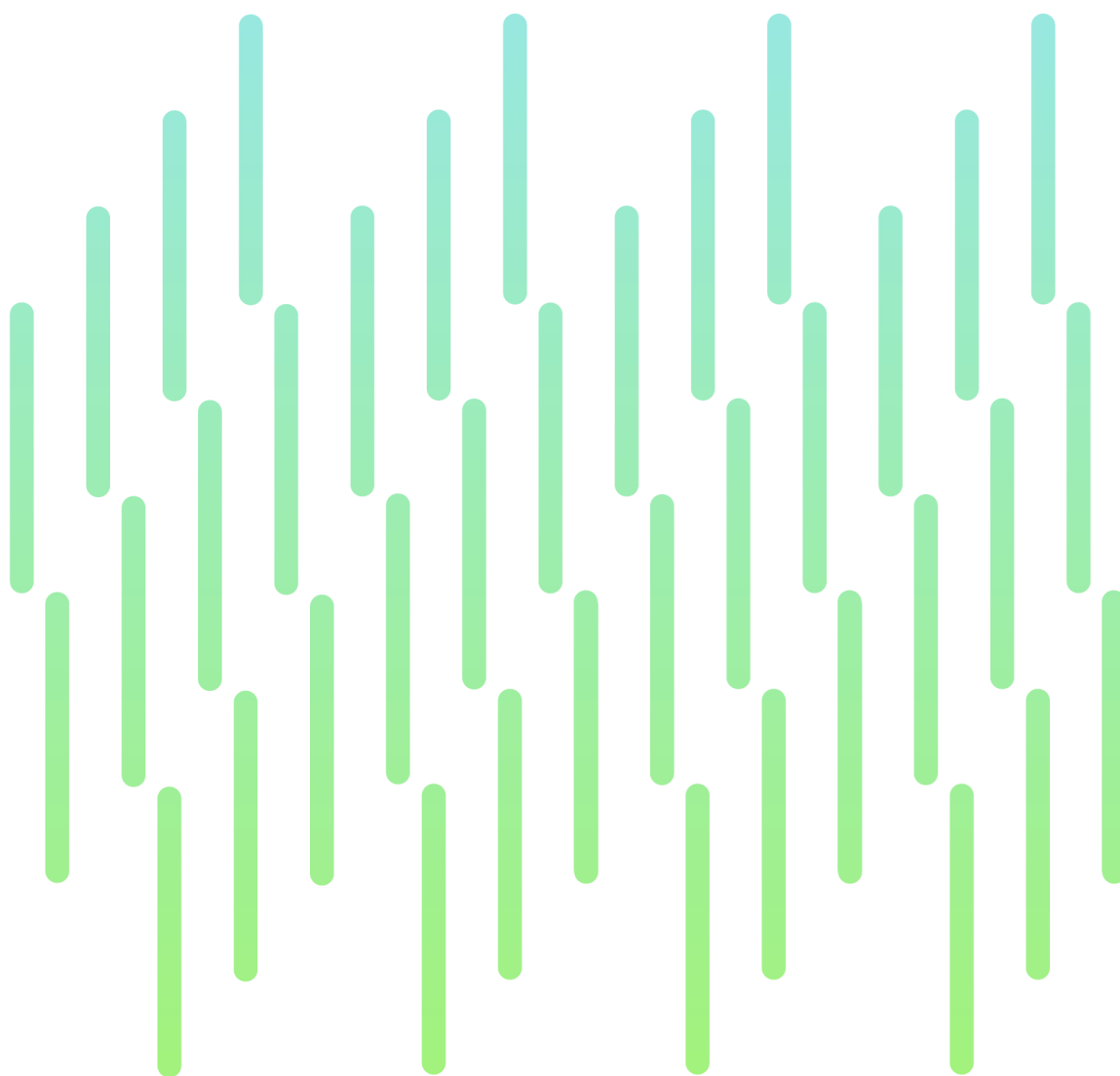




Council of Governors Meeting

26 July 2023

Agenda and papers





Council of Governors Meeting

Date and Time: Wednesday 26 July 2023, 15:30 – 17:05
Venue: Hyde Park Room, Lanesborough Wing, St George's Hospital
 and via Microsoft Teams

Time	Item	Subject	Lead	Action	Format
1.0	OPENING ADMINISTRATION				
15:30	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Assure	Report
	1.3	Minutes of previous meeting	Chairman	Approve	Report
	1.4	Action Log and Matters Arising	All	Note	Verbal
2.0	QUALITY, FINANCE & PERFORMANCE				
15:35	2.1	Group Chief Executive Officer's Report	GCEO	Update	Report
16:00	2.2	External Audit Tender	GCFO	Approve	Report
16:10	2.3	Auditor's Opinion on Annual Accounts	GCFO	Update	Report
16:20	2.4	Finance Report M2	GCFO	Update	Report
16:30	2.5	Quality and Performance Report (IQPR highlights)	GDCEO / GCNO	Update	Report
3.0	QUESTIONS TO NON-EXECUTIVE DIRECTORS				
16:40	3.1	Questions to Non-Executive Directors	All	Assure	Verbal
4.0	CLOSING ADMINISTRATION				
17:00	4.1	Any Other Business	All	Note	Verbal
	4.2	Reflections on meeting		Note	Verbal
17:05	CLOSE				
Date and Time of Next Meeting: 20 September 2023, 14:00-17:00					



Minutes of the Meeting of the Council of Governors (In Public)
18 May 2023, 18:00 – 20:00
Hyde Park Room, Lanesborough Wing, St George's Hospital
and via Microsoft Teams

Name	Title	Initials
Members:		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	ABen
Patrick Burns*	Public Governor, Merton	PBu
Sarah Forester*	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JHa
Hilary Harland	Public Governor, Merton	HH
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Shalu Kanal*	Public Governor, Wandsworth	SK
Julian Ma	St George's University of London	JM
Lucy Mowatt	Public Governor, Wandsworth	LM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Khaled Simmons	Public Governor, Merton	KS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir*	Public Governor, Wandsworth	AQT
In Attendance:		
Ann Beasley*	Non-Executive Director, Vice Chair	ABea
Stephen Collier*	Non-Executive Director	SC
Paul Da Gama	Group Chief People Officer	GCPO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Yin Jones	Associate Non-Executive Director	YJ
Peter Kane*	Non-Executive Director	PK
James Marsh	Acting Group Chief Executive Officer	AGCEO
Andrew Murray	Non-Executive Director	AM
Kate Slemeck	Managing Director	MD
Arlene Wellman	Group Chief Nursing Officer	GCNO
Tim Wright*	Non-Executive Director	TW
Secretariat		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
Apologies:		
Michael Amherst	Public Governor, Rest of England	MA
Adil Akram	Public Governor, Wandsworth	AAk
Afzal Ashraf	Public Governor, Wandsworth	AAAs
Padraig Belton	Public Governor, Rest of England	PBe
Derek Catrall	Public Governor, Rest of England	DC
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Jenny Higham	Non-Executive Director	JHi
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Stephen Worrall	Appointed Governor, Wandsworth	SW

* Joined the meeting via MS Teams



1.0	OPENING ADMINISTRATION	Action
1.1	<p>Welcome and Apologies</p> <p>The Chairman welcomed everyone to the meeting, both those attending in person and those joining remotely via videoconference.</p> <p>The Council of Governors noted the apologies as set out above.</p>	
1.2	<p>Declarations of Interest</p> <p>There were no new declarations of interest.</p>	
1.3	<p>Minutes of the Public meeting held on 16 March 2023</p> <p>The minutes of the meeting held on 16 March 2023 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Council of Governors reviewed the action log and noted the following updates:</p> <ul style="list-style-type: none"> • COG.220922.2 Finance Update: The ICS had commissioned a piece of work to look at financial sustainability across South West London (SWL). Ahead of the commissioning of this work, the Trust Board discussed the scope at its private meeting in October 2022 and provided feedback to the SWL APC. It was anticipated that the work would conclude by May 2023 and that a final report would be presented, which would be considered by the Board. The action would remain open. 	
2.0	TRUST UPDATE AND STRATEGY	
2.1	<p>Group Chief Executive Officer's Report</p> <p>The AGCEO informed the Council of the interim arrangements, whilst Jacqueline Totterdell was on extended leave. He was Acting Group Chief Executive Officer, Andrew Grimshaw would take up the role of Deputy Chief Executive Officer and Ralph Michell would cover some of the portfolio of the Deputy Chief Executive Officer. The AGCEO provided the following updates:</p> <ul style="list-style-type: none"> • <u>IQPR metrics</u> – performance had been challenged. Most of the metrics were improving. • <u>Launch of the new Group Strategy</u> – the Strategy was launched on 15th May 2023. The strategy was on the agenda and would be discussed later in the meeting. • <u>Industrial action</u> – had been an ongoing challenge for staff, operationally. The separate strike action taken by nurses and junior doctors had been managed. There were ongoing ballots for strike action by nurses and consultants. The AGCEO acknowledged the hard work and commitment demonstrated by staff to maintain safe care on the wards. A significant number of outpatient appointments and procedures had been deferred. • <u>NHS Staff Survey</u> – was on the agenda. • <u>Celebration days for staff</u> – The Trust recently celebrated a number of staff days, including international Operating Department Practitioners (ODP) day 	



	<p>for theatre practitioners, International day of the Midwife and International nurses day.</p> <p>The Chairman invited questions and comments from Governors. The following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • Nasir Akhtar (NA) observed that the theatre utilisation was 82% in March, against a target of 85% and queried what more could be done to achieve the target. NA also asked whether there were plans to encourage patients to attend more virtual outpatient appointments which were 21% in March against a target of 25%. • AGCEO stated that one of the strategic initiatives in the Group Strategy was to continue with outpatient transformation and one strand would be offering a choice of virtual outpatient appointments but focus would be on one stop services, patient initiated follow-up and avoiding outpatient appointments by providing GPs and patients with appropriate advice and support, in the community. He confirmed that virtual appointments referred to telephone and video appointments, although the Trust was mainly providing telephone appointments. • Regarding theatre utilisation, the MD added that a third metric was used which was the 'bookings per list' which was exceeding the number of bookings in 2019/20. There were a number of theatre suites including the day surgery unit in SGUH and Queen Mary's Hospital (QMH). Work was ongoing around starting on time and managing the theatre time. A productivity theatre group was in place, clinically led by a divisional chair. It was one of the key areas of focus for the Trust. QMH had moved to a positive position. The MD felt that more virtual work could be undertaken and that the right capacity would need to be created. Some patients preferred virtual appointments. • John Hallmark (JHa) expressed concern regarding the Trust's performance on 12 hours trolley waits and ambulance handover times. The AGCEO confirmed the data was correct and a lot of work was going into improving the trajectory. The MD added that it was a challenge in ED and a similar position to other London Trusts and the rest of the country. The 12 hours trolley waits included patients in Majors B which provided a bed for patients and kept them comfortable. Flow within the Trust was an issue. There was work on reducing unnecessary admissions; same day emergency care; and improving discharge processes. Improvements had been made in March and April. • Khaled Simmons (KS) queried what the percentage was for the theatre capacity. The MD explained that theatre utilisation was measured in 2 ways, 1) 'capped' was the utilisation time of the theatre within the theatre capacity available and 2) 'uncapped' which included the overrun time. • Lucy Mowatt (LM) referred to flow in ED and queried whether there had been an improvement in the number of patients not meeting the criteria to reside, since January, which was at 38%. LM also requested more information on the work around avoiding admissions. The MD stated that the data was static and felt it was under reported. The MD added that the Trust was working on reducing the time taken from when a patient does not meet the criteria to reside and discharge. The Trust was working with its system partners to support discharges at the earliest point. Some of the initiatives on admissions avoidance were same day emergency care; frailty service in ED; and a hospital at home service which manages patients at home. 	
--	--	--



	<ul style="list-style-type: none"> Hilary Harland (HH) requested an update on the backlog in elective surgery. The AGCEO stated that it was an improving trajectory until April. There were 601 patients waiting 52 weeks or more, for treatment; 2 patients had been waiting 78 weeks and there were zero patients waiting 104 weeks. Although industrial action had been a setback, progress was being made. Performance on the Cancer metrics had also improved and the 2 weeks wait for breast was back on track. Julian Ma (JMa) queried how the waiting lists were reduced. The AGCEO explained it was through getting the processes right to be efficient and productive, by improving theatre utilisation; ensuring patients on the waiting list were managed efficiently through pre-operative assessment; ensuring access to the right beds, particularly intensive care by supporting enhanced recovery and ringfencing Intensive Therapy Unit (ITU) beds for complex cases. The Trust was working in partnership with other providers in SWL. Some of the simpler cases were being moved to other Trusts with capacity, in order to free up capacity at SGUH to carry out more complex procedures. The Chairman added that concern about lack of ITU beds had been raised at the Board as an area of high risk. <p>The Council noted the GCEO report.</p>	
<p>2.2</p>	<p>Group Strategy</p> <p>The AGCEO provided an update on the Group Strategy. Changes had been made since the Council reviewed the strategy in March due to the financial context. Although there was a vision on where the Trust wanted to be in 2028, a realistic approach was taken on how much could be invested and what was affordable. The next step was to move to implementing the strategy and making it meaningful. The Strategy would be communicated to staff and would be an ongoing process. The AGCEO met with Site Leadership Teams (SLTs) at SGUH and ESTH and discussed the local improvement priorities. The 6 corporate enabling strategies will be developed over the year. The Group Executives will be the Senior Responsible Officers (SRO) for one of the 9 strategic initiatives. The delivery of the Strategy would be reported through the Board sub-committees and to the Board on a 6 monthly basis.</p> <p>The 4 key themes that make up the CARE acrostic are:</p> <ul style="list-style-type: none"> - Collaboration and partnership – improve processes related to flow. - Affordable care – improve productivity. - Right care, right place, right time – relate to the fundamentals of care, PSIRF. - Empowered and engaged staff – retention and development of staff. <p>The following points were raised and noted in discussion:</p> <ul style="list-style-type: none"> Alfredo Benedicto (ABen) asked if there were any plans to obtain feedback on the Strategy from staff. The AGCEO responded that the Communications and Strategy teams would be undertaking work to get formal and informal feedback from staff. <p>HH was pleased to hear that the delivery of the Strategy would be monitored on a regular basis. HH enquired whether the last 5 year strategy was audited. KS added that the Strategy did not include any measures of success. The AGCEO responded that there were specific metrics and the Group Executives would be held to account. Work was needed on the details of the 9 strategic initiatives, how they would be measured and how assurance would be provided.</p>	



