



## Council of Governors Meeting

**Date and Time:** Thursday, 16 September 2021, 14:25 - 16:45

**Venue:** MS Teams

Time	Item	Subject	Lead	Action	Format
<b>1.0</b>	<b>OPENING ADMINISTRATION</b>				
14:25	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Assure	Report
	1.3	Minutes of meeting held on 14 July 2021	Chairman	Approve	Report
	1.4	Action Log and Matters Arising	All	Note	Verbal
<b>2.0</b>	<b>QUALITY, SAFETY &amp; PEOPLE, PERFORMANCE</b>				
14:30	2.1	Chief Executive Officer's Report	CEO	Update	Report
14:55	2.2	Integrated Care System Update	CEO	Update	Report
15:05	2.3	Integrated Quality & Performance Report (Patient Safety)	Parveen Kumar/ CMO/ACN	Update	Report
15:30	2.4	Patient Experience & Complaints Annual Review	Parveen Kumar/ ACN	Update	Report
15:50	2.5	External Auditors Report – Value for Money Report	Paul Cuttle	Receive	Report
<b>3.0</b>	<b>MEMBERSHIP, INVOLVEMENT &amp; ENGAGEMENT</b>				
16:00	3.1	Membership Engagement Committee Report	MEC Chair/ CCAO	Endorse	Report
<b>4.0</b>	<b>ACCOUNTABILITY</b>				
16:10	4.1	Questions to Non-Executive Directors	All	Assure	Verbal
<b>5.0</b>	<b>CLOSING ADMINISTRATION</b>				
16:40	5.1	Any Other Business	All	Note	Verbal
	5.2	Reflections on meeting		Note	Verbal
16:45	<b>CLOSE</b>				
<b>Date and Time of Next Meeting: 8 December 2021, 14:00 - 17:00</b>					





**Minutes of the Meeting of the Council of Governors (In Public)**  
**July 14 2021, 14:30 – 17:00, via Microsoft Teams**

Name	Title	Initials
<b>Members:</b>		
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AAAs
Mia Bayles	Public Governor, Rest of England	MB
Patrick Burns	Public Governor, Merton	PBU
Jenni Doman	Staff Governor, non-clinical	JD
Sandhya Drew	Public Governor, Rest of England	SD
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanak	Public Governor, Wandsworth	SK
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
<b>In Attendance</b>		
Ann Beasley	Non-Executive Director	AB-NED
Elizabeth Bishop	Non-Executive Director	EB-NED
Stephen Collier	Non-Executive Director	SC-NED
Parveen Kumar	Non-Executive Director	PK-NED
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	Head of Strategy (item 4.1 and 4.2)	HoS
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Tamara Croud	Head of Corporate Governance & Board Secretary	HCG-BS
<b>Presenters</b>		
Andrew Asbury	Director of Estates & Facilities (item 2.1)	DEF
Paul Cuttle	Grant Thornton, External Audit Partner (item 3.5)	EAM
<b>Secretariat</b>		
Trupti Bolke	Interim Corporate Governance Officer	ICGO
<b>Apologies</b>		
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Padraig Belton	Public Governor, Rest of England	PBe
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Kathy Curtis	Appointed Governor, Kingston University	KC
John Hallmark	Public Governor, Wandsworth	JH
Basheer Khan	Public Governor, Wandsworth	BK
Linda Kirby	Appointed Governor, Merton Council	LK
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Jenny Higham	Non-Executive Director	JH-NED
Pui-Ling Li	Associate Non-Executive Director	ANED



		<b>Action</b>
<b>1.0</b>	<b>OPENING ADMINISTRATION</b>	
<b>1.1</b>	<p><b>Welcome and Apologies</b></p> <p>The Chairman welcomed everyone to the meeting and noted the apologies as set out above.</p> <p>The Council of Governors agreed to take agenda items 3.1.2 (the Green Plan) and 3.1.1 (the estates strategy) as the first substantive items of business as Professor Dame Parveen Kumar, the NED lead for sustainability, needed to leave the meeting early due to a prior commitment.</p>	
<b>1.2</b>	<p><b>Declarations of Interest</b></p> <p>There were no new declarations of interests reported.</p>	
<b>1.3</b>	<p><b>Minutes of the meeting held on 21 April 2021</b></p> <p>The minutes of the meeting held on 21 April 2021 were approved as a true and accurate record.</p>	
<b>1.4</b>	<p><b>Action Log and Matters Arising</b></p> <p>There were no pending actions on the action log, with all existing actions having been closed at the previous meeting.</p>	
<b>1.4.1</b>	<p><b>Governor Training and Development</b></p> <p>The Council of Governors noted and ratified its approval on email circulation of a paper setting out the training and development provided by the Trust to Governors during 2020/21 and the Trust's self-certification of its compliance with the Governor training aspects of its NHS provider licence in 2020/21.</p>	
<b>3.0</b>	<b>ANNUAL PLANNING, STRATEGY &amp; SYSTEM WORKING</b>	
<b>3.1</b>	<b>Estates Strategy and Green Plan</b>	
<b>3.1.2</b>	<p><b>Green Plan</b></p> <p>The Council of Governors received the Trust's draft 'Green Plan', formally known as the sustainable development plan, ahead of review by the Trust Board on 29 July 2021. Professor Dame Parveen Kumar, the NED lead for sustainability, introduced the Plan to the Council supported by the Director of Estates and Facilities (DEF) and suggested that, given the scale and significance of the challenge of climate change, the Plan would be one of the most important documents presented to the Council and the Board. Dame Parveen explained that the NHS was the first healthcare system in the world to commit to becoming carbon neutral by 2040 and the Trust had developed its Green Plan to deliver this at Trust level. Nationally, the NHS contributed to over 6% of the country's carbon emissions and over 5% of its air pollution, with transport making up a significant element of this. Dame Parveen commented that she was a strong advocate for environmental sustainability and was eager for the Trust to make progress in implementing the Plan as quickly as possible. The Trust was starting from a difficult position, particularly in light of its well documented estates issues, but there was a real commitment and passion within the Trust to make substantial gains. This would be aided by the fact that the Trust's Plan had been developed in parallel with the new estates strategy, and the two were mutually reinforcing.</p>	





		<b>Action</b>
	<p>The DEF added that the draft estates strategy dovetailed very closely with the draft Green Plan. It was clear that the Trust was highly driven by carbon and reducing this was central to the Plan if the Trust were to comply with the national net zero target by 2040 and achieve the target of an 80% reduction in carbon emissions by 2028-32. A key focus would be the Energy Centre, and the ambition was to become an all-electric Trust rather than burning gas. In terms of the Plan itself, the DEF added that the structure and format of the Plan was, to some degree, prescribed by the NHS centrally. Over the next two years, detailed work would be undertaken to define the work necessary to put the Plan into action. The Roadmap, which was included in the Plan, set out the steps on the road to achieving the net zero commitment at the Trust. Some of the early measures to put in place in 2021 included updating the Trust's travel plans, instructing a sustainable transport lead, and sourcing energy from green providers. Despite the scale of the work that lay ahead, simply having the Plan was an important step in the right direction.</p> <p>The following key points were noted in discussion:</p> <ul style="list-style-type: none"> <li>• KS thanked the Trust for sharing with Governors the detailed papers which sat behind the presentation. However, he suggested that the Plan was lacking in specific measures, baselines, targets and timescales and commented that the Plan envisaged the production of further supporting plans and strategies. In particular, KS questioned why there were no specific commitments in relation to reducing water consumption, air pollution and estates related waste, or to increasing solar power generation or developing on-site recycling.</li> <li>• HH agreed with KS and suggested that the Plan was a 'rather woolly document', and suggested the timeline for delivery was too long. HH also commented that the new estates strategy envisaged a range of new buildings which would improve energy efficiency and carbon output, but queried how likely it was that the buildings would receive planning permission. In particular, she questioned whether there was any money available to support the demolition of old buildings and the construction of the new estate.</li> <li>• It was recognised that the Trust had been late in focusing on sustainable development, but it was also important to recognise the point from which the Trust started and the necessary focus of the Trust on dealing with pressing quality and financial challenges in recent years. Having made substantial progress in addressing these, it was now able to focus on sustainability.</li> <li>• In the coming months, the Trust would be focusing on operationalising the Plan as quickly as possible, and detailed discussions would be held with teams and departments aimed at understanding and addressing issues such as the waste they generated and the energy consumed.</li> <li>• There continued to be very real and immediate estates challenges which the Trust needed to manage. In an ideal world, the Trust would replace a number of its current buildings, and this would help significantly with improving its carbon footprint. But there also needed to be some realism about the current estate and the financial constraints within which the Trust operated.</li> <li>• In relation to funding, there was a commitment from the Government that 40 new hospitals would be financed and the Trust was engaging with NHS London about this, as the Trust considered it had a strong case for the award of such funding. There were no guarantees that funding would be forthcoming and firm commitments could not be given, but engagement to date had been positive. Approval had already been given for the joint renal unit, and this demonstrated the level of commitment that existed beyond the Trust in improving the estate.</li> </ul>	



		<b>Action</b>
	<ul style="list-style-type: none"> <li>It was essential that the Trust agreed a clear estates strategy if it were to be able to successfully bid for funding.</li> <li>The Trust had heard and accepted the challenge of Governors. Over the coming months, Governors should be able to see the implementation of the Plan taking shape, and it was important that Governors continued to bear with the Trust as it began this phase of the work.</li> </ul> <p><b>The Council of Governors noted and provided feedback on the Green Plan.</b></p>	
<b>1.4.2</b>	<p><b>Estates Strategy</b></p> <p>The Council of Governors received the Estates Strategy and Tim Wright, the NED lead for estates, introduced the report. Tim Wright reminded the Governors about the journey the Trust had been on with its estate. Three years ago, the Trust Board lacked assurance about the estate, and over the past 18 months significant progress had been made. That was not to say the issues had been resolved, but the Board had a clear understanding of where the issues were and the plans for addressing them. The estates team had developed the plan in the context of the significant challenges imposed by the Covid-19 pandemic and the need to make changes to the estate in response. The Board was very conscious that money spent on remediating the current estate needed to be carefully allocated and balanced against long term improvements. The strategy was an integral part of the wider South West London strategy for delivering clinical services to the local population.</p> <p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> <li>The plan was a big step forward for the Trust which had developed the strategy through close engagement with the Trust's staff and stakeholders and modelling of the development of clinical services.</li> <li>The plan had been developed in such a way that it was not an all or nothing proposition. Instead, it had been produced to ensure it was scaled and phased in a way that would deliver benefits along the way.</li> <li>In terms of the footprint of the Trust in future, the strategy envisaged a tighter footprint, and a higher build, which would ensure opportunities existed for commercial engagement and development.</li> <li>In response to a question from KS about whether any modelling of commercial opportunities on the estate had been undertaken, the DEF clarified that he had spoken to a number of developers about opportunities to utilise private capital on the site, as well as develop student accommodation and key worker accommodation.</li> </ul> <p>The Chairman thanked the DEF and paid tribute to the improvements to the estate already delivered by estates team and to the work involved in developing such a comprehensive strategy.</p> <p><b>The Council of Governors noted and endorsed the estate strategy.</b></p>	
<b>2.0</b>	<b>QUALITY, SAFETY &amp; PEOPLE, PERFORMANCE</b>	
<b>2.1</b>	<p><b>Chief Executive Officer's Report</b></p> <p>The Council of Governors received a comprehensive report from the Deputy Chief Executive and the following points were noted in discussion:</p>	



		<b>Action</b>
	<ul style="list-style-type: none"> <li>• There had been a rise in number of Covid cases in London in recent weeks and a particularly sharp increase in cases among 15-39 year olds. Wandsworth had recorded the third highest number of cases across the capital. However, to date there had not been a significant rise in the rate of Covid-related hospital admissions across London. Total Covid-19 hospital admissions remained low, as had the number of mechanically ventilated patients. The London-wide position was reflected at the Trust, where the number of Covid-19 positive patients remained low and relatively flat at present. As at 7 July 2021, there was 1 Covid-19 positive patient in ITU and 8 Covid-19 positive patients in general and acute beds at the Trust. This compared 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.</li> <li>• Although the number of Covid admissions remained low, the Trust remained under significant operational pressure given the need to address the elective backlog and unmet health need from earlier in the pandemic. It was likely that these intense operational pressures would continue into the winter and the Trust was in the process of developing a surge plan.</li> <li>• 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 meant that 77.6% of the total population had received a first dose and 52% has received a second dose. Vaccine uptake in London was currently less than elsewhere in England. 85% of Trust staff had received their first dose and 72.5% received their second dose. Black / black British staff were the staff group with the lowest vaccination rates.</li> <li>• The new surgery treatment centre at Queen Mary's Hospital had opened on 14 June 2021. The centre had four dedicated operating theatres for day surgery and a recovery area. It would provide surgical teams from St George's and other hospitals in south west London protected theatre time to ensure patients waiting for routine procedures received the treatment they needed. Procedures carried out at the site included plastic surgery for skin cancer, urological procedures, gynaecology, vascular and general surgery.</li> <li>• The Trust continued to focus on the 'Big 5' priorities emerging from the staff survey, as part of its work to strengthen the culture of the Trust. In May, the first theme had been health and wellbeing month and this had been followed in June by 'let's talk,' which was about helping staff to speak up about concerns. July was flexible working month, while the focus in August would be career progression and, in September, creating a better workplace.</li> <li>• A number of Governors asked what the Trust was doing to improve vaccine take-up among staff, including the extent to which the Trust had considered mandating vaccines for frontline clinicians and what actions were being taken to focus on staff groups where take-up was low. The Deputy Chief Executive explained that this was a major area of focus for the Trust. A significant amount of work had been undertaken to boost take-up and this continued to rise. The Trust was undertaking a targeted approach to staff groups where take-up was lower, and this was focused on addressing their concerns about the vaccine. There were no plans for mandating the vaccine, though the Trust was aware that this was something the Government had introduced for staff in care homes.</li> <li>• In relation to Covid-19 testing by Trust staff, Governors queried whether staff were in fact completing the required twice-weekly lateral flow tests, and asked what measures were being taken to ensure this was happening in order to protect the safety of staff</li> </ul>	

		Action
	<p>and patients. The Chairman explained that staff working in high risk areas of the Trust, such as ITU, undertook regular PCR tests, Lateral flow tests were indeed a requirement and the Chairman had been assured that this was taking place. However, given the views expressed by Governors, and anecdotal evidence that compliance and communication about the requirements were lacking, the Chairman undertook to follow this up with the Executive. Further, <b>it was agreed that the planned Governor Seminar on the theme of infection prevention and control would be broadened to include Covid-19 testing and the vaccination programme. The Chief Nurse and Director of Infection Prevention and Control would attend and it may be necessary to adjust the date of the seminar to accommodate this.</b></p> <p><b>The Council of Governors noted the report.</b></p>	CCAO
2.2	<p><b>Integrated Quality &amp; Performance Report (Outcomes, Performance and Productivity)</b></p> <p>The Council of Governors received the Integrated Quality &amp; Performance Report and noted the following key points in discussion:</p> <ul style="list-style-type: none"> <li>• Anne Beasley, Non-Executive Chair of the Board's Finance and Investment Committee, commented that emergency care has performed well for a consistent period of time, and previous concerns expressed by the Board about the operation of the emergency department had been addressed.</li> <li>• ED performance had dipped slightly with 93% of patients in ED seen within four hours against the target of 95%. This was due principally to the significant volume of patients coming through the ED particularly patients with acute illness, increasing numbers of children with respiratory problems, and a small number of children coming in with mental health problems.</li> <li>• Elective recovery had been progressing very well and significant progress in addressing the backlog had been made. The 52-week waiting time was better than trajectory. There had also been a reduction in the 6 week waiting for diagnostics.</li> <li>• Inpatient and Outpatient activity levels had fluctuated between 90% and 110% since April 2021 but both areas had seen a decline throughout June.</li> <li>• With respect to cancer, there had been greater challenge especially in 2-week waits for breast screening.</li> <li>• It was widely anticipated that a cost improvement programme would be required in second half of the year.</li> </ul> <p>The Council of Governors noted the report.</p>	
2.3	<p><b>Culture Programme</b></p> <p>The Council of Governors received an update on Culture Programme and noted the following key points in discussion:</p> <ul style="list-style-type: none"> <li>• Stephen Collier, NED Chair of the Board Workforce and Education Committee, updated the Council that there had been material movement in the culture programme. A delivery plan had been agreed, engagement with staff remained high and the culture champions have been contributing their ideas. The need now was to ensure there was appropriate funding to support the culture programme to ensure the expected benefits could be delivered, and a paper on this was expected to be agreed by the Executive in the coming weeks.</li> </ul>	



		<b>Action</b>
	<ul style="list-style-type: none"> <li>• A Culture, Equity and Inclusion (CEI) Programme Board had been established at Executive level which was intended to coordinate delivery of the culture and diversity work, and this group was now operating. The Workforce and Education Committee would be receiving regular reports on its progress.</li> <li>• The Trust had focused on health and well-being of its staff as a key priority during the pandemic, and had delivered a wide programme of activity to support staff. This had been well received and it would remain a focus throughout the year.</li> <li>• In response to a question regarding staff appraisals, the CPO clarified that the Trust aimed to achieve a target of 90% for delivery of appraisals. Currently, the figure stood at 76% of compliance, and this was a major area of focus. The trust recognised the importance of appraisals and was determined to increase both the number and quality of appraisals.</li> <li>• The Big 5 has been implemented in response to the findings of the 2020 NHS Staff Survey, and a more regular pulse survey was planned for the summer. This would help the organisation track themes and issues in a real time way.</li> </ul> <p>The Council of Governors noted the report.</p>	
<p><b>2.4</b></p>	<p><b>Final Quality Account &amp; Report 2020/21</b></p> <p>The Council received the final Quality Report and Account for 2020/21. In its discussions, the Council of Governors noted the following points:</p> <ul style="list-style-type: none"> <li>• The final report had been reviewed and approved by the Quality and Safety Committee and the Board, and this would be laid before Parliament along with the Annual Report and Accounts and would be published ahead of the Annual Members' Meeting.</li> <li>• In accordance with the NHS England and Improvement (NHSEI) guidelines all NHS Foundation Trusts were required to present quality accounts. Due to the pandemic, an external audit of the quality account was not required, and likewise the requirement for the Council of Governors to select a metric for review by the external auditors continued to be suspended.</li> <li>• On review of the Trust's performance against 34 national mandated audits, the Trust was above average in 15 audits, average for 17, and below the national average in two audits.</li> <li>• Out of the national core set of nine quality indicators, the Trust had improved its performance against seven. There was no change in the performance against one indicator, and the Trust's performance had deteriorated against the final indicator.</li> <li>• The Quality and Safety Committee would be reviewing the Trust's learning from Covid-19 later in the year.</li> </ul> <p>The Council of Governors noted the final quality account and report 2020/21.</p>	
<p><b>2.5</b></p>	<p><b>External Auditors Report</b></p> <p>The Council received the external auditors report and noted the following key highlights:</p> <ul style="list-style-type: none"> <li>• The external auditor presented an unqualified audit opinion on the Trust's financial statements.</li> </ul>	



		Action
	<ul style="list-style-type: none"> <li>From this year, a new requirement had been introduced for auditors to undertake a Value for Money report and this was due for submission by September 22 2021.</li> <li>Loans from the Department of Health and Social Care had, over the past year, been converted into public dividend capital and this was reflected in the accounts.</li> </ul> <p>The Council of Governors received and noted the report.</p>	
<b>3.0</b>	<b>STRATEGY &amp; SYSTEM WORKING</b>	
<b>3.1</b>	<p><b>Clinical and Supporting Strategies</b></p> <p>The Council of Governors received a paper on the implementation of the Trust's clinical and supporting strategies, and noted the following updates:</p> <ul style="list-style-type: none"> <li>Though the five-year clinical strategy had been impacted by the Covid-19 pandemic, the Trust had continued to make progress in many areas including in relation to the new Cardiac Catheter Labs and the installation of the new MRI capacity. In some areas, the pandemic had slowed delivery of the strategy, but in others – particularly the IT strategy – progress had been far greater than anyone could have imagined. The Trust had made great strides in moving to virtual appointments.</li> <li>The Trust continued to work closely with Epsom and St Helier University Hospitals NHS Trust to take forward the establishment of a joint renal unit and this remained on track.</li> </ul> <p>The Council noted the update.</p>	
<b>3.2</b>	<p><b>Integrated Care System Update</b></p> <p>The Council of Governors received an update on the South West London Integrated Care System (ICS). A summary of the collaborative programme across South West London, Merton and Wandsworth was discussed and it was noted that the establishment of the new surgical treatment centre at Queen Mary's Hospital was an important facility both for the Trust and the wider system. The Trust remained very actively engaged across the ICS and was seen as an active partner in the system.</p> <p>National changes to strengthen ICSs was also discussed. The Government had published its draft Bill to reform the NHS, including putting ICSs on a statutory footing. Acute Provider Collaborative remained integral to this vision. While significant detail was now available about the plans for ICSs, there remained a high level of uncertainty about the final form, powers and scope of specialised commissioning ICSs would enjoy.</p> <p>The Council noted the report.</p>	
<b>4.0</b>	<b>MEMBERSHIP, INVOLVEMENT &amp; ENGAGEMENT</b>	
<b>4.1</b>	<p><b>Membership Engagement Committee Report</b></p> <p>The Council received the report of the Membership Engagement Committee and noted the following key points which were presented by the Lead Governor:</p> <ul style="list-style-type: none"> <li>The Governor Constituency event for Wandsworth and the Rest of England was scheduled to be held virtually on 23 August 2021.</li> <li>The Committee had discussed the development of a hard copy Trust publication and work was progressing in relation to this.</li> </ul>	



		<b>Action</b>
	The Council discussed and noted the report.	
<b>4.2</b>	<b>Membership Engagement Strategy 2021/22</b>  The Council received the membership engagement strategy year 3 implementation progress updated, and noted the report.	
<b>4.3</b>	<b>Annual Members Meeting 2021 Plan</b>  The Council received the plans for the Annual Members' Meeting which was scheduled to take place on 16 September 2021. The meeting would be held virtually in light of the ongoing Covid-19 pandemic, the requirement to retain social distancing and mask wearing in hospital settings and the need to limit the number of visitors on site.  The Council considered and endorsed the annual members meeting plan for 2021.	
<b>5.0</b>	<b>COUNCIL OF GOVERNORS GOVERNANCE</b>	
<b>5.1</b>	<b>Appointment of new Senior Independent Director</b>  The Council endorsed the Chairman's proposal to appoint Stephen Collier as the Senior Independent Director (SID) on the Board, replacing Ann Beasley. This followed her appointment to the Board of Epsom and St Helier University Hospitals NHS Trust from 1 June 2021.	
<b>5.2</b>	<b>Council of Governors meetings and site visits in 2021/22</b>  The Council of governors received and endorsed the proposals for commencing site visits for Governors, which involved a series of four half day visits by small groups of Governors to the St George's Hospital site.  The Council of Governors reviewed and noted the site visit and meeting plans.	
<b>6.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>6.1</b>	<b>Any other business</b>  There were no items of any other business.	
<b>6.2</b>	<b>Reflections on meeting</b>  A number of Governors commented that the meeting had been productive and a wide range of issues discussed. The Chairman noted that it was important that all members and attendees demonstrated the Trust's values and were respectful towards each other, and she queried whether this had been the case at certain times in the meeting. The Chairman thanked everyone for their contributions.	
	<b>Date of next Meeting</b> <b>16 September 2021, 14:00-17:00</b>	



Council of Governors Public Action Log - 16 September 2021						
Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.14.07.21/01	Chief Executive Officer's Report	It was agreed that the planned Governor Seminar on the theme of infection prevention and control would be broadened to include Covid-19 testing and the vaccination programme. The Chief Nurse and Director of Infection Prevention and Control would attend and it may be necessary to adjust the date of the seminar to accommodate this	16.09.2021	CN / CCAO	A seminar was conducted for the governors on 7th September 2021 about Covid-19/Infection Control/Vaccination	PROPOSED FOR CLOSURE



## Chief Executive's Report to Council of Governors 16 September 2021



**Jacqueline Totterdell**  
Group Chief Executive Officer

16 September 2021

# Introduction

## Purpose

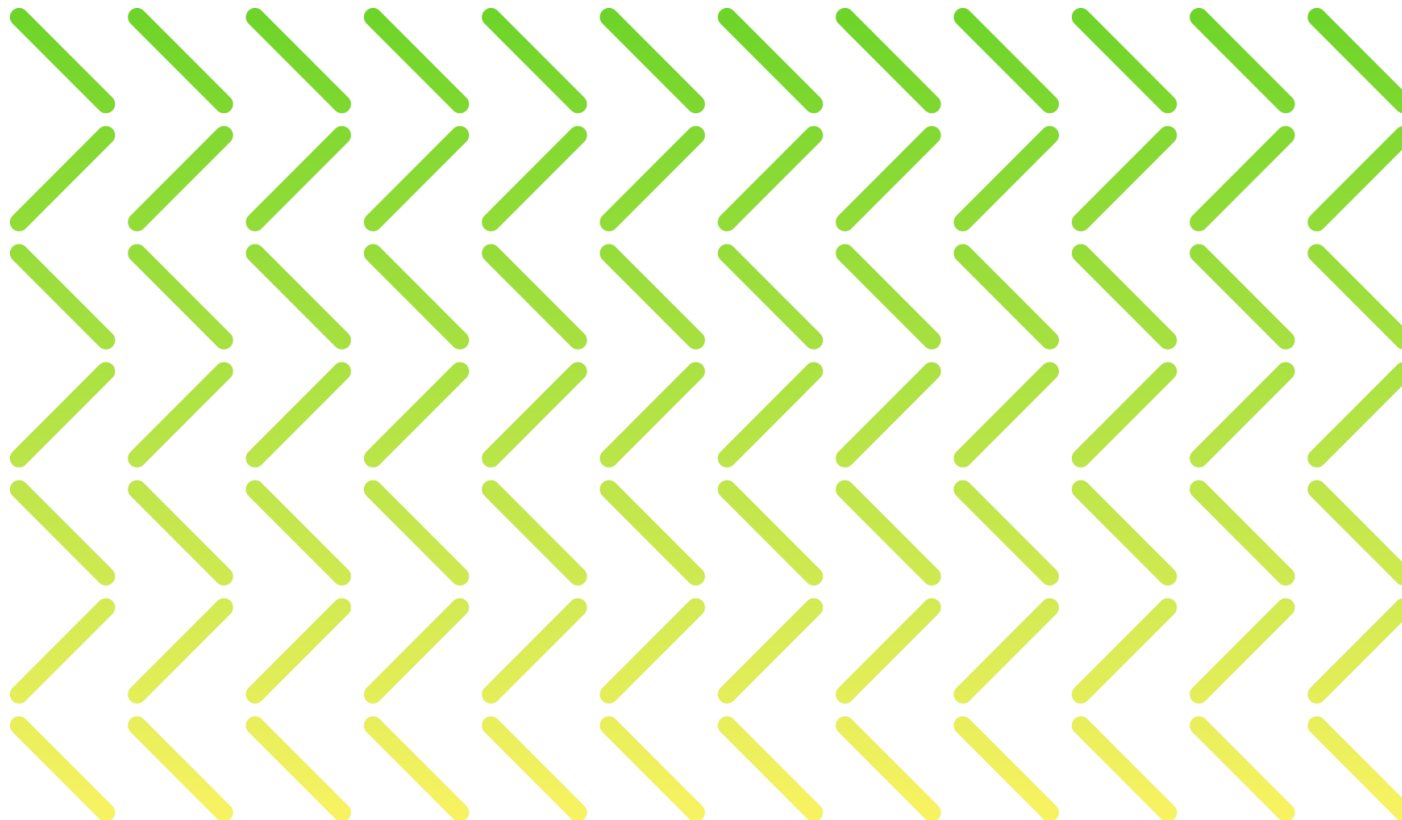
This report provides the Council of Governors with an update on key developments in the Trust and its wider external strategic and operating environment.

## Recommendation

The Council is asked to receive and note the report.

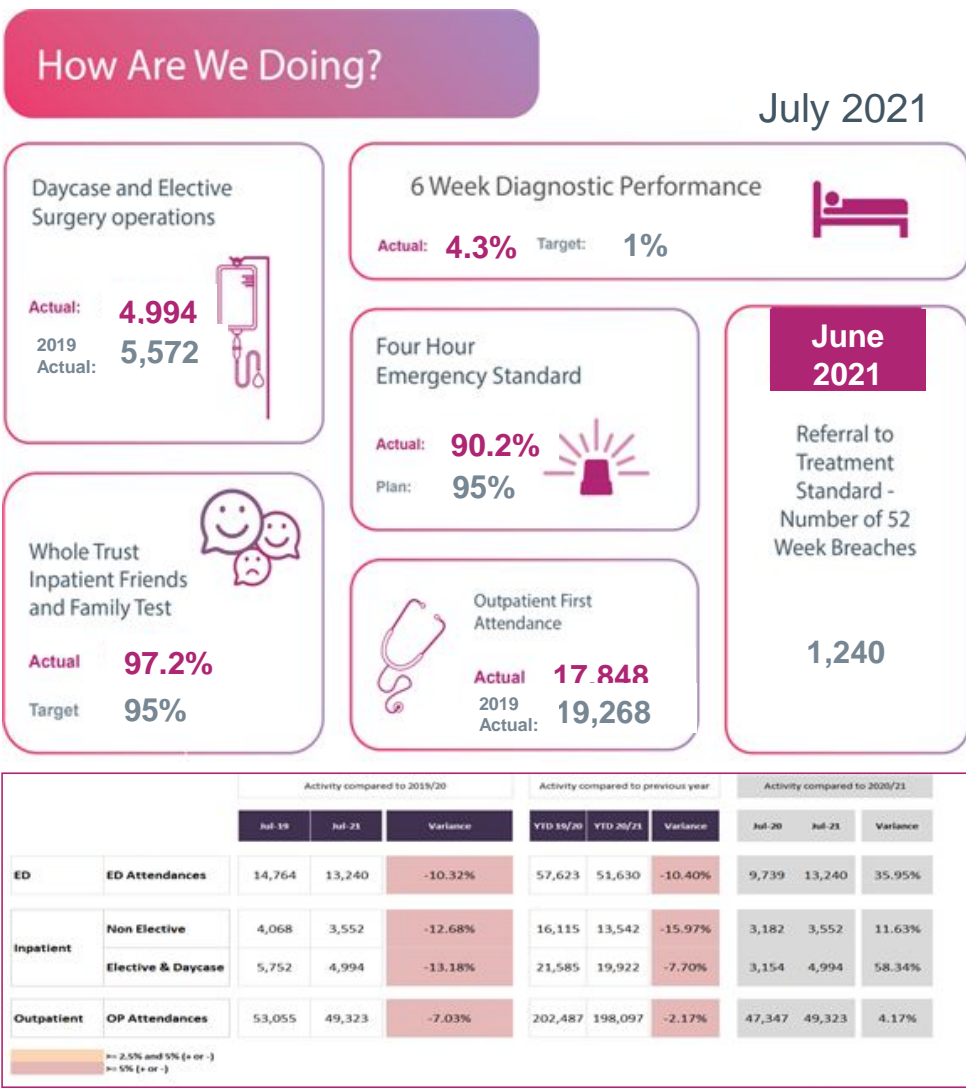
# CARE

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



## Operational performance Surge and elective recovery

- The Trust continues to be very busy and has faced significant operational pressures throughout the summer (as seen in regular OPEL 3 escalation). While Covid-19 admissions have risen since late June, it is non-Covid-related pressures connected with very high emergency department demand and elective recovery which are driving these pressures.
- 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.
- For example, the activity data for the Trust in July 2021 shows that, compared with activity in July 2020, alongside continuing to treat Covid-19 patients:
  - ED attendances are up 36%
  - Non-elective inpatient admissions are up 12%
  - Elective and daycase activity is up 58%
  - Outpatient attendances are up 4%
- Elective and daycase performance is ahead of our trajectory, as is outpatient activity.
- The number of 52-week waits at the end of June 2021 (the most recent full month data) is 1,240. The particular pressure points are in cardiology, ENT, general surgery, and plastics.



