Annual Members Meeting in September 2021.

The Membership and Engagement Committee, at its meeting on 1 June 2021, was advised that the Trust had made provisions for delivering the Annual Members Meeting either virtually or in-person, subject to the Government's announcements in relation to Covid-19 restrictions and social distancing measures and the Trust's position in relation to a potential third wave of Covid-19 over the summer and autumn.

On 5 July, the Government confirmed that it would be going ahead with plans to remove the vast majority of Covid-19 restrictions currently in place, including rules around mask wearing, the 2-metre and 1-metre plus rules, and monitoring of check-ins in hospitality venues. This easing of restrictions in theory would enable the Trust to hold an in-person Annual Members' Meeting. However, holding a large in-person event on the hospital site at a time when Covid-19 infections are rising, and in the context of evidence of previous nosocomial infections, it is considered that it would be more appropriate to hold the AMM virtually this year – recognising the need to protect vulnerable patients on site and minimise nosocomial infection.

Recommendation:

The Council of Governors is asked to consider and agree the proposal to hold a virtual Annual Members Meeting on 16 September 2021 in line with the plans outlined in the report.

Annual Members Meeting 2021/22

- While there was still some uncertainty about the social distancing the Trust has developed plans to hold the Annual Members' Meeting this year either virtually or in person.
- Despite the easing of Covid-19 restrictions, Covid-19 infection rates are rising and it is likely that the timing of an AMM in mid-September would coincide with continuing high levels of infection. While restrictions have eased, the Trust needs to ensure that any in-person gatherings are safe – both for vulnerable patients on site and for staff. It is likely that requirements for on-site mask wearing will continue for some time in light of the operating environment of the Trust. On balance, it is considered appropriate and responsible to hold the meeting virtually and not risk bringing large groups of people together in one room on the hospital site.
- While the Trust could adopt a “wait and see” approach, the reality is that, if it is to be a success, the marketing of the AMM must begin now – and this requires clarity and certainty about the plans.
- All members, stakeholders and public would be invited by email and social media and directed to a webpage to view and asked to submit any questions by email or phone. The Trust now has more functionality in MS Teams and would publicise the link for the meeting, and send out regular reminders. This additional functionality, which was not available last year, means that the Trust would not need to use the “Live Events” version of MS Teams and would not engage a production company, making the delivery of the event both cheaper and more straightforward.
- In order to avoid some of the challenges faced last year, the meeting would not be broadcast live but instead the video would be uploaded to the Trust's digital channels immediately after the meeting.
- The programme for the AMM would include, presentations from the CEO, (Overview of Trust Performance and Strategic Update) CFO (Annual Report and Accounts) , Lead Governor (Overview of Council of Governors activities, membership and engagement), a patient/staff story (topic to be confirmed but currently looking into a story around responding to national health crisis and working in different ways locally and across the wider health sector) and Q&A session.



Annual Members Meeting 2021/22: High-level timetable

4

Action	Completed by
Website Development and Publication	
Create specific web page for AMM, upload joining details for 2021 meeting, agenda, previous minutes and annual report and accounts	19/07 – 02/08/2021
Upload presentation to webpage	16/09/2021
Internal/external promotion	
Confirm Calendar Invite to key presenters, Trust Chairman, Executive Team, Non-Executive Directors, Leader Governor, External Auditors, Council of Governors	Completed
Confirm invites to the executive and non-executive directors and Council of Governors	15/07/2021
Send invitation to members by email with reminder about August Constituency Event	16/07/2021
Ongoing social media publication - Linked-in, Facebook and Twitter	Ongoing
Complete design of poster and issue advert in local newspapers and partner organisations news publication	w/c 26/07/2021
Send posters and advert to Governors to circulate in their local networks	w/c 26/07/2021
Article in The Brief, Save the date in staff bulletin	w/c 26/07/2021
Email invitation from Trust Chairman to key organisational stakeholders	w/c 26/07/2021
Article in The Brief, September edition of By George and asking St George's Charity to publish poster and advert	w/c 23/08/2021
Intranet news story and Story on website homepage	w/c 30/08/2021 (weekly thereafter)
Email Reminder invites to all members	w/c 30/08/2021 (weekly thereafter)
Other Preparations	
Confirm online etiquette and login details , Confirm Agenda	w/c 30/08/2021
Commence presentation development and development of Q&A for Chairman, Executive team and Lead Governor	w/c 30/08/2021
Request from Governors questions for use at AMM which would be of interest to members	w/c 30/08/2021
Rehearsal/run through of AMM	w/c 13/09/2021
Finalise presentations for speakers approval	10/09/2021
Final briefing to executive team	13/09/2021
AMM Event	
Set up hashtag and tweet throughout day	16/09/2021
Upload video of AMM to website	