	<ul style="list-style-type: none"> JMa queried whether the Trust needed a strategy. AGCEO stated that a strategy was needed to understand where the Trusts wanted to be in 5 years. There would be some aspects of the Strategy that would be more aligned to one Trust, than the other. <p>The Chairman relayed that the Finance Committee and the Board had spent a lot of time reviewing the finances and affordability of the Strategy. The Board had commended the work carried out by the Director of Strategy and the Strategy team and acknowledged that it had moved the Trust forward.</p> <p>The Council noted the Group Strategy update.</p>	
3.0	ACCOUNTABILITY	
3.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman invited questions to Non-Executive Directors (NEDs):</p> <ul style="list-style-type: none"> Patrick Burns (PBU) raised a query for Stephen Collier (SC) (NED and SGUH Chair of the People Committee) on the decision taken by the People Committee in April, to give the assurance rating of 'good' to the Strategic Risk 8 (SR8) (Culture). PBU questioned the rationale for the rating, given that the staff survey results had revealed that a third of staff did not feel secure in raising concerns about unsafe practice and half of staff were not confident the Trust would address the concerns. PBU asked what progress had been made to justify a 'good' assurance rating. Stephen Collier (SC) responded that strategic risk 8 was about the potential failure to build an open and inclusive culture which celebrates diversity in which staff feel able to raise concerns and staff are empowered to deliver to their best. The People Committee reviewed SR8 in the context of a number of responses to the staff survey and other factors. Highlighting, the survey question, "Would you feel secure raising concerns", for which 68% of staff said they would feel secure to raise a concern he stated that the staff response was 70% the previous year and the Committee had noted the 2% decrease. 32% of respondents did not explicitly say they would not feel secure. The Committee also reviewed the Trust's People Promise "We each have a voice that counts", score of 6.5 against an NHS average of 6.6 and against other Trusts. The Committee felt that there had been no material movement from where the risk assurance was rated the previous year. The Committee was also assured, by the GCPO, that the issues raised in the staff survey would be picked up in the Big 5 areas of focus areas, within the culture programme. The Committee had noted the slight decreases in the number of staff feeling secure to raise concerns and the number of staff not feeling confident the concerns would be addressed and concluded that the risk assurance rating for SR8 risk score should remain at 16. SC would provide a summary note of the response. NA queried whether there needed to be a new approach to culture, given the new Group Strategy. SC explained that there would be a focus on racism, as a standalone item. The culture programme was having an impact and performance was being benchmarked to track how the Trust was moving. The staff survey suggested the Trust was making progress in some important areas where initiatives had been undertaken, whilst noting that some scores had declined in other areas. The Chairman added that the culture programme and the equality, diversity and inclusion set out in the strategic initiatives was building on the work being undertaken and noted that focus was required on race and disability. 	SC



	<ul style="list-style-type: none"> • KS asked Andrew Murray (AM) (NED and SGUH Chair of Quality Committee) about the implementation of the Patient Safety Incident Response Framework (PSIRF) and whether AM had seen any evidence of learning and measuring of the impact on actions taken. AM confirmed that PSIRF had not been implemented yet. The Quality Committee had started to focus discussions on learning. The GCNO added that the Trust was working with SWL as a system and would implement PSIRF at the same time. In the meantime, an overarching action plan for serious incidents had been approved by the ICB. The 2 days training for PSIRF was available for staff. The GNCO was awaiting the implementation date for mid-June and had appointed a Group Lead for PSIRF implementation. • ABen asked AM how assured the Quality Committee was on the improvement of outcomes on the major trauma service and how had the committee assured itself that improvement was on the right trajectory. AM explained that a lot of the actions were agreed at the end of 2022. The committee was assured that the actions addressed the issues raised. The committee had not seen outcome data to confirm the actions were delivering improvement because it was published annually. The committee was assuring itself that the right processes were being followed. The trauma ward was due to open by June. • NA queried what the financial costs and benefits were of working as a Group. ABea stated that the Group was committed to bringing the corporate services together which would see a saving of 10%. The programme would be monitored at the Finance Committee and overseen by the People Committee. It was part of the plan to achieve a breakeven position in the next few years. <p>The Council noted the questions to the NEDs.</p>	
4.0	QUALITY, PERFORMANCE AND FINANCE	
4.1	<p>Annual Planning 2023/24</p> <p>The GCFO reported:</p> <ul style="list-style-type: none"> • 2022/23 – the draft accounts position was consistent with the forecast of £30m deficit and the capital budget had been fully utilised. The draft accounts position was subject to audit which was underway. • 2023/24 – the forecast deficit reported in March had reduced from £65m to £19.9m. The main areas of movement had come from SWL/NHSE support for non-recurrent funding; the Elective Recovery Fund for which funding had been confirmed; and other income mainly sitting with SWL which had been moved to Trusts. • Cost Improvement Plan (CIP) remained at £62m (5.5%). An update on CIP would be reported to the Finance Committee the following week. Not all CIP plans were fully developed. • The overall position remained challenging. The Board Assurance Framework risks were approved by the Board in April. The financial sustainability risk score had moved from 25 to 20. The impact was significant and remained at 5 and the likelihood of failing to deliver the plan was 4 because delivering a £62m CIP plan was a challenge. • The capital risk score remained at 20, given the backlog in maintenance and IT. <p>The following issues were raised and noted in discussion:</p> <ul style="list-style-type: none"> • JHa asked what happened to the deficit of £30m from 2022/23. The GCFO explained that the deficit goes into the cumulative deficit. 	



	<ul style="list-style-type: none"> • HH noted the challenging CIP target of £62m and would be interested to see how the savings would be achieved. The GCFO responded that all aspects of the organisation would be reviewed, looking at productivity, utilisation of resources, theatres, beds, length of stay, endoscopy, procurement (prices), rates of pay, management of rotas and safe staffing levels. A Quality Impact Assessment (QIA) will be required for every CIP scheme that has an impact on clinical services. PA Consulting had been supporting the system and validating the CIP plans. • PA Consulting were also undertaking a second piece of work to help the system achieve a balanced budget by 2024/25. This work would entail further review of elective productivity work, collaboration between clinical support services, length of stay, corporate services, pharmacy and repatriation of services. • Huon Snelgrove (HS) queried how the education contract of £30m was being spent. The AGCEO explained that accurate job planning would be a key enabler in identifying efficiencies. • ABea reported that GESH had been influential in SWL ICS and with NHS England which had resulted in NHSE allowing the Trust to submit a deficit plan. In agreeing a deficit plan, there would be more scrutiny and a triple lock. The Trust would need to monitor cash, grip and control and workforce, particularly agency staff. <p>The Council noted the report.</p>	
<p>4.2</p>	<p>NHS Staff Survey Results 2022/23</p> <p>The GCPO presented the results and reported results were broadly similar to the previous year. This was a similar position for organisations across the NHS. When compared with the 18 Trusts in London, SGUH was average for engagement. Of the 8 People Promises, the Trust scored the same for 5 promises, declined in 2 promises by 0.1% which were Promise 1: We are compassionate and inclusive; and Promise 2: We are recognised and rewarded. There had been an improvement in Promise 5: We are always learning.</p> <p>The most declined scores were:</p> <ul style="list-style-type: none"> - Satisfied with level of pay - was 22%, previous year it was 28%. - If friend/relative needed treatment you would be happy with standard of care provided by the organisation – was 67%, in 2021 it was 71%. It was noted that that 67% was still above the national average. - Last experience of physical violence reported score was 68%, last year it was 71%. - Would feel secure raising concerns about unsafe clinical practice was 68%, 2% down from the previous year of 70%. The average was 71%. - Would feel confident that the organisation would address concerns about unsafe clinical practice – was 51%, in 2021 it was 54% and the average was 55%. <p>A breakdown of the results by protected characteristics revealed that Asian/British Asian responded most positively, followed by black staff, who were above average. Staff with disabilities reported less positively than non-disabled staff. There were a number of actions being undertaken to address this. For sexual orientation, there were some differences between gay/Lesbian and Bisexual and heterosexual staff. However, there was a greater difference in staff reporting less positively who had preferred not to declare their sexual orientation. For gender, non-binary, trans staff</p>	





	<p>and those who preferred not to declare reported significantly less positively than male and female staff.</p> <p>The team was reviewing data at a granular level by identifying the most to least engaged divisions and teams, to learn from them and improve engagement. The Big 5 were the main themes that would be aligned to the staff survey and culture programme.</p> <p>The following issues were raised and noted in discussion:</p> <ul style="list-style-type: none"> • A Ben queried whether the unsafe clinical practice had been triangulated and investigated. The GCNO stated that there were clear processes for staff to identify any unsafe clinical practice. Staff were also encouraged to report to the Freedom to Speak Up (FTSU) Guardian. Clinical incidents and never events were reported. Clinical care was monitored and there were key performance indicators in place. The GCNO was not aware of any areas where specific concerns had been raised. • HS observed from the staff survey results that just under 50% of staff felt there were no opportunities to develop their careers. HS queried how we learn from it and what was being done to address this. • Regarding staff reporting high levels of dissatisfaction with pay, Tunde Odutoye (TO) highlighted that key staff who wanted to develop and increase their pay band were leaving the organisation for jobs at higher bands and that their jobs were then advertised at a higher band. TO felt that opportunities should be provided within the organisation. On psychological safety, TO relayed that female staff in clinics had requested alarms in clinical rooms, due to intimidating behaviour from patients. The GCNO is progressing work on responses to violence. • Responding to HS and TO's queries, the GCPO explained that the talent management process was being developed. The internal hires had improved and was at 40%. The vacancy rate was good at just under 8%. He acknowledged more work was needed on talent management and had recruited someone to take this work forward. • KS observed that the Trust was less than average when benchmarked with the 18 London Trusts. KS asked whether the question "Last experience of physical violence reported" was interpreted as 68% of staff had experienced physical violence. It was also difficult to conclude without context, whether this was 68% of all staff or 68% of respondents. KS emphasised the importance of accurate reporting, in order to address the issues, and provide assurance to NEDs and Governors. SC clarified it was measuring the percentage of respondents and that we could not deduce that the respondents who did not answer a question 'yes', for example, automatically felt the opposite. • The AGCEO added that the question around violence was "If you had experienced violence, did you report it". • GCPO stated that the Trust was in the middle cluster of Trusts with an average engagement score of 6.8%. There had been a discussion about this at the People Committee and the committee was assured that there was a plan in place to improve the position. The committee also discussed why some Trusts were performing better than others and whether learning could be gained. 	
--	--	--



	The Council noted the NHS Staff Survey results.	
5.0	CLOSING ADMINISTRATION	
5.1	Any other business No items of any other business were raised.	
5.2	Reflections on meeting None discussed.	

Date of next Meeting
Wednesday 26 July 2023, 15:30

DRAFT

  St George's University Hospitals <small>NHS Foundation Trust</small> 						
Council of Governors - 26 July 2023						
Action Log						
Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.220922.2	Finance Update	The Acute Provider Collaborative had commissioned a piece of work to look at financial sustainability across SWL and that the ESTH and SGUH Boards would shortly be asked to approve the Terms of Reference for this work. The Governors requested further updates on this work, as required.	08/12/2022	GCFO	The Trust Board reviewed the scope of this work at its private meeting in October 2022 and has provided feedback on this. It was anticipated that a final report would be available in around May 2023 (tbc).	DUE
COG.180523.1	Questions to Non-Executive Directors	Stephen Collier to provide a summary note on the response provided to the Council on a question by Patrick Burns regarding the decision made by the People Committee in April, to give the assurance rating of 'good' to the Strategic Risk 8 (SR8) (Culture).	26/07/2023	Stephen Collier	The summary was sent to the Governors on 19th June 2023.	PROPOSE TO CLOSE



Group Chief Executive's Report to Council of Governors July 2023



Jacqueline Totterdell
Group Chief Executive Officer

July 2023

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.

Group CEO Introduction



**Jacqueline Totterdell,
Group Chief Executive
Officer**

“ I am delighted to be back following a period of sickness absence. I would like to take the opportunity to thank you all for your well wishes whilst I was off. It is great to be here with you all, and I look forward to taking you through an update on the Trust today and the top priorities that I, and my Executive Team, are tackling. This is a special month as we have recently celebrated the NHS's 75th anniversary on 5th July with a number of festivities to honour our hard-working staff, and also take stock of where we are as an organisation – and our priorities for the future.