# Covid-19 Update

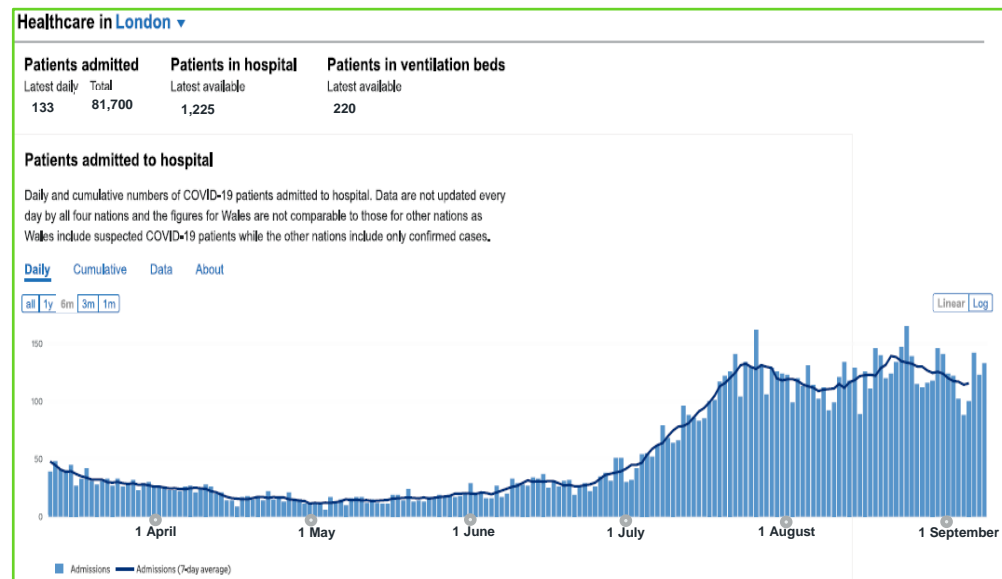
## London & Trust Covid-19 hospital admissions

### London Covid-19 hospital admissions

- **London Covid-19 hospital admissions rose from late June to late July 2021 but have since broadly stabilised, and fallen slightly since late August.**
- The 7-day average daily London Covid-19 hospital admissions rose from 26.4 on 21 June to 134 on 24 July and to 139.4 on 21 August 2021.
- Since 21 August, the rate of admissions has fallen slightly with the latest 7-day average of daily Covid-19 admissions showing that 115 patients were admitted each day to London hospitals (as at 5 September 2021).
- Although significantly higher than the 7-day average of 12 Covid-19 admissions per day to London hospitals on 1 May, it remains substantially below the peak of 977 admissions per day on 6 January 2021.

### St George's Covid-19 admissions

- The London-wide position is reflected at the Trust, where the number of Covid-19 positive patients has rose steadily from late June to late August, but had since stabilised.
- As at 25 June 2021, there were a total of 6 Covid-19 positive patients at the Trust (1 in ITU and 5 on general and acute beds). By 30 July 2021, a total of 37 Covid-19 patients were being treated at the Trust (9 in ITU, 28 in G&A beds), and by 27 August 2021, this had risen to a total of 55 Covid-19 positive patients at the trust (13 in ITU, 42 in G&A beds). 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.
- **As at 10 September 2021, the Trust is caring for a total of 40 Covid-19 positive patients, 16 of whom are in ITU and 24 in general and acute beds.**
- The Trust continues to operate with its base level of ITU beds, but remains ready to step ITU capacity back up in the event of significant increases in cases.



St George's Covid-19 Hospital admissions	27/08/21	03/09/2021	10/09/2021
Number of ICU beds currently open	66	66	66
Number of Covid-19 positive patients currently in ICU	13	13	16
Number of Covid-19 positive patients on our wards	42	30	24
Number of Covid-19 positive patients treated and discharged - from hospital (since March 2020)	2,979	3,018	3,054
Total number of patients who have sadly died and tested - positive for Covid-19 (since March 2020)	779	779	786

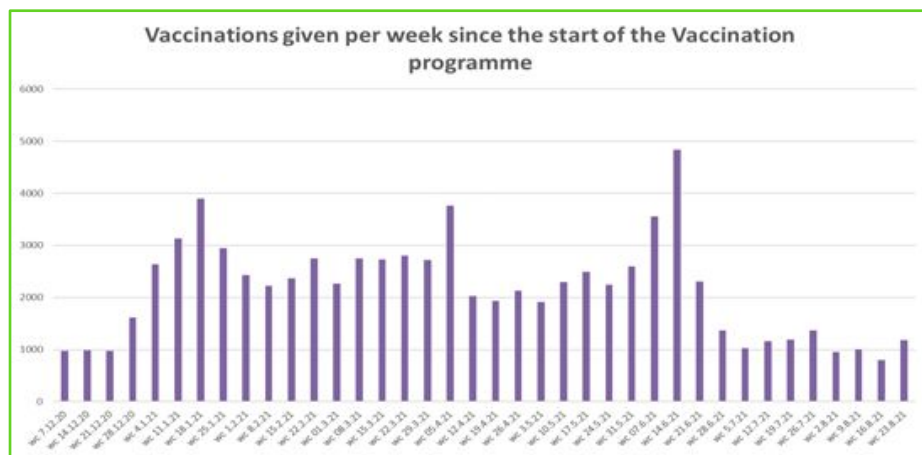


# Covid-19 Update

## Trust vaccination hub

### Vaccinations given to date

- In November 2020, the Trust was selected as one of 50 hospital hubs supporting the national Covid-19 vaccination programme.
- Since it opened on 8 December 2020, the Trust's clinic has given **over 82,000 vaccinations** to patients (both in the community and on site) and staff.



### Expected booster programme

- We are expecting to roll-out our vaccination booster programme to those eligible from late September 2021, and all South West London booster programme to be open by early October.
- Expected eligibility based on second vaccine dates (26 weeks after second vaccine or more), and those who are clinically vulnerable.

### Staff vaccinations

- As at 12 September 2021, **88.1% of patient-facing staff have had their first vaccination and 84.6% have had both**. Across the Trust as a whole, 87.1% of all staff have had their first vaccination, and 83.6% their second.
- By contrast, on 14 July, we reported to the CoG that 85% of staff had received their first vaccination, and 72.5% their second doses. These increases are a combination of the work we have undertaken to increase take-up at the Trust and a manual validation of our records against the national database.
- Within the total, vaccination rates vary by staff group, banding and ethnicity:
  - Medical & dental (89.4% second dose) and Allied Health Professionals staff (92.5% second dose) have the highest vaccination rates, while estates & facilities (74.5% second dose), administrative & clerical (78.2% second dose) and additional clinical services staff (74.6% second dose) have the lowest vaccination rates.
  - Black / black British staff (63.4% second dose) and staff from a mixed race background (74.0%) are the staff groups with the lowest vaccination rates.

Vaccinations by staff group					
Staff Group	1st Vaccine	Total staff	1st Vaccine %	2nd Vaccine	2nd Vaccine %
Add Prof Scientific and Technic	574	654	87.8%	553	84.6%
Additional Clinical Services	999	1245	80.2%	929	74.6%
Administrative and Clerical	1547	1889	81.9%	1478	78.2%
Allied Health Professionals	656	689	95.2%	637	92.5%
Estates and Ancillary	217	274	79.2%	204	74.5%
Healthcare Scientists	374	421	88.8%	366	86.9%
Medical and Dental	1328	1445	91.9%	1292	89.4%
Nursing and Midwifery Registered	2427	2707	89.7%	2336	86.3%
<b>Grand Total</b>	<b>8122</b>	<b>9324</b>	<b>87.1%</b>	<b>7795</b>	<b>83.6%</b>

\* Data as at 12 September 2021



# Covid-19 update

## On site infection prevention and control

### Face masks

- From 15 June 2020, all staff have been required to wear face coverings when entering Trust premises and to change into a surgical face mask when they reach their work base.
- Patients and visitors have also been required to wear face coverings when visiting our hospitals or when attending our services in the community.

### Control of hospital cases and outbreaks

- Intensive efforts undertaken to minimise risk of hospital-acquired cases. Systematic learning from wave one was implemented for wave two. Rates of nosocomial infections at the Trust are consistent with other Trusts in South West London.
- All in-patients are screened for Covid at day 0 (date of admission), day 3 and day 7 of admission.
- Newly symptomatic patients are screened, bay closed to patient transfers in or out, awaiting confirmation of result. Positive patients are moved to Covid positive wards. Isolation or cohorting of contacts is undertaken and 72-hourly screening is performed for 14 days (or until discharge).
- Additional enhanced cleaning by Trust cleaning contractor (including staff only areas), deep cleaning of bays before re-opening.
- All outbreaks notified to Public Health England and the South West London ICS.

**Visitors: Take part in lateral flow testing**

We strongly advise you to take a lateral flow test before visiting our hospitals.

**Lateral flow testing is a vital tool in protecting patients and staff from Covid-19**  
Regular lateral flow testing means we can treat our patients with confidence.

**Having the vaccination does not provide you with complete immunity**  
Though vaccines are highly effective, there have been cases of people contracting the virus if they have been fully vaccinated.

**Around one in three people with Covid-19 do not display symptoms**  
Lateral flow testing catches those showing no symptoms, meaning we can break hidden chains of transmission.

**Lateral flow testing is quick and easy**  
Tests are simple to do, and the results are ready in 30 minutes. Lateral flow testing is a vital tool in protecting patients and staff from Covid-19.

If you need a lateral flow testing kit, you can:  
 • order at: [www.gov.uk/order-coronavirus-rapid-lateral-flow-tests](http://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)  
 • collect from your local pharmacy  
 • check if you can collect from a community centre such as a library.

**St George's staff: Take part in lateral flow testing**

Here are some reasons why staff should take part in twice weekly testing:

**Lateral flow testing is a vital tool in protecting our patients and colleagues from Covid-19**  
Regular lateral flow testing means we can treat our patients with confidence.

**Having the vaccination does not provide you with complete immunity**  
Though vaccines are highly effective, there have been cases of people contracting the virus if they have been fully vaccinated.

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[www.gov.uk/order-coronavirus-rapid-lateral-flow-tests](http://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)

### Staff PCR and lateral flow testing

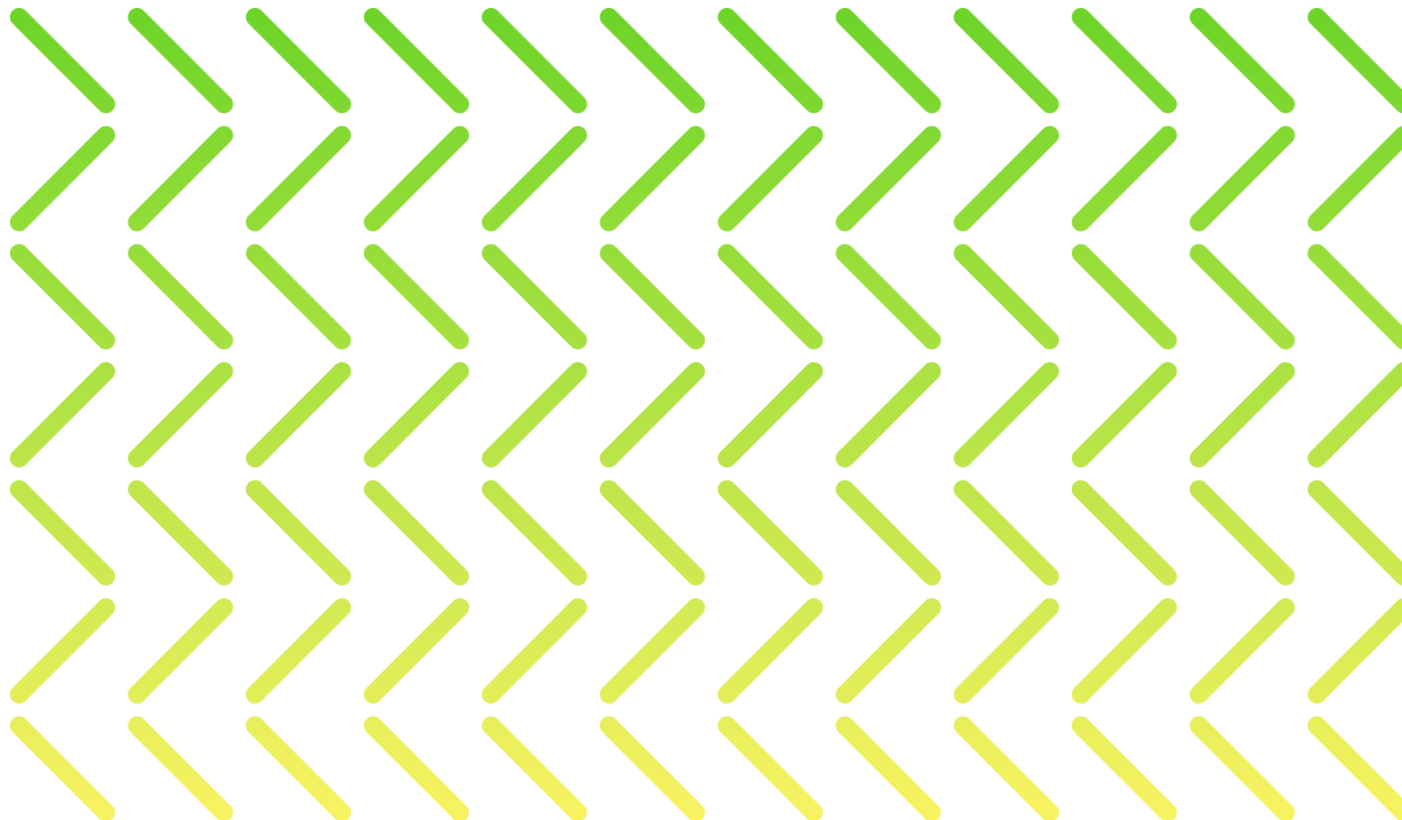
- All symptomatic staff are required to self-isolate and take a PCR test. As of 2 September 2021, 1,200 staff PCR tests were reported positive out of 4,557 tests conducted (cumulative figure since March 2020).
- Staff working in high risk Covid-19 areas (such as ITU) are required to take regular PCR tests.
- All staff are required to take twice weekly lateral flow tests, and visitors are also encouraged to do so.
- Any staff member who has a positive lateral flow test must immediately take a PCR test and isolate while awaiting the result. If the PCR test is positive, they must self-isolate for 10 days. They will not be permitted to return to work until safe to do so in line with national guidance.

### Test and Trace contacts – early staff release

- As of 16 August 2021, the Government changed the requirements for self-isolation following a positive Covid-19 contact.
- Fully vaccinated staff and students (more than two weeks post second dose) who are identified as a contact of a positive Covid case are no longer expected to isolate and are expected to return to work provided they follow strict safeguards including a negative PCR test prior to returning to work.
- Having posted a negative PCR test, returning staff are redeployed to low risk areas where appropriate and are required to take daily lateral flow tests for 10 days (with negative results) before they can work in higher risk areas.

# CULTURE

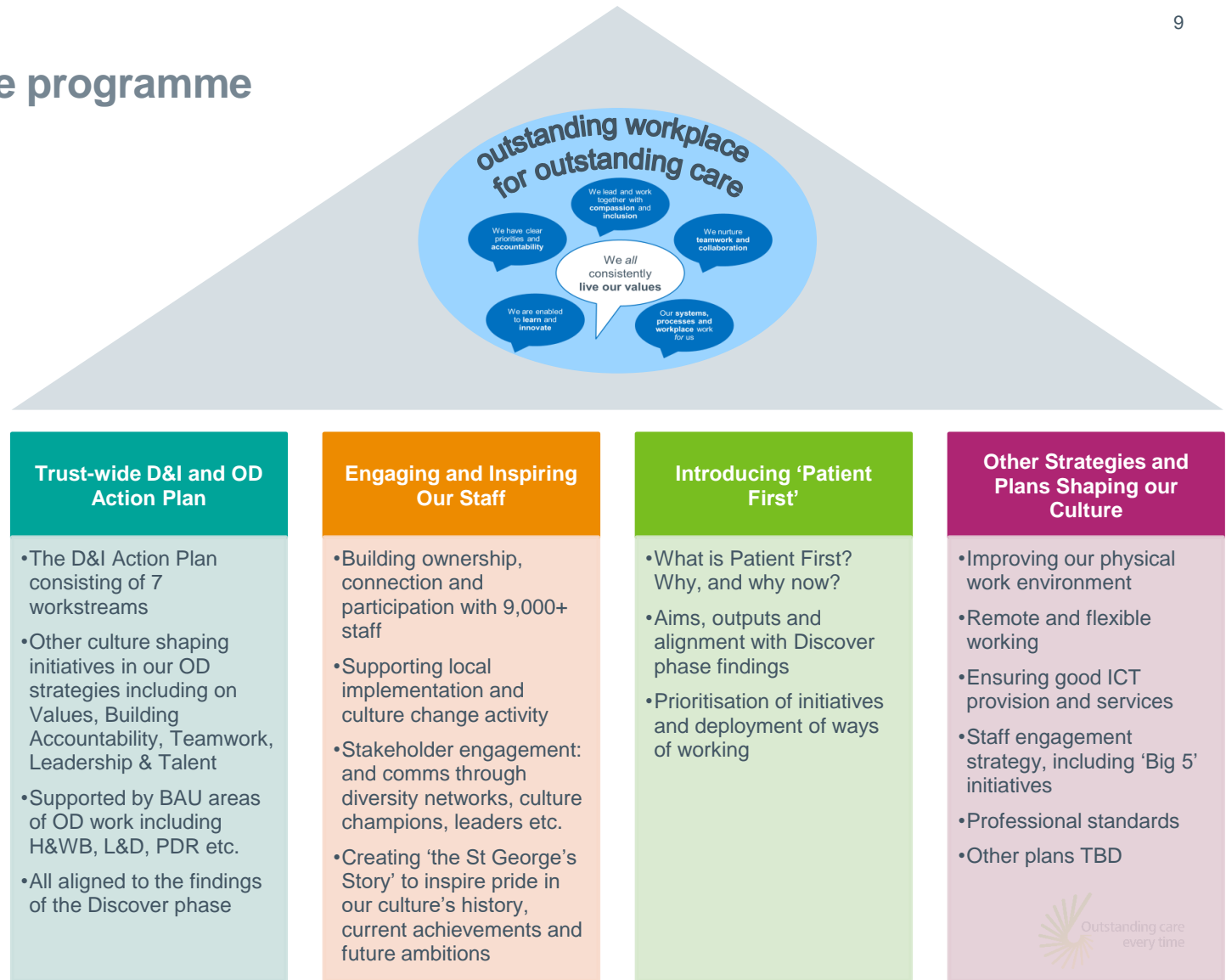
*Transform our culture to create an inclusive, compassionate and enabling place to work where staff feel respected and understand their role in the delivery of high quality clinical care for our patients and service users.*



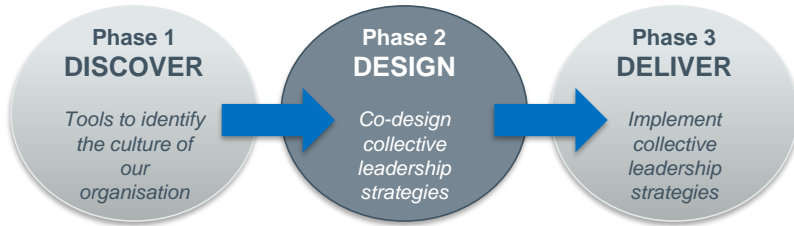
# Strengthening our culture

## The four pillars of our culture programme

- The Initial Culture Programme Design centred on a corporate, Trust-wide OD plan - the content of which remains a relevant and key component of the culture programme design, albeit structured with new headings.
- Feedback has emphasised the need for the design to reflect a significant body of work around engaging and inspiring staff, Trust-wide stakeholder engagement and enabling local culture change.
- The Trust intends to adopt a 'Patient First' approach which will influence our work around business planning, setting priorities, QI and local innovation. This will have strong 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.
- The diagram opposite sets out the OD Plan and these new areas into '4 pillars' of the culture programme. The first pillar reflects similar content to previous versions (some elements have been redistributed to the 'Patient First' and 'Other Strategies' pillars), while the other 3 reflect emergent areas of work described above.
- 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.



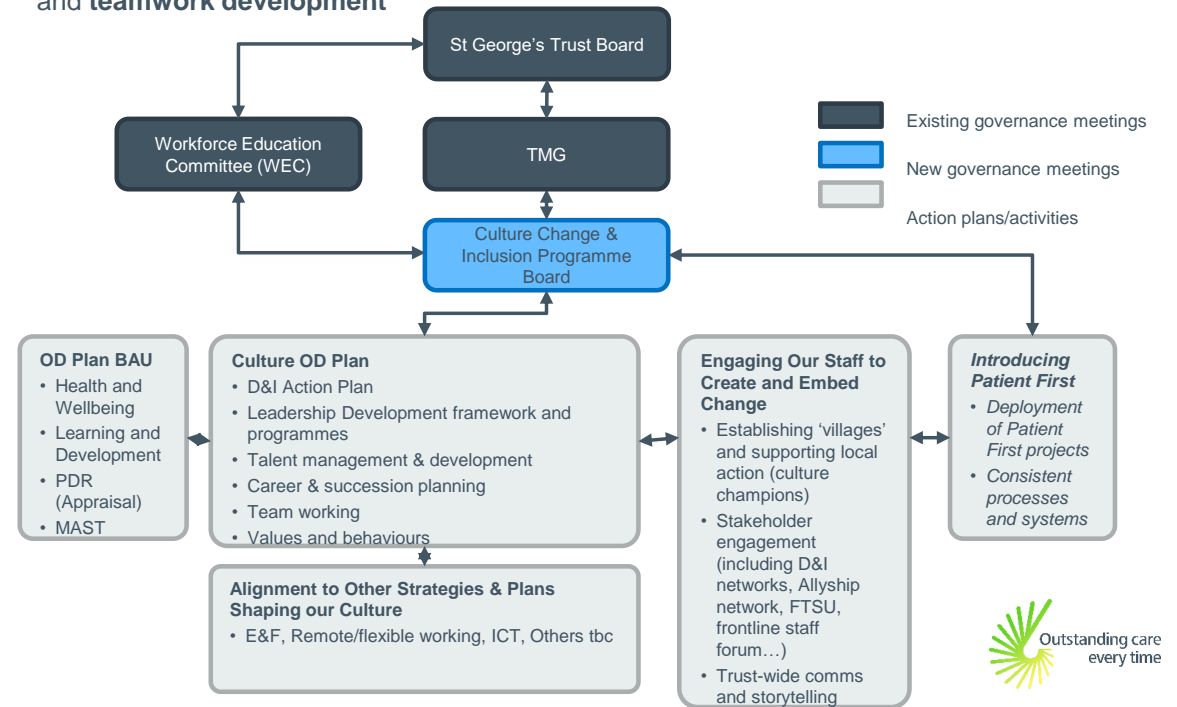
# Strengthening our culture Progress update



- 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.
- The Trust has developed plans for investing £1m in support of our culture programme over the next year, principally to:
  - Developing **inclusive and compassionate leadership**
  - Developing and delivering **talent management**
  - Embedding **behaviours that support our values**
  - Developing **effective multi-disciplinary teams**
  - Building our **internal communications** capability

## Programme governance

- Culture, Diversity and Inclusion Programme Board was established earlier this year to lead and drive forward our strengthening culture work. The CDI Programme Board is chaired by the CEO, and members include the Chief People Officer, Chief Nurse, Chief Medical Officer, Chief Operating Officer, Chief Finance Officer, D&I staff network chairs, and culture champions.
- New sub-groups have been established to look at refreshing our **Values and Behaviours**, and **teamwork development**



# The Big 5 and Diversity & inclusion Overview

## NHS Staff Survey: The Big 5

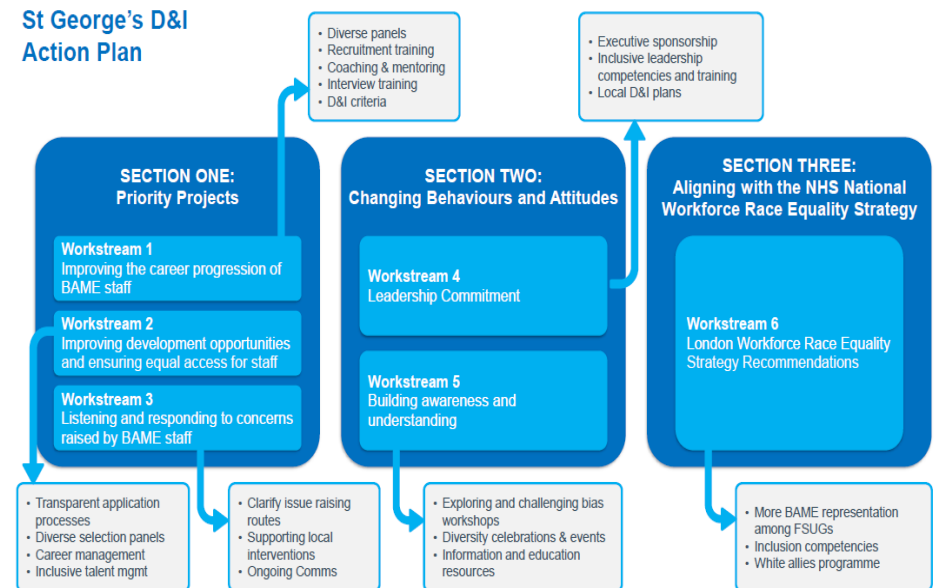


As part of our response to the NHS staff survey results, we agreed five key areas we want to improve on, based on staff feedback – and our **Big 5** has been driving how we respond over recent months. Over 5,000 have already told us what we need to do better by filling out the NHS Staff Survey – and 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 final 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 focused on **flexible working** – urging staff and line managers to adopt a flexible by default approach.
  - **Fairer career progression** was the theme of the Big 5 in August, building a culture where progression is based on merit and hard work;
  - This month we are focusing on **creating a better workplace**, where we will concentrate on giving staff the tools and equipment they need to do their job effectively.

## Implementation of our D&I Action Plan

- The Trust is continuing to focus on implementing the D&I action plan we developed in 2020, and have integrated this into our wider work on strengthening our culture. Progress is driven through the Executive-led Culture, Diversity and Inclusion Programme Board.
- One year on from agreeing the Plan, we have seen encouraging early progress in increasing BAME representation across a number of staff groups – **BAME representation has increased in all groups except VSM** from the September 2020 baseline position.



## Corporate objectives 2021/22

### Closer alignment and streamlining priorities

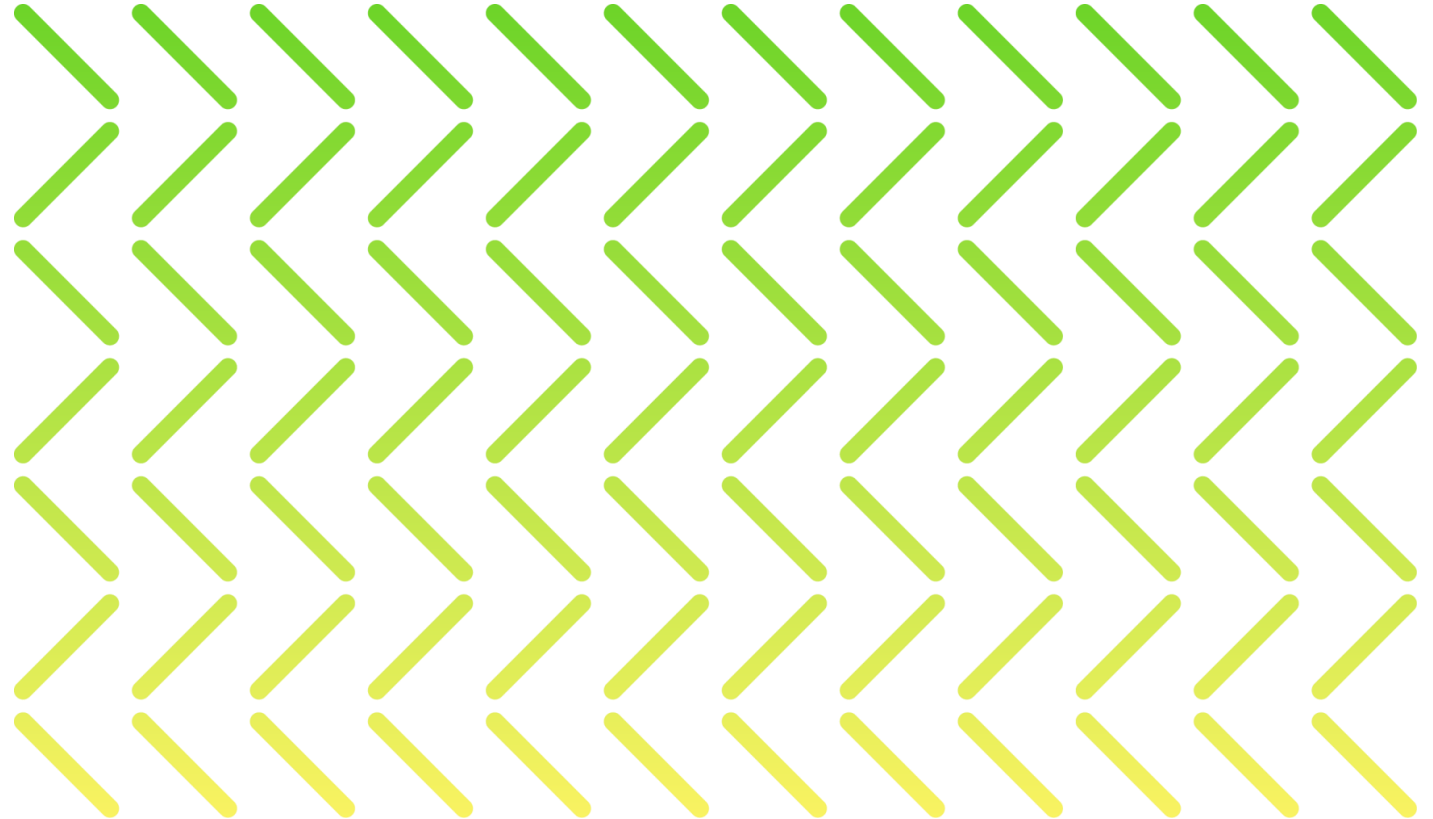
- 2021/22 is an uncertain year for the NHS in terms of the planning cycle, being effectively split into two parts, H1 and H2. The focus of H1 has been recovery of patient services and staff well-being, given the significant impact of Covid in these areas in 2020/21.
- The Board has agreed that the 2020/21 **Care, Culture and Collaboration** corporate objectives, which were previously agreed in September 2020, would form the basis of our corporate objectives in H1 (see opposite).
- A focused piece of work undertaken by the Executive team is nearing completion to review the corporate objectives, including developing a simple presentation of the whole set of objectives and deliverables, agree a common presentation and reporting methodology, and being closer alignment across the organisation's priorities.
- The plan is to present to the Board the proposed in-year objectives, corporate objectives and priority strategic initiatives at the Board meeting in September 2021, with communications activity around these H2 objectives being undertaken from October 2021.
- Looking ahead, we have been working with University Hospitals Sussex to learn from their 'patients first' approach to corporate objectives and business planning. UHS has had great success in getting the entire organisation focused around a set of core objectives and over the coming months we plan to work through how we can draw on this model in a way that works for St George's.





# 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.*





# Bidding for funding for our Clinical Research Facility

## Clinical Research Facility

- The Trust is currently preparing a bid for national funding available for Clinical Research Facilities. Clinical Research Facilities (CRFs) are dedicated and purpose built facilities in NHS hospitals where researchers can deliver clinical trials.
- The current Clinical Research Facility, which is based on the St George's site at Tooting, runs high-quality clinical trials for patients and volunteers in a comfortable, safe and secure environment to facilitate and deliver research in a variety of clinical areas.
- There are six dedicated and purpose-built treatment rooms on-site as well as a sample processing laboratory to deliver clinical trials, supported by hospital and university staff. There is an expanding team of research delivery staff made up of senior nurse managers, research nurses, clinical trials coordinator and assistants, laboratory technicians and a receptionist.