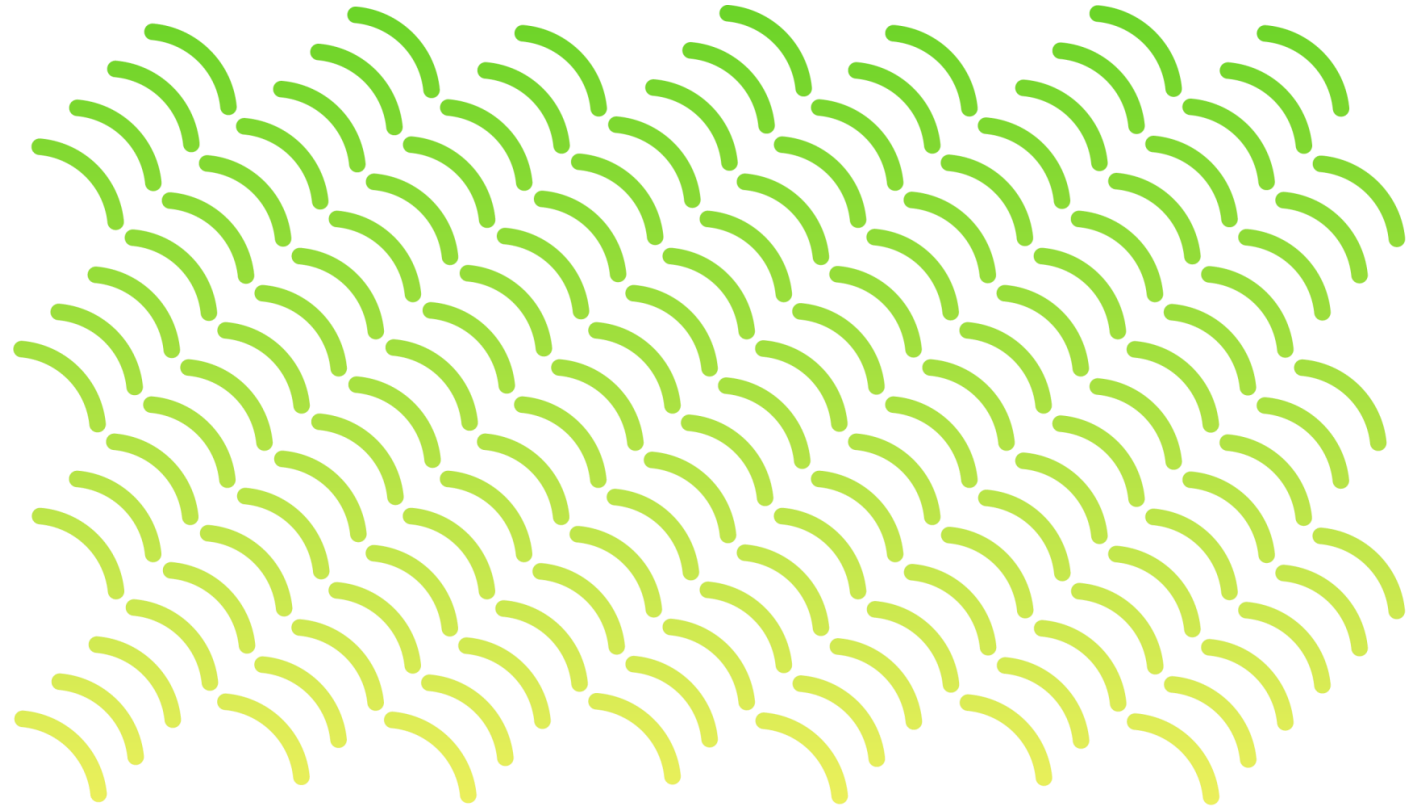
Annual Members Meeting 2021: Draft Outline Agenda