I want to take this opportunity to thank all of our teams for everything they do. Our entire staff - from the cleaners and porters, to the nurses and doctors, to the administrative and corporate teams – are all working hard under continuing challenging circumstances to deliver the very best care for our patients. The NHS relies on the sheer hard work and compassion of our staff, and these moments are crucial for giving thanks and praise to the teams, and to recognise their hard work. During the week of the 75th anniversary, the Chairman and I, as well as the rest of the Executive Team, were out and about throughout all of our Sites to deliver cakes to staff, talk with them about their experiences, and thank them for their service.

We are facing significant challenges as an organisation, and I am looking forward to updating you on our key priorities of finance, performance and safety. We are tackling these challenges collaboratively as a system, and all of our work is crucial in achieving that goal.

I know you will join me in thanking our staff for all they do. ”

Major Incident: The Study School



Major Incident

On 6th July a major incident was declared at St George's following a serious collision at a local primary school. A number of patients were brought to St Georges for emergency treatment, and the incident sadly claimed the lives of two young girls. One of the adult patients remains in our care, and is stable.

This incident struck at the heart of our community, and many of our staff had personal connections to the school. Our thoughts and prayers continue to go to the families of all those affected, and particularly the families of Selena and Nuria, the two young girls who passed away.

My praise and gratitude goes to all our staff, who responded with the utmost compassion and professionalism to this devastating incident. My thoughts are also with our staff. It was, and continues to be, a very difficult time for us all.

We have offered on-site and in-person support throughout the organisation to staff who may be finding this difficult. The Chairman and I personally visited the wards affected at the time of the incident. As ever, I have been amazed at the support from our community and our people.

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



Performance Overview

We are focused on continuous improvement of our Performance, and pleased with progress in key areas

Safe, High Quality Care

Select Successes:

- **Falls:** The number of falls per 1000 bed days remains close to or below the lower process limit for the fourth consecutive month.
- **Pressure Ulcers:** The Trust reported 5 category 3, 4 and unstageable pressure ulcers in May 2023. This is down from 8 in April and 13 in March 2023.
- **Infection Control:** The Trust has had zero MRSA bloodstream infections and the overall reduction in the number of Influenza cases continued in May 2023.

Performance Overview

We are focused on continuous improvement in our Elective Care, and are pleased in particular with progress on our cancer patients

Elective Care

While we continue to focus on challenges in PTL, select successes include:

- **Long-waiters:** SGH has made good progress in reducing the numbers of patients waiting for a long time (>52, 65 and 78 weeks) for definitive treatment,
- **Diagnostic performance:** SGH has improved, achieving 99.02% patients receiving their diagnostic test within 6 weeks (DMO1 performance).
- **Cancer performance:** **We are** comparatively good against London peers, but operationally this is a challenging area. SGH is achieving the Faster Diagnostic Standard (FDS) with sustained improvement. Breast cancer services have maintained a good performance, and whilst SGH have not met the 14 day referral to be seen and 62 day standard, the trust is still one of the top performers in London.

Industrial Action

We are keeping patients safe throughout planned incidents of industrial action

Managing the impact of industrial action and maintaining safe services, is a top priority.

Operations: This period of ongoing industrial action continues. We will continue to plan for, and manage, the industrial action going forward, but we are aware that looking after our patients as we would wish throughout these periods is exceptionally challenging, and we know that recovery after each event is becoming more and more difficult.

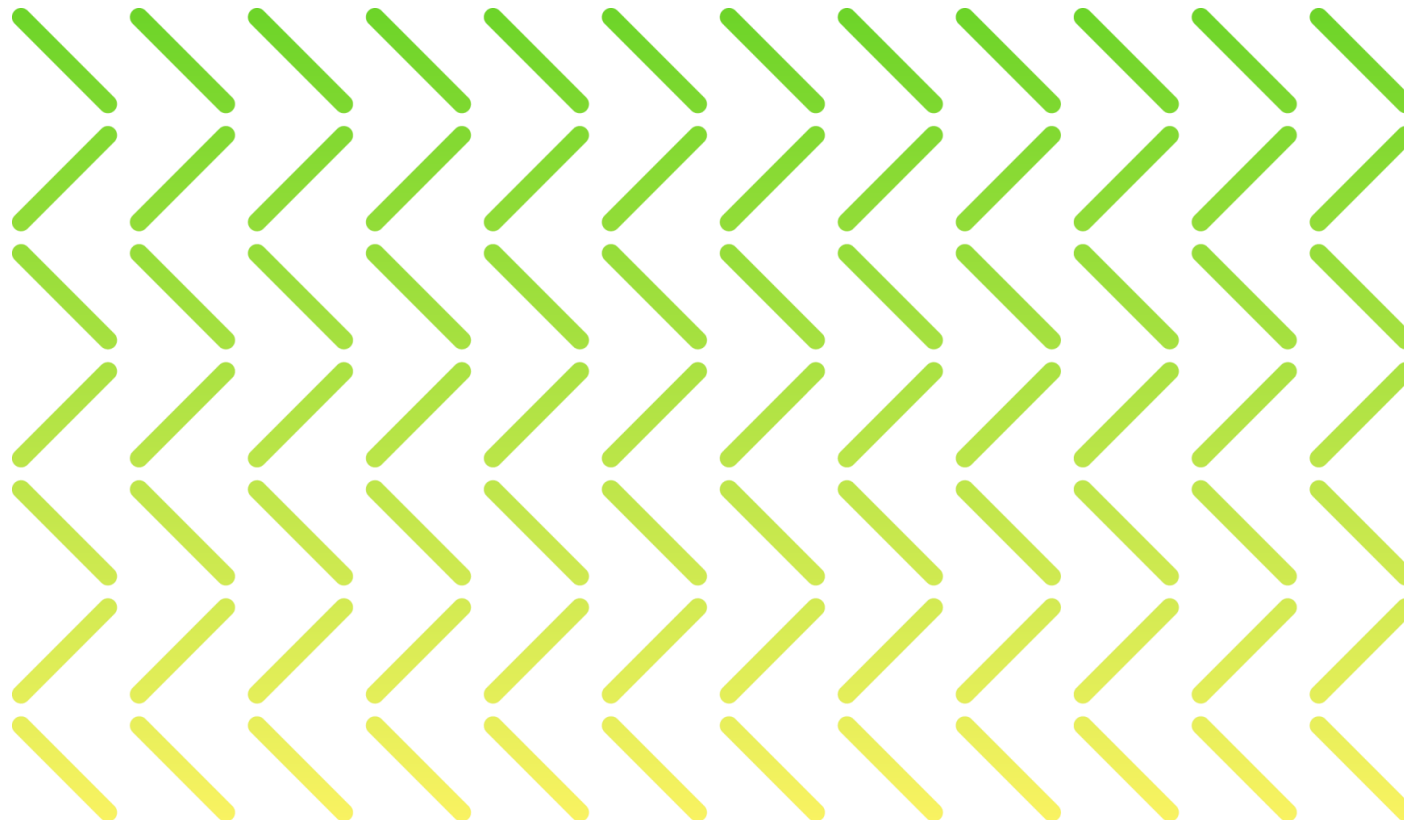
This month we have had industrial action from junior doctors, consultants and radiographers. Our teams are working hard to ensure we manage these periods carefully, and that patients are kept safe.

Summary of Industrial Action in July

- *Junior Doctor Industrial Action: 13th July-18th July*
- *Consultant Industrial Action: 20th-21st July*
- *Radiographer Industrial Action: 25th-27th July*

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.



NHS 75th Anniversary Celebrations

Celebrations with staff, patients and the public

We took this opportunity to thank our hardworking staff

Our NHS 75 celebrations were wide ranging, including visits across our wards from myself and Gillian Norton, Chairman. It was a pleasure to speak with staff, hear their experiences of working here, and share cake to celebrate, especially at such a challenging time for the NHS.



NHS 75 Celebrations - Continued

St George's Success at Parliamentary Awards

I was delighted to attend the NHS Parliamentary Awards on 5th July, where I can proudly report that Charmaine Angela Case, Lead Clinical Nurse Specialist at St George's, won the prestigious Lifetime Achievement Award at the NHS Parliamentary Awards.

Charmaine was joined at this event by members of our Emergency Department and Homelessness Service, who were shortlisted for a The Excellence in Urgent and Emergency Care Award.

The awards offered an opportunity for Members of Parliament to celebrate the work of NHS staff who have gone above and beyond.

Charmaine works for the Breast Screening Service at St George's and has been at the trust for 23 years. She has dedicated her career to caring for patients with breast cancer while demonstrating excellent patient centred care.

I know you will join me in congratulating Charmaine on this wonderful achievement.



International Black Leaders Awareness Day

Group Chief Nursing Officer, Arlene Wellman

I am proud of the work we do here at St George's to support racial equality and combat racism.

July 18 every year is Black Leaders Awareness Day, a chance to allow people from all cultures to experience the wisdom of past, current, and next-generation leaders through the speeches, quotes, and videos they or others share.

The day was set up original to ensure that the history of black leaders remains at the forefront of society so that we understand and acknowledge the impact these leaders had throughout history, right through to the present day and beyond.

To recognise the day across our hospital Group, Group Chief Nursing Officer, Arlene Wellman, imparted some of her bountiful wisdom about what being a black leader means to her, and the challenges she has experienced on her pathway from a newly qualified nurse to Chief Nursing Officer for George's, Epsom and St Helier Hospitals and Health Group.



Windrush 75 Commemoration

A Message to All Staff was sent on 22nd June

“ Today marks 75 years since the Empire Windrush arrived at the Port of Tilbury from the West Indies, with more than 1,000 people on board, coming to answer the call of a Britain still battered and rebuilding from World War II.

We were not just rebuilding of course, but building anew - and the centrepiece of that was the brand-new and incredibly ambitious National Health Service. A service aspiring to provide the very best care, free for all at the point of service, regardless of gender, race, age, ability, orientation, beliefs or economic standing. Today, the NHS is the biggest employer of people from Black and minority ethnic backgrounds - 21% of the total NHS workforce. At gesh, we're proud to say we are more than double that, at 44%.

And it is fantastic that two of our St George's colleagues are sharing their connections to Windrush today. The Rev Pauline Dawkins, Healthcare Chaplain, tonight attends an NHS Windrush 75 boat event with the Port of Tilbury, celebrating the impact of the Windrush generation on the NHS, and sharing her stories with the media. Meanwhile, Dr Lorrette Ffolkes, Consultant Pathologist, spoke to the BBC about her connection to Windrush, and how she was inspired into an NHS career. Looking back, those original ambitions for the NHS could not, and would not, have been reached without the huge number of people who arrived on Windrush, those who followed and their descendants. Many of those passengers came determined to help us build an NHS, which, despite its challenges and imperfections, remains the envy of the world.

It has not always been the best experience, with many colleagues at times facing hardship, racism and discrimination. We wish we could say those are things of the past, but we know many people still experience them. As a Group we actively, and continually, challenge that in many ways as we look to create the best culture possible for you. But we are always listening, and if we can do things differently, please, let us know.

Entwined with Windrush, we look forward to the 75th birthday of the NHS on 5 July, celebrating all of you, and the fantastic work you do across the Group. Look out for news next week of Big Tea Parties at our acute hospitals and celebratory events across our community sites and throughout the next 12 months.

We are incredibly proud, and incredibly grateful, to all of you who have joined us from the West Indies and from all over the world.

Thank you for all you do.