## National funding bid

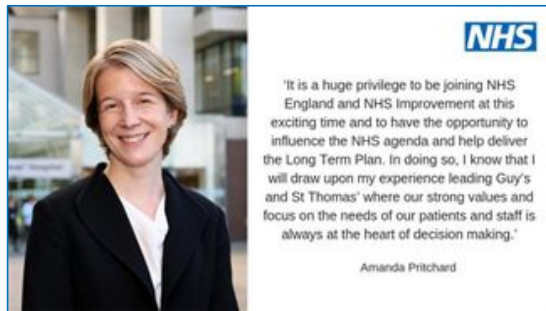
- St George's is applying for national funding from the National Institute for Health Research (NIHR) to develop further the research we carry out at our CRF. This CRF funding is made available every 5 years. St George's is one of few major tertiary hospitals not to receive it.
- The funding application is to support the delivery of early translational and experimental medicine research studies including early-phase trials. In the bid, the Trust needs to describe its focus/strategy for the CRF, the proposed leadership and governance arrangements, the facilities to be used, its approach to skills and workforce development, its approach to working collaboratively with other institutions, and its approach to engaging patients and the public in the work of the CRF. Improving how we engage with patients and the public has been a key area of focus as the Trust prepares its bid.
- If successful in securing this funding, the CRF will be able to expand and develop the type of research we do. The detail of the Trust's bid is still being worked through, and a more detailed presentation will be brought to a future Council of Governors meeting.

Chief Executive's Report to the Council of Governors – September 2021  
 St George's University Hospitals NHS Foundation Trust



## Other key updates

### New CEO of NHS England & NHS Improvement



### Additional NHS funding and Social Care reform



### St George's teams shortlisted for Nursing Times Awards



### St George's documentaries shortlisted for awards

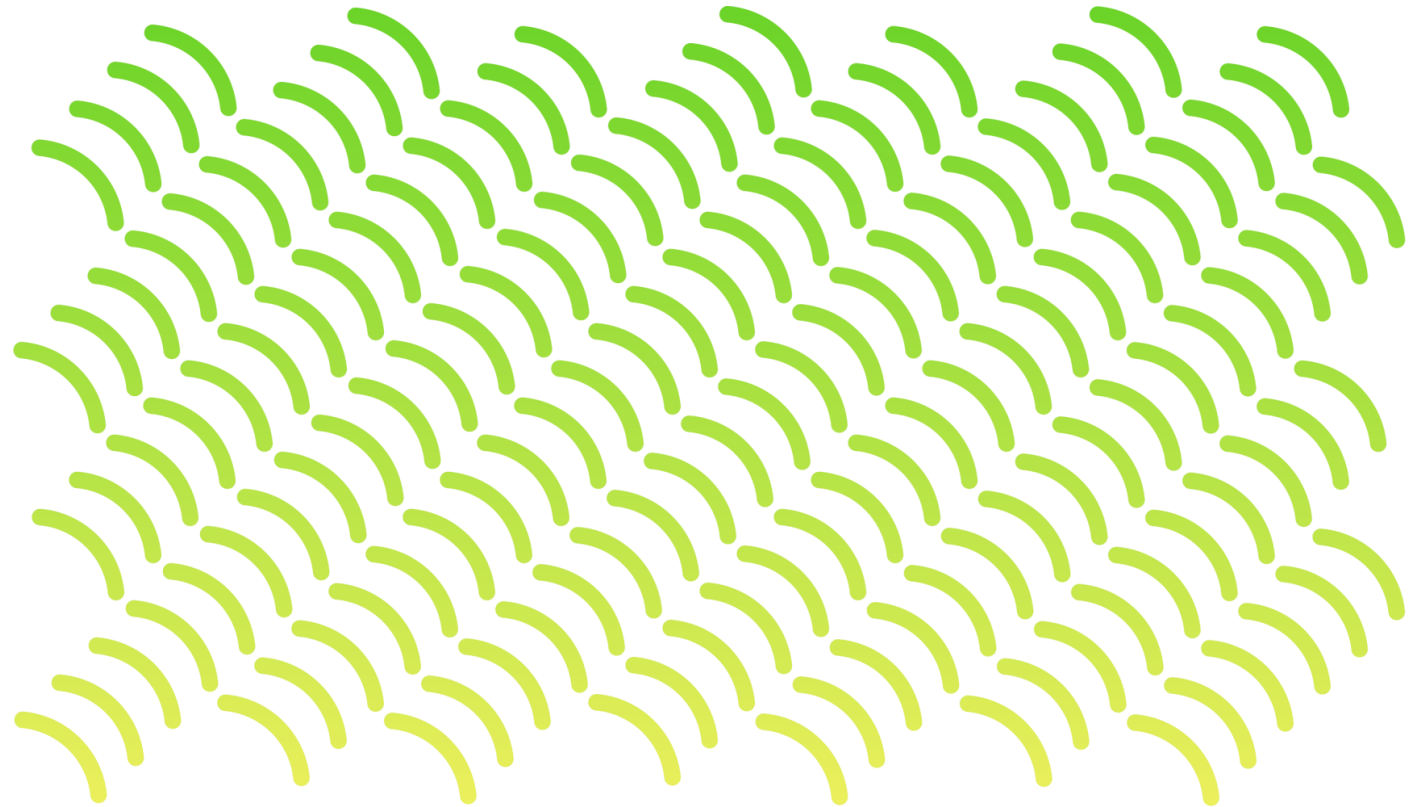


### Vernon & Brodie Wards receives silver accreditation



### End of an era as St George's says goodbye to 24 Hours in A&E



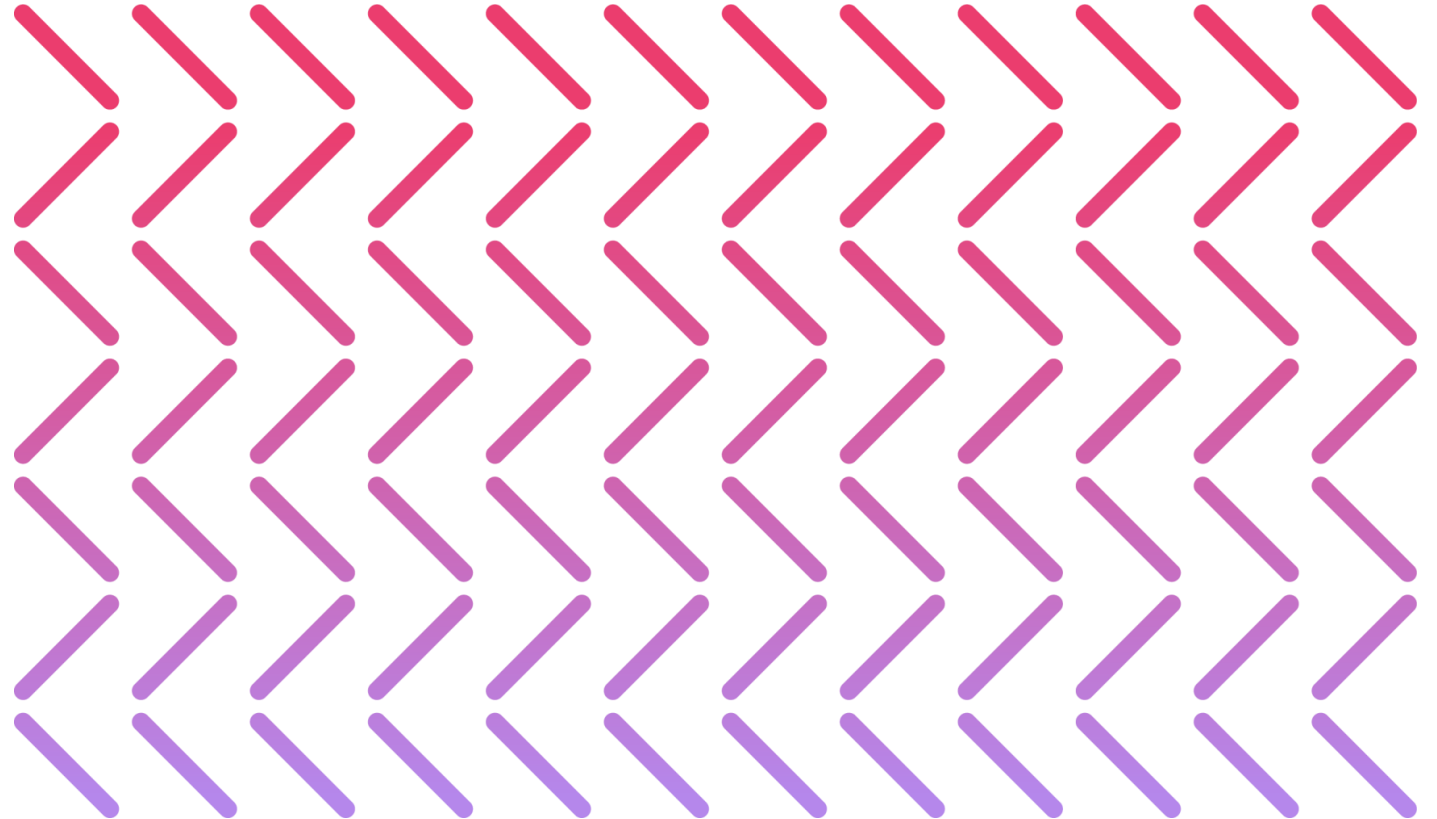


# Integrated Care System Update

**Chief Strategy Officer  
Suzanne Marsello**

16 September 2021

Author: Georgia James, Strategy and Business Development Manager



## Purpose

- This is an update to provide the Council of Governors with a summary of new guidance on the development of integrated care systems (ICS) and the governance of those systems via the Integrated Care Board (ICB), the unitary board that will govern healthcare in each ICS
- NHS England and NHS Improvement (NHSEI) continue to support the development of ICSs to statutory organisations by April 2022, which includes South West London (SWL)
- NHSEI published several ICS guidance documents and accompanying resources on 19 August to support systems' transition into statutory integrated care boards (ICBs) by 1 April 2022. Further guidance on developing ICSs and working at place was published on 3 September.
- NHSX has also published two guidance documents on data and digital best practice and funding responsibilities
- This paper summarises the new guidance documents, and sets out the proposed governance and accountability of the ICB

## Background and context

- NHS England and NHS Improvement (NHSEI) continue to support the development of integrated care systems (ICS) to statutory organisations by April 2022, which includes South West London (SWL).
- NHSEI published several ICS guidance documents and accompanying resources on 19 August to support systems' transition into statutory integrated care boards (ICBs) by 1 April 2022. Further guidance on developing ICSs and working at place was published on 3 September.
- NHSX has also published two guidance documents on data and digital best practice and funding responsibilities
- These documents build on previous guidance:
  - ICS guidance (released November 2020)
  - the NHS legislation white paper (released February 2021)
  - the ICS Design Framework (released June 2021)
- Additional detail is provided on:
  - Interim guidance on the functions and governance of the ICB, including:
    - The model ICB constitution and supporting notes
    - A list of statutory clinical commissioning group (CCG) functions to be conferred on ICBs
  - Thriving places: Guidance on the development of place-based partnerships as part of statutory integrated care systems
  - Guidance on developing ICS partnerships
    - ICS implementation guidance on working with people and communities
    - ICS implementation guidance on effective clinical and care professional leadership
    - ICS implementation guidance on partnerships with the voluntary, community and social enterprise (VCSE) sector
  - Building strong ICSs everywhere: guidance on the ICS people function
  - Other guidance, including:
    - an HR framework for developing ICBs
    - an ICB readiness to operate statement
    - due diligence guidance for transfer of CCG functions



## Summary of new guidance

Document	Summary	SGUH role
Interim guidance on the functions and governance of the integrated care board	<ul style="list-style-type: none"> <li>This interim guide covers the expected <b>governance requirements for Integrated Care Boards</b> as outlined in the Health and Care Bill and the ICS Design Framework. The guidance is designed for all ICS partners involved in the establishment of Integrated Care Boards, particularly ICS leads, CCG AOs and their teams as well as NHSEI regional teams.</li> <li>There are four core components of ICS governance to be established: Integrated care partnership (ICP) (<i>statutory</i>), Integrated care board (<i>statutory</i>), place-based partnerships, and provider collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>SGUH will have a role to play in all levels of ICS governance</li> </ul>
Development of place-based partnerships	<ul style="list-style-type: none"> <li>This co-produced NHS England and NHS Improvement and Local Government Association (LGA) document seeks to support all partner organisations in integrated care systems (ICSs) to collectively define their <b>place-based partnership working</b>, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, anticipated from April 2022.</li> </ul>	<ul style="list-style-type: none"> <li>SGUH is part of Wandsworth and Merton 'places'</li> </ul>
Working with people and communities	<ul style="list-style-type: none"> <li>The ICS Design Framework sets the expectation that partners in an integrated care system (ICS) should agree how to listen consistently to, and collectively act on, the <b>experience and aspirations of local people and communities</b>. This guidance sets out 10 principles for how integrated care boards (ICBs) can develop their approaches to working with people and communities, and the expectations.</li> </ul>	<ul style="list-style-type: none"> <li>SGUH will continue to support public engagement</li> </ul>
Clinical and care professional leadership	<ul style="list-style-type: none"> <li>This guidance supports the development of <b>distributed clinical and care professional leadership</b> across integrated care systems (ICSs). It describes 'what good looks like' in this regard, based on an extensive engagement exercise involving over 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group.</li> </ul>	<ul style="list-style-type: none"> <li>SGUH clinicians will continue to support SWL clinical networks</li> </ul>
VCSE partnerships	<ul style="list-style-type: none"> <li>This guidance provides more detail on how to <b>embed voluntary, community and social enterprise (VCSE) sector partnerships</b> in ICSs, for health and care leaders from all organisations in ICSs that are developing partnerships across local government, health, housing, social care and the VCSE sector</li> </ul>	<ul style="list-style-type: none"> <li>SGUH will continue to partner with VCSE as needed</li> </ul>
Guidance on the transition from CCG to ICS	<ul style="list-style-type: none"> <li>The guidance on the <b>ICS people function</b> builds on the priorities set out in the People Plan. It is intended to help NHS system leaders and their partners support their 'one workforce' by delivering key outcome-based people functions from April 2022.</li> <li>The <b>HR framework</b> provides national policy ambition and practical support for NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory integrated care boards.</li> <li>The <b>ICB readiness to operate statement and checklist</b> is intended to support existing ICS leaders, and designate ICB leaders as they are appointed, to prepare for the legal and operational establishment of ICBs and abolition of CCGs on 1 April 2022.</li> <li>The <b>due diligence, transfer of people and property from CCGs to ICBs, and CCG close down</b> guidance is to support CCGs and ICSs to transition effectively to ICBs</li> </ul>	<ul style="list-style-type: none"> <li>No expected impact on SGUH</li> </ul>
Data and digital best practice	<ul style="list-style-type: none"> <li>NHSX has released a '<b>what good looks like' framework</b> for both trusts and ICSs, which will inform the development of the SWL <b>digital roadmap</b></li> <li>They have also released guidance on the <b>funding responsibilities nationally and at the ICS level</b> for data and digital development</li> </ul>	<ul style="list-style-type: none"> <li>SGUH will contribute to the SWL digital roadmap</li> </ul>

### The role of SGUH in the ICS is subject to a Private Board meeting





## Board of the ICB

The ICB will have a unitary board, which means all directors are collectively and corporately accountable for organisational performance. The purpose of the board is to govern effectively and in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands. The board will be responsible for:

- formulating strategy for the organisation
- holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- shaping a healthy culture for the organisation and the wider ICS partnership.

Area	Key requirements
Membership of the Board	<ul style="list-style-type: none"> <li>• Independent non-executive members (Chair, two other non-executive members), who cannot hold another role within an ICS footprint health and care organisation</li> <li>• Executive (Chief Executive, Chief Finance Officer, Director of Nursing, Medical Director), employed by or seconded to the ICB</li> <li>• Partner members (minimum 3, drawn from trust / primary care / local authority), expected to be a Chief Executive from a relevant organisation</li> <li>• Other members as decided by the ICB</li> </ul>
Remuneration	<ul style="list-style-type: none"> <li>• ICB executives will be employed or seconded to the ICB and will be paid as employees</li> <li>• Independent chairs and non-executive members will be remunerated for their time</li> <li>• 'Partner' members may be remunerated where relevant, with remuneration decided by the ICB. All bodies should ensure no members are paid twice for the same time by different organisations</li> </ul>
Equality, diversity and inclusion (EDI)	<ul style="list-style-type: none"> <li>• ICBs must demonstrate how they are driving EDI, ensuring for example that:             <ul style="list-style-type: none"> <li>• the workforce represents the diversity of the NHS</li> <li>• the culture promotes inclusion and embraces diversity</li> <li>• employees and board members display inclusive behaviour</li> </ul> </li> </ul>
Managing Conflicts of Interest	<ul style="list-style-type: none"> <li>• Statutory duties regarding the management of conflicts of interest, including maintaining one or more registers for board members, committee members and employees</li> <li>• The guiding principle for any conflict of interest policy is to ensure that decisions are made in the public interest by avoiding any undue influence</li> </ul>



# Integrated Quality and Performance Report (Patient safety)

## Council of Governors

Robert Bleasdale, Chief Nurse and Director of infection Prevention and Control

Richard Jennings, Chief Medical Officer

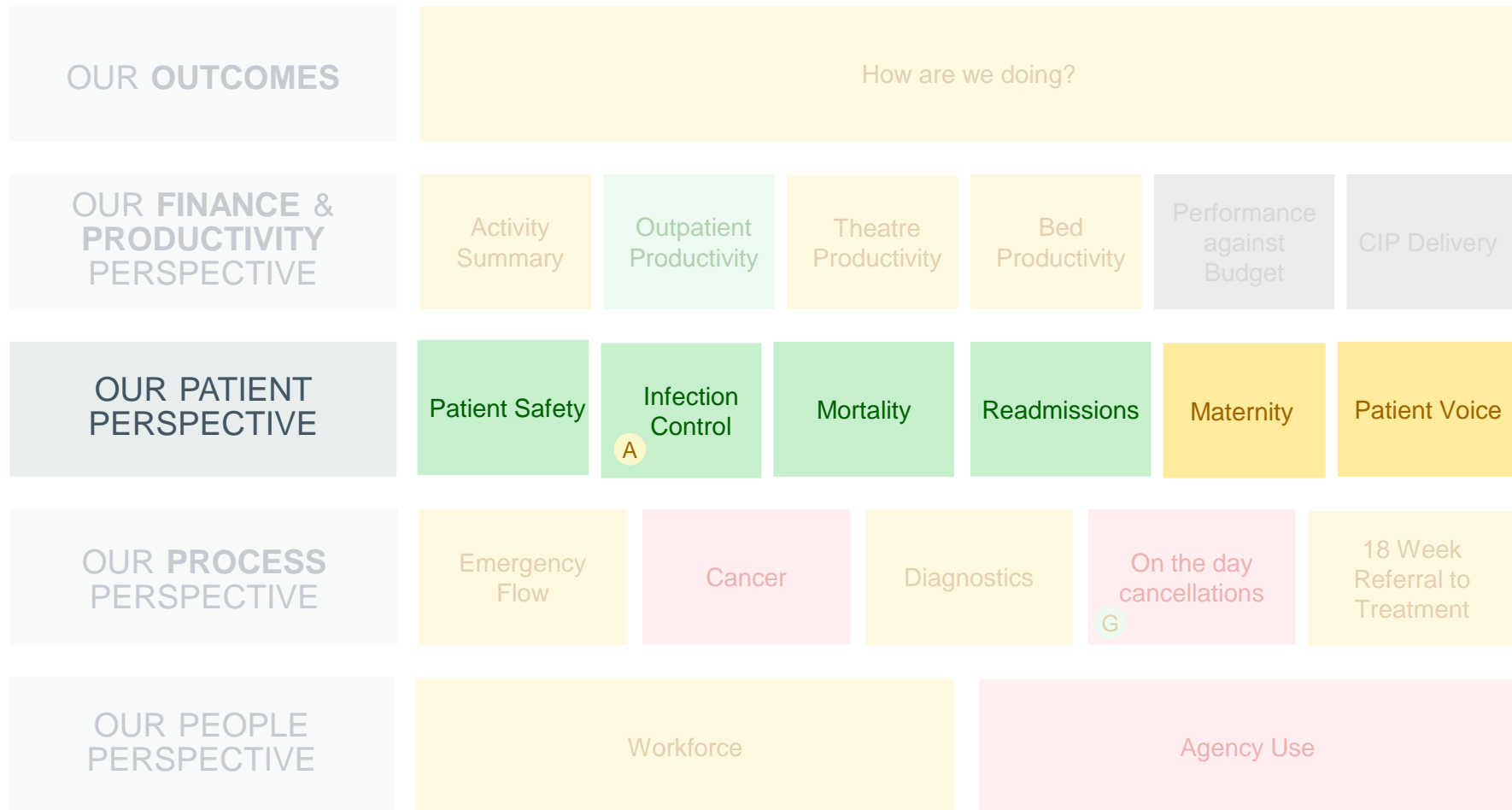
16 September 2021



## Executive Summary – July 2021

	What the Information tells us	Actions and Quality Improvement Projects
Patient Perspective	<ul style="list-style-type: none"> <li>• Staff completion of all life support training modules (Advanced, Intermediate and Basic Life Support) continues to show improvement despite not having met the Trust Target.</li> <li>• In month, there were no Hospital Onset, Healthcare Acquired COVID-19 nosocomial infections and no MRSA bacteraemias reported.</li> <li>• In maternity, clinical acuity compounded by staffing challenges have impacted staffing ratios and this has been reflected in the high rate (30.6%) Birth Centre closures and suspension of the Homebirth service, along with poor availability of a Supernumerary Coordinator (88.7%).</li> <li>• All services apart from the Emergency Department achieved their Friends and Family Test (FFT) targets of having over 90% of their users rate their service as “Good” or “Very Good”</li> </ul>	<ul style="list-style-type: none"> <li>• Internal drive by the Chief Nurse and the Chief Medical Officer which includes open drop in sessions along with resuscitation champions’ facilitations.</li> <li>• Duty of Candour compliance remains actively monitored across all departments</li> <li>• Several patient safety initiatives are under way including:             <ul style="list-style-type: none"> <li>• Falls prevention coordinator has resumed ward visits and regular education activities</li> <li>• Focus work on Medical device related pressure ulcer in underway</li> </ul> </li> <li>• Maternity-improving process flow and the introduction of a centralised Maternity Telephone Helpline to respond to patient complaints regarding access and additional funding won from the Ockenden Workforce bid will continue to support our efforts to improve the service.</li> <li>• FFT ED – review underway to determine drop in performance</li> </ul>

# Balanced Scorecard Approach

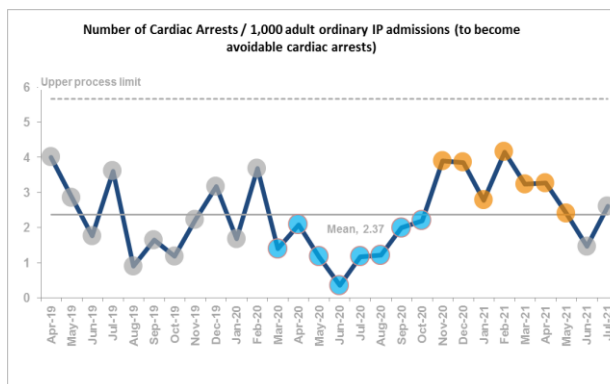
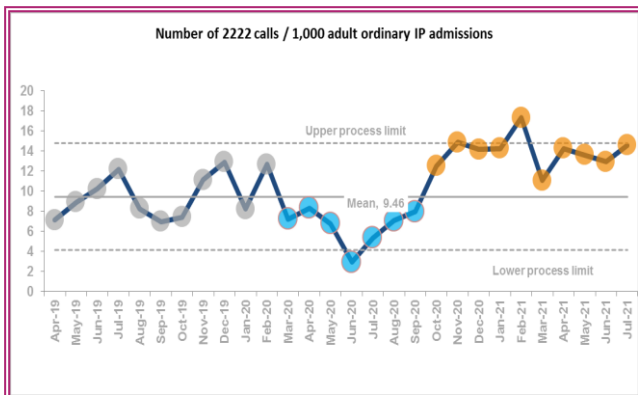


Key

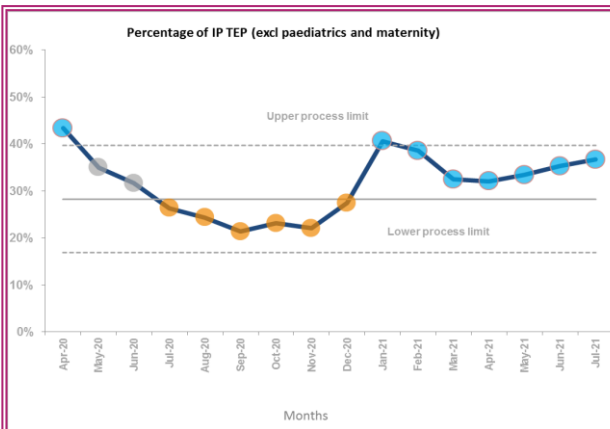
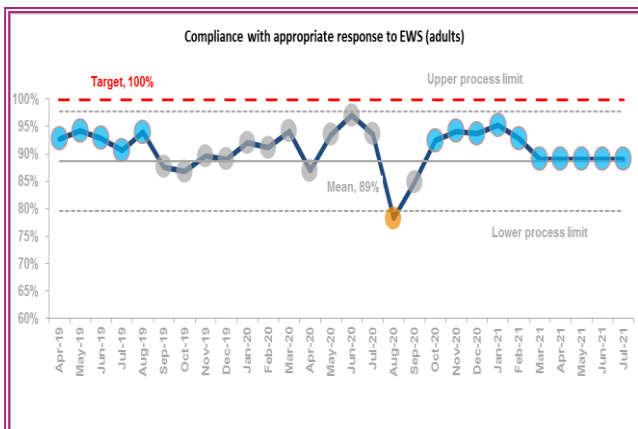
- Current Month
- A** Previous Month

Scorecard RAG rating based on PreCOVID-19 plan

# Quality Priorities – Treatment Escalation Plan



- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



### What the information tells us

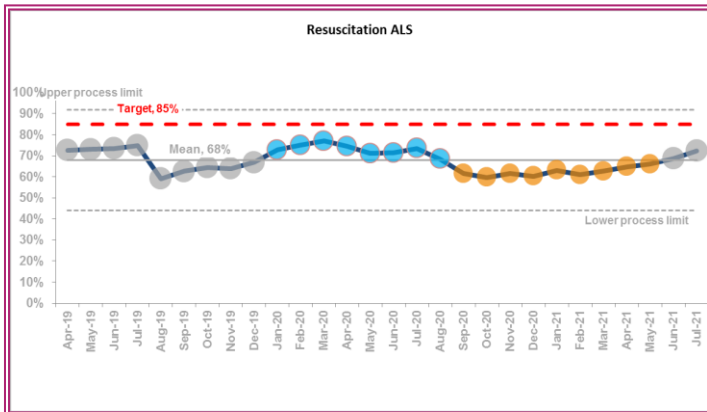
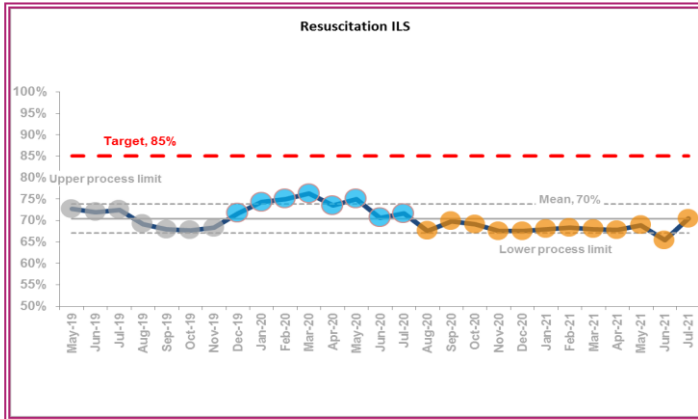
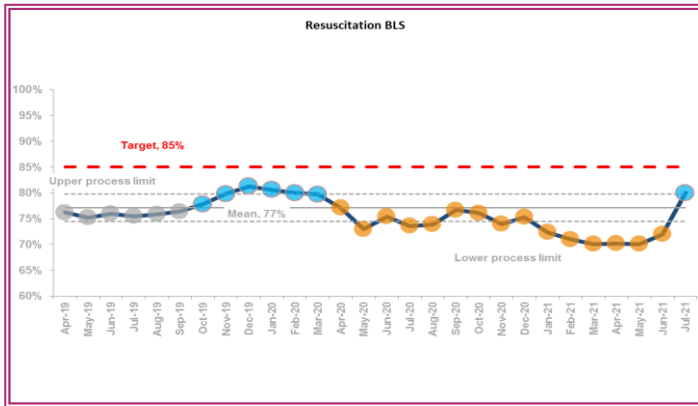
- The rate of 2222 calls per 1,000 Inpatient (IP) admissions shows special cause variation however the rate of cardiac arrests per 1,000 adult ordinary inpatients shows common cause variation.
- Compliance with appropriate response to Early Warning Score (EWS), is 89% this month and continues to show special cause improvement.
- Treatment Escalation Plan completion rate show special cause variation, improving with performance increasing month on month

### Actions and Quality Improvement Projects

In order to continue to improve Treatment Escalation Plan (TEP) completion rates the following initiatives are in development for implementation by 31 March 2022:

- Electronic dashboard to see how many patients in any clinical area have not had a TEP completed to target TEP completion where indicated
- Easy electronic link to TEP from CERNER iCLIP to promote completion
- Simulation sessions to help clinicians to have conversations with patients about treatment escalation planning

# Quality Priorities – Deteriorating Patients



- BLS (Basic Life Support) training performance shows special cause improvement with performance at 80%, the highest performance seen since March 2020.
- ILS (Intermediate Life Support) shows special cause variation, with performance at 67% for this month.
- ALS (Advanced Life Support) training performance shows an improved position in month at 72% compared to 68% last month, best performance seen since August 2020.
- Staff completion of all life support training modules continues to show improvement despite not having met Trust targets.