The Annual Members Meeting (AMM) is scheduled for **Thursday 16 September 2021, 18:00-19:30**, which is the same day as the Council of Governors meeting.

The Agenda will follow set plan:

- Welcome – Chairman (18:00 – 18:10)
- Lead Governors Update – Lead Governor (18:10 – 18:20)
- Patient/Staff Film (TBC) – (18:20-18:25)
- Patient/Staff Story (TBC) – 18:25 – 18:35)
- Review of Year and Forward View – Chief Executive (18:35-18:50)
- Trust Finance Review and Auditor's Year End Report – Chief Finance Officer & Deputy Chief Executive Officer (18:50 – 19:00)
- Questions from members and public – Chairman (19:00-19:30)





Annual Members' Meeting: Proposed Approach





Meeting Title:	Council of Governors		
Date:	14 July 2021	Agenda No	5.1
Report Title:	Appointment of a new Senior Independent Director		
Lead Director/ Manager:	Gillian Norton, Chairman		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Approval		
Executive Summary:	<p>Following the appointment of Ann Beasley as Non-Executive Director on the Board of Epsom and St Helier University Hospitals NHS Trust from 1 June 2021, it is necessary for the Board to appoint a new Senior Independent Director (SID). The appointment of a new SID is a decision for the Board in consultation with the Council of Governors. Following discussion with the non-executive directors, the Chief Executive and the Lead Governor, the Trust Chairman recommends that Stephen Collier, Chair of the Workforce and Education Committee and Freedom to Speak Up NED, be appointed as the new Senior Independent Director. Subject to the views of the Council of Governors, the Board will be asked to approve the appointment at the next Board meeting on 29 July 2021.</p>		
Recommendation:	The Council of Governors is asked to agree to the appointment, by the Board, of Stephen Collier as Senior Independent Director.		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Leadership and improvement capability (Well Led)		
Implications			
Risk:	As set out in the paper.		
Legal/Regulatory:	NHS Foundation Trust Code of Governance (Sections A.4.1, A.5.6, E.1.3)		
Resources:	N/A		
Previously Considered by:	N/A	Date	N/A
Appendices:	N/A		



Appointment of a new Senior Independent Director Council of Governors, 14 July 2021

1.0 PURPOSE

- 1.1 This paper sets out the process for the appointment of a new non-executive director to the role of Senior Independent Director, following the appointment of Ann Beasley as a non-executive director at Epsom and St Helier University Hospitals NHS Trust.

2.0 BACKGROUND

- 2.1 The role of the Senior Independent Director on the Board is set out in the NHS Foundation Trust Code of Governance. In essence, the purpose of the role is to:
- Provide a sounding board for the Trust Chairman and to serve as intermediary for the other directors when necessary;
 - Conduct the annual appraisal of the Trust Chairman, meeting with the other non-executive directors for this purpose as required;
 - Be available to the Governors if they have concerns that contact through the normal channels of Chairperson, Chief Executive, Finance Director (Chief Finance Officer) or Trust Secretary (Chief Corporate Affairs Officer) had failed to resolve, or for which such contact is inappropriate.
- 2.2 The Senior Independent Director (SID) is required “to attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors” (Section E.1.3).
- 2.3 The SID is also required to be a non-executive that is considered to be independent for the purposes of the declarations requirement under the NHS Foundation Trust Code of Governance and the NHS Foundation Trust Annual Reporting Manual. Following Ann Beasley’s appointment to the Board of Epsom and St Helier University Hospitals NHS Trust (ESTH), it is considered appropriate to appoint a new NED to serve as SID who does not concurrently serve on the Board of another acute trust.