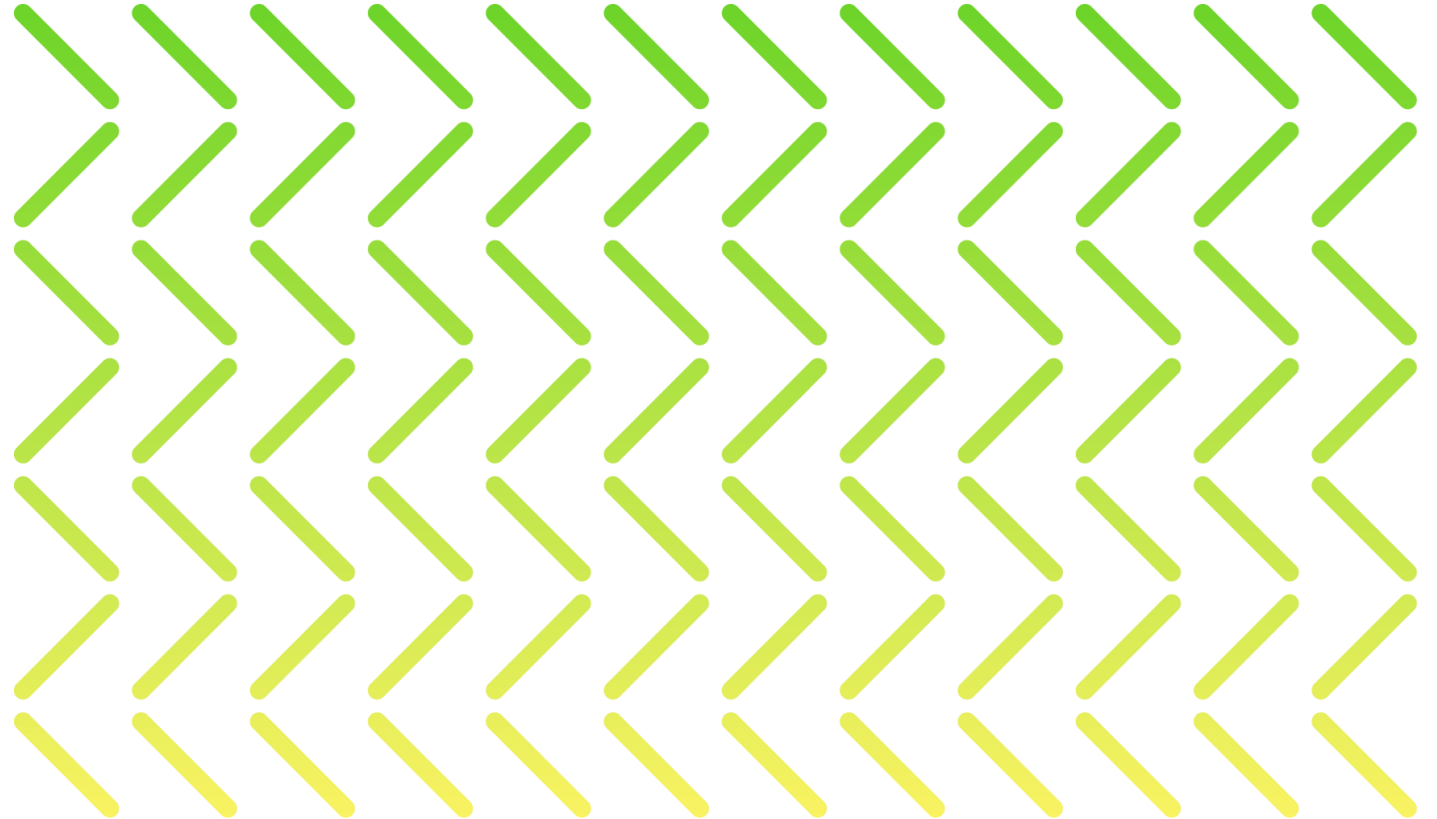
Jacqueline Totterdell, Group CEO, James Blythe, Managing Director, Epsom and St Helier, Kate Slomeck, Managing Director, St George's, Thirza Sawtell, Managing Director for Integrated Care

Chief Executive Officer Report to the Council of Governors – July 2023
St George's University Hospitals NHS Foundation Trust



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.



Our Group Strategy

We Continue to Work to Embed our Group Strategy

Our vision for 2028 is to provide outstanding care, together. With your help, we have chosen four aims – our CARE objectives – to guide us and help us achieve this.

Underneath our CARE objectives are corporate strategies and nine long-term projects that will help us deliver outstanding care, together.

Our focus is now to make our vision a reality. With 17,000 people across our Group, each and every one of us has a vital part to play. We have developed a toolkit to help each member of our staff to make improvements against our CARE objectives.

I am working to organise a Group-wide leadership forum on 19th September, at which we will discuss how we come together as a Group to tackle our key priorities, collaboratively and collectively.

I look forward to updating you on this event in due course.

Chief Executive Officer Report to the Council of Governors – May 2023
St George's University Hospitals NHS Foundation Trust



London Regional CEOs Meeting

We are Working Across the Region to Tackle Mutual Challenges

On 22nd June, I hosted the London Regional CEOs meeting here at St George's. It was a pleasure to have close to 50 NHS CEO's here at St George's to attend the monthly CEOs meeting chaired by Caroline Clarke, NHS England's Regional Director for London. We discussed important issues of the day, including interpreting the NHS's Workforce Plan for the London Region and discussing collaboration across Integrated Care Boards.

Attendees:



We discussed five over-arching priorities for London:

1. Develop one sustainable health and care workforce for London.
2. Support Integrated Care Systems to deliver for their populations.
3. Maximise the London People Board's influence for our workforce.
4. Creating a more equitable culture in health and care.
5. Advocate for London as a digital global city in a competitive world.

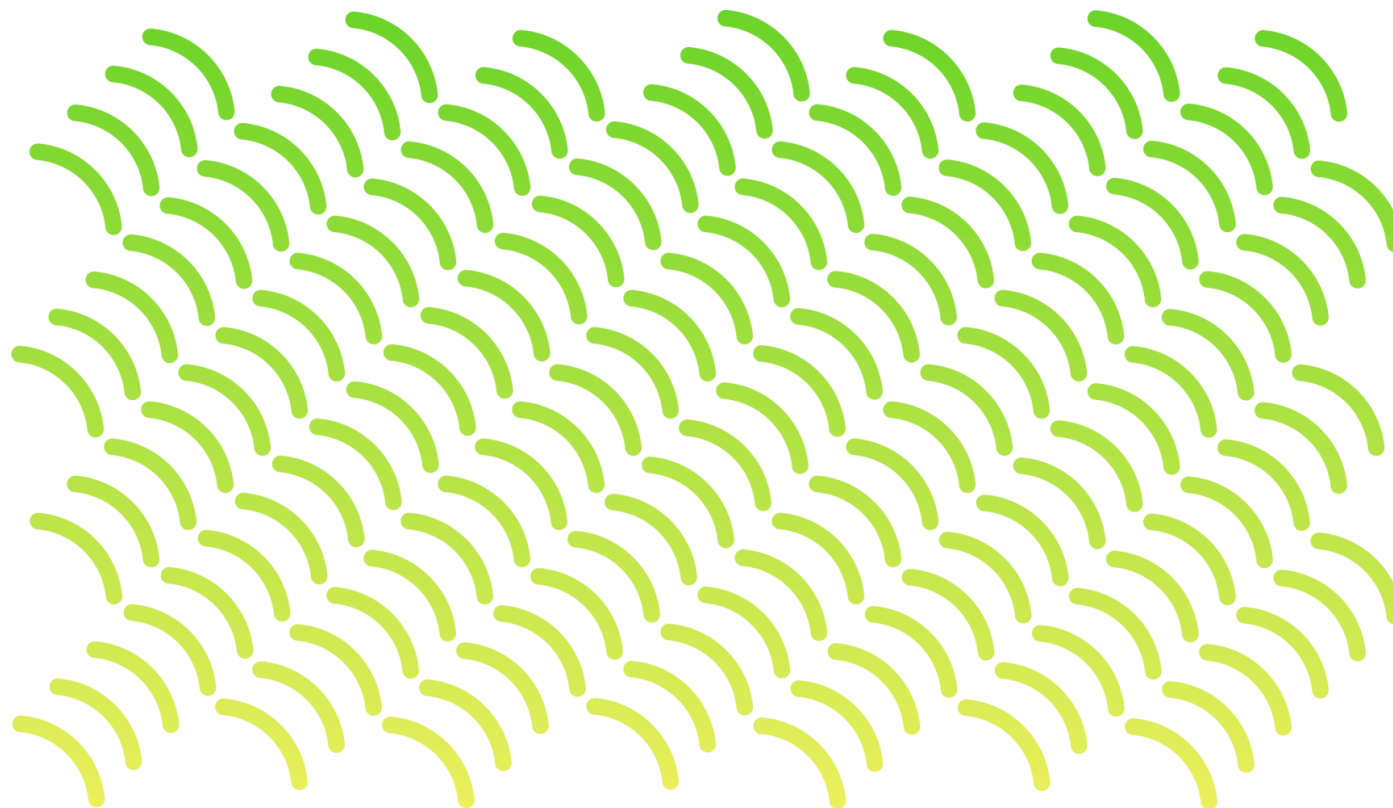
Mental Health Patients in EDs

We are collaborating across the community to appropriately manage patients with mental health issues, following a surge in patients at EDs

Our systems are under strain and operationally, I wanted to inform you of the particular and acute pressures that our Emergency Departments are facing at the moment, including with high attending numbers of mental health patients - both adults and children.

We all recognise that an Emergency Department is often not the right place for someone experiencing a mental health crisis. Following a surge in mental health patients in June, I called a number of our system and community partners, including the Borough Police Commander and leaders of Local Authorities, to discuss ways of tackling this challenge, together. We are working on collective solutions to this complex problem urgently, and I look forward to reporting on new actions that will seek to ensure that these patients receive the right care, in the right environment.







Meeting Title:	Council of Governors		
Date:	26 TH July 2023	Agenda No	2.2
Report Title:	External Audit Tender		
Lead:	Group CFO		
Report Author:	Group CFO		
Presented for:	Decision		
Executive Summary:	<p>NHS organisations are required to appoint external auditors.</p> <p>The current contract for external audit at St Georges Hospitals NHS Foundation Trust (SGH) has reached its end with no further options for extension and as such the trust must return to the market to appoint an audit for the next 3/5 years.</p> <p>As part of Group working it proposed to seek to appoint a common external auditor for the Group. This will need to maintain separation between the two audits as the trusts remain separate legal entities, but it will allow for easier comparisons between the work of the auditors.</p> <p>As an FT it is the role of the Governors to appoint the external auditor at SGH. At ESTH it is the responsibility of the Audit Committee.</p> <p>It is proposed to form a Working Group with representatives from the SGH Governors together with members of the ESTH audit Committee to lead a tender process and identify a new common external auditor.</p>		
Recommendation:	<p>The Council of Governors is asked to</p> <ul style="list-style-type: none"> • Agree the proposal to develop a joint tender with ESTH • Governors to select 2/3 members to join the Working Group. • Note the timetable outlined. 		
Supports			
Trust Strategic Objective:			
CQC Theme:	Well Led		
NHS system oversight framework:			
Implications			
Risk:			
Legal/Regulatory:			
Resources:			
Previously Considered by:	n/a To be discussed at the SGH Audit Committee in August		
Appendices:			



Council of Governors 26th July 2023

External Audit Tender

GFCO



Appointing the External Auditor

Executive summary

- NHS organisations are required to appoint external auditors.
- The current contract for external audit at St Georges Hospitals NHS Foundation Trust (SGH) has reached its end with no further options for extension and as such the trust must return to the market to appoint an audit for the next 3/5 years.
- As previously discussed Epsom & St Helier NHS Trust (ESTH) has also reached the end of its contract and needs to also return to the market.
- As part of Group working it proposed to seek to appoint a common external auditor for the Group. This will need to maintain separation between the two audits as the trusts remain separate legal entities, but it will allow for easier comparisons between the work of the auditors.
- As an FT it is the role of the Governors to appoint the external auditor at SGH. At ESTH it is the responsibility of the Audit Committee
- The last tender was conducted for external audit at SGH in 2017. As part of that process a Working Group was formed consisting of governors supported by the Chair of the Audit Committee, Group CFO and Group Corporate Affairs Officer (titles adjusted to current titles).
- The process is expected to take 5-6 months from start to finish. And it should be noted the new auditor should be appointed prior to the end of the year to allow preparatory work on the audit to begin.
- It should be noted that the NHS external audit market has become extremely challenging and there could be challenges in completing this exercise. That will become clear once tenders are issued, but if that is the case then there will need to be escalation to NHSE. Issues include;
 - Some players have withdrawn totally from NHS external audit.
 - The risk assessment by NHS external auditors has increased, reflected in the material increase in the scale of audit work undertaken in 22/23. This was a material factor in circa 25% of NHS trust audits missing the submission deadline this year.
 - Auditors are failing to attract staff.
 - The NHS has been a “low margin” activity for audit forms. Given the above, costs are likely to increase, potentially significantly.
 - When SGH last went to the market only two auditors submitted tenders.
- This paper sets out the key elements of the process.
- **The key decisions that need to be made by the Governors in order to start this process are**
 - 1. Agree the proposal to develop a joint tender with ESTH.**
 - 2. Governors to select 2/3 members to join the Working Group.**
 - 3. Note the timetable outlined.**

Appointment the External Auditors

Key decisions

- **Decision making with Epsom and St Helier Audit Committee**
 - While the SGH Governors are responsible for selecting the SGH external auditor it is the responsibility of the Audit Committee at ESTH. A joint decision making process needs to be agreed that effectively supports both trusts to make a common decision.
 - It is proposed the Chair of the Audit Committee, supported by the GCFO and GCCAO makes a proposal on decision making to the Working Group in August.
- **Membership of the working Group**
 - The following members are recommended for the Group
 - 2/3 Governors from SGH
 - Chair of the Audit Committees for SGH and ESTH
 - A member of the ESTH Audit Committee
 - The Group Chief Finance Officer
 - The Group Chief Corporate Affairs Officer
 - Support from Procurement as required.
- **Procurement and selection criteria**
 - In order to appoint a new supplier, it is proposed that we run a mini-competition against the External audit framework hosted by the London Procurement Partnership.
 - There is no defined criteria for assessing bids and it is up to individual organisations to define the basis.
 - The previous selection criteria was 30% methodology and approach, 30% Resourcing, capabilities and experience and 40% Cost.
 - It is proposed to use this as a start point for the Working Group. To be discussed at the first meeting of the Working Group where more detail will be provided on not just the criteria but also how judgement/assessment will be scored.
- **Service specification**
 - A draft service specification is in development based on the previous tendering documents and contracts from both trusts.
 - This will be finalised before the end of July to allow the first meeting of the Working Group.
- **Timeline**
 - The proposed timeline is outlined on page 3.