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

## Actions and Quality Improvement Projects

**BLS** - Open drop in sessions continue for staff supported by weekly focused emails and monitoring by Chief Nursing Officer

**ILS** – ILS Monday has commenced until end of 2021. Resus team scoping the development of eILS recertification course – ILS equivalent is 2.5 hours face-to-face with on-line learning

**ALS** – Resus Team attended medical staff induction – ALS certificates requested and available courses highlighted

Chief Nurse and Chief Medical Officer have written to all junior doctors asking for provision of evidence of ALS and ILS training

The People Management Group is considering options for the management of non-attendance particularly with those staff who have booked on to multiple courses

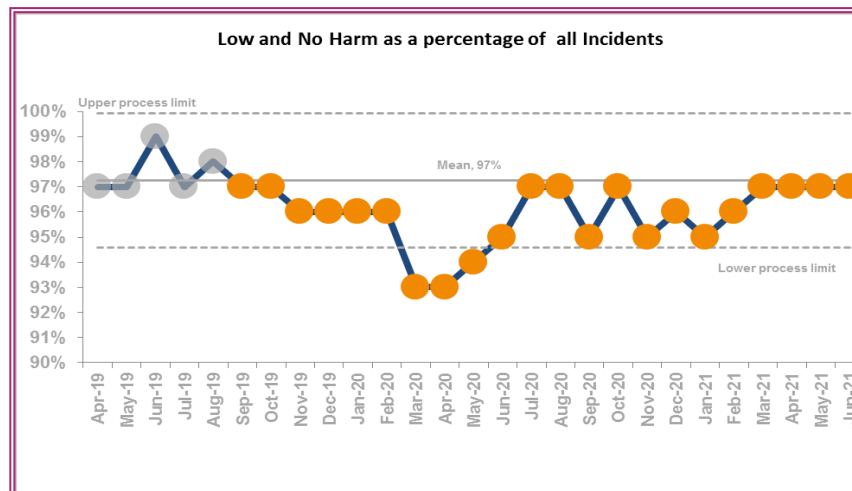
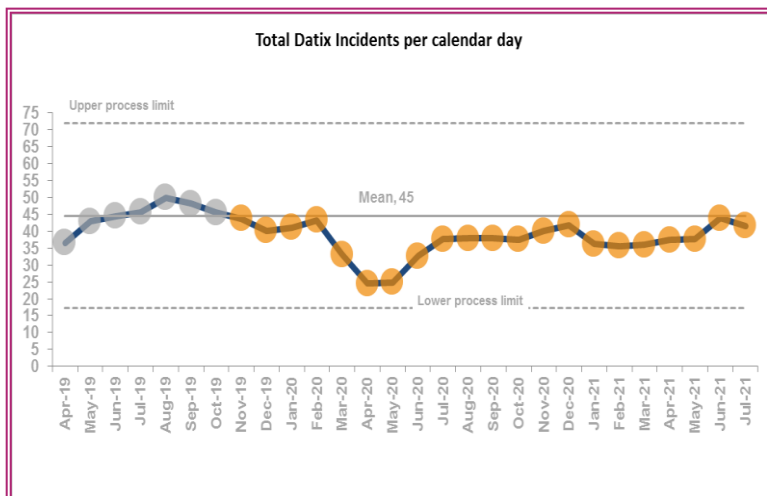
Staff requiring training identified and circulated to managers to support the release of staff. The team have organised drop in sessions in the canteen and Monckton lecture theatre Monday-Friday



# Quality Priorities – Learning from Incidents

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

Indicator Description	Threshold/Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Monthly percentage of Incidents of Low and No Harm		97.0%	97.0%	95.0%	97.0%	95.0%	96.0%	95.0%	96.0%	97.0%	97.0%	97.0%	97.0%	data one months in arrears
Open SI investigations >60 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Duty of Candour completed within 20 working days, for all incidents at moderate harm and above	100%	87.0%	93.0%	94.0%	89.0%	96.0%	96.0%	85.0%	75.0%	90.0%	100.0%	100.0%	data two months in arrears	
Total Datix incidents per calendar day		38	38	38	37	40	42	36	36	36	37	38	44	42



### What the information tells us

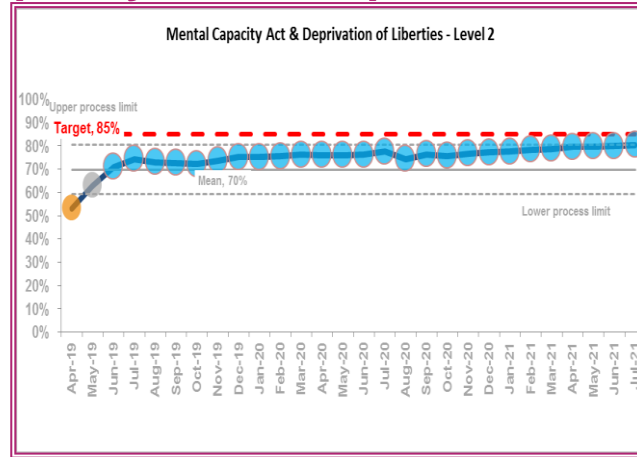
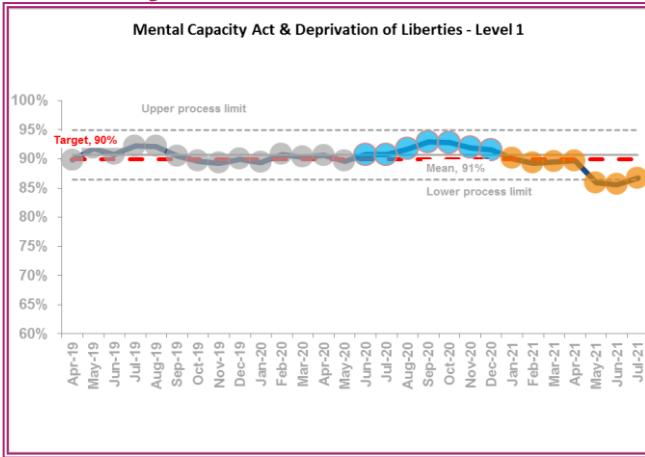
- Open Serious Incident (SI) investigations are being completed in line with external deadlines, 60 working days.
- All incidents at moderate harm and above have had a Duty of Candour completed within 20 working days for 2 consecutive months.

### Actions and Quality Improvement Projects

Duty of Candour (DoC) - There were 16 qualifying incidents reported in May 2021 and DoC was completed for all incidents within 20 working days

Significant improvement has been noted with DoC compliance. This continues to be monitored and support provided to the relevant departments in order to continually sustain compliance.

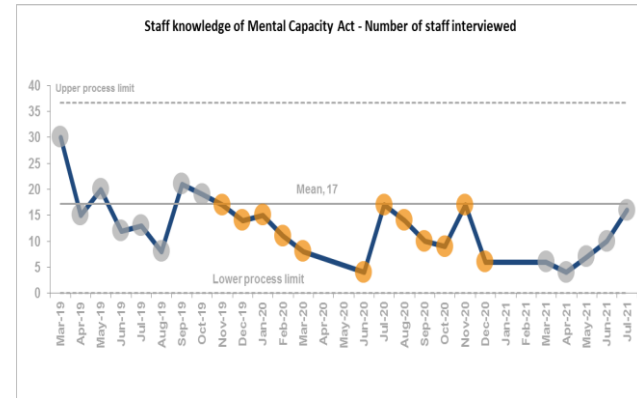
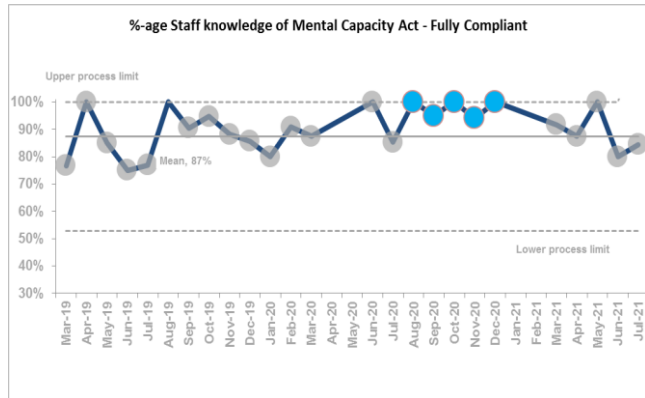
# Quality Priorities – Mental Capacity Act & Deprivation of Liberties



- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

### What the information tells us

- Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 shows special cause deteriorating performance with the past seven months below the 2019/20 average.
- Level 2 training performance has seen a consistent increase. Overall Level 2 compliance was 80% this month.
- Metrics showing the number of staff interviewed and their level of knowledge was suspended in January and February 2021. These interviews resumed in March.



### Actions and Quality Improvement Projects

The Trust has successfully appointed a new MCA Lead who will start in September 2021.

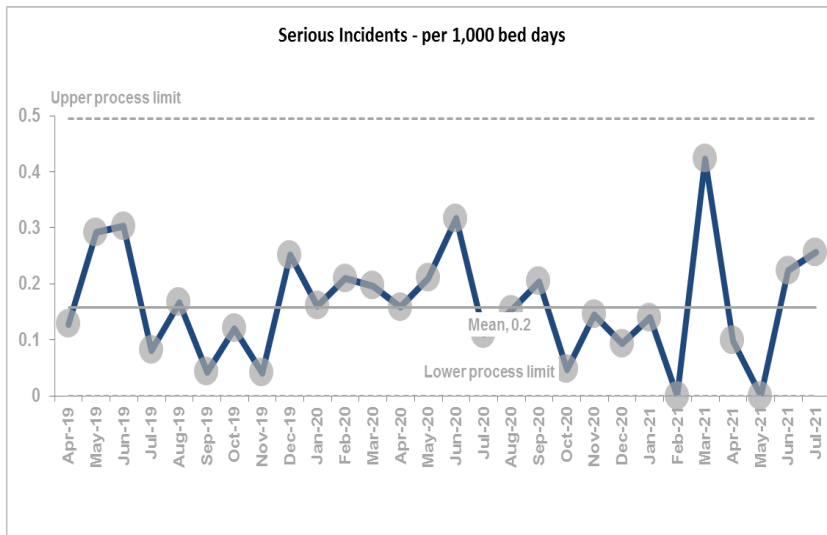
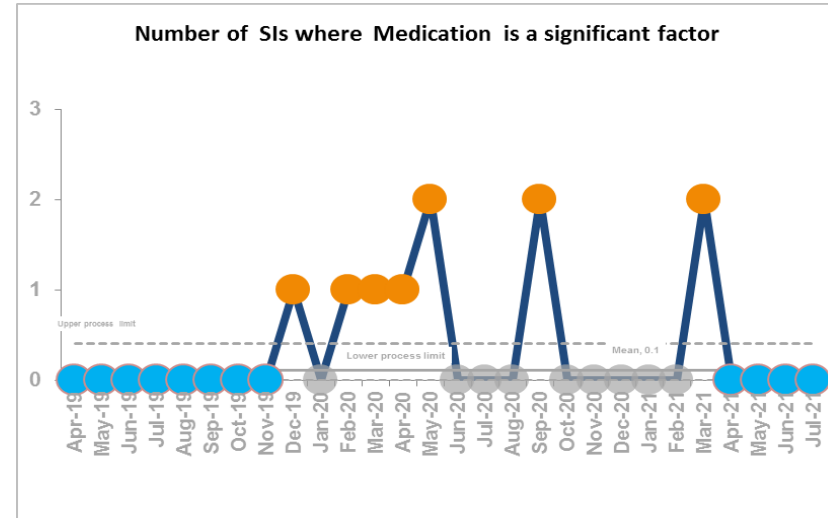
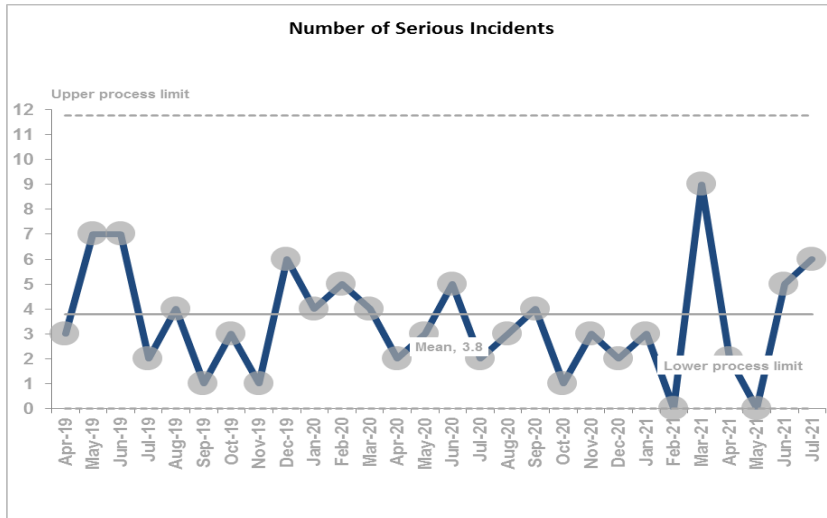
The MCA renewal training includes a competency ‘quiz’ to evidence existing knowledge and streamline the process for clinical staff. This is currently under development with support from the training and education team. It is expected for the project to be completed in October 2021.

The team is working with senior stakeholders to prepare for the change from Deprivation of Liberty Safeguards (DoLS) to the Liberty Protection Safeguards (LPS) in April 2022. This change will significantly increase the Trust’s role and legal responsibilities relating to patients who might meet the criteria for Deprivation of Liberty. The MCA and LPS Steering Group will oversee training, audit, and plan for LPS implementation.

Our Patient Perspective

# Patient Safety- Serious Incidents

● Special cause variation - improving performance  
 ● Common cause variation  
 ● Special cause variation - deteriorating performance



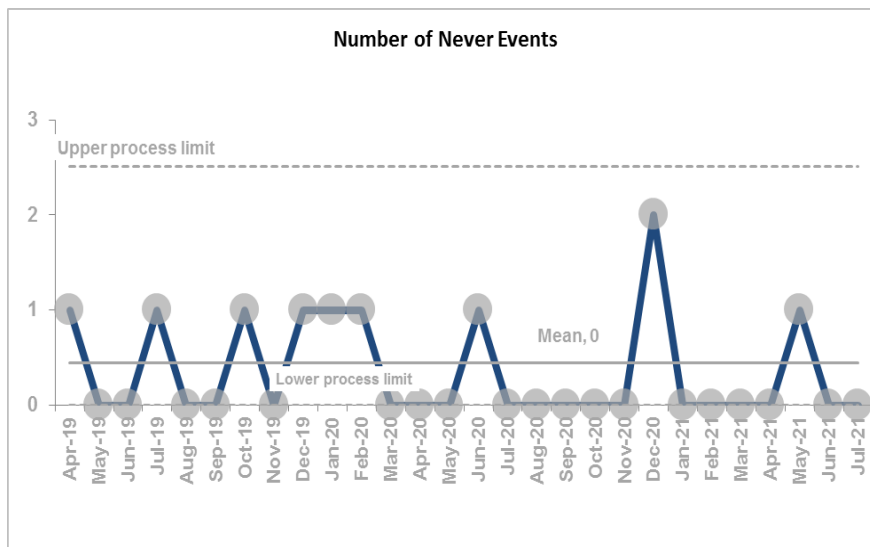
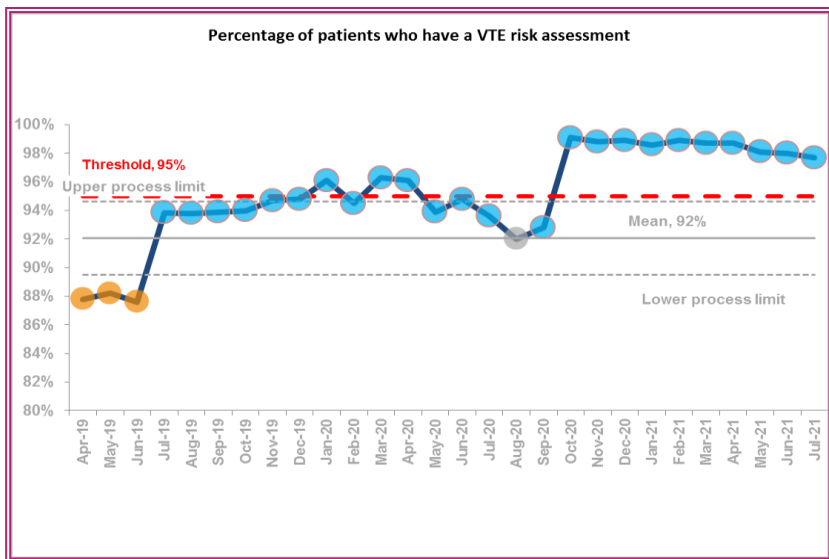
### What the information tells us

- Serious Incident (SI) investigations are being completed in line with external deadlines, 60 working days.
- This month common cause variation is seen in the number of Serious Incidents and the number of Serious Incidents per 1,000 bed days.

Our Patient Perspective

# Patient Safety- VTE and Never Events

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



### What the information tells us

- The percentage of patients who have had a VTE risk assessment was 97.7% against a target of 95%.
- There were no Never Events declared in July 2021.

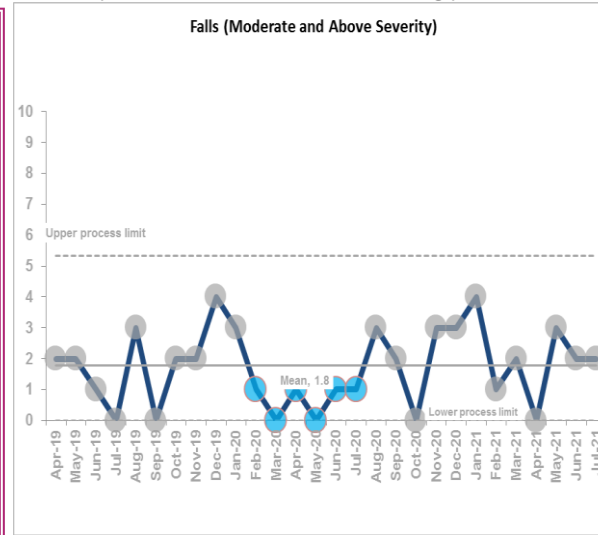
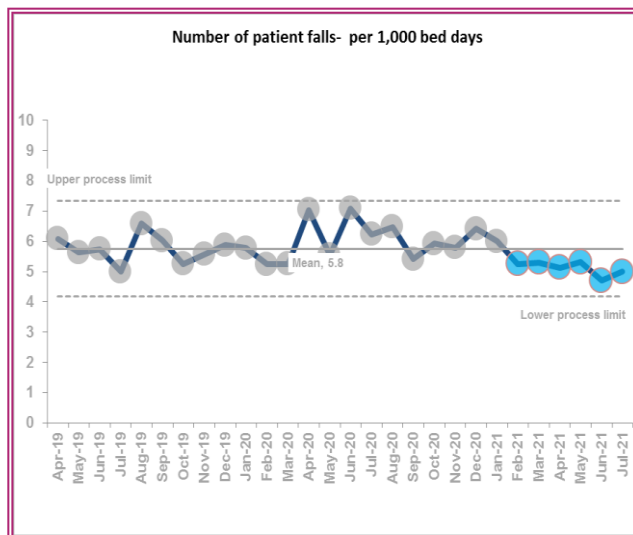
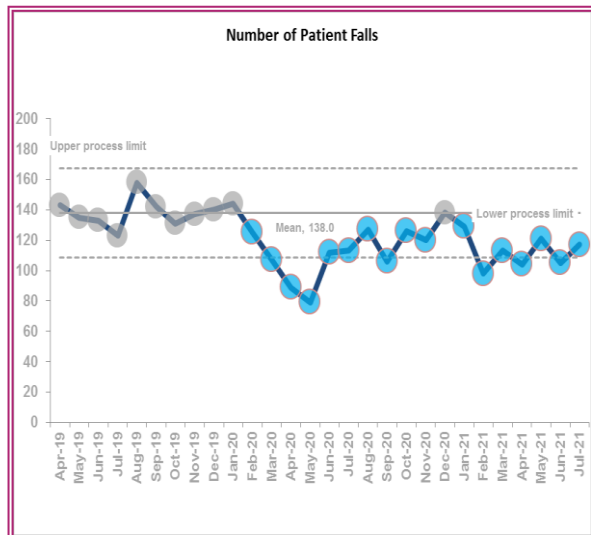
### Actions and Quality Improvement Projects

- The Hospital Thrombosis Group (HTG) continue to monitor VTE performance through Tableau reporting, the pharmacy VTE audit and hospital acquired thrombosis root cause analysis. Learning from DATIX and adverse/serious incidents is being shared through education and training and the thrombosis team are doing frequent ward visits to drive VTE prevention awareness across the Trust.
- The HTG encourage clinical teams to complete the updated VTE MAST module with shared learning from adverse and serious incidents. The COVID VTE prophylaxis policy is also being revised by haematology, ICU, AMU and the clinical pharmacology team based on NICE guidance and additional published evidence.

Our Patient Perspective

# Patient Safety- Falls

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



### What the information tells us

- The number of Patient Falls per 1,000 bed days shows special cause improvement.
- Two patients had a fall in month with a severity of moderate or above.

### Actions and Quality Improvement Projects

- The Trust Falls prevention co-ordinator has resumed ward visits and has re-established regular education activities. Moderate harm falls continue to be reviewed following completed Root Cause Analysis. This is reviewed at ward level with senior nursing input and an action plan agreed with the clinical areas.

# Patient Safety- Pressure Ulcers

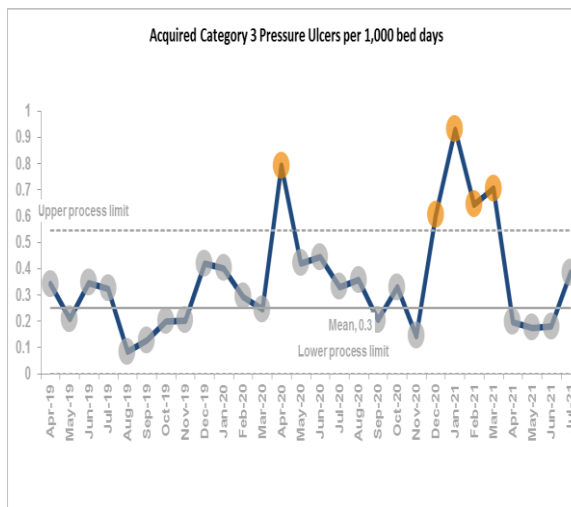
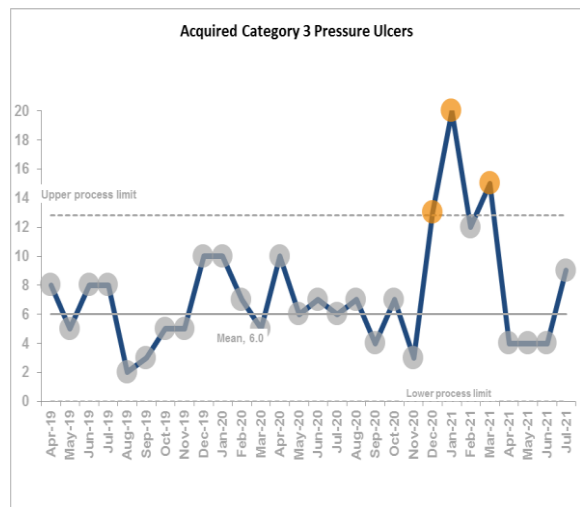
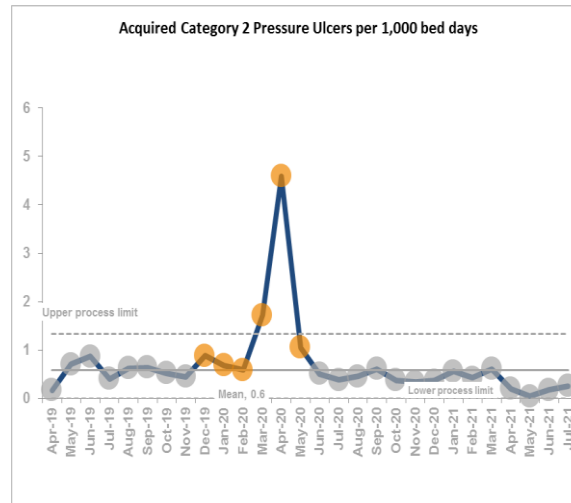
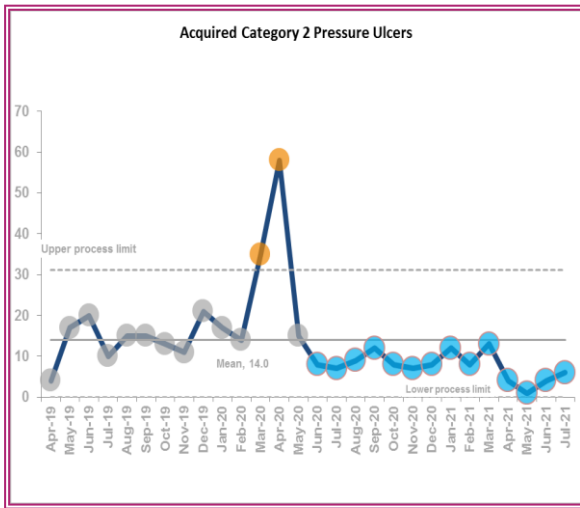
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

## What the information tells us

- The number of Category 2 Pressure ulcers shows special cause variation with an improving position and Category 3 Pressure ulcers shows common cause.
- Category 2 Pressure ulcers per 1,000 bed days continues to show common cause variation.
- The number of Category 3 Pressure ulcers and the rate per 1,000 bed days shows common cause variation.

## Actions and Quality Improvement Projects

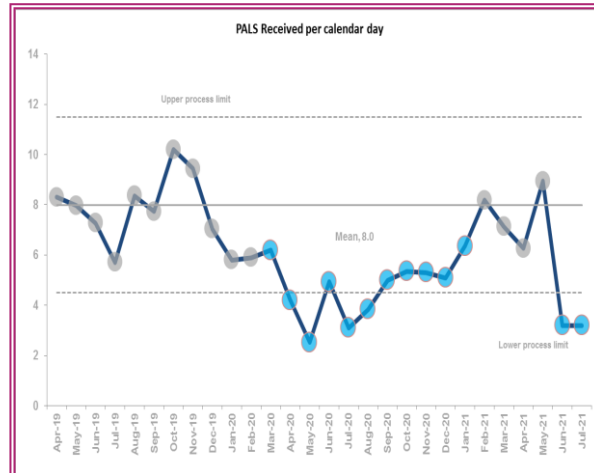
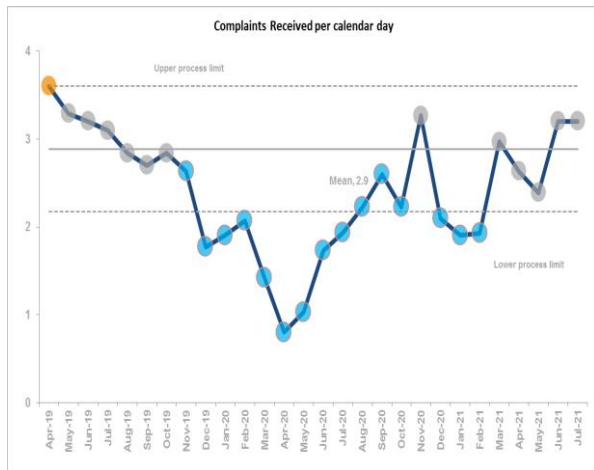
- Starting next month we will begin to report on Grade 2 Pressure Ulcers caused by medical devices and Unstageable Grade 3 and 4 Pressure Ulcers.





# Complaints

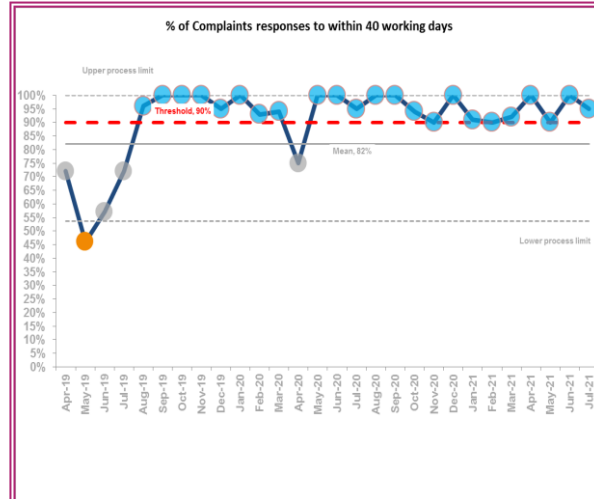
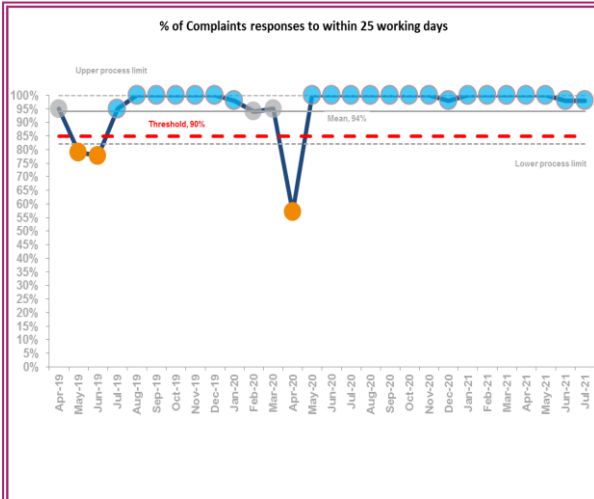
Indicator Description	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Complaints Received per calendar day		1.9	2.2	2.6	2.2	3.3	2.1	1.9	1.9	3.0	2.6	2.4	3.2	2.2
% of Complaints responses to within 25 working days	85%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	98%	98%
% of Complaints responses to within 40 working days	90%	95%	100%	100%	94%	90%	100.0%	91%	90%	92%	100%	90%	100%	95%
% of Complaints responses to within 60 working days	100%	N/A	100%	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%	50.0%	N/A
Number of Complaints breaching 6 months Response Time	0	0	0	0	0	0	0	0	0	0	0	0	0	0



- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance

### What the information tells us

- The number of complaints per calendar day shows common cause variation.
- A review of the data by the complaints team has resulted in some data changes across the year. All response categories continue to be within target.



**Actions and Quality Improvement Projects**

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

## Infection Control

Indicator Description	Threshold 2021-2022	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	YTD Actual
MRSA Incidences (in month)	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0
Cdiff Hospital acquired infections	52	4	3	2	0	5	5	1	3	2	2	2	2	0	7
Cdiff Community Associated infections		0	0	1	0	0	3	1	0	1	1	0	0	0	
MSSA	25	5	4	2	3	5	4	8	5	5	5	3	3	3	14
E-Coli	111	3	0	6	6	3	9	6	6	6	7	6	5	6	24
Nosocomial Infections Hospital Onset healthcare associated (>14 days) HOHA	N/A	0	0	0	7	28	62	59	24	0	2	0	0	0	2
Nosocomial Infections Hospital Onset Probable associated (8-14 days) HOPA	N/A	0	1	0	0	28	76	56	35	4	0	1	1	0	2

### What the information tells us

There were no MRSA bacteraemia reported in July 2021. In July, no incidents of patients with *C. difficile* infection were reported. Since April 2021 there have been 7 cases, consisting of 6 Hospital Onset Healthcare Associated, where the specimen was taken beyond admission day plus one day; and 1 where the specimen was taken within admission day plus one day and where the patient had also been an inpatient in the previous 4 weeks, or Community Onset Healthcare Associated (COHA).

Both categories warrant an investigation to identify if there were any contributory or other lapses in care for example in antimicrobial prescribing or in patient isolation. NHSI/E have now set a trajectory of no more than 52 cases for 2021-22 or no more than 4 per month. The Trust is therefore under this trajectory.

There were 3 patients with Trust apportioned MSSA cases in July and 6 cases of Trust apportioned *E. coli* bacteraemia. A new NHSI/E trajectory has been set for *E.coli* bacteraemia of no more than 111 cases for 2021-2022 or no more than 9 cases per month on mean average. The Trust is therefore under this trajectory. During 2020-2021 there were 60 cases.

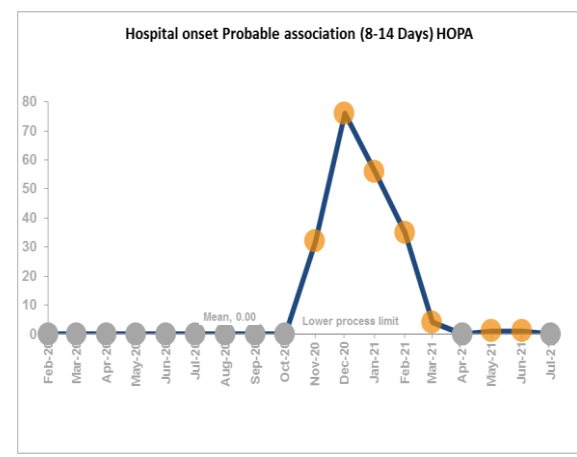
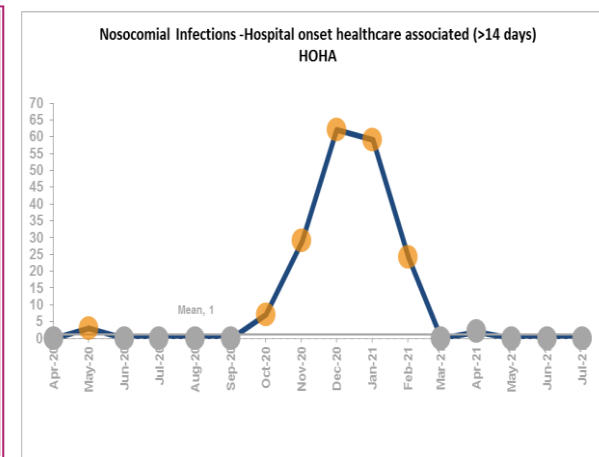
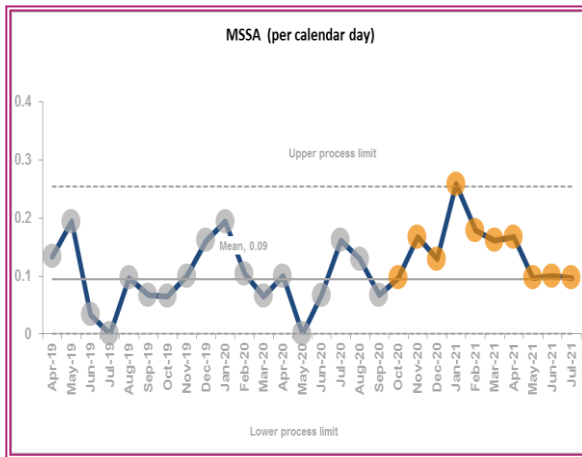
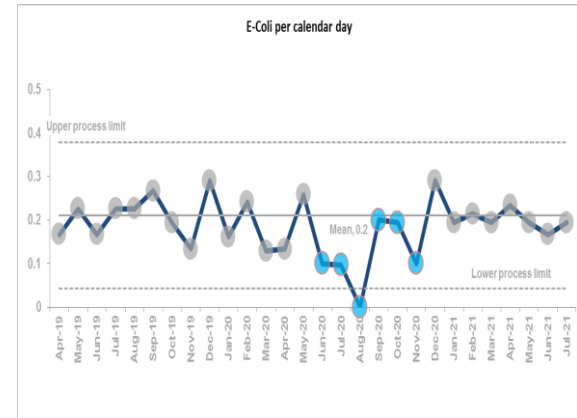
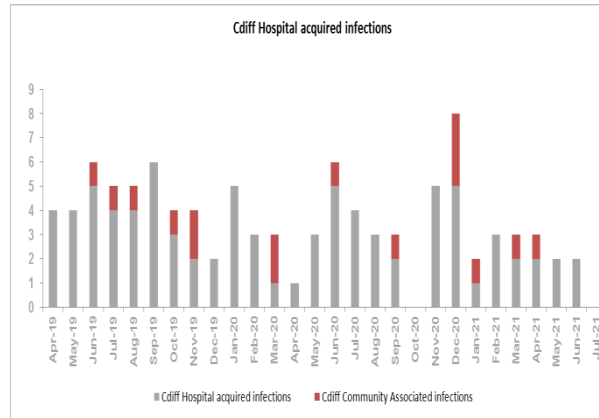
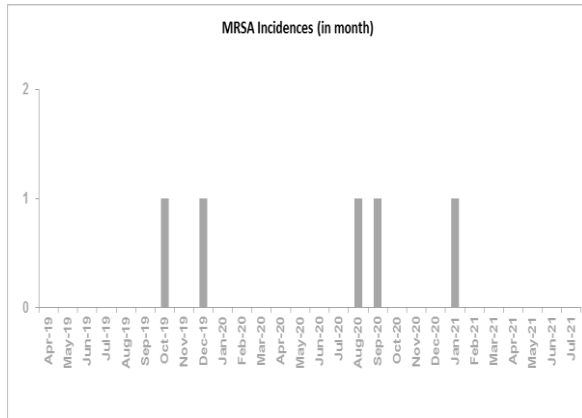
There were no Hospital Onset Healthcare Associated cases (HOHA) of Covid-19 during July 2021, where the sample was taken >14 days after admission and no Hospital Onset Probable Associated (HOPA) cases where the specimen was taken 8-14 days after admission.