3.0 PROCESS FOR APPOINTMENT OF A NEW SENIOR INDEPENDENT DIRECTOR

- 3.1 The NHS Foundation Trust Code of Governance sets out that decision on the appointment of “one of the independent non-executive directors” as Senior Independent Director is a matter for the Board “in consultation with the Council of Governors” (NHS FT Code, Section A.1.4). It also requires the Council of Governors “to input into the Board’s appointment of a senior independent director” (Section A.5.6). There are no specific requirements around which of the non-executive directors can serve as Senior Independent Director; any NED can be the SID.
- 3.2 The Trust Chairman has consulted the non-executive directors, the Chief Executive and the Lead Governor in considering which of the NEDs to appoint to succeed Ann Beasley as Senior Independent Director following her appointment to the Board of ESTH. Following these discussions, the Trust Chairman recommends that Stephen Collier, who also serves as the Board’s Freedom to Speak Up NED, be appointed to the role. Stephen does not serve on the Board of another NHS provider and satisfies the requirements to be regarded as “independent” for the purposes of the declarations required under the NHS Foundation Trust Code of Governance.



3.3 Should the Council of Governors agree to this recommendation, the Trust Board will be asked formally to approve the appointment at its next meeting on 29 July 2021.

4.0 RECOMMENDATION

4.1 The Council of Governors is asked to agree to the appointment, by the Board, of Stephen Collier as Senior Independent Director.

Stephen Jones
Chief Corporate Affairs Officer
14 July 2021



Meeting Title:	Council of Governors		
Date:	14 July 2021	Agenda No	5.2
Report Title:	Council of Governors Meetings and On-Site Visits in 2021/22		
Lead Director/ Manager:	Gillian Norton, Chairman		
Report Author:	Stephen Jones, Chief Corporate Affairs Officer		
Presented for:	Review		
Executive Summary:	<p>At the start of the Covid-19 pandemic in the UK, in mid-March 2020 NHS England and NHS Improvement (NHSE/I) issued guidance to all NHS providers which has impacted on meetings of the Council of Governors and on the scope of Governors to visit the hospital site. This paper sets out our plans for holding of Council meetings for the balance of the 2021 calendar year, and proposals for holding a series of half-day visits to the site to familiarise / re-familiarise Governors with the Trust site and key clinical services between July and September, with a regular monthly programme of visits from October 2021. All visits will need to be pre-booked and appropriate infection prevention and control protocols will need to be maintained to ensure the safety of our patients, staff and Governors.</p>		
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the requirements set out by Public Health England to maintain a range of Covid-19 restrictions on hospital sites beyond 19 July 2021; • Provide feedback on the plans for holding a series of four half-day visits for small groups of Governors between July and September, ahead of a rolling programme of monthly visits from October; • Note that the Chairman will hold regular slots for bilateral meetings with Governors from September 2021 onwards. 		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Leadership and improvement capability (Well Led)		
Implications			
Risk:	As set out in the paper.		
Legal/Regulatory:	The Trust is required to ensure that Governors are supported to carry out their roles effectively.		
Resources:	N/A		
Previously Considered by:	N/A	Date	N/A
Appendices:	N/A		



Council of Governors Meetings and On-Site Visits in 2021/22 Council of Governors, 14 July 2021

1.0 PURPOSE

- 1.1 This paper sets out our plans for holding of Council of Governors, and associated, meetings for the balance of the 2021 calendar year, and proposals for holding a series of half-day visits to the site to familiarise / re-familiarise Governors with the Trust site and key clinical services between July and September, with a regular monthly programme of visits from October 2021.