Appointment the External Auditors

Indicative timeline

Action	Draft timeline
<ul style="list-style-type: none"> First meeting of Working Group <ul style="list-style-type: none"> Agree membership Confirm Terms of Reference Sign off final documents for mini-competition 	Early August
<ul style="list-style-type: none"> Issue tender 	Late August
<ul style="list-style-type: none"> Meeting potential audit suppliers (expressions of interest) 	Early September
<ul style="list-style-type: none"> Deadline for tender submission (tbc) 	Early October
<ul style="list-style-type: none"> Evaluation of tenders by Tender panel (Working Group members/nominees) facilitated by Procurement 	Mid October
<ul style="list-style-type: none"> Working Group meets to formally review outcome of evaluation tenders and make recommendation. 	End of October
<ul style="list-style-type: none"> Recommendation considered at the two Audit Committees. 	19 th October*
<ul style="list-style-type: none"> Decision for SGH validated by the Council of Governors. 	24 th November*
<ul style="list-style-type: none"> Update to confirm decision at the joint Trust Board. 	8 th December*
<ul style="list-style-type: none"> Notify successful Supplier. 	Mid December

* Indicates confirmed meeting dates



Meeting Title:	Council of Governors		
Date:	26 TH July 2023	Agenda No	2.4
Report Title:	Finance report Month 02		
Lead:	Group CFO		
Report Author:	Group CFO		
Presented for:	Noting		
Executive Summary:	<p>The Trust is reporting a deficit of £12.2m at the end of May, which is £1.8m adverse to plan. The shortfall is mainly due to ERF shortfall and impact of junior doctor industrial action.</p> <p>The financial plan becomes more challenging from month 4 when CIP plans increase. Considerable focus remains on delivering the full value of the CIP plan. At present this is not fully identified.</p>		
Recommendation:	The Council of Governors is asked to		
Supports			
Trust Strategic Objective:			
CQC Theme:	Well Led		
NHS system oversight framework:			
Implications			
Risk:			
Legal/Regulatory:			
Resources:			
Previously Considered by:	n/a To be discussed at the SGH Audit Committee in August		
Appendices:			



Council of Governors: 26th July 2023 2023/24 M2 Financial Performance

Council of Governors: 26th July 2023



Group Chief Financial Officer

26th July 2023

SGH

Summary metrics – Month 02

Area	Key Issues	Current Month (YTD)	Previous Month (YTD)
Financial Position	The Trust is reporting a deficit of £12.2m at the end of May, which is £1.8m adverse to plan. The shortfall is mainly due to ERF shortfall and impact of junior doctor industrial action.	£1.8m Adv to Plan	£0.6m Adv to Plan
Income	Excluding ERF, income is reported at £0.8m favourable to plan at Month 2. This is due to additional income to cover increased centralised costs.	£0.8m Fav to plan	£0.5m Fav to plan
Expenditure	Expenditure is reported at £1.4m adverse to plan at Month 2, mainly due to premium temporary medical staffing costs to cover the junior doctor industrial action and premium temporary nursing costs across wards.	£1.4m Adv to plan	£1.1m Adv to plan
Cost Improvement Programme	CIPs are reported as £2.5m, in line with plan, albeit with a timing adjustment of £1.6m	On plan	N/A
Capital	Capital is on plan at M2	On plan	On plan
Cash	At the end of Month 2, the Trust's cash balance was £60.8m.	£60.8m £2.3m higher than Y/E	N/A

Month 2 Financial Performance

SGH

Table 1 - Trust Total

		Full Year Budget (£m)	M2 Budget (£m)	M2 Actual (£m)	M2 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	883.1	75.6	76.0	0.3	150.1	150.9	0.8
	SLA Income	883.1	75.6	76.0	0.3	150.1	150.9	0.8
	Other Income	145.9	10.1	10.0	(0.1)	21.3	21.2	(0.1)
	Income Total	1,029.0	85.7	85.9	0.2	171.4	172.1	0.8
	Expenditure	(644.2)	(55.2)	(56.1)	(0.8)	(112.0)	(113.5)	(1.5)
	Pay	(644.2)	(55.2)	(56.1)	(0.8)	(112.0)	(113.5)	(1.5)
	Non Pay	(352.5)	(31.0)	(30.4)	0.6	(63.0)	(62.9)	0.1
Expenditure Total	(996.6)	(86.3)	(86.5)	(0.2)	(175.1)	(176.4)	(1.4)	
Post Ebitda	(71.7)	(5.3)	(5.3)	(0.0)	(10.7)	(10.7)	(0.0)	
Grand Total	(39.3)	(5.9)	(5.9)	(0.0)	(14.3)	(14.9)	(0.6)	
ERF	Income	23.6	2.0	0.8	(1.2)	3.9	2.7	(1.2)
Reported Position		(15.7)	(3.9)	(5.2)	(1.2)	(10.4)	(12.2)	(1.8)

Table 2- Acute Total

		Full Year Budget (£m)	M2 Budget (£m)	M2 Actual (£m)	M2 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	882.2	75.6	75.8	0.2	149.9	150.5	0.6
	SLA Income	882.2	75.6	75.8	0.2	149.9	150.5	0.6
	Other Income	122.4	8.0	8.0	(0.0)	17.4	17.4	(0.0)
	Income Total	1,004.7	83.6	83.8	0.2	167.3	167.9	0.5
	Expenditure	(567.3)	(48.6)	(49.7)	(1.0)	(98.7)	(100.5)	(1.9)
	Pay	(567.3)	(48.6)	(49.7)	(1.0)	(98.7)	(100.5)	(1.9)
	Non Pay	(207.5)	(18.6)	(17.7)	0.9	(38.5)	(37.7)	0.8
Expenditure Total	(774.8)	(67.3)	(67.4)	(0.1)	(137.2)	(138.2)	(1.0)	
Post Ebitda	(71.7)	(5.3)	(5.3)	0.0	(10.7)	(10.7)	0.0	
Grand Total	158.2	11.0	11.1	0.1	19.5	19.0	(0.5)	
ERF	Income	23.6	2.0	0.8	(1.2)	3.9	2.7	(1.2)
Reported Position		181.8	12.9	11.8	(1.1)	23.4	21.8	(1.7)

Table 3 - Corporate Total

		Full Year Budget (£m)	M2 Budget (£m)	M2 Actual (£m)	M2 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	0.9	0.1	0.2	0.1	0.1	0.4	0.3
	SLA Income	0.9	0.1	0.2	0.1	0.1	0.4	0.3
	Other Income	23.5	2.1	1.9	(0.1)	3.9	3.9	(0.0)
	Income Total	24.4	2.1	2.1	0.0	4.1	4.3	0.2
	Expenditure	(76.9)	(6.6)	(6.4)	0.2	(13.4)	(13.0)	0.4
	Pay	(76.9)	(6.6)	(6.4)	0.2	(13.4)	(13.0)	0.4
	Non Pay	(145.0)	(12.4)	(12.7)	(0.3)	(24.5)	(25.3)	(0.7)
Expenditure Total	(221.9)	(19.0)	(19.1)	(0.1)	(37.9)	(38.2)	(0.3)	
Post Ebitda	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)	
Grand Total	(197.5)	(16.9)	(17.0)	(0.1)	(33.8)	(34.0)	(0.1)	
ERF	Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Reported Position		(197.5)	(16.9)	(17.0)	(0.1)	(33.8)	(34.0)	(0.1)

Commentary

The Trust is reporting a £12.2m deficit in M2, which is £1.8m adverse to plan. The overall adverse variance to plan is due to ERF shortfall and junior doctor industrial action.

The Trust has received £2.7m of ERF income, which is £1.2m under plan. This is due to the Trust not meeting its ERF target.

Excluding ERF income:

Income

- Income is £0.8m above plan, with additional income to cover increased centralised costs

Pay

- Pay is £1.5m overspent mainly due to premium temporary medical staffing costs to cover the junior doctor industrial action and premium temporary nursing costs across wards

Non-Pay

- Non Pay is £0.1m underspent due to release of central provisions

Corporate Services

- Corporate Services are £0.1m overspent with small variances across various areas



Council of Governors

St George's University Hospitals





Executive Summary

Safe, high-quality care



St George's Hospital

Successes

Falls: The number of falls per 1,000 bed days remains close to or below the lower process limit for the fourth consecutive month.

Pressure Ulcers: The Trust reported 5 category 3 and 4 unstageable pressure ulcers in May 2023. This is down from 8 in April and 13 in March 2023.

Infection control: The Trust has had zero MRSA bloodstream infections and the overall reduction in the number of Influenza cases continued in May 2023.

MCA/ DoLS: Level 1 training compliance continues to be over target with 92% for May 2023.

Mortality: Latest HSMR shows our mortality to be lower than expected. For emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend. St Georges' SHMI performance was 0.94 and is as expected. SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on England average figures.

Maternity – 3rd and 4th degree tears and PPH grading . We have revised our grading and review system across the datix system to rate each event as moderate harm in the first instance. Each case will be reviewed by an MDT in full and final grading then determined accordingly.

Challenges

Incidents: The Trust declared 2 Never Events (Serious Incidents) in May 2023.

Infection control: There were 7 Clostridium Difficile infections during May 2023, this is up from April 2023 (2) and March (4) 2023. So far the Trust is over the NHSE trajectory for 2023/24. There were 10 cases of E. coli bacteremia during May 2023, this up from April 2023 (8). So far the Trust is over the NHSE trajectory 2023/24. An Infection Prevention and Control 'back to basics' working group has been formed with senior nursing and medical leadership

MCA & DoLS: Mental Capacity Act level 2 compliance overall has shown a slight improvement (80%), however this remains below target. The new Practice Educator for Safeguarding & MCA has reviewed and shortened the MCA Level 1 & 2 training, hopefully this condensed content with help improve completion rates.

Maternity-CO Monitoring @ antenatal booking and 36/40 (part of the SBLCB requirements) – currently reflecting as poorly performing at 36/40 antenatal appointment due to challenges with data pull (hand - held records). Work is underway to capture compliance in real time as an interim measure prior to the completion of digital transformation.



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



Safe, High Quality Care	St George's							Epsom and St. Helier						
	Monthly Target / Threshold	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend
Never Events	0	1	1	2	0	3		0	2	0	1	0	1	
Serious Incidents	TBC	3	3	3	TBC	6		TBC	2	1	4	TBC	5	
Number of Falls With Harm (Moderate and Above)	TBC	2	2	3	TBC	5		TBC	1	2	1	TBC	3	
Pressure Ulcers - Acquired category 3&4	0	13	8	5	0	13		0	2	1	3	0	4	
Dementia - Assessment & Investigation of Patients at risk of Dementia		NA	NA	NA	NA	NA		90%	61%	65%	64%	90%	65%	
Mental Capacity Act & Deprivation of Liberties - Level 1	90%	91%	92%	92%	90%	92%			NA	NA	NA	NA	NA	
Mental Capacity Act & Deprivation of Liberties - Level 2	85%	76%	78%	80%	85%	79%			NA	NA	NA	NA	NA	
Infection Control - Number of Cdiff - Hospital & Community	TBC	4	2	7	TBC	9		TBC	3	5	4	TBC	9	
Infection Control - Number of MRSA	0	0	0	0	0	0		0	0	0	1	0	1	
Infection Control - Number of E-Coli	TBC	9	8	6	TBC	14		TBC	21	14	19	TBC	33	
VTE Risk Assessment	95%	96.8%	95.6%	95.5%	95%	95.6%		95%	86.4%	85.2%	83.8%	95%	85%	
Mortality - HSMR	<100	89.1	89.6	90.2	<100	90.2		<100	111.70	111.70	111.80	<100	111.80	
Mortality - SHMI	<1	0.93	0.94	0.94	<1	0.94		<1	1.18	1.18	1.14	<1	1.14	
Number of Complaints Received	TBC	41	53	65	TBC	118		TBC	33	34	41	TBC	75	
Complaints responded to in 25 days	85%	93%	100%	100%	85%	100%		85%	64%	45%	69%	85%	57%	



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



Maternity	St George's							Epsom and St. Helier						
	Monthly Target / Threshold	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend
Caesarean Section Rate	N/A	34.3%	32.0%	35.1%		33.6%		N/A	39.8%	38.5%	38.6%		38.6%	
% Births with 3rd or 4th degree tear	<5%	1.4%	3.7%	3.3%	<5%	3.5%		<3%	1.7%	1.7%	4.1%	<3%	2.9%	
% Births Post Partum Haemorrhage >1.5 L	<4%	2.6%	3.4%	4.4%	<4%	3.9%		<4%	2.0%	3.1%	2.9%	<3%	3.0%	
Total Births	>433	350	326	390	5000	716			301	295	321		616	
Birth Rate - Vaginal	>60%	59.1%	54.5%	55.4%	>60%	55.0%			50.8%	47.8%	49.1%		48.4%	
Birth Rate - Instrumental	<14%	13.7%	17.5%	14.6%	<14%	16.1%			9.4%	13.8%	12.0%		12.9%	
Screening - booked before 9+6 weeks	>90%	51.1%	52.4%	49.9%	>90%	51.2%		>90%	85.6%	86.1%	86.2%	>90%	86.1%	
Screening - booked before 12+6 weeks	>90%	91.5%	93.0%	92.0%	>90%	92.5%		>90%	98.5%	98.6%	99.1%	>90%	98.8%	
1:1 support in labour	>80%	96.0%	99.0%	96.1%	>80%	97.6%		>95%	98.0%	98.6%	98.4%	>95%	98.5%	
Continuity of Care*		26.5%	23.7%	10.5%		10.5%			80.5%	80.9%	80.5%		80.7%	
Still births per 1000 births	<2.6	8.6	15.4	2.5	<2.6	9.0			10.00	3.40	3.10		3.3	
Neonatal deaths per 1000 births	<1.5	0.00	0.00	2.0	<1.5	1.00			0.00	6.80	0.00		3.4	
HIE (Hypoxic ischaemic encephalopathy rate)	<2.2	0.00	0.00	0.00	<2.2	0.0			0.00	0.00	0.00		0.0	
Band 7 supernumerary status – rate	100%	96.8%	91.7%	98.4%	100%	95.1%				87%	81%		84.0%	
MDT training compliance – rate	90%	84.0%	80.0%	80.6%	90%	80.3%				76%	84%		79.6%	
Vacancy rate	<=10%	-1.6%	-6.0%	-3.8%	<=10%	-4.9%				5.6%	5.6%		5.6%	
MDT handovers Rate	100%	100.0%	100.0%	53.0%	100%	76.5%				100%	100%		100.0%	

* Please note that CoC metrics have changed from May 2023 data to reflect NHS England requirements based on their definition. Data changes will be backdated to reflect NHS England reporting requirements as advised by NHS England.