### Actions and Quality Improvement Projects

National COVID-19 data submissions continue to be validated daily and signed off by the Chief Nurse and Director of Infection Prevention and Control. Concurrent exercises have taken place at the Trust and across the sector to review and collate lessons learned from COVID-19 second wave

# Infection Control

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



Our Patient Perspective

## Mortality and Readmissions

Indicator Description	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr 2020 to Mar 2021
Hospital Standardised Mortality Ratio (HSMR)	95	101.6	91.4	90.2	64.1	105.8	81.8	59.3	82.7	81.9	75.0	75.7	95.4	85.7	120.9	108.7	108.7	91.7
Hospital Standardised Mortality Ratio Weekend Emergency	80.6	100.1	87.6	112.3	68.4	102.7	62.7	66.8	91.1	96.3	150.6	127.9	111.8	118.2	141.8	120.9	120.9	111.6
Hospital Standardised Mortality Ratio Weekday Emergency	102.9	102.9	90.8	90.1	57.4	96.7	87.5	54.7	74.3	77.8	69.2	63.1	86.1	79.6	122.2	107.3	107.3	85.8

Indicator Description	Nov18-Oct19	Dec18-Nov 19	Jan-19-Dec 19	Feb-19-Jan 20	Mar-19-Feb-20	Apr-19-Mar-20	May-19-Apr-20	June-19-May-20	July-19-June-20	Aug-19-Jul 20	Sep-19-Aug-20	Oct-19-Sep-20	Nov-19-Oct-20	Dec-19-Nov-20	Jan-20-Dec-20	Feb-20-Jan-21	Mar-20-Feb-21
Summary Hospital Mortality Indicator (SHMI)	0.85	0.85	0.86	0.88	0.89	0.89	0.88	0.88	0.87	0.87	0.85	0.86	0.85	0.86	0.84	0.83	0.83

Indicator Description	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Emergency Readmissions within 30 days following non elective spell (reporting one month in arrears)	10.4%	11.2%	11.3%	9.7%	9.5%	9.6%	8.9%	10.6%	10.6%	10.0%	9.7%	10.0%	10.0%

Note: HSMR data reflective of period April 2020– March 2021 based on a monthly published position. This month as a result of problems with Dr Foster there is no update to the data previously reported showing discharges Mar 2021.

SHMI data is based on a rolling 12 month period and reflective of period March 2020 to February 2021 published (July 2021).  
Readmission data excludes CDU, AAA and all ambulatory areas where there are design pathways

### What the information tells us

Mortality as measured by the summary hospital-level mortality indicator (SHMI) is lower than expected for the year March 2020 – February 2021.

We are one of 13 trusts in this category. Unfortunately, Dr Foster was not able to provide updated data again this month. The company have provided us with some measures which are reported here, but we are not able to interrogate this data further.

This shows that for April 2020 - March 2021 both our HSMR and the HSMR for patients admitted as an emergency on a weekday are lower than expected. For patients admitted as an emergency at the weekend our mortality is as expected.

### Actions and Quality Improvement Projects

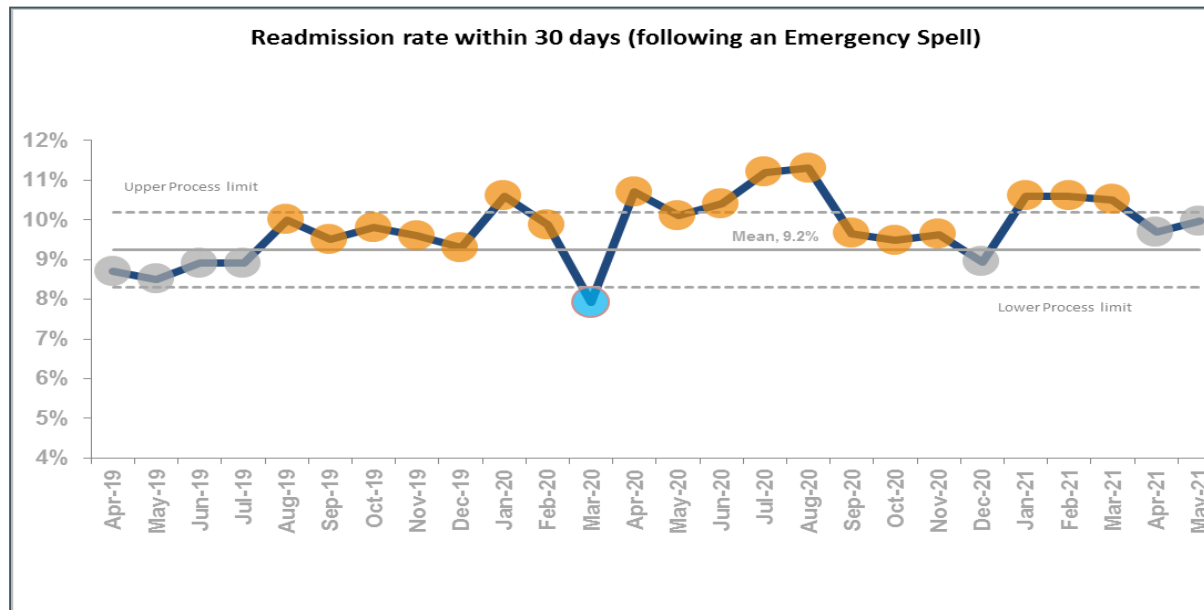
The Trust is considering utilising an alternative platform (Healthcare Evaluation Data) to monitor mortality rather than Dr Foster as we are committed to considering consistent and reliable data.

As we have not received refreshed data from Dr Foster since May the Mortality Monitoring Group (MMG) has not been able to identify any procedure or diagnosis groups that require investigation.

No external mortality outlier alerts have been received in this period and the SHMI diagnosis level data available through NHS Digital do not suggest any areas of concern. The MMG is currently involved with work focussing on identifying learning from mortality in Wave 1 and 2 of the COVID19 pandemic and this will be reported in the 2021/22 Quarter 1 Learning from Deaths report.

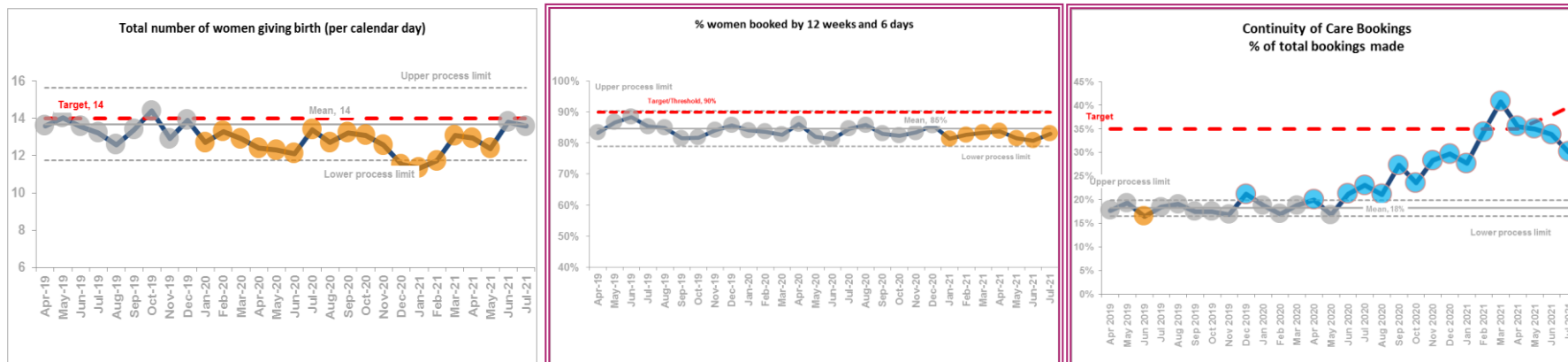
# Mortality and Readmissions (Hospital Standardized Mortality Rate)

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



# Maternity

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



July has exceeded activity in June and, of note, has been our busiest month in 18 months. The clinical acuity and complexities remain high which have been compounded by staffing challenges. This has significantly impacted staffing ratios and consequently led to implementation of contingency plans reflected in the high rate (30.6%) Birth Centre closures and suspension of the Homebirth service along with poor availability of a Supernumerary Band 7 Coordinator (88.7%). Nonetheless, the clinical outcomes remain amongst the best in London with less than 1% 3rd degree tears, 3.6% PPH rate and a total CS rate of 24.7% with a less than national average HIE rate in the neonate.

There were 3 stillbirths at 24+4 weeks, 26+2 weeks and 26+ 4 weeks which are currently being reviewed as part of the perinatal mortality reporting tool. There were 2 unexpected adult admissions to ITU this month. The continuity of care performance has reduced to 30.1% this month due to a national change in the criteria definitions which has negatively impacted on the key performance indicators across the UK.

### Actions and Quality Improvement Projects

A team of quality improvement midwives are supporting the clinical leads and service in a variety of projects such as improving process flows, efficiency and experience for women these include induction of labour, caesarean section and maternity clinic templates. This latter project will also aim to increase the percentage of women booked early in pregnancy as the current staffing challenges have not enabled us to improve our position in antenatal bookings by 12+6 weeks.

The centralised Maternity Telephone Helpline project is now underway and we aim to roll out by October 2021. This is in response to complaints to the service regarding timely access to advice and information and will facilitate consistent and documented advice as well as clinically appropriate signposting. Work continues with our MVP service user group to co-produce improvements, specifically focusing on the pathway for Induction of Labour and including the provision of information on our website and in social media, with specific focus on reaching our Black, Asian and Mixed race women.

An additional 15.6WTE midwives and 0.5WTE Obstetric Consultant were secured from the Ockenden Workforce bid. Recruitment has commenced. The Trust will also review the workforce model in response to the revised criteria for Continuity of Carer which will be completed by end of Quarter 3.



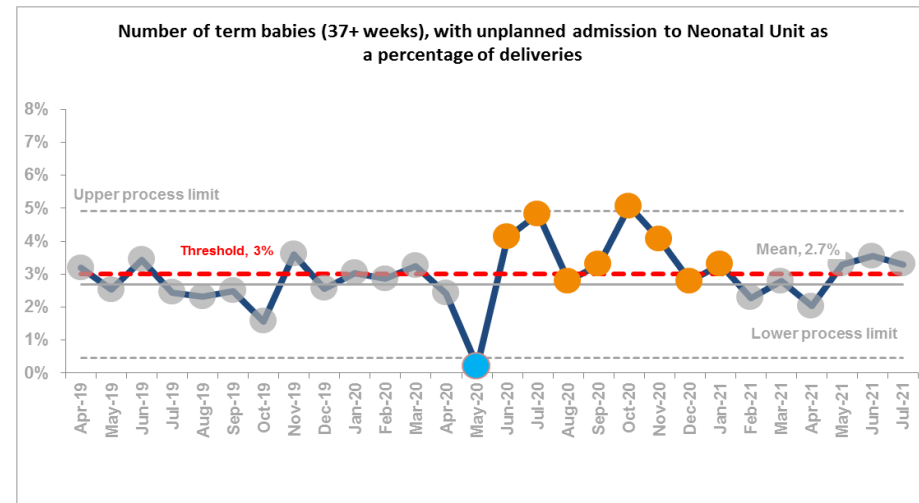
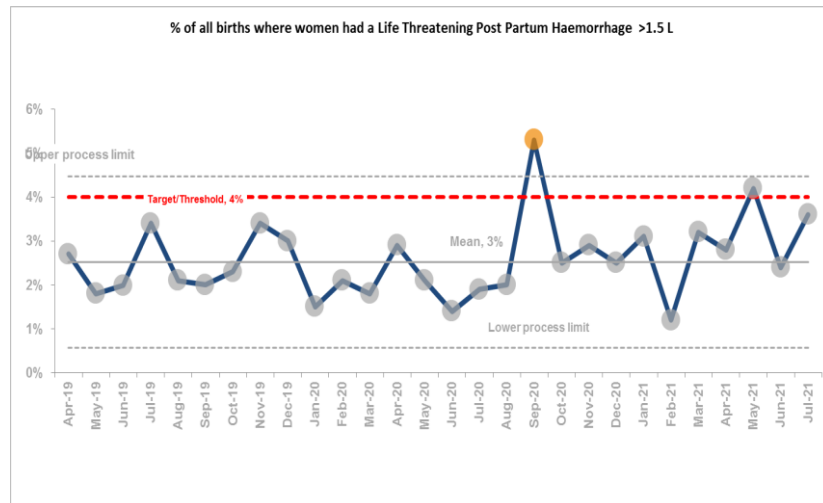
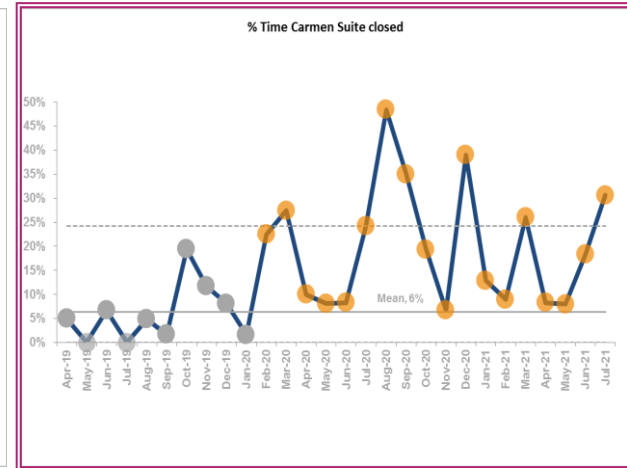
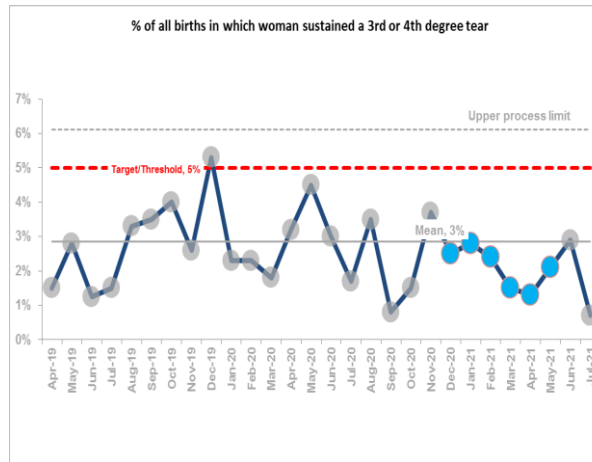
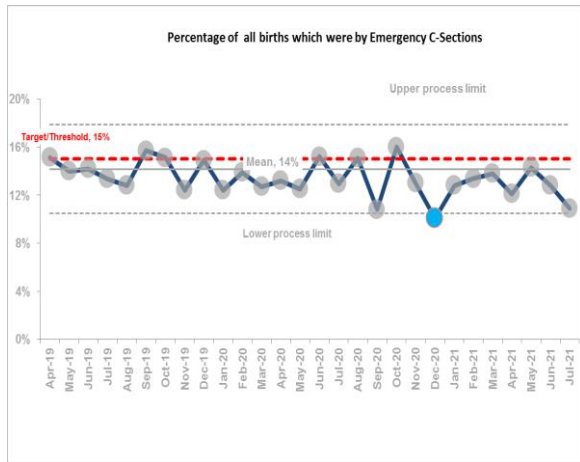
# Maternity

## Maternity Dashboard

Definitions	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Total number of women giving birth (per calendar day)	14 per day	13.4	12.7	13.2	13.1	12.6	11.5	11.3	11.7	13.1	12.9	12.4	13.8	13.6
Caesarean sections (Total Emergency and Elective by Delivery date)	<28%	24.1%	27.1%	23.4%	30.9%	27.3%	23.8%	28.5%	28.0%	29.1%	25.5%	27.6%	24.6%	24.7%
% deliveries with Emergency C Section (including no Labour)	<8%	3.1%	4.6%	3.0%	3.7%	2.9%	3.4%	2.3%	3.4%	4.0%	3.4%	3.9%	1.9%	3.6%
% Time Carmen Suite closed	0%	24.2%	48.4%	35.0%	19.4%	6.7%	39.0%	12.9%	9.0%	26.0%	8.3%	8.0%	18.3%	30.6%
% of all births in which woman sustained a 3rd or 4th degree tear	<5%	1.7%	3.5%	0.8%	1.5%	3.7%	2.5%	2.8%	2.4%	1.5%	1.3%	2.1%	2.9%	0.7%
% of all births where women had a Life Threatening Post Partum Haemorrhage >1.5 L	<4%	1.9%	2.0%	5.3%	2.5%	2.9%	2.5%	3.1%	1.2%	3.2%	2.8%	4.2%	2.4%	3.6%
Number of term babies (37+ weeks), with unplanned admission to Neonatal Unit		20	11	13	20	16	11	13	9	11	8	13	14	13
Supernumerary Midwife in Labour Ward	>95%	96.8%	93.5%	90.0%	100.0%	98.3%	91.9%	100.0%	94.6%	98.4%	98.3%	98.4%	97.0%	88.7%
Babies born with Hypoxic Ischaemic Encephalopathy / (1000 babies)		0.0	0.0	2.5	0.0	0.0	8.4	5.7	0.0	2.5	2.6	0.0	0.0	0.0
Still Births per 1000 Births	<3	16.9	12.6	2.5	7.4	8.0	5.6	2.8	9.1	4.9	2.6	5.2	2.4	7.1
Neonatal Deaths (KPI 72) per 1000 Births	<3	2.4	0.0	2.5	12.3	2.7	5.6	0.0	3.0	2.5	2.6	0.0	0.0	0.0
Continuity of Care Bookings- % of total bookings made (Target increases monthly by 1.5% towards a 51% target in Mar 22)	36.5%	23.0%	21.4%	27.3%	23.6%	28.3%	29.7%	27.7%	34.3%	40.08%	35.22%	35.0%	33.8%	30.1%
Percentage of all births which were by Emergency C-Sections (KP25+26)	15%	12.9%	15.1%	10.8%	16.0%	13.0%	10.1%	12.80%	13.4%	13.8%	12.11%	14.30%	12.80%	10.90%
% women booked by 12 weeks and 6 days	90%	84.6%	85.8%	83.0%	82.4%	83.4%	85.6%	81.3%	82.6%	83.3%	83.8%	81.5%	80.8%	83.0%
Number of term babies (37+ weeks), with unplanned admission to Neonatal Unit as a percentage of deliveries	6%	4.8%	2.8%	3.3%	5.1%	4.1%	2.8%	3.3%	2.3%	2.8%	2.0%	3.3%	3.5%	3.3%

# Maternity

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



## Friends & Family Survey

Indicator Description	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Emergency Department FFT - % positive responses	90%	89.7%	90.1%	89.5%	89.7%	89.2%	84.9%	92.1%	90.8%	88.8%	86.4%	83.4%	79.8%	81.6%
Inpatient FFT - % positive responses	95%	97.7%	97.2%	96.3%	97.1%	98.6%	97.9%	99.0%	98.3%	99.3%	98.2%	97.1%	97.5%	97.2%
Maternity FFT - Antenatal - % positive responses	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50.0%	N/A	N/A	N/A	100.0%
Maternity FFT - Delivery - % positive responses	90%	100.0%	N/A	66.7%	N/A	94.6%	100.0%	90.4%	93.0%	91.6%	88.9%	100.0%	90.0%	100.0%
Maternity FFT - Postnatal Ward - % positive responses	90%	88.9%	100.0%	N/A	100.0%	0.0%	100.0%	N/A	N/A	81.8%	100.0%	95.8%	91.9%	100.0%
Maternity FFT - Postnatal Community Care - % positive responses	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Community FFT - % positive responses	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	87.5%	91.7%	100.0%
Outpatient FFT - % positive responses	90%	90.3%	89.1%	89.0%	89.1%	89.5%	90.3%	96.9%	90.4%	95.2%	88.7%	91.3%	90.7%	91.0%

### What the information tells us

- All services achieved FFT targets where patients rated the services as "Good" or "Very Good" apart from the Emergency Department in July

### Actions and Quality Improvement Projects

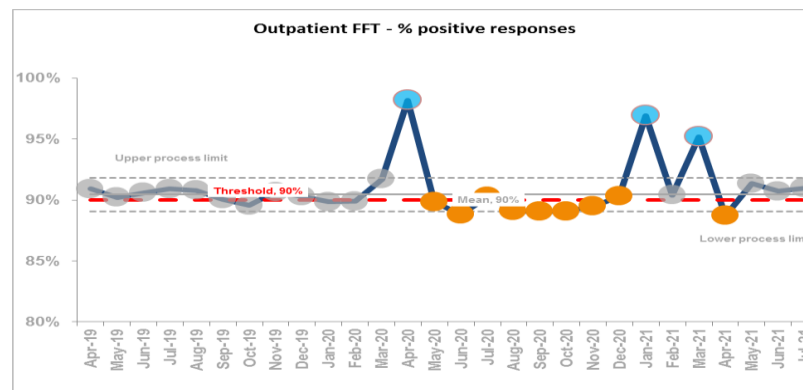
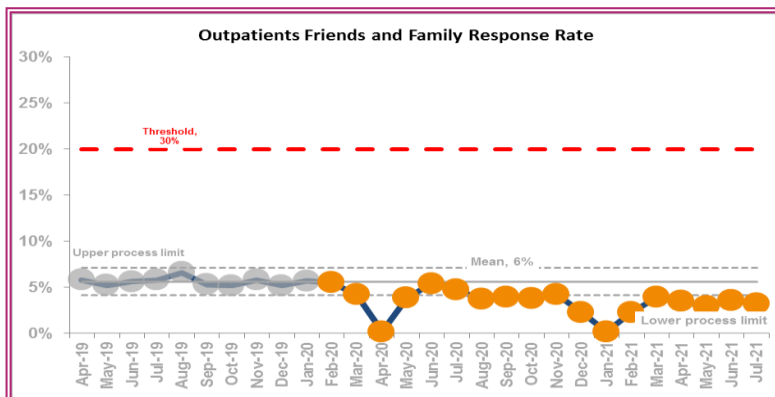
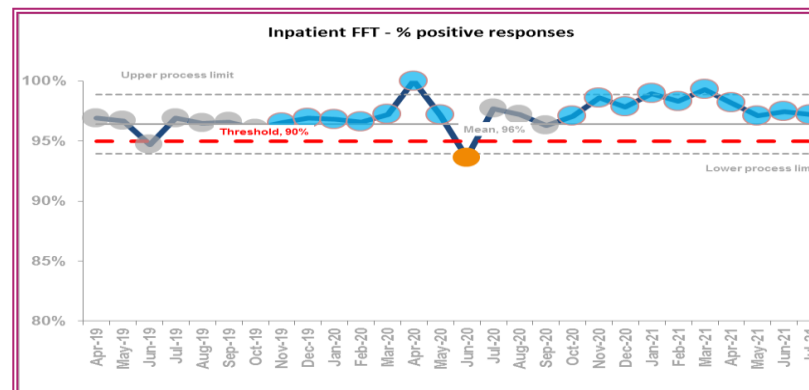
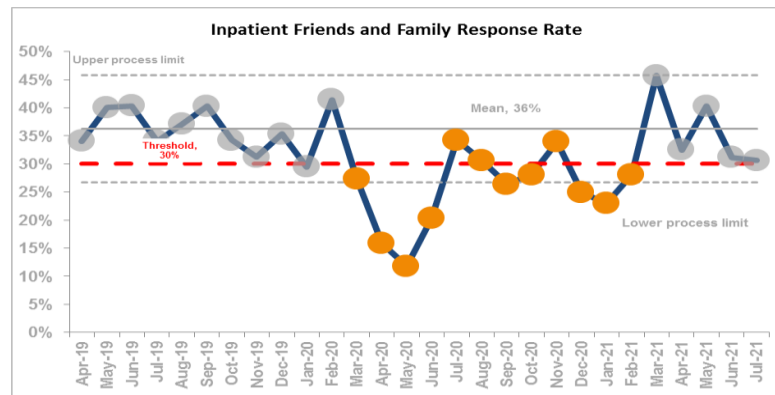
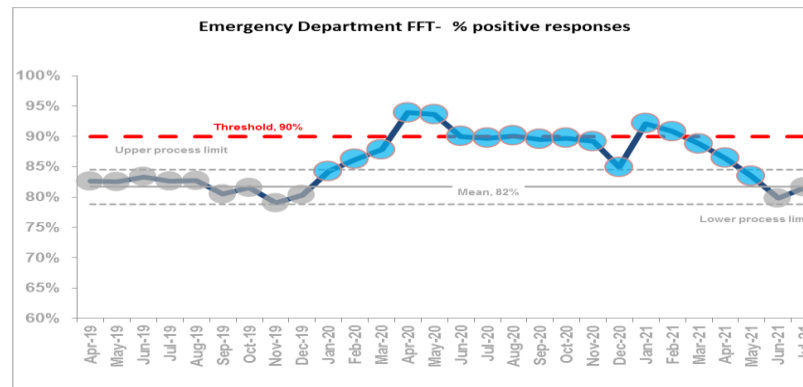
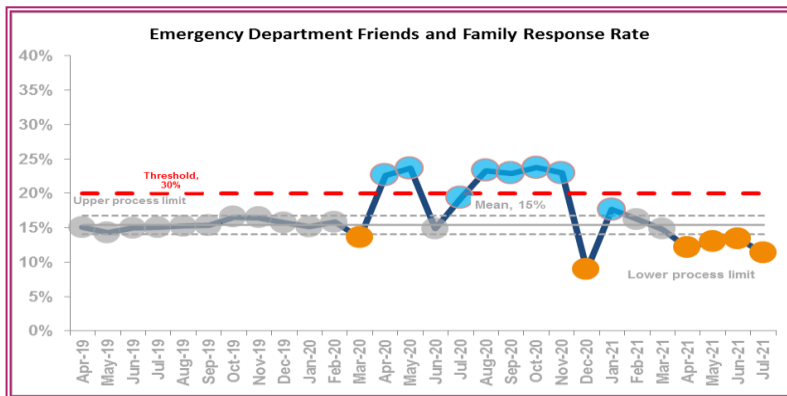
For the Emergency Department, the service moved from an external provider to the Trust's FFT collection system in January 2021, since then there has been a significant drop in reported response rate.

Work continues with the Corporate Nursing Quality team to verify current patient contact details in iCLiP fields checking they are present and in correct place to improve percentage of attendees asked to give feedback.

Feedback request posters with a QR code have been created within the department and exits area to give patients and visitors further opportunity to feedback at the time of discharge from the Emergency Department.