2.0 BACKGROUND

- 2.1 At the start of the Covid-19 pandemic in the UK, in mid-March 2020 NHS England and NHS Improvement (NHSE/I) issued guidance to all NHS providers regarding Trust Board and Council of Governors meetings, and an updated guidance intended to reduce the governance requirements on providers to enable them to focus on responding to the pandemic. As part of this, NHSE/I required all Trust Boards to hold their meetings virtually and proscribed in-person meetings. In relation to the Council of Governors, the guidance recommended that Council meetings be suspended and all membership activities paused.
- 2.2 The Trust followed this guidance and moved all meetings, including Board and Committee meetings, to virtual platforms with immediate effect. The Board has met virtually since March 2020, with only two in-person private meetings during that period. Initially, in line with NHSE/I guidance, the Trust suspended Council of Governors meetings, but held a virtual briefing on the Covid-19 pandemic in May 2020 and resumed Council meetings virtually starting in July 2020. Since July 2020, the Trust has held a total of five virtual Council of Governors meetings, regular virtual meetings of the Governors' Membership and Engagement Committee and Nominations and Remuneration Committee, and a number of virtual Council of Governors training and development sessions
- 2.3 In line with the national guidance, all membership engagement activity was initially suspended. However, work on implementation of the membership strategy has continued and the Trust held a virtual Governors' constituency engagement event in the Borough of Merton in March 2021, with a further virtual session planned for Wandsworth and the Rest of England in August 2021. All *Meet Your Governor* events at the Trust's hospital sites have been paused since March 2020 in line with the Trust's efforts, and national infection prevention and control guidance, to protect vulnerable patients and staff by controlling the risk of infection through minimising the number of people on site.
- 2.4 The consequence of these necessary measures has been that the Trust has been unable to hold an in-person Council of Governors meeting since 19 February 2020 and Governors have been unable to come on-site since mid-March 2020. The Trust recognises that for Governors elected in the January 2020 and November 2020 elections, there will have been very little, if any, opportunity for newly elected Governors to become familiar with the Trust in person. For longer-standing Governors too, these measures have meant that Governors feel a sense of distance and estrangement from the Trust.
- 2.5 Despite the indications from Government that the vast majority of Covid-19 restrictions will be lifted from 19 July 2021, tight restrictions are likely to remain in place in hospital settings across England for the foreseeable future. Public Health England's latest guidance, for example, sets out that mask-wearing and social distancing must remain in place in all hospital settings beyond 19 July 2021, irrespective of the easing of restrictions in the community. The Trust is committed to minimising the risk of transmission of Covid-19 on site to protect both our patients, many of whom are very vulnerable, and our staff. We continue to have restrictions in place on visiting; and only a month ago made some changes to enable patients



to have one visitor for one hour at a pre-registered time between 1 pm and 6 pm. We remain a significant way off returning to our pre-Covid-19 visiting policy, as the need to minimise numbers on site continues. At present, large in-person staff meetings are also not permitted.

3.0 COUNCIL MEETINGS IN 2021/22

- 3.1 The Trust is, of course, eager to re-start in-person Council of Governors meetings, Committee meetings, and associated on-site engagement and membership activities as soon as it is safe and practical to do so. For the reasons set out above, there continues to be a need to minimise on-site presence and, in regulatory terms, to require mask-wearing and maintain social distancing on site. Mask-wearing introduces some practical challenges for resuming in-person meetings and the need for social distancing, in particular, imposes some practical challenges. The Trust lacks large meeting room facilities, and the room previously used to hold Council meetings – the Hyde Park Room in Lanesborough Wing – remains converted for use as a staff rest area, and is likely to remain dedicated to that purpose for some time.
- 3.2 Consequently, in light of the infection control and practical challenges, it will be necessary to continue with virtual Council of Governors meetings for the time-being. We are therefore planning that the following meetings for the duration of the 2021 calendar year will be held virtually, and potentially beyond:

Date	Meeting
5 August 2021	Governors Membership Engagement Committee
16 August 2021	Governors Training and Development Seminar
23 August 2021	Wandsworth and Rest of England Constituency Engagement Event
16 September 2021	Council of Governors meeting
16 September 2021	Annual Members' Meeting
20 October 2021	Governors Training and Development Seminar
26 October 2021	Governors Membership Engagement Committee
22 November 2021	Governors Training and Development Seminar
8 December 2021	Council of Governors meeting