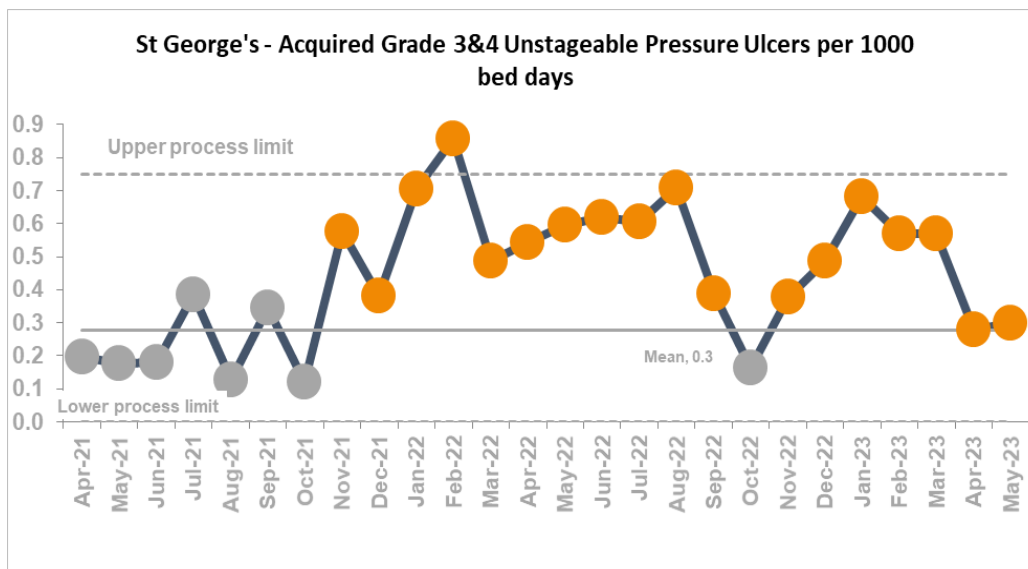
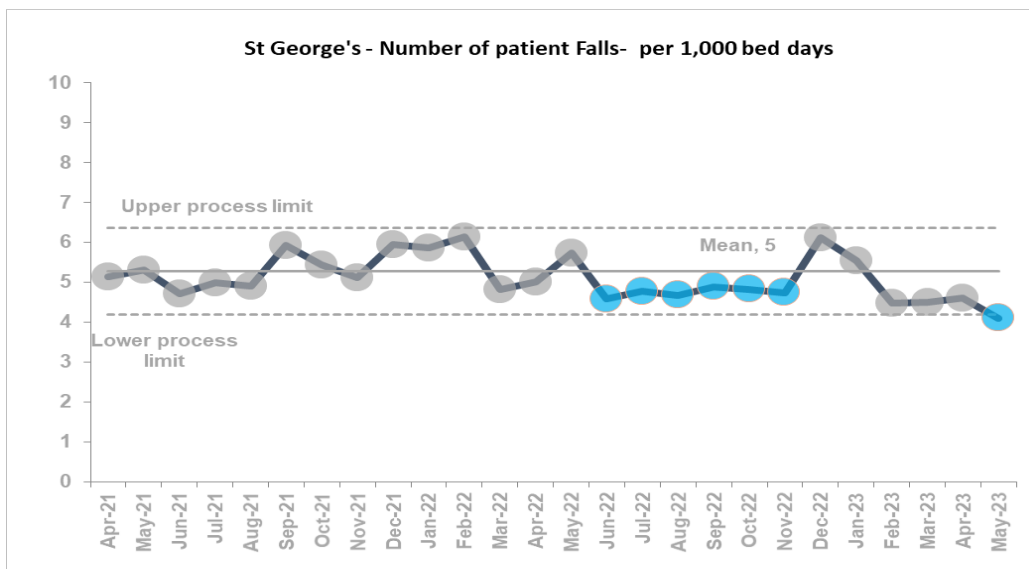


Safe, high-quality care



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

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



SGH updates since last month

There were a total of 104 falls across all services in May 2023. Rates per 1,000 Occupied Bed Days were 4.1 in May 2023, with performance below the lower process limit and showing special cause variation with an improving position. The vast majority were low or no harm falls, however the Trust recorded 1 high harm fall (?collapse) in May 2023 with a medical inpatient area and 2 moderate harm falls; 1 in a medical inpatient area and the other in the radiology department. All 3 patients have now been discharged. A Trust level action plan is in place and monitored by the falls steering Group.

SGH updates since last month

There were a total of 5 category 3, 4 and unstageable pressure ulcers in April 2023 [3, category 3 and 2 unstageable], this is down from 7 in April 2023. Rates per 1000 bed days have been stable since March 2023 (around 0.3) and down from quarter 4 2022/23. The total number of pressure ulcers caused by medical devices in May 2023 was 21, this number continues to fluctuate with 16 in April 2023 and 28 in March 2023, only 1 out of the 21 recorded in May 2023 was as category 3, 4 or unstageable. A Trust level action plan is in place and actions are on-going.

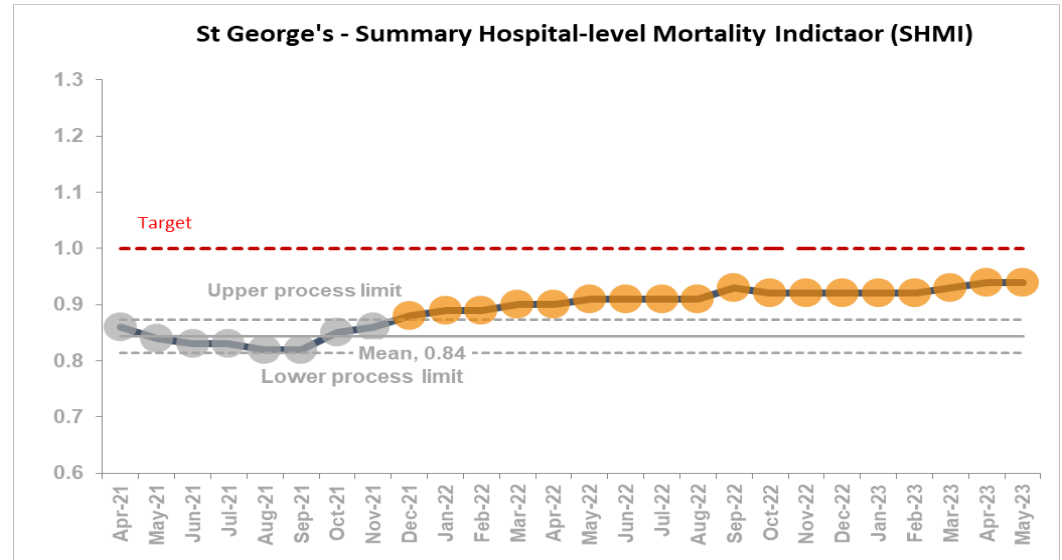
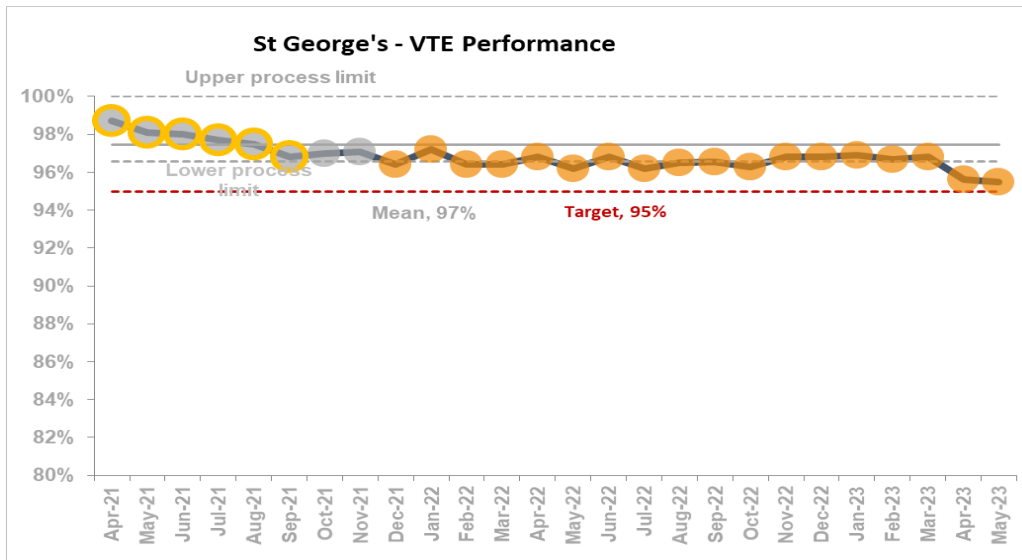


Safe, high-quality care



VTE Risk Assessment

Mortality – SHMI



SGH updates since last month

Performance against VTE Risk Assessment continues to show special cause variation with a deteriorating position. Deputy CMO and corporate nursing to meet to support Trusts HAT group and delivery of action plan.

SGH updates since last month

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures. For SGH performance remains as expected at 0.94, reflective of the 12 month period January 2022 to December 2022 (published 11 May 23). NHS Digital has delayed the publication of the February 2022 to January 2023 data by 1 week, to 15th June; therefore, no update to the data reported previously is available.

Source NHS Digital



Safe, high-quality care

Heatmap May 2023 (1 of 3)



Medicine and Cardiovascular Services

Service	Quality Observatory (Issues)	Safe and Secure Medicines Management (Issues)	EWS Audit (Issues)	FFT Score	Inpatient Survey (Issues)	Compassion	Bed rails audit - assessment form completed	Saving Lives - Hand Hygiene	Saving Lives - Cleaning and Decontamination	MRSA - Acquisitions	MRSA - Bacteraemias	cDiff	MSSA	eColi	Acquired Category 3 Pressure Ulcers	Acquired Category 2 Pressure Ulcers	Medication Related SIs	SIs	Moderate and above Falls
Allingham	83.8	91.3	77.9	100	95.2	100	100	100	100	0	0	0	1	0	2	0	0	0	0
Amyand AMU	No data	95	100	100	95.3	100	100	95	90.2	0	0	0	0	0	0	0	0	1	0
Belgrave	97	100	91.5	100	99.4	100	95.8	100	90.9	1	0	0	0	0	0	0	0	0	0
Benjamin Weir	No data	No data	98.4	100	97.5	98.8	100	100	90	0	0	0	0	0	0	0	0	0	0
Caesar Hawkins Respiratory	No data	95.7	76.8		No data		100	87.1	35	0	0	1	0	0	0	0	0	0	0
Caroline	No data	100	95.6	95	95.2	99.2	100	95.2	100	0	0	0	0	0	0	1	0	0	0
Cavell	93.7	85.7	86.9	100	82.7	100	100	95	100	0	0	0	0	0	1	0	0	0	0
CCU	No data	No data	87.5	100	88.6	100	100	100	100	0	0	0	0	0	0	0	0	0	0
Champneys	No data	No data	90.7	100	91.7	100	100	100	100	0	0	0	0	0	0	0	0	0	0
Charles Pumphrey Unit	100	85	100	100	97.3	100	100	100	100	0	0	0	0	0	0	0	0	0	0
Cheselden	No data	No data	95.7	100	92	100	100	92	100	0	0	0	0	0	0	0	0	0	0
Dalby	100	100	84.3	75	87.5	100	100	86.4	94.4	1	0	1	0	0	1	0	0	0	0
Gordon Smith	99.5	No data	67.6	100	88.6	100	100	100	100	0	0	0	0	0	0	1	0	0	0
Heart Failure Unit	100	95	100	100	88.1	94.4	100	100	100	0	0	0	0	0	0	0	0	0	0
Heberden	99.4	100	100	100	86.7	92.9	100	100	95	0	0	0	0	0	0	0	0	0	0
Marnham ASHU	95.8	100	100	100	79.2	84.2	100	100	100	0	0	0	1	0	1	1	0	0	0
Mary Seacole	96	No data	100	91	77.6	96.8	100	100	100	0	0	0	0	1	0	0	0	0	1
McEntee	92.3	100	100	93	90.2	92.9	83.3	98.9	100	0	0	1	0	0	0	0	0	0	0
Richmond AMU	85.6	95	87.5	97	88.3	97.1	89.6	86.7	60	0	0	0	0	0	0	0	0	0	2
Rodney Smith	95.8	No data	79.6	75	67	83.3	100	85	81.8	0	0	0	0	2	0	0	0	0	1
Ruth Myles	No data	92	No data	100	93.2	100	No data	100	No data	0	0	0	0	0	0	0	0	0	0
Trevor Howell	93.6	84.8	96.3	0	60	50	100	100	100	0	0	0	0	0	0	0	0	0	0