# Friends and Family Test

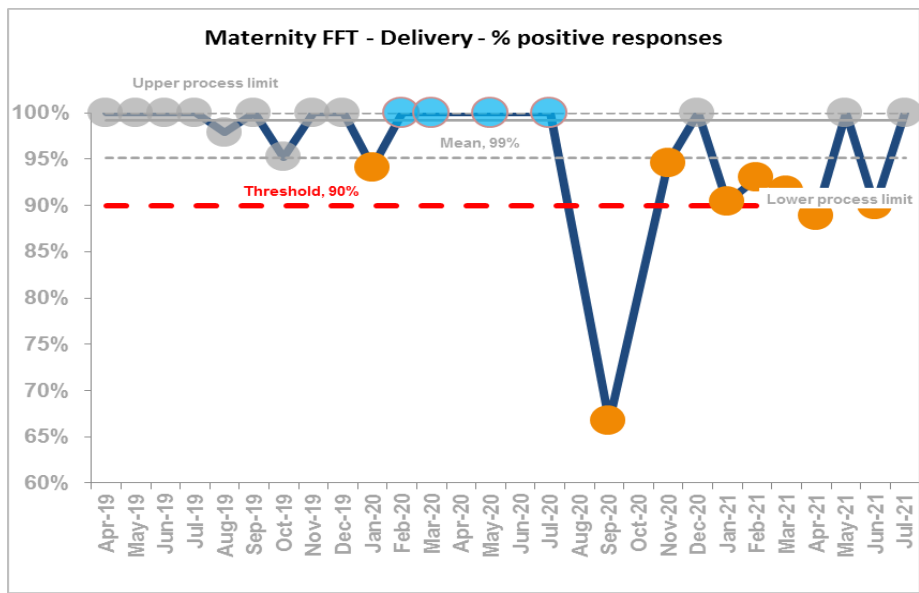
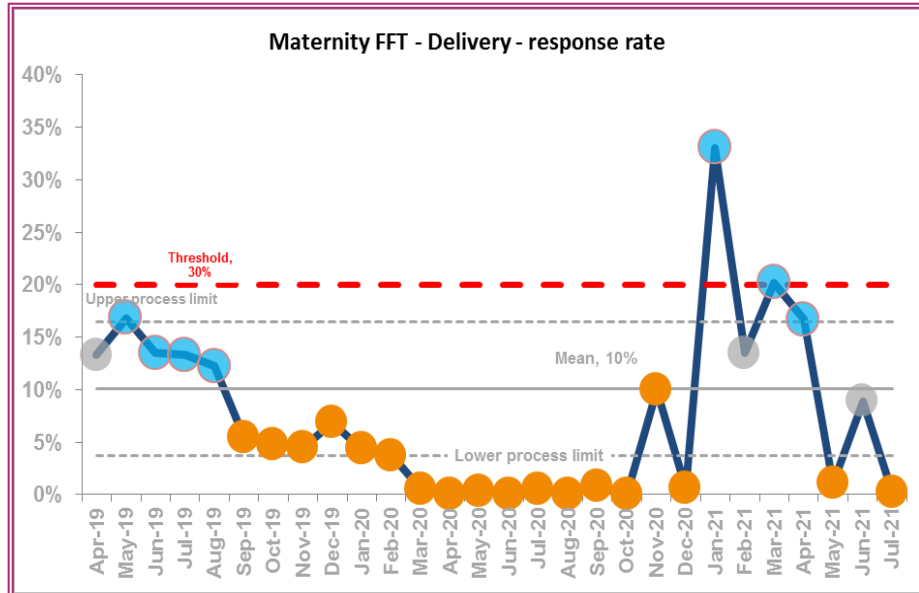
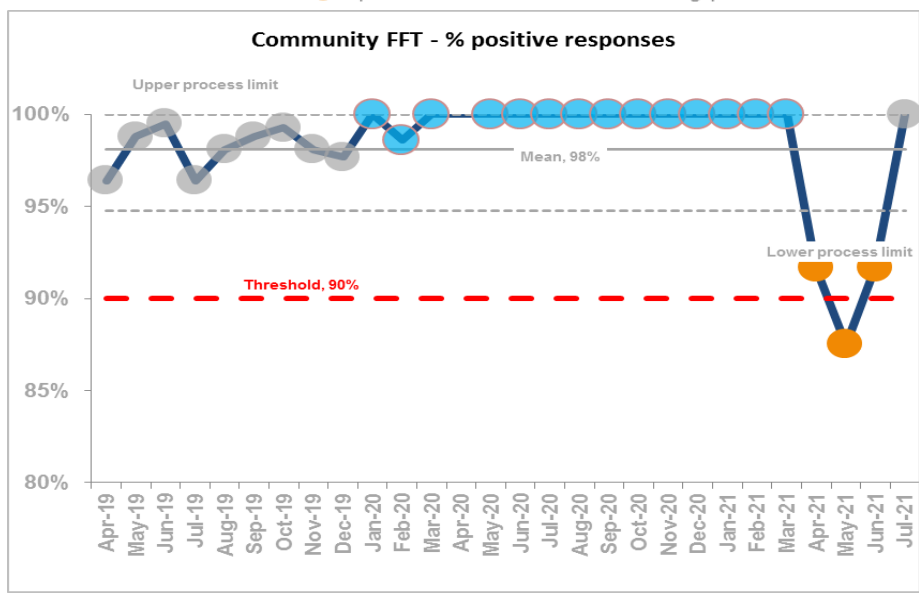
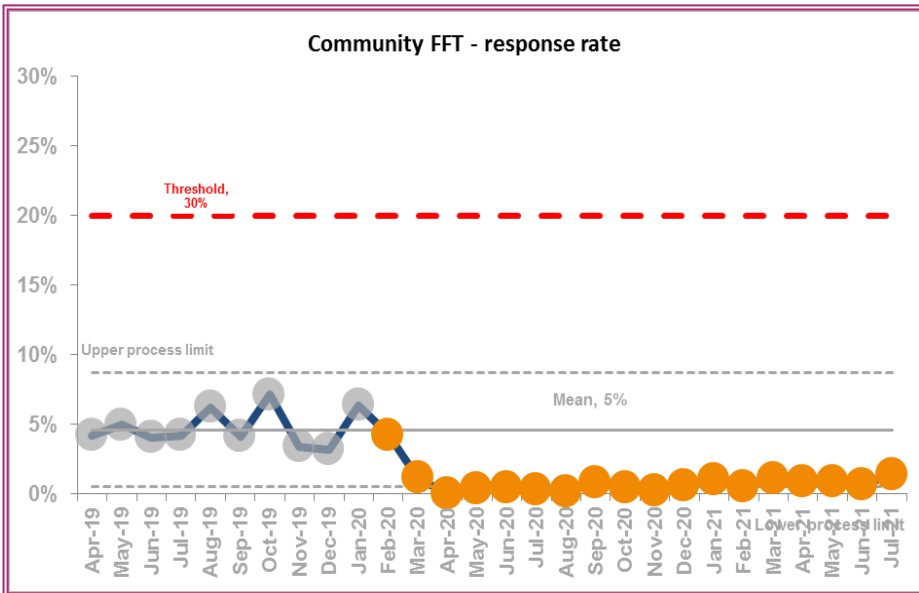
- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



Our Patient Perspective

# Friends and Family Test

- Special cause variation - improving performance
- Common cause variation
- Special cause variation - deteriorating performance



Our Patient Perspective





# Patient Experience and Complaints Annual Review 2020-21

## Council of Governors

**Professor Parveen Kumar**

**Robert Bleasdale**

**Chief Nurse and Director of Infection Prevention and Control**

**16 September 2021**





## Purpose of the session

1. High level summary of the Patient Experience Report 2020-21
2. High Level Summary of the Complaints Annual Report 2020-21
3. Improving Patient Experience and Complaints handling in 2021-22
4. Questions

# 1. Introduction to the Patient Experience Report 2020-21

The Patient Experience Report 2020-21 covers the period 1 April 2020 to 31 March 2021 and is available at appendix 1. The year 2020/21 has been dominated by the Covid-19 pandemic; the impact on the Trust and treatment and care for our patients has been unprecedented and was a familiar picture across the NHS. A number of services were reduced as part of the national directive to accommodate increased admissions of patients with Covid-19 and to reduce the footfall in hospitals in order to reduce the spread of Covid-19 infection.

The report provides an overview and analysis of the feedback received from patients. It includes data from the Friends and Family Test (FFT), discharge and outpatient surveys.

This report also provides an opportunity to showcase how we engaged with our patients through feedback and learning gathered internally from our patient user groups, volunteer activity and the Patient Partnership and Experience Group (PPEG).

The report additionally highlights, and in so doing celebrates, some of the many events, initiatives and services which seek to improve care pathways and patient experience and support our goal of achieving outstanding care every time.

## 1.1 Overview of the analysis of patient feedback 2020-21

**Table 1: Activity and FFT Responses Received**

Activity	2018/19	2019/20	2020/21
Inpatient Emergency, Maternity, Other and Transfers	67,569	63,572	49,507
Elective, Day cases, Regular Attends	84,940	88,794	73,481
A&E Attends (including Streaming and EPU)	176,483	171,706	113,005
Outpatient Attends (New and Follow Ups)	680,064	718,777	679,941
Total attendances	1,009,056	1,042,849	915,934
<b>Total FFT Responses</b>	<b>56,478</b>	<b>81,661</b>	<b>44,461</b>
<b>FFT responses as % of all attendances</b>	<b>5.60%</b>	<b>7.83%</b>	<b>4.85%</b>
Number of Complaints	1101	956	752
Complaints as % of all Attendances	0.11%	0.09%	0.08%
Complaints as % of Inpatient Activity	1.63%	1.50%	1.52%

**Table 2: FFT Recommend Scores monthly by Division**

	Medicine and Cardiovascular	Surgery, Neurosciences, Cancer and Theatres	Women and Children Diagnostics and Therapy Services	Trust
Apr-20	98%	100%	96%	98%
May-20	93%	92%	91%	91%
Jun-20	92%	90%	90%	90%
Jul-20	97%	95%	90%	93%
Aug-20	95%	97%	88%	93%
Sep-20	93%	95%	88%	92%
Oct-20	94%	96%	89%	92%
Nov-20	95%	97%	89%	93%
Dec-20	91%	97%	89%	92%
Jan-21	90%	100%	92%	92%
Feb-21	93%	97%	89%	93%
Mar-21	92%	97%	90%	93%
Average	94%	96%	90%	93%

Table 1 shows the number of elective surgeries showed a 17% decrease from the previous year which was due to the impact of Covid-19. There were 122,988 hospital admissions (including day cases and regular attendances) and 113,005 ED attendances (including streaming and Early Pregnancy Unit). Outpatient attendances were 679,941, which although lower than the previous year were comparable with 2018/19.

Table 2 shows the FFT recommend response score indicating the number of patients who would positively recommend the service was consistently above 90%. The average annual response score total for the Trust was 93% which was below the Trust target of 95%. However, there were periods of time in children and women’s services where the FFT recommend scores fell below 90%. Ward and department areas received monthly feedback and local improvement plans are put in place in response.

## 1.2 Overview of the analysis of patient feedback 2020-21

Chart 1: Overall how was your experience by ethnicity

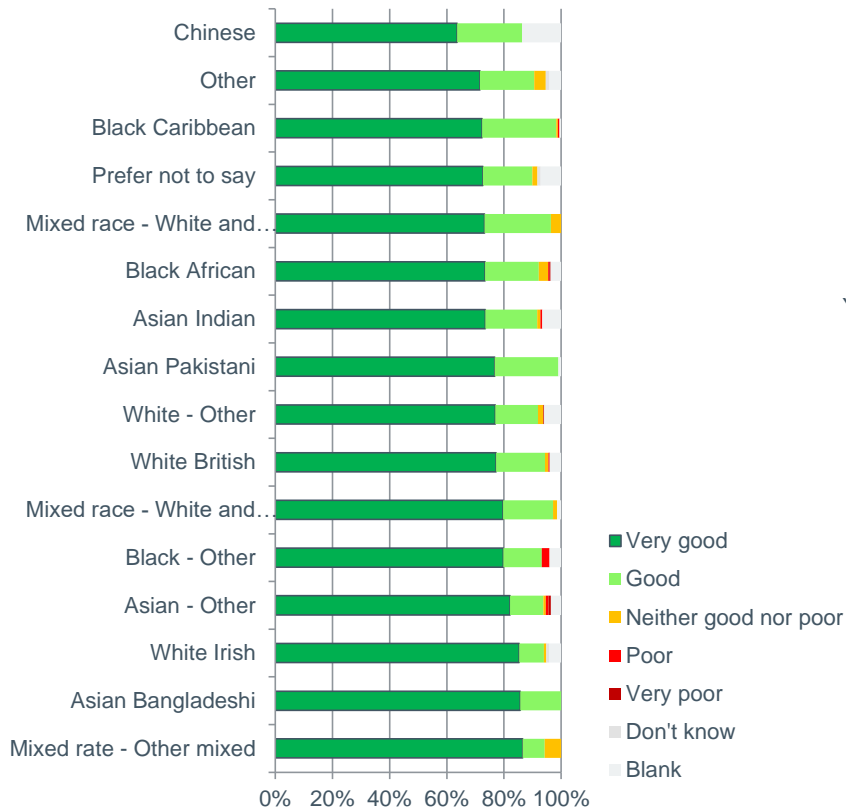


Chart 2: Overall how was your experience by disability

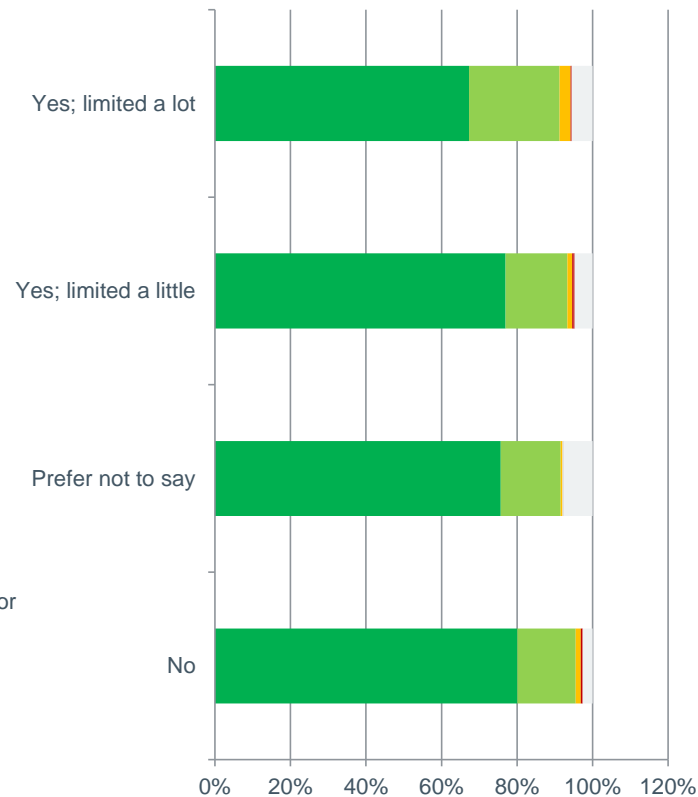


Chart 1 shows that our Asian Pakistani and Asian Bangladeshi patients rate our services as either very good or good while Black other or Asian other are noted as most likely to rate our services as poor or very poor.

Chart 2 shows respondents whose day to day activities were limited a lot seemed less likely to say their experiences of our services were very good. Those respondents who were limited a little were more likely to say their experiences were very good.

This coming year there will be further engagement, discussion and analysis with patients with a limiting disability and community groups to ensure our services are equally accessible to these patients, including Inclusion London who support Deaf and Disabled people's organisations and campaign for equality for Deaf and Disabled people.

## 1.3 Patient Engagement 2020-21

Between 15 October 2020 and 5 March 2021 260 patients and their families supported by the **Family Liaison Service** who made **1874** calls

Between mid-May 2020 and early January 2021 **Messages to Loved Ones** provided 1718 to our patients

The chairs of our **patient user groups** provided feedback on their year and the impact of on their work on clinical services and their responses were included in the report

**Ward and Department Accreditation:** the team continued to inspect the 43 inpatient areas. Greater consistency was identified with 35% of the wards (15) maintaining silver status. Kent Ward, which is a neurological inpatient ward, achieved platinum status as a result of achieving three golds successively. Nicholls Ward, a paediatric ward, saw consistent improvement from requires improvement to achieving bronze and then silver status.

### The Children and Young People's Council

The Council was established in December 2020 and has since met on a monthly basis. Members of the Council have:

- Participated in the paediatric consultant recruitment process
- Suggested names for Neonatal Unit cots
- Made improvements to play resources
- Created the Golden Ticket – for paediatric patients to thank staff
- Created the Million Pound note to enable paediatric patients to say how they would improve services: feedback has focussed on improving hospital food, ward environments, facilities for parents and parking



### One Size Does Not Fit All

The Paediatric team recognise the need as part of the Equality Act and Accessible Information Standard that children and young people with disabilities, including learning disabilities and autism, get the same high quality care and expected health outcomes as someone without a disability. This means we may need to do some things differently. A poster campaign involving Harry, one of the disabled young people attending paediatric services, was developed and launched in 2020 and is included below. The poster has been displayed in the paediatric wards.

## 1.4 Patient Engagement 2020-21

### Voluntary Services Department

The purpose of the Voluntary Services Department is to encourage involvement of local people in the day to day running of our services. Volunteers were stood down in line with Covid-19 restrictions in March 2020. Since this time approximately 120 volunteers have resigned and recruitment of volunteers during this time was curtailed. A plan is to be implemented to gradually increase the number of volunteers according to identified needs. This plan has required liaison with the services to ensure that robust risk assessment and management is in place for the volunteers and the service. There are now currently 200 volunteers in the Trust.

Our 200 volunteers reflect the diversity of the local community and approximately two thirds of our volunteers are aged 41+, with one third above 61+. A smaller proportion (25%) are aged 18-25 years.

### Homeless Pathway Project

The Discharge team and Emergency Department (ED) have been working with Pathway which is a charitable trust working with CCGs and Trusts to find the best solution to homeless health concerns. The Pathway model offers a new way to support patients who are homeless, through providing training for NHS staff to help patients access the accommodation, care and support they need to recover. This service currently works with Trusts across London to help to prevent the continuous circle of homeless patients who access ED on multiple occasions and are treated and returned to life on the streets.

The ED team worked with Pathway and South West London CCG and developed the care pathway for this group of patients. A 5 person team has been recruited and the service will be operational by mid-November 2021. The service will be based within ED but support our homeless patients throughout the Hospital.

### Macmillan Information and Support Centre

The centre has 2 members of staff and 23 volunteers and provides information and support to our patients with cancer. The team reacted quickly in response to Covid-19 realising that patients had been reliant on activities to support them through cancer and that isolation and shielding would be really tough. The team established a telephone helpline for our cancer patients, their carers and friends to remain connected, they developed a YouTube well-being channel to enable our patients to continue to participate in activities albeit from their own homes, they created interactive displays using QR codes including a multi-lingual poster which was also uploaded to the Trust website, and when patients were able to come back on site the centre layout was changed to ensure a safe and socially distanced environment. If our patients were admitted to the Hospital the team also provided pre-admission support and advice (Get Set 4 Surgery) and well-being packs during their admission.

### Community Engagement

Engagement with our community partners has seen improved links with organisations within the Wandsworth and Merton communities through an introductory meeting the CCG Engagement Lead for Merton and establishing regular meetings and feedback channels with the team and the Trust's Head of Patient experience and Partnership

The Head of Patient Experience and Partnership also presented to the Wandsworth Older People's Forum and updated them on patient experience within the Trust and opportunities for their future involvement.

A meeting was held with Merton Health Watch to discuss patient experience and engagement within Merton and their work plans.



## 1.5 Patient Engagement 2020-21

### PPEG

PPEG brings together patient partners across a range of health conditions with Trust staff representing all clinical directorates and a range of managerial and operational disciplines. It is co-chaired by a patient partner and the Head of Patient Experience and Partnership.

PPEG continued to meet virtually on a bi-monthly basis with six meetings held during this period. The group continued to contribute to service development and new services and pathways, for example MRI and Interventional Radiology, and has a good working relationship with the Trust governors, including representation from governors on PPEG.

In 2020/21 the Trust website was updated about how patients can get involved including:

- Information about the various patient user groups at the Trust
- Minutes of PPEG meetings
- Patient Partner Job description and how to apply
- Biographies of Patient Partners including why they want to be a patient partner

The Patient User Group Toolkit and associated resources was also updated to support staff and patients or service users in setting up a patient user group.

## 1.6 Patient Engagement 2020-21

The following National Patient Surveys were undertaken in 2020-21, the results of which are awaited:

- **2020 Urgent and Emergency Care**  
(publication September 2021)
- **2020 Adult Inpatients**  
(publication estimated October 2021)
- **2020 Children and Young People**  
(publication estimated December 2021)
- **2021 Under 16 years Cancer**  
(publication to be confirmed)
- **2021 Maternity**  
(publication estimated January 2022)

## 2. Introduction to the Complaints Annual Report 2020-21

The report is for the period 1 April 2020 to 31 March 2021. In accordance with the NHS Complaints Regulations (2009) this report provides an analysis of the complaints received and an overview of PALS concerns. Despite guidance provided from NHSE/I that Trusts could consider pausing complaint investigations due to the pandemic the Trust made the conscious decision to continue to respond to complaints.

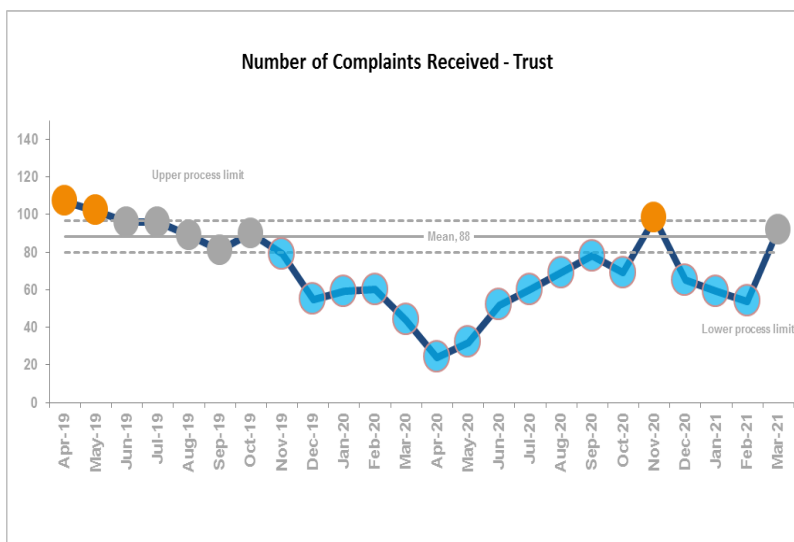
The key findings within the Complaints Annual Report 2020/21 were:

- 752 complaints were received, which is a decrease of 21.3% (204) when compared to 2019/20 (956)
- 68% of complaints were acknowledged within three days in comparison to 2019/20 (71%)
- The top three complaints subjects related to Clinical Treatment, Communication and Care (examples of the improvement actions undertaken are provided on the next slide)
- Overall complaints performance was 97% against the 85% performance target which was an improvement from 92% in 2019/20. In relation to severity of complaints this was:
  - 25 working day: 96% against 85% target
  - 40 working day: 94% against 90% target
  - 60 working day: 100% against 100% target
- 68 complaints were reopened compared to 2019/20 (113), a decrease of 40%
- There were 4 contacts from the Parliamentary Health Service Ombudsman's office (PHSO), 3 of which were requests for documentation compared with 5 requests in 2019/20 and 1 case was confirmed as under investigation
- 207 compliments were received, a decrease of 58% when compared with 2019/20 (498)
- There were 2331 PALS enquiries. This represents a decrease of 47.5% when compared to 2019/20 (4447). Of these contacts 1705 related to concerns representing a decrease of 40% when compared to 2019/20 (2838). PALS closed to walk-in enquiries in March 2020
- The top three themes for PALS concerns were Appointments, Care and Communication
- Key themes for complaints related to Covid-19 were focused on visiting restrictions, loss of patient property and communication with family and loved ones. In response we reviewed our Visiting Policy, and relaxed visiting guidelines when able to do so in conjunction with Public Health England infection prevention and control advice, we created a process to support the safe storage of property away from the wards until family members were able to come into the Hospital to collect it, we established the Family Liaison Team to support communication with families for patients in our ITUs and developed virtual visiting using iPads, and we developed Messages to Loved Ones which enabled family members and friends to send postcard messages which were delivered to patients on our wards.

## 2.1 Learning from Complaints

The 752 complaints received represented a decrease of 21.3% (204) when compared to 2019/20 (956). This reduction in complaint levels was due to the impact of Covid-19 which can be seen in table 3: noticeable deviations outside of the upper and lower process limits from December 2019 to October 2020 and during January and February 2021.

**Table 3: SPCC overview of complaints received**



**PALS Top 5 Themes**

Appointments	468
Care	215
Communication	184
Request for Information	82
Clinical Treatment	81
<b>Total:</b>	<b>1030</b>

### Analysis of the top five complaints subjects and examples of learning

Analysis of the top five subjects was undertaken and the learning is included below.

#### Communication - Lessons learned:

- Staff must endeavour to respond to queries in a timely manner
- Families should be given timely information and updates on the condition and location of patients where and when appropriate
- Develop a series of teaching sessions for staff on 'breaking bad news'
- Communication with family/carers improved through increased staffing on wards supporting communication for inpatients on Thomas Young Ward
- All staff to introduce themselves to patients, including students

#### Clinical Treatment - Lessons learned:

- Develop and implement robust handover process for senior health therapies patients when they are transferred to another ward
- Develop "Eat Drink and Move" campaign on Senior Health Wards
- Assign a named midwife during pregnancy and birth
- Ensure a senior midwife is available for the provision of telephone advice

#### Care - Lessons Learned:

- Training for wound and tissue viability management for all staff working on Mary Seacole Ward
- Service to introduce additional clinic slots throughout the year to enable appointments to be rescheduled at an earlier time.
- Provision of manual blood pressure machines to ensure the availability of manual BP machines with the correct cuff size for individual patients, to check an unclear reading of an electronic device. Additional training for nursing staff provided by the Education Team.
- This will be included in staff induction programmes to the Paediatrics wards

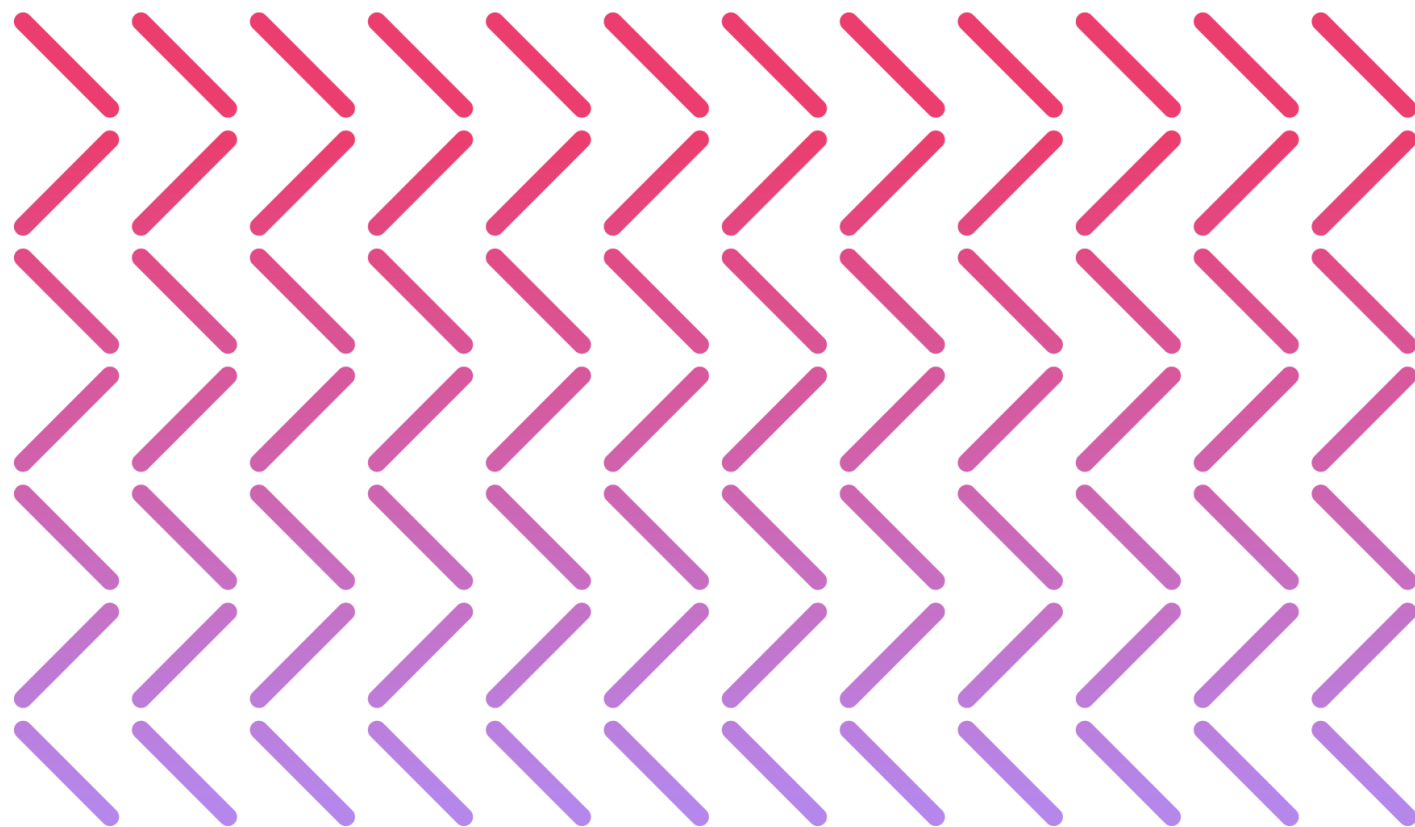
#### Staff Attitude - Lessons learned:

- Identified staff supported to undertake values based leadership and development

#### Cancellation - Lessons Learned:

- Staff were reminded due to the significant changes to our outpatient pathways to include specific information relating to face to face appointments so patients are assured they need to come into the hospital and their appointment cannot be conducted by phone.

## Improving Patient Experience and Complaints handling in 2021-22



### 3. Improving patient experience 2021-22

The following priorities were identified to take forward:

- Continue to raise the profile of PPEG and the role of patient partners and align PPEG objectives to the Trust's Quality and Safety Strategy and the quality priorities in the Quality Account
- Progress the Always Event with patients living with sickle cell working alongside ED, Sickle Cell and transformation teams
- Carry out further demographic analysis of FFT including focused work on the patient experience of people with a limiting physical disability
- Progress further engagement work with the Children's Council
- Continue to broaden links with key community based organisations in Wandsworth and Merton to improve co-design opportunities
- Assess volunteering needs and develop a volunteer plan in response
- Review the use of Language Line within the Trust, developing a policy for the management of the Interpreting Service
- Establish a hospital announcement system within the Trust to support health promotion and general information in key areas of the hospital

With reference to complaints handling:

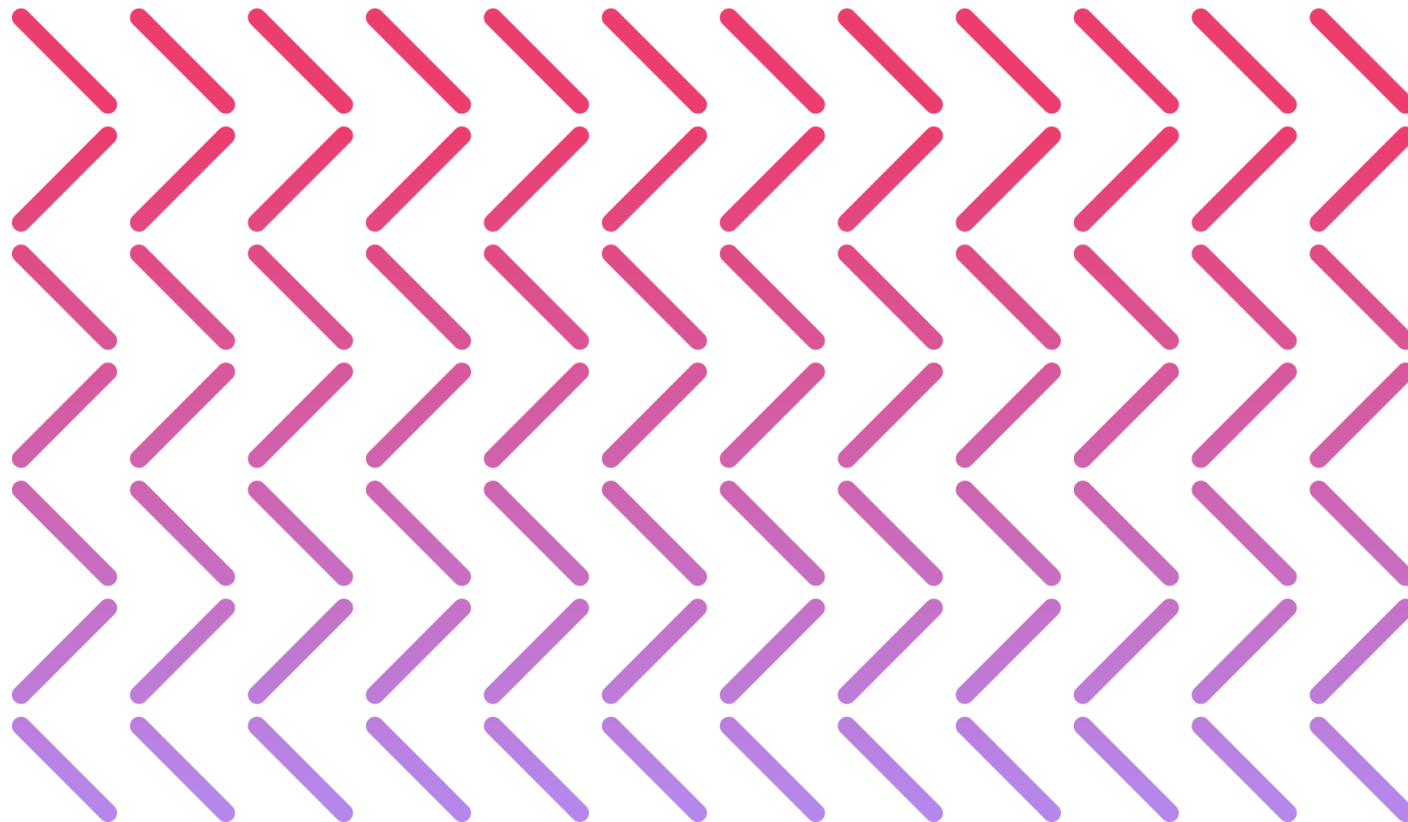
- Provide coaching and training to identified staff within the divisions incorporating root cause analysis to support the complaint investigation
- Embed learning from complaints within divisional governance to ensure the learning is shared effectively
- Re-establish the complaints satisfaction survey and analysis with support of Trust volunteers
- Establish a responsive children and young people led complaints process and resources
- Develop and implement a standard operating procedure to ensure consistency in complaints process and data quality.



**Any questions**

**Appendix 1**  
**Patient Experience Report 2020-21**

**Appendix 2**  
**Complaints Annual Report 2020-21**





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

For the period 2020/2021

July 2021



# Contents



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

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



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# 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:



### Statutory recommendation

Written recommendations to the body under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014. A recommendation under schedule 7 requires the body to discuss and respond publicly to the report.