- 3.3 The approach adopted in relation to Council of Governors meetings is in line with the current planning in relation to the Board; all Board and Board Committee meetings for the balance of this calendar year are currently scheduled to be held virtually. Likewise, all Executive meetings will continue to be held virtually.
- 3.4 While this is the basis on which we are planning for meetings over the next six months, we will of course keep the situation under review. In the event that guidance changes, and it becomes safe and practical to resume meetings in person, we will amend the above plans.
- 3.5 The only option for a face-to-face meeting of the Council of Governors would be to pay to hold a meeting at an appropriate off site venue. Given that any meeting would be attended by Trust staff, it would be necessary to practice the same infection prevention and control measures as it would on the hospital site – including wearing of masks and maintaining social distancing.

4.0 ON-SITE VISITS IN 2021/22

- 4.1 In light of the likelihood that in-person Council meetings will not be possible to resume for some time, we have considered what steps can be taken to ensure Governors have the opportunity to come on-site and maintain / build their understanding of the Trust while protecting Governors, our patients and staff.



- 4.2 We propose a two phase approach for resuming on-site visits by Governors: phase one would involve holding a series of half-day Trust visits for small groups of Governors between the Council meetings on 14 July and 16 September 2021; and phase two would involve holding a regular monthly slots for Governor to book on to site visits.
- 4.3 Between 14 July and 16 September, we propose to hold four half-day visits for Governors, touring a range of services and facilities on the Tooting site. It is envisaged that these visits would provide an effective and rounded overview of the site, which would help familiarise new Governors with St George's Hospital while re-familiarising longer-serving Governors who have not been on site for a considerable time. The areas proposed for inclusion in the visits are set out in the table below. These are subject to change depending on operational pressures on the day. If Governors have specific areas they would like to visit, we will seek to include these as far as is practical.

Proposed services / areas for Governor visits	
ED pathway	Estates
Emergency Department	Energy Centre
Urgent Care	Cardiac Catheter Labs
Acute Medical Unit	MRI build
Nye Bevan Ward	Estate strategy site visit
Clinical areas	Clinical support services
Covid-19 vaccination hub	Pharmacy
Brodie Ward / Neuro ITU*	Medical Physics
Maternity Services	South West London Pathology
Interventional Radiology	Mortuary**
Outpatients	

* Subject to operational pressures

** Afternoon visits only

- 4.4 In order to keep Governors, staff and patients safe, all visits would require the wearing of face masks at all times, maintaining social distancing, and use of hand sanitisers on entry to Trust buildings and on entry to all clinical areas. Governors visiting the site will also need to confirm that they have received both doses of a Covid-19 vaccine, or confirm a negative Covid-19 test, or complete a Covid-19 risk assessment questionnaire prior to visiting.
- 4.5 We will develop plans for Governor visits in phase two over the coming weeks and will bring a proposal back to the Council of Governors at its meeting in September 2021. These phase two visits would include visits to Queen Mary's Hospital in Roehampton.

5.0 MEETINGS WITH THE TRUST CHAIRMAN

- 5.1 In order to ensure that Governors have the opportunity to meet the Trust Chairman regularly, we will be introducing a regular slot for Governors to meet bilaterally with the Chairman either in person or virtually. We plan to hold these sessions once a month, typically on a Wednesday (where possible) and Governors will be able pre-book a meeting through the corporate governance team by emailing governors@stgeorges.nhs.uk.

6.0 RECOMMENDATION

- 6.1 The Council of Governors is asked to:
- Note the requirements set out by Public Health England to maintain a range of Covid-19 restrictions on hospital sites beyond 19 July 2021;



- Provide feedback on the plans for holding a series of four half-day visits for small groups of Governors between July and September, ahead of a rolling programme of monthly visits from October;
- Note that the Chairman will hold regular slots for bilateral meetings with Governors from September 2021 onwards.

Stephen Jones

Chief Corporate Affairs Officer

14 July 2021