Safe, high-quality care

Heatmap May 2023 (2 of 3)



Surgery Anaesthetics and Neuro

Service	Quality Observatory (Issues)	Safe and Secure Medicines Management (Issues)	EWS Audit (Issues)	FFT Score	Inpatient Survey (Issues)	Compassion	Bed rails audit - assessment form completed	Saving Lives - Hand Hygiene	Saving Lives - Cleaning and Decontamination	MRSA - Acquisitions	MRSA - Bacteraemias	cDiff	MSSA	eColi	Acquired Category 3 Pressure Ulcers	Acquired Category 2 Pressure Ulcers	Medication Related SIs	SIs	Moderate and above Falls
Brodie	100	95.2	81	97	93.3	98.5	100	98.7	88	0	0	0	0	0	0	0	0	0	0
Florence Nightingale	97.9	100	92.5	95	92.9	95.8	100	100	100	0	0	0	0	0	0	0	0	0	0
Gray	93.6	100	98.8	86	85.7	89.1	96.9	100	100	0	0	1	0	1	1	1	0	0	0
Gunning	94.1	100	100	96	98.5	100	100	94.9	95	0	0	0	0	0	1	1	0	0	0
Gwynne Holford	100	100	100	100	96.4	100	100	100	100	0	0	0	0	0	0	0	0	0	0
Keate	97.7	100	94.7	100	98.6	100	100	95.1	100	0	0	0	1	0	0	0	0	0	0
Kent	96.9	81.8	100	94	88.2	93.8	100	98.9	98.9	0	0	0	0	0	0	0	0	0	0
Major Trauma Ward	No data	No data	No data		No data		No data	No data	No data	0	0	0	0	0	0	0	0	0	0
McKissock	100	100	100	99	95.8	98.8	100	100	100	0	0	0	0	0	0	0	0	0	0
Nye Bevan Unit	90	95	98.7	99	No data	99	100	100	100	0	0	0	0	0	0	0	0	0	0
Vernon	97.6	100	100	100	97	99.1	100	100	100	0	0	0	0	0	0	0	0	0	0
William Drummond	99.5	100	99	100	90.4	100	100	100	100	0	0	0	0	0	0	0	0	0	0
Wolfson / Thomas Young	99.2	100	100	71	78.2	87.5	100	97.1	97.8	0	0	1	0	0	0	0	0	0	0

Women and Children, Diagnostic and Therapy Services

Freddie Hewitt	No data	100	No data	100	88.6	97.2	100	100	100	0	0	0	0	0	0	0	0	0	0
Nicholls	76.9	100	No data	90	87.3	96.4	100	98	100	0	0	0	0	0	0	0	0	0	0
Pinckney	84.9	95	No data	100	95	100	No data	100	100	0	0	0	0	0	0	0	0	0	0



Safe, high-quality care

Heatmap May 2023 (3 of 3)



Ward Name: Richmond
Division (Speciality): Medicine and Cardiovascular (Acute Medicine)
Flags:

- Moderate harm Falls - 2
- Quality Observatory audit 85.6% compliant
- Bedrails audit: 89.6% compliant
- Saving Lives compliance:
 - Cleaning and decontamination 60%

Accreditation: Silver (8th September 2022)
Comments: Service due re-inspection for accreditation. 2 moderate harm falls. Med Card Falls audit and action plan to be shared at PSQG and divisional level.

Ward Name: Dalby
Division (Speciality): Medicine and Cardiovascular (General Medicine)
Flags:

- Category 3, 4 & Unstageable pressure ulcers: 1
- Clostridium Difficile:1
- EWS Audit : 84.3%
- MRSA Acquisitions: 1

Accreditation: Silver (6th June 2023)
Comments: Category 3 or above pressure ulcer investigation reports to be presented and discussed with Head of Nursing for Quality and Tissue Viability Nurse to ensure lessons learnt and appropriate action plan put in place. Increased surveillance and support in place from Infection Prevention and Control Team.

Ward Name: Mary Seacole
Division (Speciality): Medicine and Cardiovascular (General Medicine)
Flags:

- E Coli: 1
- Category 3, 4 & Unstageable pressure ulcers: 1
- Friends and Family: 91%

Accreditation: Silver (6th June 2023)
Comments: Increased surveillance and support in place from Infection Prevention and Control Team and local pharmacist. Action plan to be developed at a local level where audit have identified underperformance.

Ward Name: Gray
Division (Speciality): Surgery, Neuro, Cancer and Theatres (Trauma and Orthopaedics)
Flags:

- EWS audit compliance: 72.1% compliant
- Category 3, 4 & Unstageable pressure ulcers: 1
- Category 2 pressure ulcers: 1
- E Coli: 1
- C Diff:1
- Friends and Family score: 86%

Accreditation: Silver (4th July 2023)
Comments: Category 2 pressure ulcer to be investigated by service leaders. Awaiting Rapid Response for Category 3 pressure ulcer to be reviewed by the Head of Nursing for Quality Action plan to be developed at a local level where audit have identified underperformance. Increased surveillance and support in place from Infection Prevention and Control Team.

Ward Name: Rodney Smith
Division (Speciality): Medicine and Cardiovascular (General Medicine)
Flags:

- E-coli: 2
- EWS audit compliance: 79.6% compliant
- Quality Observatory audit: 85.6% compliant
- Friends and Family score: 75
- Saving Lives compliance:
 - Cleaning and decontamination 81.8%

Accreditation: Silver (24th May 2023)
Comments: Increased surveillance and support in place from Infection Prevention and Control Team. Action plan to be developed at a local level where audit have identified underperformance.



Executive Summary

Elective Care

St George's Hospital

Successes

- Outpatient performance for May is expected to be above plan at 107%.
- First outpatient attendances is expected to be above plan at 118%.
- Outpatient focus on uncashed activity improved to 0.68% uncashed for April 23, against 1.3% March 23.
- Elective and Daycase performance is ahead of plan with a percentage of 105% submitted for May.
- Continued progress against long waiting patients continues to be made with the number of patients waiting over 65 weeks reducing from 70 in Mar 23 to 57 in Apr 23, May >65
- At the end of May, the Trust reported a further improvement in our diagnostic performance with 99.02% of patients waiting less than 6 weeks for their diagnostic test **returning to the national 99% requirement and performing top against London Peers.**
- Planning meetings are underway to start providing surgical services at QMH site for Epsom patients from July.
- The first phase of the Theatre templates review has been completed. This is a key step to improve efficiency and access to robot.
- Cancer Faster Diagnostic Standard was achieved for a third consecutive month reporting a performance of 77.2%. Breast continued in a compliant position increasing performance to 90%.

Challenges

- There are 795 patients with a projected wait of over 40 weeks for a first appointment. A recovery plan is being put in place and managed through Elective Access.
- Challenges related to patient flow remained a significant bottleneck in May, impacting recovery and PACU.
- In May, capped theatre utilisation capped was 74% which was marginally below the previous month and below our aim of 85%, this is in part due to industrial action.
- Cancer TWW Performance A number of services were impacted by the strikes and public holidays. Particular challenges were seen within Gynae, Haematology and Lower GI.
- Cancer 62 Day Performance - Challenges, were seen in H&N and urology due to theatre capacity and late inter trust transfers from Kingston, Croydon and Epsom & St Helier.



Monthly Overview – Elective Care (1)



Responsive and Productive Services - Elective Care	St George's						13-Month Trend	Epsom and St. Helier						
	Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual		Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	
Outpatient activity	60,612	59,466	54,118	68,034	116,033	122,152		48,987	56,274	45,004	53,080	93,075	98,084	
Patient Initiated follow ups	TBC	43	59	34	TBC	93		TBC	1,708	1,549	1,852	TBC	5,109	
Advice and Guidance	TBC	1,030	856		TBC			TBC	1,767	1,475	2,241	TBC	5,483	
Outpatient DNA rates	8%	10.0%	12.1%	13.3%	8%	12.7%		TBC	4.7%	4.8%	5.0%	TBC	4.9%	
New to follow up outpatient ratios	TBC	1.93	1.99	1.95	TBC	1.95		TBC	2.54	2.80	2.82	TBC	2.81	
Elective and day case activity	5,272	5,331	4,410	5,187	10,064	9,597		3,580	3,760	3,092	3,621	6,801	6,713	
Elective LOS	TBC	3.8	4.6	3.6	TBC	4.1		TBC	5.8	6.1	5.6	TBC	5.8	
Elective Day case rates	78%	80.0%	78.0%	79.0%	78%	79%		82%	83.3%	83.8%	83.0%	83%	83.4%	
Theatre Utilisation (Uncapped)	85%	82%	82%	82%	85.0%	82%		85%	76%	76%	77%	85%	76.5%	
Theatre Utilisation (Capped)	85%	76%	77%	74%	85.0%	76%		85%	74%	74%	74%	85%	73.8%	
Theatre Average Cases per Session	TBC	1.65	1.67	1.64	TBC	1.65		TBC	3.68	3.70	3.65	TBC	3.68	
On the day cancellations for Non Clinical Reasons	TBC	39	34	20	TBC	54		TBC	134	62	88	TBC	54	
On the day cancellations for Non Clinical Reasons & Re-booked within 28 Days	100%	92.3%	82.4%	75.0%	100%	75%								



Monthly Overview – Elective Care (2)



Responsive and Productive Services - Elective Care	St George's							Epsom and St. Helier						
	Monthly Target	Feb-23	Mar-23	Apr-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Feb-23	Mar-23	Apr-23	YTD Target	YTD Actual	13-Month Trend
RTT – total size of waiting list*	59,445	57,437	58,966	59,271				41,400	47,214	48,852	50,032			
RTT -Incomplete Median Waiting Times		12.1	10.4	11.4					12.1	12.0	10.7			
RTT - Waits over 52 weeks*	600	481	517	549				160	385	517	586			
RTT - Waits over 65 weeks*	168	101	70	57				TBC	28	18	16			
RTT – Performance	92%	67.4%	67.9%	67.4%				92%	66.7%	67.1%	67.4%			
Cancer 14 Day Standard	93%	84.2%	87.0%	82.6%				93%	95.9%	96.0%	85.7%			
Cancer 14 Day Standard Breast Symptomatic	93%	47.8%	95.0%	92.2%										
Cancer 31 Day Diagnosis to Treatment	96%	91.8%	90.0%	92.2%				96%	100%	99%	100%			
Cancer 31 Day Second or subsequent Treatment (Surgery)	94%	77.6%	94.0%	83.0%				94%	100%	100%	100%			
Cancer 31 Day Second or subsequent Treatment (Drug)	98%	100%	100%	100%				98%	100%	100%	100%			
Cancer 62 Day Referral to Treatment Screening	90%	50.0%	71.0%	75.6%				90%	100%	100%	100%			
Cancer 62 Day Referral to Treatment Standard	85%	53.8%	66.0%	69.5%				85%	86.0%	87.0%	86.4%			
No. of patients over 62 days	105	91	91	116				59	45	34	49			
Cancer – 28 day Faster Diagnosis Standard	75%	82.2%	78.9%	77.2%				75%	82.0%	79.8%	80.3%			
	Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend
Diagnostic activity	TBC	19,364	16,857	18,937	TBC	35,794		TBC	17,887	15,487	15,487		30,974	
Diagnostic performance	5%	1.8%	1.3%	0.98%				5%	10.0%	10.7%	8.7%			

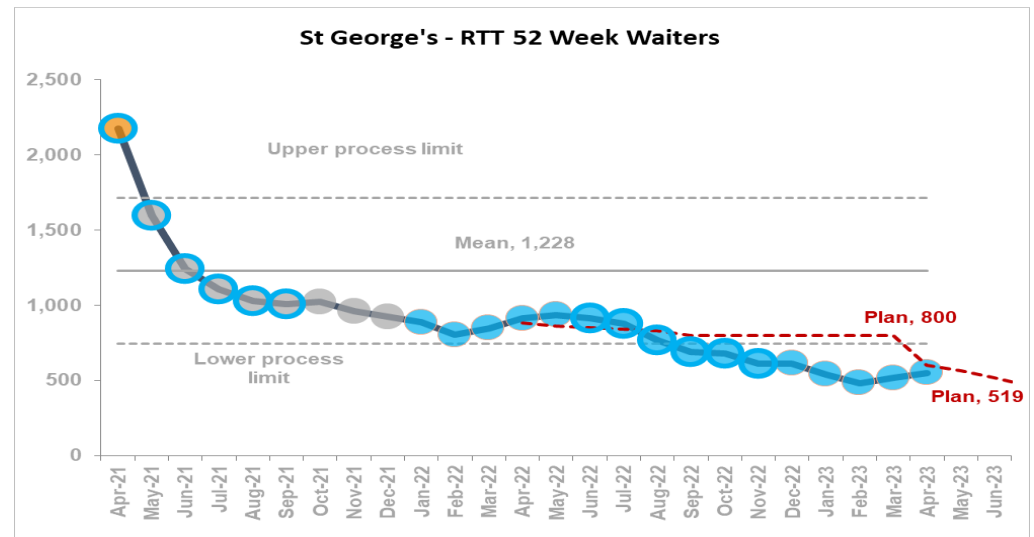
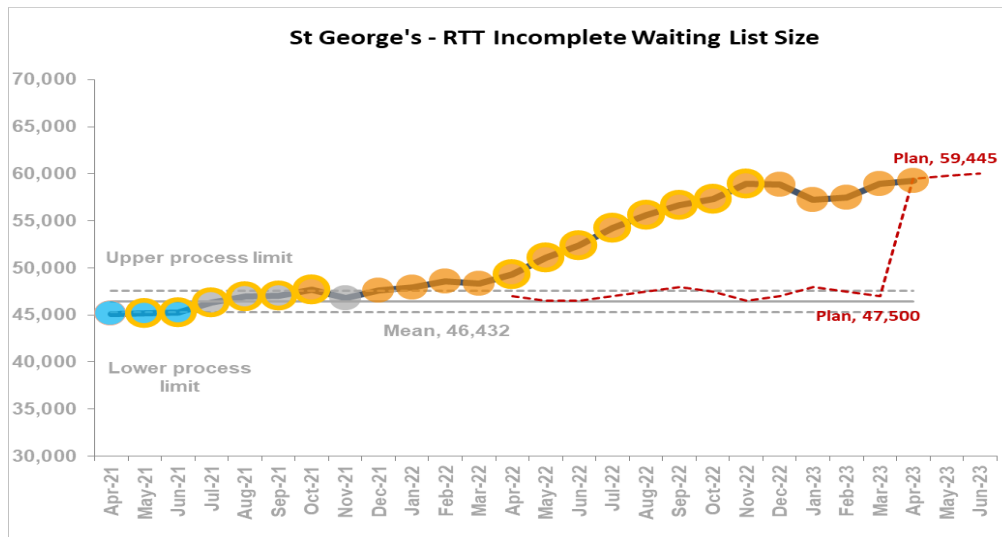