### 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

# Executive summary

## Value for money arrangements and key recommendation(s)

We have assessed the Trust's Value for Money arrangements across the 3 metrics of:

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

For 2020/21 we have also assessed arrangements concerning Covid-19.

This assessment has been completed between May and June 2021 with the data available in this timeframe in relation to the financial year 20/21 and 21/22 in respects of planning for future periods. Note has also been given to longer term plans (i.e Capital) where these are available.

We have conducted this assessment through;

- Interviewing senior leadership and other key personnel;
- Reviewing financial documents such as budgets, outturn reports and capital plans;
- Reviewing non-financial documents such as CQC reports, staff surveys, workforce and business plans; and
- Incorporating sector, regulator and other market knowledge and experience

At this stage no significant weaknesses have been confirmed and thus no key recommendations have been made. However several improvement recommendations have been included.



### Financial sustainability

We assessed the arrangements concerning Financial Sustainability and raised no indications of potential significant weaknesses. However this assessment is made in the knowledge there is uncertainty regarding

This assessment is made despite the uncertainty that exists in relation to NHS funding for second half of 2021/22 and beyond. Despite the improvements the Trust has made in relation to financial governance as reflected by it exiting special measures during the year there are still underlying structural issues that would pose a challenge were it not for current system funding.



### Governance

We assessed the arrangements concerning Governance and raised no indications of potential significant weaknesses.

We did not conduct further risk based work on Governance arrangements. Therefore whilst we have raised improvement recommendations, we have raised no key recommendations.



### Improving economy, efficiency and effectiveness

We assessed the arrangements concerning the 3e's and raised no indications of potential significant weaknesses.

We did not conduct further risk based work on the 3e's arrangements. Therefore whilst we have raised improvement recommendations, we have raised no key recommendations.

## Opinion on the financial statements

We have audited the financial statements of St George's University Hospitals NHS Foundation Trust (the 'Trust') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.



# Commentary on the arrangements to secure economy, efficiency and effectiveness in its use of resources

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

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

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

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



## Financial Sustainability

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



## Governance

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



## Improving economy, efficiency and effectiveness

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



Our commentary on each of these three areas, as well as the impact of Covid-19, is set out on pages 6 to 16. Further detail on how we approached our work is included in Appendix B.



# Financial sustainability



## We considered how the Foundation Trust:

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

### 1. identifies all the significant financial pressures it is facing and builds these into its plans

The Trust delivered a surplus of £1.3m from continued operations before control total adjustments with an actual deficit of £3.1m. 20/21 has been an exceptional year with Covid-19 impacting the Trust's priorities and plans as well as funding arrangements which will continue into 21/22. Looking forward, the Trust has had to plan for 21/22 with a degree of uncertainty with funding arrangements only confirmed for the first six months of the year. Historically, the Trust has been financially challenged with continued reliance on non-recurrent funding and whilst there is a track record of achieving savings targets it has still consistently delivered deficit financial plans. The Trust and the Integrated Care System (ICS)'s longer term financial plan is focussed around considerable capital investment in shared facilities and elective recovery, some of which are already in operation.

COVID funding for 2020/21 has masked a historic underlying deficit run rate although the Trust left special measures during 2020 due to ability to demonstrate it has made improvements in its financial performance and governance. The delay in the Department of Health and Social Care (DHSC) confirmation of funding for 2021/22 has meant the Trust has only been able to issue a six month budget (expanded into a annual month budget for the purposes of comparison but this is not a formal agreement). There is no evidence to suggest the budget is based on unrealistic expectations or that there is a degree of short-termism in thinking of the management.

The Trust has included in its' planning considerable detail in regards to cost pressures/expectations and a prudent approach to additional income streams such as private patient income. It has appropriately drawn on available data such as expected inflation, population statistics and the revenue costs of proposed capital expenditure. It has identified its' funding gap and thus required savings in line with its' cohort of ICS bodies.

However, the Trust is beholden to funding agreements set out by the DHSC, which at present is delayed. The ability for the Trust to realistically and sensibly plan to achieve its control total is therefore a potential significant weakness. This situation will be monitored and reported on further in the late Summer when there is additional clarity around funding agreements.

### 2. plans to bridge its funding gaps and identify achievable savings

For 2021/22 the Trust has set a business plan with a £1.2m deficit which complies with guidance on what the Trust will receive in terms of block income and additional income for exceptional items such as Covid-19 testing and High Cost Drugs and Devices. With the other components of the ICS this will be a balanced position for the system.

Due to Covid-19 impacted operations savings plans have not been monitored or upkept, this is reasonable and in line with expectations of the regulators. However it is realistic to expect new saving plans to be required in the near future at levels similar to pre-pandemic levels. The Trust has identified areas for making these savings, but not defined programmes within these areas.

Improvement Recommendation A – the Trust bring back some of the rigour and established tracking programmes as were operated during financial special measures. This high-touch approach has a proven track record and will be effective at re-establishing good practice after this break in budget and savings monitoring.

The Trust plans to harness some of the savings achieved as a result of Covid-19 impacted operations. It is evident the Trust is assessing the positive and negative impacts of these operations, i.e. digitalised outpatient forms, including their impact on health outcomes as well as their financial impact. This includes liaising with the ICS members so that practises become more, not less aligned.

# Financial sustainability

Improvement Recommendation B –The Trust should complete a review of ‘unintended’ cost reductions to identify efficiencies to carry forwards into a post Covid-19 operating environment. As part of this exercise the Trust will also need to ensure clinical outcomes are given equal focus alongside the consideration of potential financial savings.

### 3. plans its finances to support the sustainable delivery of services in accordance with strategic and statutory priorities

The Trust has continued to invest in its infrastructure as a result of several internal and external reviews which indicated the negative impact on clinical outcomes. The MTFs and short term budgets and plans rely on this infrastructure being in place, a priority which is clear within the Trusts’ reporting and operations. Therefore the improvement of infrastructure is both a strategic and statutory priority.

These plans are appropriately linked to the wider ICS plans and contribute sufficiently. As noted in the Governance section of this report the business plan designed to link corporate plans and budgets was not in place for 20/21 and is not for 21/22. This has been identified as an improvement recommendation.

In September 2020 the board approved a strategy framework constructed around ‘Care, Culture and Collaboration’ and we can see that the H1 and H2 plans are linked to this framework.

We are satisfied The Trust plans its’ finances to support sustainable delivery of its’ priorities.

### 4. ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning

The workforce plan is intrinsically interlinked with the short and medium term budgets, and is appropriately presented as complimentary reports to support decision making. In common with the rest of the sector, the Trust has accumulated significant annual leave balances for its staff. Decisions on how to manage this staffing risk are ongoing, but the financial impact of this is factored into the budgets.

Capital spend requirements per the plan are currently in excess of the capital funding available to the Trust. This is due to increased cost expectation of existing projects and unexpected maintenance costs of current infrastructure. The intention was that £60.3m of

funds would be available in 21/22 to fund the capital programme. Since then the ICS have withdrawn £6.5m. Additionally, the Trust has subsequently identified further critical infrastructure capital costs which moves the position from a £60.8m capital expenditure requirement and matching capital departmental spending limit (CDEL), to a capital expenditure requirement of £67.9m with a CEDL of £54.3mil. The 5 year capital plan shows clearly the gap in available funding from internal sources.

Given the importance of the capital planning to the clinical safety of the Trust this is an area the Trust will need to undertake work in once there is greater clarity later in the year regarding funding.

It is evident from Board and Finance and Investment Committee (FIC) reporting the mismatch between capital spending limits and capital spending requirements are highlighted for consideration and scrutiny.

Improvement Recommendation C –We recommend an estimation to when further information will become available to aide decision making be included in the papers. This would provide a trigger point for decisions made based on currently uncertain data to be reviewed. For example providing a date at which funding or information on funding will become available to assist with decision making and scrutiny.

### 5. identifies and manages risk to financial resilience, such as unplanned changes in demand and assumptions underlying its plans

The Trust appropriately incorporates risks into its planning and budgeting and presents these risks clearly to the Board where there is quantifiable impact. Where the impact is not yet known and thus not quantifiable it is still presented but with TBC status. These are RAG rated for prioritisation. This is in line with the reporting we see elsewhere in the NHS and is good practise.

This is particularly evident in the current budgeting scenario which states ‘assume H2 funding is equal to H1 funding’. This is a considerable assumption, but is clearly the current best guess at funding yet to be confirmed by DHSC. The cashflow impact is also assessed based on the assumption of continued block type funding and the ‘bulky’ receipt of this income.

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# Financial sustainability

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Mitigation planning is completed and factors in ICS-wide considerations such as; delaying ITU infrastructure spend at the Trust will have capacity impacts at ICS partnership Trusts who will then have to absorb patients. It is particularly good practise to see these considerations being reported, this is an advanced state compared to some other ICS operations.

The ICS has a reported elective recovery plan which factors in the potential of further Covid-19 patient waves. This plan considers where elective recovery is going to be prioritised in the system and therefore where ITU beds are needed to treat COVID patients.

## Conclusion

We found no evidence or indication of potential significant weakness regarding the financial sustainability of the Trust, as such, no further risk-based work has been performed on this criteria for assessing the arrangements for securing value for money. This assessment is made despite the uncertainty that exists in relation to NHS funding for second half of 2021/22 and beyond. Despite the improvements the Trust has made in relation to financial governance as reflected by it exiting special measures during the year there are still underlying structural issues that would pose a challenge were it not for current system funding.

As part of our 2021/22 VFM audit we will consider whether a risk around financial sustainability has emerged subsequent to confirmation of the revenue and capital funding available to the Trust. Should the funding be insufficient we may determine there is a significant VFM weakness in relation to financial sustainability.

# Governance



## We considered how the Foundation Trust:

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

### 1. monitors and assesses risk and gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud

The BAF format is clear, understandable and based on sector good practice. Assurance levels are listed in the BAF such that governance functions are aware of the reliability of the current position. The structure of the specialised scrutiny committees (i.e. finance & investment, quality and safety, estates and assurance etc) is designed to enable oversight by appropriately experienced and qualified members and attendees. We note from our attendance at designated committees and through our review of minutes and agendas that sufficient time and prominence is given to identifying, discussing and challenging risk at the Trust.

The BAF is sufficiently detailed. Accountability is further enhanced by the fact each risk has a named individual as risk owner. The BAF has a clear scoring system on a matrix system, and it is good practice to have a target score and actual score so a comparison can be made to demonstrate the level of action required to mitigate risks. The Trust has no individual Covid-19 risk. This is due to the multiarea impact of Covid-19. Instead there is a summary section on each risk which outlines where and if Covid-19 impacts this risk area. This to be an appropriate way to manage the risk.

As at Mar 2021 the BAF has ten risks. Accepted practice in the sector is a Trust the size of St George's would expect anything from five to 15 risks in its BAF. Any more or less might be indicative of an organisation not scoring its key strategic risks appropriately.

Improvement Recommendation D – review scoring to understand stagnation: three of ten BAF risks and also 20+ linked corporate risks have the same gross and net risk scores. In most cases these are not new risks. A scenario with scores not improving or even worsening implies the controls in place are having little to no effect on likelihood or impact. Although it is more likely an issue with scoring and the review of challenge process. Resources are finite so if it determined the scoring is correct the Trust may wish to consider whether its prioritisation of actions is appropriate e.g. if time and effort are being ineffectively applied to some risk areas could resources be better directed to other risks where actions would have more impact.

Improvement Recommendation E – expand the remit of SR4 regarding the SWL ICS to encompass financial restraints explicitly: We would expect SR4 to encompass financial and governance considerations, which it does not explicitly do. The risks detailed note 'capacity' without reference to whether or not this is financial. However considerable detail has been input to the controls of making a success of the ICS. Currently the risk is sufficient but could further benefit from including the financial constraints of the system and how those might be agreed and offset between the individual organisations.

The Trust has an outsourced Internal Audit function provided by TIAA to monitor and assess the effective operation of internal controls. From our attendance at Audit Committee and our review of documentation the Audit Committee appears to receive sufficient assurance to enable it to assess whether internal controls have operated as expected. Appropriate time and prominence is given to the reporting presented by TIAA, with good challenge offered by the members of the committee.

The Local Counter Fraud Specialist (LCFS) holds regular update meetings with the Director of Finance where both reactive and proactive work are discussed and reviewed. Sufficient focus is given to the counter fraud service and working arrangements with them. There is a clear and direct line to audit committee and thus board if required.



# Governance

## 2. approaches and carries out its annual budget setting process

Risks are shown alongside their uncertain monetary impact where this can be measured. Where values are uncertain the Trust use trends and existing data to extrapolate and thus support decision making. Reporting through FIC and the Board is done on a timely basis to allow them to challenge management's actions.

We found evidence of alternative proposals and scenarios going to FIC before final decisions are made, for example regarding the circumstances of the capital expenditure programme for 2021/22.

The substance of this assessment is whether you are considering more than one way of doing something, or more than one possible budgetary outcome. The evidence we have seen indicates that this is occurring and you are considering a variety of 'what-ifs' whilst operating in an income restrained environment and a highly regulated and prescribed set of priorities.

Through discussions with staff and reviews of your budgets we can see priorities are aligned with the MTFs, however these priorities are often not written down and fully evidenced against the MTFs. This plan also dates back to 2019 before the impact of Covid-19. There is currently no business plan which joins financial budgets, workforce plans, capital plans and ICS priorities due to the uncertainties arising from Covid-19. There is therefore a risk that these strategic plans are not fully aligned and are incongruent.

**Improvement Recommendation F – refresh business plan to encapsulate existing financial and non-financial strategic plans including where the priorities have changed in light of Covid.**

The Trust effectively consults internally and externally during the budget setting process. The main consultation is with those responsible for delivery. Medical, Nursing and Operational lead of each area must sign off this plan before it becomes part of the CIP program. This ensures there are no preventative clinical impacts of the savings plans.

There is evidence of regular consultation via the ICS and directly with NHSI. Throughout the year the Trust engages with their local NHSE/I representative around budgetary matters, discussing trends and possibilities. As a Trust in financial special measures, a strong financial governance protocol was assigned and adopted by the Trust. Despite the fact the Trust has exited special measures this structure still exists and supports your financial

governance arrangements.

It is clear that consultation has occurred for capital expenditure planning, both internally from a clinical need perspective and in the 'wider internal' of the ICS where the capital expenditure impacts the group objects such as ITU space. Externally consultation has considered CQC action plans and expectations.

**Improvement Recommendation G – for the clarity of its reporting to board, stating where decisions are able to be made by you in isolation and which budgetary lines are decided more centrally i.e. within the ICS, or as a non-negotiable value from NHSE/I. This would give the executive and the governance a better understanding of what you are able to impact and whether you need to impact this in an organisational or system wide basis.**

## 3. ensures effectiveness processes and systems are in place to ensure budgetary control

The Trust engage with budget holders to review financial performance and identify actions to resolve adverse variances on a regular and established basis. This is completed between the finance function and the DDO (budget holder) on a monthly basis. The process is weekly in relation to salaries and agency costs as there has been a pressure on both of these areas during the Covid-19 pandemic.

The Board receives and notes the Integrated quality and performance report, which has been scrutinised at both the Finance and Investment and the Quality and Safety Committees first. Relevant non-financial information is presented alongside but not as part of the financial reporting. We note from a review of the detailed H1 plan and accompanying paper that the workforce plan and corporate objectives are drawn in to the same briefing note.

## 4. ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency

Budgets are discussed within the Committee structure with approval from the Board. This provides appropriate opportunity for challenge and revisions where necessary.

Strategic decisions are being made with the SWL ICS in mind with wider consultation and sharing of information. The ICS action plan includes a plan for regular updates from ICS leadership to individual bodies, allowing for Trust-level decision making and challenge.



# Governance

The CEO, CFO and COO, Medical Director and Chief Nurse are present at appropriate committee meetings. This sets the tone from the top re accountability to scrutiny. It is of additional note that directors of specific areas i.e. estates, information, infection control etc are executives of the committee and are thus called upon to attend where a paper requires or would benefit from their input.

We take assurance by the additional supervision provided over these plans by NHSI regional groups. There is a defined pathway and so the establishment of the ICS is more supported than some of the other, looser arrangements for joint working within the NHS.

A review of the breaches and waivers papers presented to Audit Committee show no indication of due process being avoided which might result in illegal actions or actions which would damage the reputation of the Trust.

## 5. monitors and ensures appropriate standards

You have arrangements in place to monitor compliance with legislation and regulatory standards, having a standing item section in the Audit Committee titled 'internal compliance and assurance' and includes papers from the counter fraud team, the freedom to speak up champion and the ITCG lead.

Website content includes explanations on what is fraud, what is bribery, the do's and don'ts and how to report it. Details of the upcoming fraud initiative have also been a budget holder group who regularly allowed or at least failed to stop overpayments. An action plan has been created following this work to ensure that these budget holders are trained and held to account.

We have viewed FIC reporting which demonstrates how budgets are reported both in their original position and then variations to this as the year progresses. Under Covid-19 this budget was displayed as a *baseline* and *baseline + Covid-19* budget, to ensure clarity on financial performance. included.

An anti-bribery and corruption statement from your CEO has been uploaded. This shows your commitment to highlighting how to act appropriately in its legal and regulatory environment from a different lens than just clinical safety.

The Trust has a code of conduct which all staff sign up to on employment, this ensures that they are aware of their responsibilities re legislation and regulation and the ICS plan also includes a section on culture and how this should be communicated to staff at each NHS body. This aligns with the NHS strategic care priorities.

Arrangements for making a declaration of interest are in place at the beginning of all Board or committee meetings and a link on the website contains a compiled list of these. The secretary collects the annual declarations which contain instructions to update in-year if circumstances change. Members of the board and other staff classified as 'decision-makers' are required to complete an annual declaration. Board members are also asked to declare any interests they have before the start of each board meeting. What constitutes an interest and how to declare this are easily searchable online, circa 50% of decision makers have made a declaration. We would not expect this number to be at 100% as many decision makers are not acting in a role which would result in them having an interest.

Improvement Recommendation H – There is an inconsistency in the reporting on the website which can be rectified with some changes in language. Currently the disclosure online appears that only 50% of staff have followed the policy that they must make a declaration. It is not clear to a reader whether this means only 50% of decision makers have complied or whether 50% of decision makers have an interest. We recommend that nil responses should still be submitted so that it is clear that all staff have understood that they have to consider their interests.

## Conclusion

We found no evidence or indication of potential significant weakness regarding the governance arrangements at the Trust, as such, no further risk-based work has been performed on this criteria for assessing the arrangements for securing value for money.

# Improving economy, efficiency and effectiveness



## We considered how the Foundation Trust:

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

## 1. uses financial and performance information to assess performance to identify areas for improvement

An integrated quality and performance report (IQPR) presented to the Board includes performance, safety and financial matters and contains notation to contextualise and analyse the results. This analytic often compares performance with and without Covid-19 data to allow for meaningful discussions and decision making. Comparisons are appropriately drawn from other Trusts, especially those which operate within the SWL ICS, for which greater data is available.

The performance indicators are presented across the categories of : outcomes, finance and productivity, patient perspective, process perspective and people perspective. These are appropriate groupings and cover the core operations of the Trust. Much is presented graphically with accompanying 'what the information tells us' box and an 'action and quality improvement project' box clarifying the current position and direction of travel.

The Trust is assured of the accuracy of financial and performance data reported to the Board both from a review perspective and from the integrity of the collection and analysis methods. Most of the comparative data comes from nationally available datasets and tools.

As a national model hospital ambassador the Trust is active in using this data to quantify potential savings or performance improvements of suggested programmes. However the Trust recognises there is a time lag in the model hospital data and so the true potential may be overstated compared to live Trust level data. The outcome of these exercises is the Plan, Do, Study, Act programmes, the notable prompt of which is a PDSA poster. This ensures that there is a recognised plan for improvement across the Trust. These PDSA posters are displayed in areas where teams will be impacted by the change.

Our review of performance information indicates the Trust has appropriate arrangements in place to monitor KPIs and use this to instruct improvement programmes. Additionally Trust can demonstrate arrangements in place to learn from other NHS organisations to improve performance.

## 2. evaluates the services it provides to assess performance and identify areas for improvement

There is no evidence of consistent failure to meet minimum service standards in core areas; there is however a moving picture in regards to the NHSI metrics required for quality reporting. Traditionally the Trust has struggled to meet the A&E targets, however during COVID the Trust's Four Hour Operating Standard performance was 94.8% increasing from 92.1% reported in February 21. Performance here continues to exceed the London average.

Improvement Recommendation I – Given the improvements in A&E performance the Trust should investigate what changes arising due to Covid-19 have improved performance that could continue when services return to business as usual.

The impact on various cancer targets however is more variable. February 2021 RTT performance was 68.3% against a National target of 92% with 2,671 patients waiting longer than 52 weeks and the volume of patients awaiting treatment increased. This poses a wider issue for the health economy as long term illnesses undergo delays to treatment and diagnosis.

# Improving economy, efficiency and effectiveness

Improvement Recommendation J - The Trust forward plans for cancer treatment should also factor in how backlogs will be managed and what the operational and cost implications of this will be.

We found no evidence the Trust has failed to review and challenge strategic priorities, the cost-effectiveness of existing activities or to identify where they do not contribute sufficient value. In working with the ICS there are already some established cost and efficiency savings, i.e. the procurement hub, with potential for more to be realised as the ICS develops.

The ICS in SWL is more advanced than others, with official designation, established plans and governance structures and aligned strategic aims. The Trust is monitoring shared programmes for EEE's from a Trust and system perspective.

There are several areas where patient capacity requirements have been moved around the ICS, for example audiology and endoscopy. The additional ITU space being constructed at the Trust will serve all members of the ICS rather than the Trust alone. There are, as aforementioned, ICS level plans to achieve elective recovery targets and manage a potential third Covid-19 wave across the ICS rather than on an individual Trust basis.

These areas indicate the Trust is performing well in achieving EEE in relation to partnership working.

**3. ensures it delivers its role within significant partnerships, engages with stakeholders, monitors performance against expectations and ensures action is taken where necessary to improve**

There is evidence strategies developed at a partnership level are translated into meaningful actions to be delivered by the Trust. Examples of this include ITU space, movement of specialist treatments within the ICS and shared resource pooling with Epsom and St Helier.

The Trusts actions indicate a commitment to supporting the ICS in delivering its system wide plans.

Improvement Recommendation K – Consider where it is pertinent to factor in performance of the other Trusts when reporting against KPIs. Without this context it is difficult for stakeholders to understand the trade-offs made between Trusts.

The Trust monitors the implications or impact of spending reductions leading to, for example, a detrimental effect on service quality and performance in priority areas. As a system, the ICS must set a balanced budget and the Trust needs to deliver its own financial targets to support this objective.

There is no evidence of significant financial loss or failure to deliver expected efficiency/performance improvements when working through significant partnerships. The provider collaborative, the ICS, the procurement hub, the recruitment hub and the pathology shared services as examples where savings and efficiencies have been made.

The Trust has engages and consults with key stakeholders, where appropriate, to determine local priorities for resources or opportunities for savings.

**4. ensures that it commissions or procures services in accordance with relevant legislation, professional standards and internal policies, and assesses whether it is realising the expected benefits.**

The Trust has an established procurement strategy. The includes the hosting of the SWL procurement hub, designed to make efficiency savings on back office services in SWL. There is no evidence of the Trust failing to operate a fair procurement exercise for a significant contract; the rules and protocols established within the hub prevent this.

The procurement hub is an appropriate use of resources and does not indicate a risk of a significant weakness, each Trust has gained a 1-3% saving on being part of the hub.

Where required, the Trust appropriately sources external expert guidance on procuring services, including legal advice. A review of breaches and waivers shows no indication of contracts being rolled forwards without due process being followed.

## Conclusion

We found no evidence or indication of potential significant weakness regarding the economy, efficiency and effectiveness arrangements at the Trust, as such, no further risk-based work has been performed on this criteria for assessing the arrangements for securing value for money.

# COVID-19 arrangements



Since March 2020 Covid-19 has had a significant impact on the population as a whole and how NHS services are delivered.

We have considered how the Trust's arrangements have adapted to respond to the new risks they are facing.

## Financial sustainability

Arrangements are in place to identify and monitor additional costs arising from responding to the Covid-19 pandemic. This includes operational level initial coding and reporting covid costs separately at scrutiny level.

The Trust also has arrangements in place to compile and monitor returns to NHSI/NHSE relating to Covid-19 costs and to assess whether Covid-19 related spend is appropriate to be incurred.

## Governance

The Trust's arrangements have adapted to respond to the new risks its face from 2020-21 onwards in respect of Covid-19. This includes factoring COVID into the BAF and having the director of infection control lead on Covid-19 programme areas.

The Trust's governance and internal control systems were adapted to take account of the impact of Covid-19 on the body's operations. However with a Trust of your size with considerably digitised support functions (i.e. finance) controls were not significantly impacted. Where changes were required to financial or other control processes as a result of Covid-19 these have been assessed by the internal audit function and by management to confirm they are appropriate. There has been no marked decrease in assurance gradings in 20/21.

## Improving economy, efficiency and effectiveness

The Trust has maintained effective controls around expenditure and procurement during the pandemic by maintaining good practise on breaches and waivers and utilising the SWL procurement hub. We have no concerns to highlight around COVID procurement.

The Trust has arrangements in place for capturing and monitoring the impact of Covid-19 on quality and safety through the committee and through the integrated performance reporting.

## Conclusion

We have no concerns to raise in relation to the arrangements in response to Covid-19.

# Improvement recommendations



## Financial Sustainability

	Recommendation A	Recommendation B	Recommendation C
<b>Auditor judgement</b>	The Trust needs to re-establish its' previously thorough and effective savings monitoring procedures. The Trust has identified areas for making savings, but has not defined programmes within these areas. This therefore is the responsibility of those impacted budget holders to find these savings. To this end additional support will be required by the budget holders to ensure savings are realised.	The Trust implemented various actions as a response to Covid-19 that have led to cost reductions in some areas. There is a risk that a return to business as usual practices could see these savings opportunities disappear.	It is evident from Board and FIC reporting that the mismatch between capital spending limits and capital spending requirements are highlighted for consideration and scrutiny. Some of the reasoning given for this mismatch is delays in agreed funding however there is a lack of clarity of when these delays are likely to be resolved.
<b>Summary recommendation</b>	We recommend the Trust bring back some of the rigour and established tracking schemes as were operated during financial special measures. This high-touch approach has a proven track record and will be effective at re-establishing good practice after this break in budget and savings monitoring.	The Trust should complete a review of 'unintended' cost savings to identify efficiencies to carry forwards into a post Covid-19 operating environment. As part of this exercise the Trust will also need to ensure clinical outcomes are given equal focus alongside the consideration of potential financial savings.	We recommend Committee papers which require decisions include an estimate for when greater clarity is expected on funding arrangements. This will help the Board and Committees understand the timescales relating to the decisions they are making. These decisions should also be tracked to ensure they are revisited once greater information is available to the Trust.
<b>Management comment</b>	Agreed and this is in progress. Target attainment date: October 2021 Executive Lead: Andrew Grimshaw	Agreed and this is in progress. Target attainment date: October 2021 Executive Lead: Andrew Grimshaw	Agreed – Whilst future financial frameworks and regimes are unknown due to the exceptional environment the NHS is in as a result of the pandemic, an estimation of timescales will be included in future papers for decision, where exact clarity is not available. It will be made clear that these estimations are made to the best of limited current knowledge on future funding arrangements. Target attainment date: October 2021 Executive Lead: Andrew Grimshaw

The range of recommendations that external auditors can make is explained in Appendix C.

# Improvement recommendations



## Governance

### Recommendation D

**Auditor judgement** 3 of 10 BAF risks and also 20+ linked corporate risks have the same gross and net risk score, additionally these are often not new risks. The impact of this is that time and effort might be being applied to these risks without benefit. A scenario with scores not improving or even worsening implies the controls in place are having little to no effect on likelihood or impact. Another interpretation is that there is an issue with the scoring that needs reviewing and challenge. Resources are finite so it is possible resources and effort are being ineffectively applied to these risk areas and could be better directed in achieving other things that would benefit the Trust.

**Summary recommendation** There is a possibility BAF scores are either not being appropriately adjusted, or that controls in place are doing little to impact the scoring outcome. The Trust may wish to consider whether its prioritisation of actions is appropriate e.g. if time and effort are being ineffectively applied to some risk areas could resources be better directed to other risks where actions would have more impact.

**Management comment** The Trust will consider the scoring of BAF and corporate risks as work is ongoing regarding the structure of the BAF. There will be instances where scores remain static due to scale of work required to implement actions.  
Target attainment date: December 2021  
Executive Lead: Stephen Jones

### Recommendation E

The remit of Strategic Risk 4 (SR4) regarding the South West London ICS does not include financial restraints explicitly. We would expect SR4 to encompass financial and governance considerations. The risks detailed note 'capacity' without reference to whether or not this is financial. However considerable detail has been input to the controls of making a success of the ICS.

Currently the risk is sufficient but could further benefit from including the financial constraints of the system and how those might be agreed and offset between the individual organisations.

The Trust will consider the framing of the risks and whether there is sufficient focus on financial risks to the ICS reflected in the BAF.  
Target attainment date: December 2021  
Executive Lead: Stephen Jones

### Recommendation F

Through discussions with staff and reviews of your budgets we can see that your priorities are aligned with your MTFS, however these priorities are often not written down and fully evidenced against the MTFS. This plan also dates back to 2019 before the impact of Covid-19. There is therefore a risk that these strategic plans are not fully aligned and are incongruent

We recommend the Trust refreshes business plans to encapsulate existing financial and non-financial strategic plans including where the priorities have changed in light of Covid-19.

Agreed. Business plans will be refreshed in line with national timelines, and priorities once these are published.  
Target attainment date: November 2021  
Executive Lead: Andrew Grimshaw

The range of recommendations that external auditors can make is explained in Appendix C.

# Improvement recommendations



## Governance

### Recommendation G

**Auditor judgement** It would improve decision making and scrutiny if for the clarity of reporting to Board, the Trust stated where decisions are able to be made by Board in isolation and are interdependent with the wider health system e.g. within ICS led plans.

**Summary recommendation** We recommend Board reporting makes a distinction between what is within the control of the Trust and what is either part of wider ICS plans or decisions made by NHSI/E that are not negotiable.

**Management comment** Agreed. Future reports will made clear which elements of performance and decision making are dependent on the ICS/NHSIE.  
Target attainment date: October 2021  
Executive Lead: Andrew Grimshaw

### Recommendation H

The Trust’s website includes information about declaration of interest compliance. ‘Decision making staff’ are required to make either positive or nil declarations, aligned to each financial year. Currently the disclosure online suggest for 2020/21 24% of ‘decision makers have made a declaration and the remaining 76% have not. It is not clear whether nil returns are factored into the 24%

The performance data as per the Trust website suggests declaration of interest compliance is poor. If this information is accurate the Trust needs to consider how it can ensure better compliance.

The Trust is working towards higher disclosure levels and as part of this will consider how the results are framed and presented for public consumption.  
Target attainment date: December 2021  
Executive Lead: Stephen Jones

The range of recommendations that external auditors can make is explained in Appendix C.



# Improvement recommendations



## Improving economy, efficiency and effectiveness

### Recommendation I

#### Auditor judgement

The Trust has improved A&E performance under Covid-19 operating procedures. It is likely the main contribution to this improvement relates to the volume, complexity and type of A&E attendance during the pandemic. However it is also likely some improvements have arisen from changes in arrangements and protocols.

#### Summary recommendation

Given the improvements in A&E performance the Trust should investigate what changes arising due to Covid-19 have improved performance that could continue when services return to business as usual.

#### Management comment

The Trust's ED performance improved across the last surge, with the Trust achieving 95% standard in March 2021. Since then, ED performance has fluctuated reflecting periods when the NHS has experienced higher than ever previously recorded ED attendances. Despite this, the Trust is consistently in the top 4 performers in London and the top 10 for England. ED performance has been significantly improved by the clinical leadership in ED using Quality improvement techniques to tackle the issues raised in the Emergency Care Improvement Support Team (ECIST) Review Report, following a review of the ED in autumn 2019.

ECIST revisited the Trust in November 2020, and reported that the processes, clinical leadership and focus and culture of learning were 'exemplary'. The Trust continues to support our ED to learn and adapt to the changing operating environment to sustain timely and effective care for all patients accessing emergency and urgent care.

An ongoing process of review in place within the ED Team.

Target attainment date: Complete

Executive Lead: Anne Brierley

### Recommendation J

The Trust has had to delay some treatments due to Covid-19 operating procedures, as such some performance metrics are showing slippage against the target, i.e. cancer diagnostic and treatment waiting times. Whilst it is clearly not the intention, this has had a short term positive financial impact but will have far wider reaching clinical and financial impacts in the future. The trust should consider the impact actioning a backlog will have on capacity and treatment targets.

The Trust forward plans for cancer treatment should also factor in how backlogs will be managed and what the operational and cost implications of this will be.

Across the covid surges the Trust, along with all other NHS trusts has had to delay elective treatments with a commensurate increase in the size and duration of waiting lists and times. Addressing elective waiting lists and recovering required performance targets will take considerable planning and resources.

The Trust has a comprehensive elective recovery programme, with recovery trajectories agreed with each care group for diagnostics, outpatients and elective treatments. The Trust has also invested in 4 daycase theatres to support elective recovery. This trajectory includes cancer and non-cancer pathways, and focuses on sustaining timely treatment for priority 1 (within 72 hours) and priority 2 (within 28 days) for cancer and non-cancer as referral rates return to and exceed pre-COVID referral rates. To date the Trust is ahead of its trajectory to remove all patients waiting 52+ weeks, and on track to recover cancer 31 and 62 day targets across all specialities. Elective recovery is monitored in the weekly Access Committee which looks at ensure all clinical, operational and financial implications are effectively managed. Trajectories in place and management oversight will remain in place while the backlog is addressed.

Target attainment date: Complete

Executive Lead: Anne Brierley

The range of recommendations that external auditors can make is explained in Appendix C.

# Improvement recommendations



## Improving economy, efficiency and effectiveness

### Recommendation K

#### Auditor judgement

The Trust is committed to being a key component in ensuring the SEL ICS succeeds in delivering its objectives. Some patients are being moved from the Trust's waiting lists to the waiting lists at other Trusts, i.e. for Audiology. Without the context that this is an intentional move, the Audiology performance at the Trust looks poor and there could be other KPIs equally distorted by ICS collaboration.

#### Summary recommendation

The Trust should consider where it is pertinent to factor in performance of the other Trusts when reporting against KPIs. Without this context it is difficult for stakeholders to understand the trade-offs made between Trusts.

#### Management comment

The Trust is proactively working with the other acute hospitals in SWL ICS. As part of this the SWL Acute Provider Collaborative (APC) has created a system of mutual aid to collectively manage waiting times across the system. As this involves and more patients are moved between hospitals there is a risk this distorts waiting times reporting.

Delivery of mutual aid to support effective elective treatment pre-existed in SWL before COVID. SWL has also made good progress in implementing high volume / low complexity clinical speciality hubs (for example urology), where the three DGHs support the St George's by treating long waiters. There is effective governance and reporting between the Trusts, overseen by the Elective Recovery Board in SWL at which all CEOs are members, and reviewed weekly at an operational level. Patients treated in DGHs are removed from the Trust's PTL to the treating Trust – thus ensuring accuracy on numbers treated, size of waiting list and length of waiters for each Trust, in accordance with the NHSE regulations on elective mutual aid. Reporting to NHSE for SWL comprises of SWL in aggregate and individual Trust performance, with detail on mutual aid and the impact of speciality hubs reported in the quarterly 'deep dives' with NHSE on SWL elective recovery performance.

Trust oversight will remain in place and will align with SWL systems and processes.

Target attainment date: Complete

Executive Lead: Anne Brierley

The range of recommendations that external auditors can make is explained in Appendix C.

# Opinion on the financial statements



## Audit opinion on the financial statements

We gave an unqualified opinion on the financial statements in June 2021.

We also concluded the other information to be published with the financial statements, was consistent with our knowledge of the Trust and the financial statements we audited.

## Audit Findings Report

More detailed findings can be found in our AFR, which was reported to the Trust's Audit Committee in June 2021.

We did not identify any material adjustments to the financial statements which impacted on the Trust's surplus position.

We have also raised one medium priority recommendation and followed up the delivery of prior year recommendations. We found one prior recommendation was only partially implemented during the year but note the Trust has an appropriate plan in place to implement the action in 2021/22.

## Whole of Government Accounts

To support the audit of Consolidated NHS Provider Accounts, the Department of Health and Social Care group accounts, and the Whole of Government Accounts, we are required to examine and report on the consistency of the Trust's consolidation schedules with their audited financial statements. This work includes performing specified procedures under group audit instructions issued by the National Audit Office (NAO).

We were able to certify and report to the NAO that the figures reported in the consolidation schedules were consistent with the audited financial statements.



# Appendices

# Appendix A - Responsibilities of the Foundation Trust



## The accounting officer is responsible for:

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

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

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

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

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

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

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



# Appendix B - Risks of significant weaknesses - our procedures and conclusions

As part of our planning and assessment 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 that we needed to perform further procedures on. The risks we identified are detailed in the table below, along with the further procedures we performed, the conclusions we have drawn and the final outcome of our work:

Risk of significant weakness	Procedures undertaken	Conclusion	Outcome
Financial sustainability was identified as a potential significant weakness, see page 6 onwards for more details.	<p>We have 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. We also reviewed the capital plan and the available capital funding</p> <p>Considered H2 funding arrangements as they become available to the Trust</p> <p>Considered 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>	<p>We have concluded there is no indicator of significant weakness.</p> <p>However we note there is still uncertainty regarding revenue funding for the second half of 2021/22 and beyond. There could also be implications for the long term sustainability of the Trust estate to deliver increased demand for healthcare services should it not be able to access sufficient capital funding.</p> <p>As part of our 2021/22 VFM audit we will consider whether a risk around financial sustainability has emerged subsequent to confirmation of the revenue and capital funding available to the Trust. Should the funding be insufficient we may determine there is a significant VFM weakness in relation to financial sustainability.</p>	Currently no significant weakness has been confirmed and as such no key recommendations are being raised.

# Appendix C - An explanatory note on recommendations

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

Type of recommendation	Background	Raised within this report
Key	The NAO Code of Audit Practice requires that where auditors identify significant weaknesses as part of their arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the Trust. We have defined these recommendations as 'key recommendations'.	None at this stage
Improvement	These recommendations, if implemented should improve the arrangements in place at the Trust, but are not a result of identifying significant weaknesses in the Trust's arrangements.	Several recommendations



# Appendix D - Use of formal auditor's powers

We bring the following matters to your attention:

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## Public Interest Report

Not applicable

Under Schedule 10 of the National Health Service Act 2006, auditors of foundation trusts have a responsibility to make a report in the public interest if they consider a matter is sufficiently important to be brought to the attention of the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

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## Referral to NHS Regulator

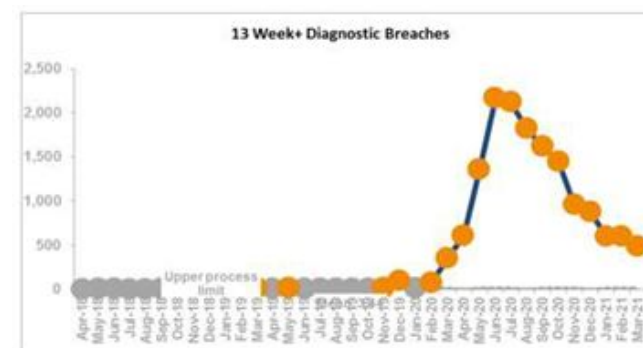
Not applicable

Under Schedule 10 of the National Health Service Act 2006 auditors of foundation trusts have the responsibility to report to the relevant NHS regulatory body if the auditor has reason to believe that the foundation trust (or director or officer of the foundation trust) is:

- about to make, or has made a decision which involves or would involve unlawful expenditure;
  - About to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss of deficiency.
-

# Appendix E – information used to prepare this assessment

Many sources of information were used to facilitate this assessment, below is a series of examples of sources used to conclude on the value for money, please note that due to reporting deadlines there now may be more recent versions of these reports:



## Elective Activity & Theatre Productivity



Modality	Jan-21	Feb-21	Mar-21	Variance	
				last month	last month
Audiology - Audiology Assessments	70	95	124	29	31%
Cardiology - echocardiography	216	154	99	-55	-36%
Cardiology - electrophysiology	3	4	4	0	0%
Colonoscopy	68	90	32	-58	-64%
Computed Tomography	4	4	4	0	0%
Cystoscopy	29	22	25	3	14%
Flexi sigmoidoscopy	20	36	21	-15	-42%
Gastroscopy	132	163	142	-21	-13%
Magnetic Resonance Imaging	18	19	21	2	11%
Respiratory physiology - sleep studies	10	2	1	-1	-50%
Urodynamics - pressures & flows	25	12	13	1	8%
<b>Grand Total</b>	<b>595</b>	<b>601</b>	<b>496</b>	<b>-115</b>	<b>-19%</b>

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## Independent auditor's report to the Council of Governors of St George's University Hospitals NHS Foundation Trust

In our auditor's report issued on 25 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have now completed this work, and the results of our work are set out below.

### Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 25 June 2021 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

### Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

#### Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

#### Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

#### Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;

- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

### **Report on other legal and regulatory requirements – Audit certificate**

We certify that we have completed the audit of Camden and Islington NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

#### **Use of our report**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

*Paul Dossett*

Paul Dossett, Key Audit Partner  
for and on behalf of Grant Thornton UK LLP, Local Auditor

London

2 September 2021



## Membership Engagement Committee Report: Meeting held on 8 September 2021



**Richard Mycroft**  
Membership Engagement Committee Chair

16 September 2021

## Overview

### Summary:

This paper outlines the key matters discussed and agreed at the Membership Engagement Committee meeting held on 8 September 2021. The Committee received reports on the following:

- *Membership Strategy Implementation Progress Update*
- *Membership Engagement Strategy Annual Summary*
- *Membership Engagement Activities*
- *Annual Members' Meeting 2021*
- *Membership Report*
- *Membership Engagement Committee Terms of Reference*

### Recommendation:

**The Council of Governors is asked to:**

- **Receive and note the update;**
- **Consider and endorse the Membership Strategy Annual Summary (Appendix 1); and**
- **Consider and endorse the proposed minor revisions to the Committee's Terms of Reference (Appendix 2).**



## Membership Engagement Programme: June – August 2021 Activity

The Committee noted the progress made on implementing planned engagement activities and agreed on the importance of understanding Governors’ existing local networks and stakeholder groups so that membership activities could play into these.

### Stakeholder engagement & mapping:

- All Governors, including new Governors are requested to provide contact information for local external stakeholders.
- This work would support development of the stakeholder mapping.

### Virtual Constituency Events:

- The Committee discussed the Governor Constituency Event (Wandsworth and Rest of England) held on 23 August 2021, 17:30 – 19:00. The event had focused on reducing waiting times, safe access to the hospitals sites and moving outpatients to virtual platform; and our estates strategy. The event was led by local Governors and supported by presentations from: Anne Brierley, Chief Operating Officer; Andrew Grimshaw, Chief Finance Officer; Andrew Asbury, Estates & Facilities Director.
- The Committee reflected on the event and the overall format of the constituency programme. The event on 23 August had been widely promoted and ten members had registered to attend, but only three were present on the evening. The Committee agreed to review what more could be done locally to promote events, including promotion by Governors. It considered the possibility of broadening the events beyond constituency specific sessions while these are hosted virtually. It also agreed that presentations were most effective when focused on broad themes rather than being in depth on specific areas. The Committee also agreed that continued low attendance would not justify the continued investment of very senior time in preparing for and delivering events.
- Provisionally, and subject to a review, dates for a 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
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

### Members webpage:

- Web page regularly refreshed and new content uploaded including video footage from Members Talks, Constituency Events and recorded Governors clips.
- The Members Event webpage visited **705** times since the 1 April 2021.
- The clip recorded by Public Governor for Wandsworth (Adil Akram) has been viewed **165** times on YouTube.
- For governor/members related content, we had **68,512 impressions** and **284 engagements**



## Membership Strategy 2021-22: Year 3, Quarter 2 Update

4

The Committee noted the progress made so far in implementing the quarter two 2021/22 deliverables of the Membership Strategy. It also noted that the strategy was in its final year and that work to develop proposals for a new membership strategy from April 2022 would commence shortly.

Supporting aims	Year 3	Date	Update
<b>Develop options for introducing a hard copy newsletter for staff, patients and the public</b>	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
<b>Promote membership opportunities to younger people in our communities</b>	Deliver one virtual event for young people to attend in addition to developing promotion material targets to this group	End Quarter 2	We are exploring opportunities with the Trust's Children and Young People's Council.
<b>Refresh our existing communication channels with members and our approach to membership communication and engagement</b>	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
<b>Improve our programme of engagement events</b>	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	We held a further virtual Governor Constituency event on the 23 August 2021 (Quarter 2 of 2021-22) for Wandsworth and Rest of England. Further sessions are being planned for the rest of 2021/22.

## Current Membership – June – August 2021 Movement

As at 27 August 2021, the Trust has a total of 12,906 public members and 9,368 staff members. This represents an overall decrease of 28 public members since the beginning of the financial year. The number of staff members have increased by 129 since last report.



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

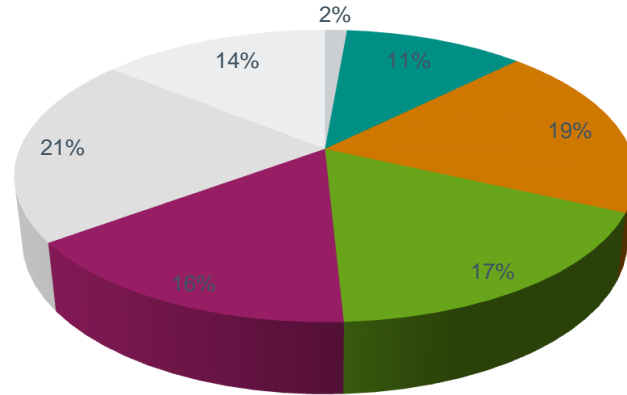
## Membership Profile Analysis – Age, Gender, Ethnicity

(no change since the June report)

### Age

The age profile of the Trust's membership is:

- 14-21 years (2%)
- 22-29 years (11%)
- 30-39 years (19%)
- 40-49 years (17%)
- 50-59 years (16%)
- 60-74 years (21%)
- 75 years and over (14%)



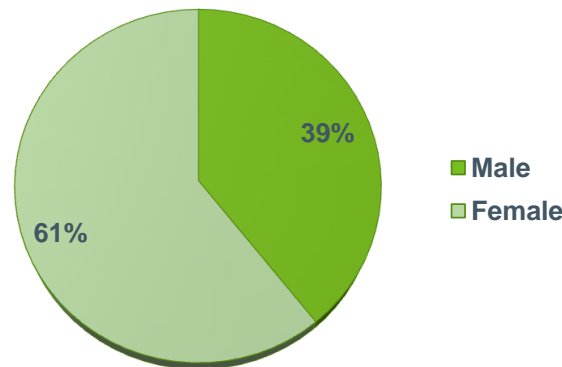
### Gender

The gender profile of the Trust's member is:

- Women - 61%
- Men – 39%

It should be noted there was one record for which the gender was unspecified.

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

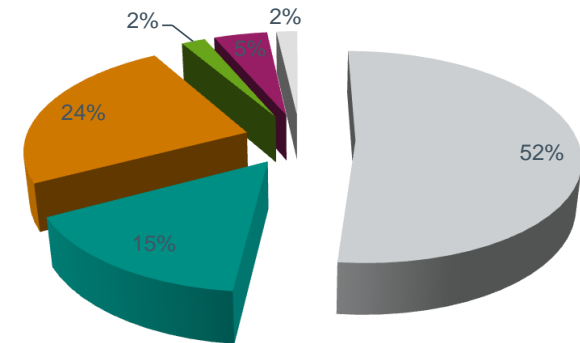


### Ethnicity

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

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

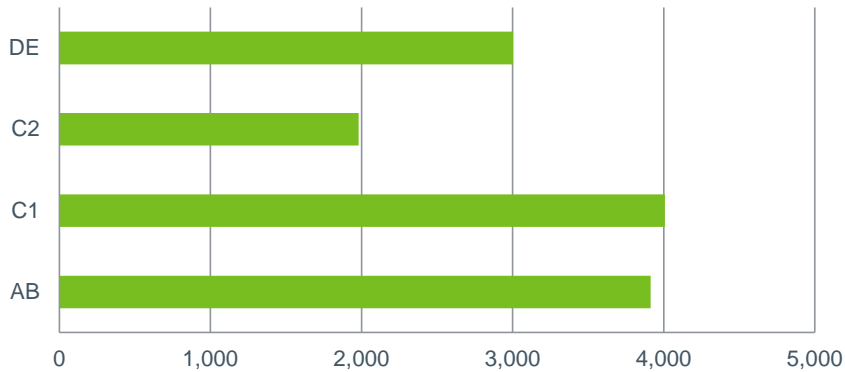
■ White ■ Black ■ Asian ■ Other ethnic ■ Mixed ■ Not stated



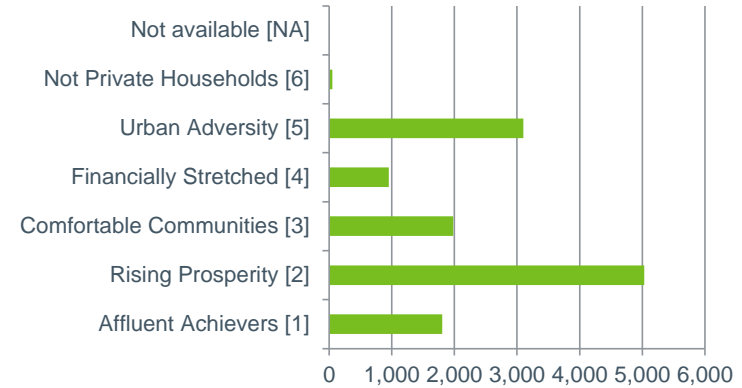
# Membership Profile Analysis – Socio-economical analysis

(no change since the June report)

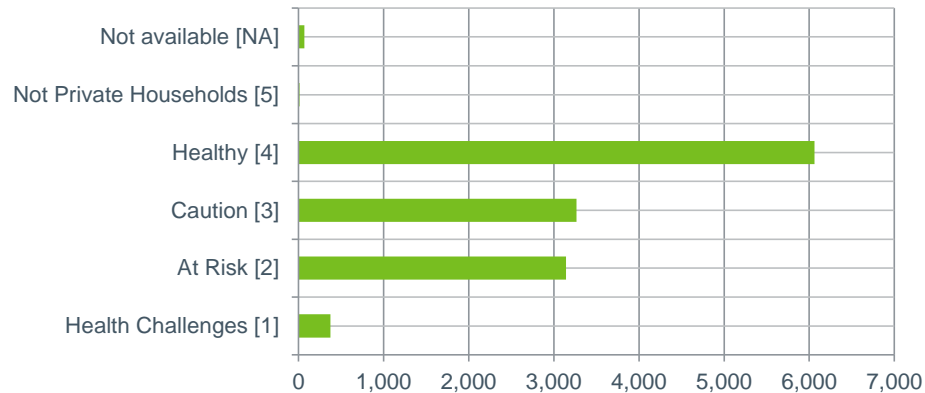
## Office of National Statistics (ONS)\* – Social Grade



## Socio-economic grade



## Wellbeing



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

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

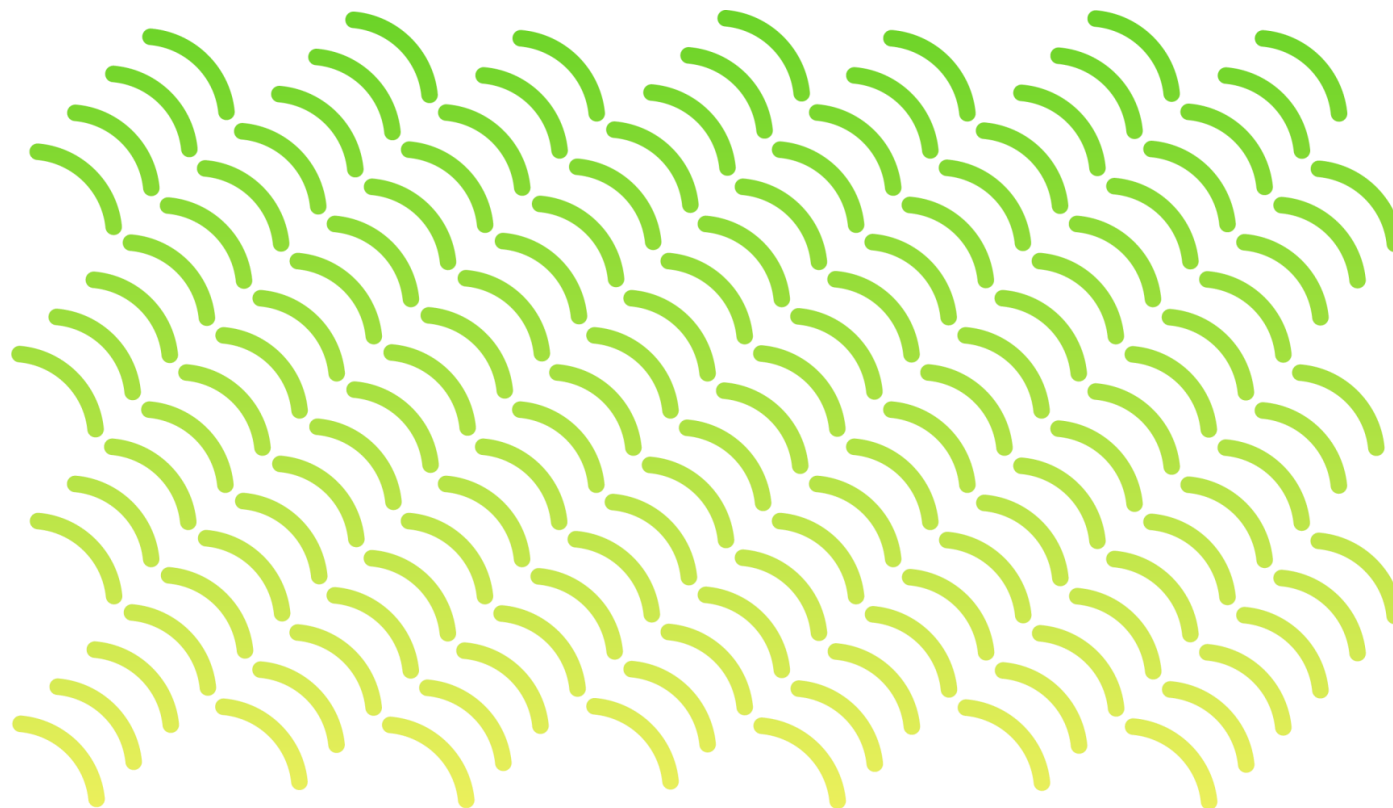


## Membership Engagement Committee Terms of Reference

The Committee undertook its annual review of its Terms of Reference. It agreed that no significant changes were required. However, it noted that minor amendments were necessary to reflect changes in the regular attendees at the meeting and that the provisions for the quorum should be revised. Currently the Terms of Reference required the presence of a Governor from each constituency. The Committee considered that it would be appropriate to set the quorum at four members. These proposed changes are set out in Appendix 2.

A wider refresh of the membership of the Committee is currently underway, and expressions of interest from Governors are being sought, including for the role of Committee Chair.

## Appendix 1: Membership Engagement Strategy Annual Summary







## Membership and Engagement Strategy 2019-2022

### *Annual Summary*



**Stephen Jones**  
Chief Corporate Affairs Officer

2 September 2021

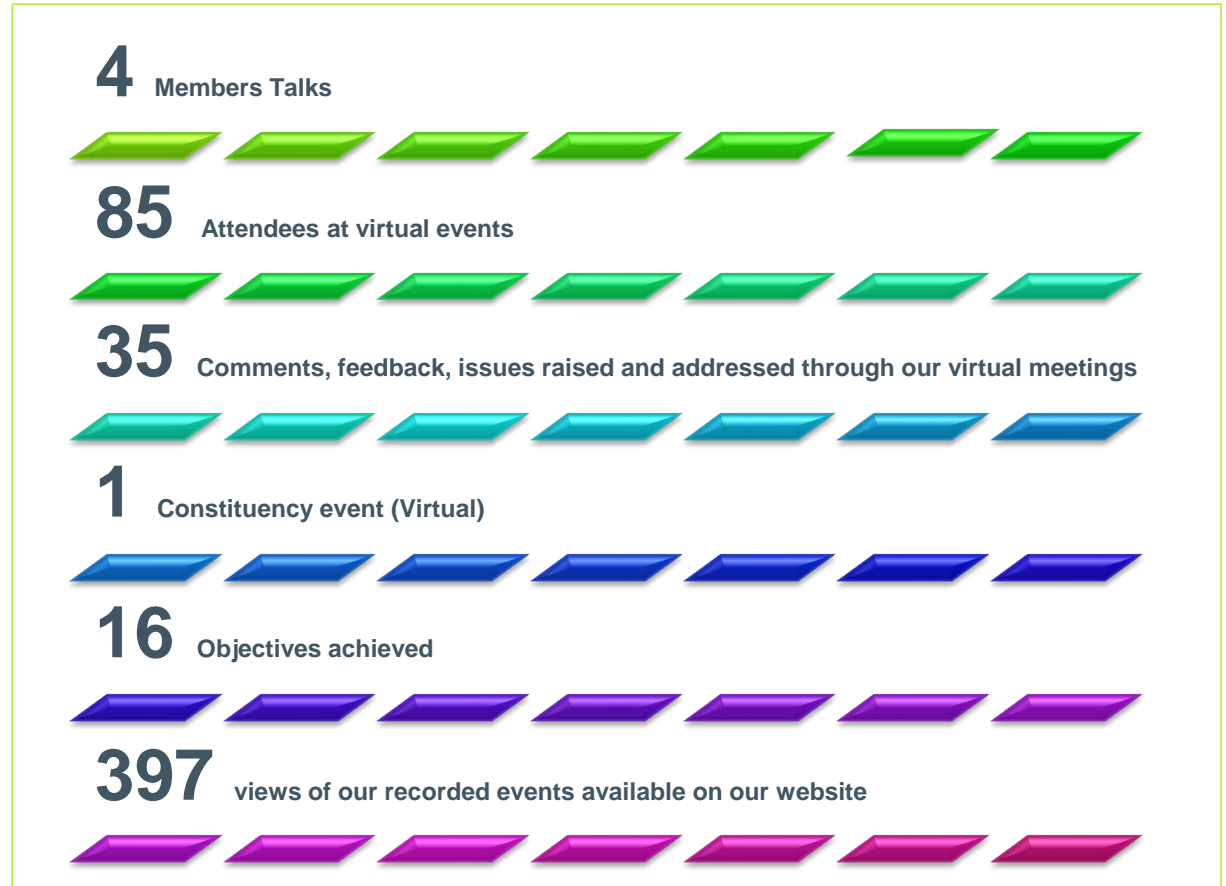
# At a Glance - What we achieved in 2020-21

We launched our 2019-22 Membership Engagement Strategy in 2019. At its core is our commitment to strengthening our engagement with members and the local communities we serve.

This year we have had to scale back our engagement initiatives with the onset of the Covid-19 pandemic. Whilst we have not been able to achieve all our goals we have still managed to reach out to our members:

- **Objective 1: To improve the quality of mutual engagement and communication with members.**
- **Objective 2: To continue to work towards a membership that is representative of the communities we serve.**
- **Objective 3: To maintain and where possible increase the overall size of the membership of the Trust.**

## Success in numbers



# Membership Engagement Strategy 2019-22: 2020-21 Review

## Our membership was stable and remained representative of the communities we serve

Our public membership decreased marginally in the year 2020-21. In the same period our staff membership increased by 44, from 8,822 to 8,866.

Public constituency	2020-21
At year start (April 1)	13,038
New members	65
Members leaving	176
At year end (March 31)	12,927

We are proud that we have a diverse group of members which reflects the communities that we serve.

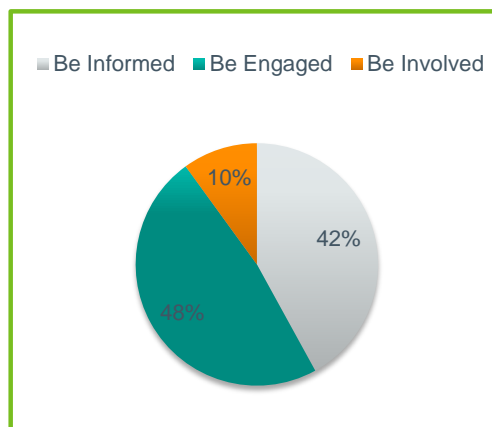
Ethnicity:	2020-21
White	6,790
Mixed	606
Asian or Asian British	3,188
Black or Black British	1,826
Other	271

Membership Engagement 2019-22  
St George's University Hospitals NHS Foundation Trust

## We have continued to engage our members despite the pandemic

- We wanted to ensure we continued to engage with members in the way they wanted to so we introduced three new levels of membership engagement:
- **Be Informed** – receive newsletters and updates about the Trust.
- **Be Engaged** – as above plus want to be consulted, participate in surveys, open days, events, tours and workshops.
- **Be Involved** – as above plus have time to review and pass comment and interested in standing for election as a Governor.

This has helped us better engage with members about the right things and get them involved with opportunities across the Trust.



## We improved the quality of engagement and provided opportunities for mutual communication

### • Members Talks

Our programme of Members Talks are a popular part of our ongoing engagement with our members. We held four talks which were attended by over 85 members. Some of our topics included:

- *Healthy eating during lockdown*
- *Prostate Cancer*
- *Annual Planning & Strategy*
- *Quality Priorities*

### • Constituency Events

We held our first virtual Constituency Event in March 2021 for our Merton members.

### • Virtual meetings

In recognition of the Covid-19 pandemic we have responded to the social distancing measures by moving our events to a virtual platform



## Membership Engagement Strategy 2019-22: 2021-22 Plans

There is more to come in 2021-22. We build on our success and find innovative ways to communicate with Members whilst social distancing measures remain in place.

Promote the work of the Trust's Governors, as representatives of our members

Develop new opportunities for members to express their views

Refresh our existing communication channels with members and our approach to membership communication and engagement

Promote membership opportunities to younger people in our communities

Develop targeted campaigns to recruit members from any group which is under-represented

Analyse our membership on a regular basis

Maintain an accurate membership database

Work more innovatively with our partners to promote membership

Refresh our membership recruitment material

Improve our programme of engagement events

Introduce new levels of membership so members can choose how involved they want to be



## During the remainder of 2021-22 we will....

### Ensure our membership remains representatives of the communities we serve

We will continue to use all means to promote the Trust and the following benefits of membership:

- Having your say in how your local Trust work
- Get Involved with engagement activities across the Trust
- Give feedback directly to Governors
- NHS Discounts
- Stand for election as a Governor

Anyone wishing to be a member of St George's can sign up [online](#) for free. You just need to be aged 14 or older can become a member

For more information:

Email: [members@stgeorges.nhs.uk](mailto:members@stgeorges.nhs.uk)

Tel: 0800 731 0319

### Continue to develop the quality of mutual engagement with our members and local communities

Whilst Covid-19 continue to be a real consideration for the nation we will continue our virtual events and try to supplement these with face-to-face activities when it is absolutely safe to do so. We want to encourage you to get involved and share your views.

#### • **Constituency Events (virtual)**

We plan on holding a series of four virtual events in 2021/22 for our four public constituencies:

- Wandsworth
- South West Lambeth
- Merton
- Rest of England

#### • **Meet Your Governor Events**

We will reinstate our face-to-face opportunities for Members and the public to directly engage with individual governors. Members and the public can also contact Governors by emailing [governors@stgeorges.nhs.uk](mailto:governors@stgeorges.nhs.uk)

#### • **Members Talks (hybrid)**

We will continue to deliver our Members' Talks virtually to respond supplemented by some face-to-face events when it is safe to do so. The new programme is available on our website and include:

- *St George's charity*
- *Skin Cancer*
- *Black History Month*
- *Lung Cancer*
- *Diabetes & Endocrinology*
- *Annual Planning & Strategy*
- *Quality – an overview of the Trust's Quality Priorities*

#### • **Using Social media and online**

If our members cannot make it to one of our events we are using our social media platforms such as YouTube and our website to share our engagement activities and talks.