Elective Care



RTT – Total Waiting List Size

RTT – 52 Week Waiters



SGH updates since last month

PTL volume has increased by 0.7% compared to the previous month however 0.8% better than plan, with 18w breach numbers increasing (by 396 pathways, 2.1%). The total number of patients on the non-admitted PTL has risen slightly by 0.5% (305 pathways), with the largest proportion of 18w waits being within ENT and Cardiology. The total number of patients waiting on the admitted PTL decreased by 76 pathways compared to March with a 0.8% reduction in 18w waits, this was driven by Cardiology and Gastroenterology. Recovery plans are being worked up. However, our >65wk trajectory is delivering, with further validation we expect an improvement in the position.

SGH updates since last month

At the end of April, there were 549 incomplete pathways over 52 weeks, this is better than plan however this is an increase of 6.2% (32 pathways) compared to March. The largest increases are within ENT on the admitted PTL. Cardiology continue to hold the largest proportion of 52 week breaches overall. Cardiology have developed a recovery plan, but the Post COVID increase in referrals (seen across London) has contributed to this position.

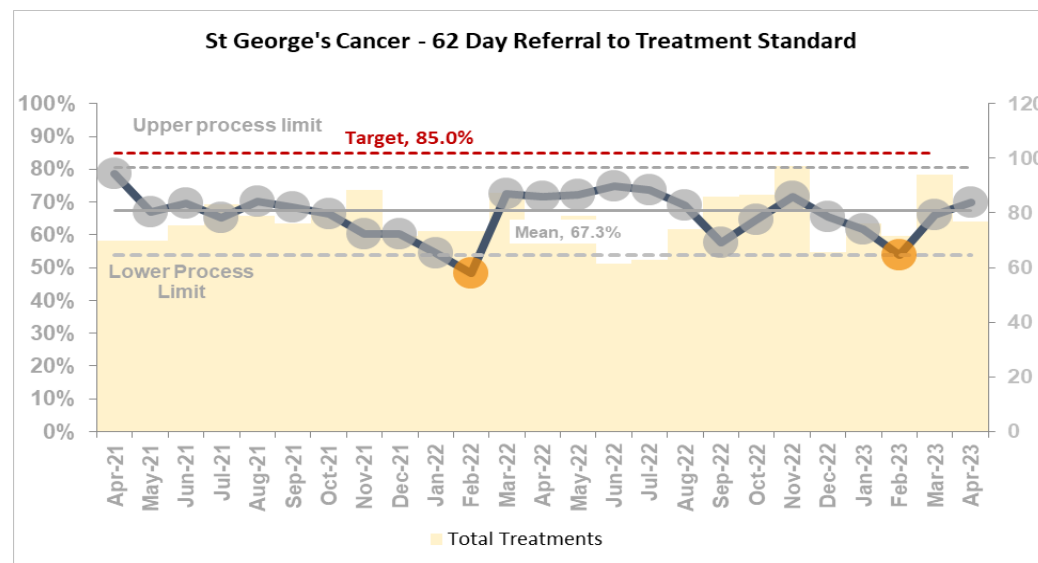
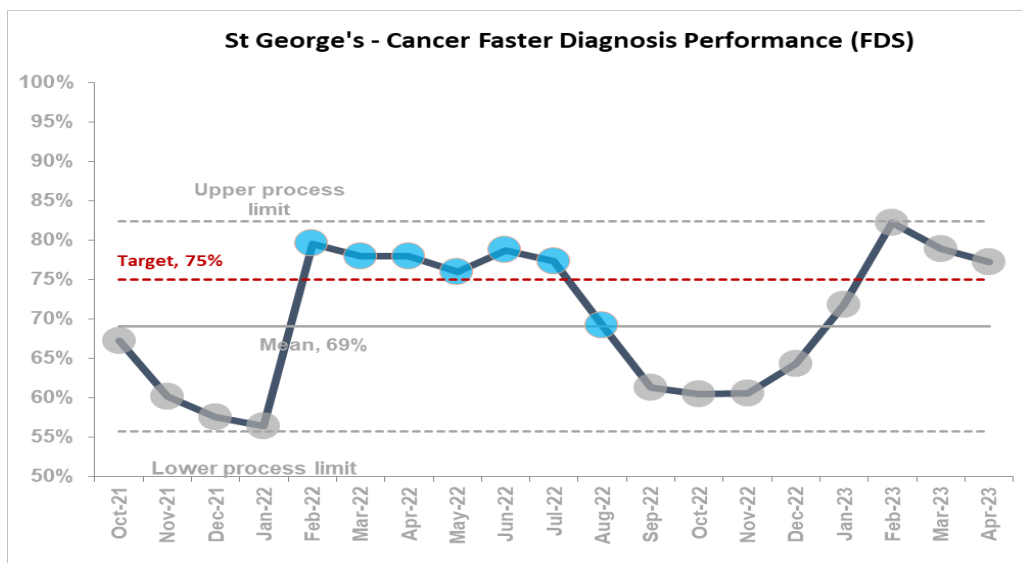


Elective Care



Cancer – Faster Diagnosis Standard

Cancer –62 Day Referral to Treatment Standard



SGH updates since last month

April, performance against the Faster Diagnosis Standard was 77.2% meeting the required target of 75%. Breast continued in a compliant position raising performance to 90% and Skin, with the largest cohort of patients continue to perform above target achieving 93%. Continued challenges remain within Head and Neck (60%), Lower GI (41%) and Upper GI (62%).

SGH updates since last month

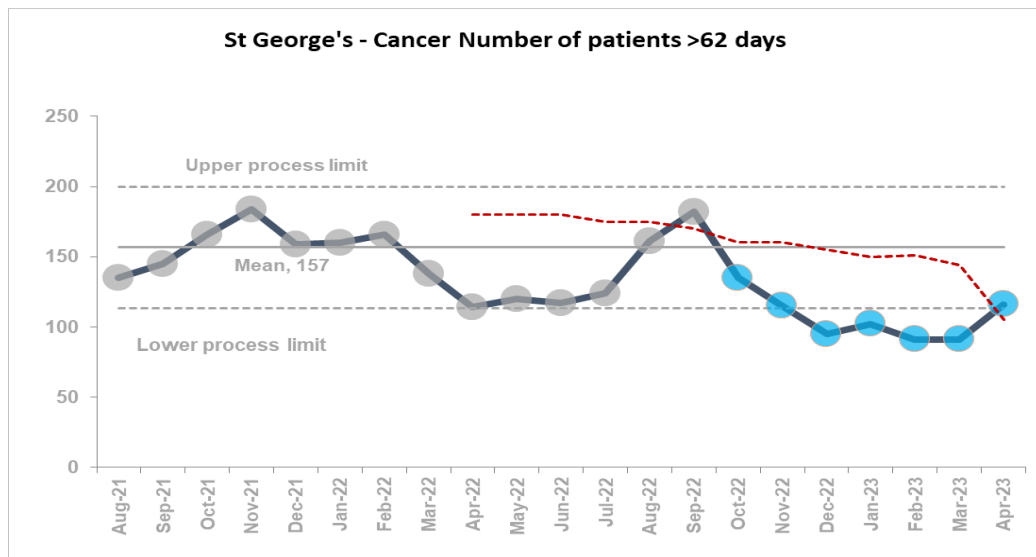
62 day performance has increased for a consecutive month reporting 70% and although below target is performing above the mean. All tumour groups, except for Head & Neck and Lung, are in a non-compliant position. We are seeing a high number of ITT (InterTrust Transfers) above 38 days.



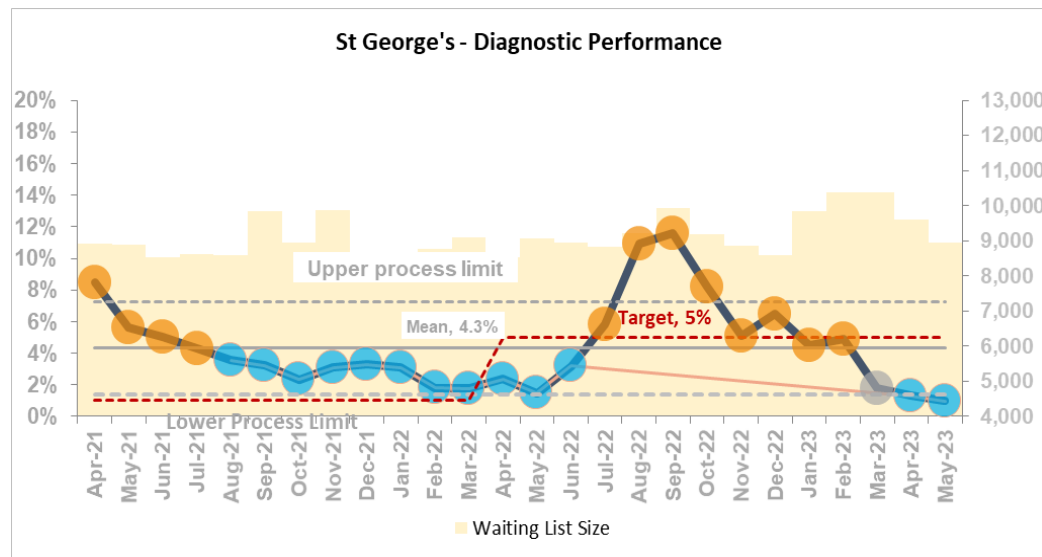
Elective Care



Cancer – Number of patients > 62 days



Diagnostic Performance



SGH updates since last month

The number of patients in our backlog increased through April and is slightly above our plan, however considerable effort is being made to reduce long-waits and ensure all patients are tracked correctly. A focused cancer week reviewing all PTLs is planned for June 23 to improve the position.

SGH updates since last month

At the end of May, the Trust reported a further improvement in performance with 99.02% of patients waiting less than 6 weeks for their diagnostic test **returning to the national 99% requirement and performing top against London Peers**. Further improvement was seen within Endoscopy modalities exceeding internal trajectories. The total waiting list size decreased by 6.7% with activity levels increasing by 12% compared to April.

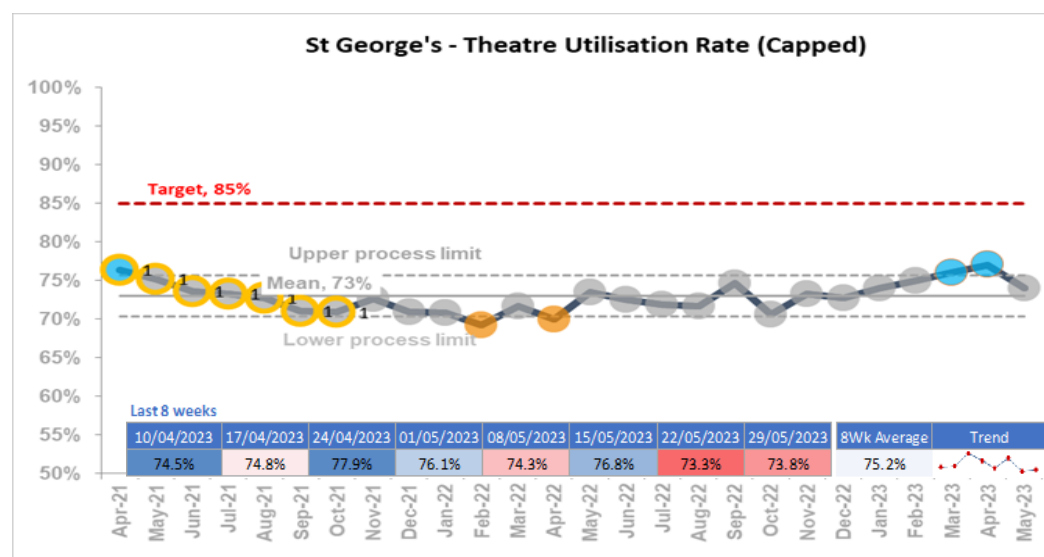
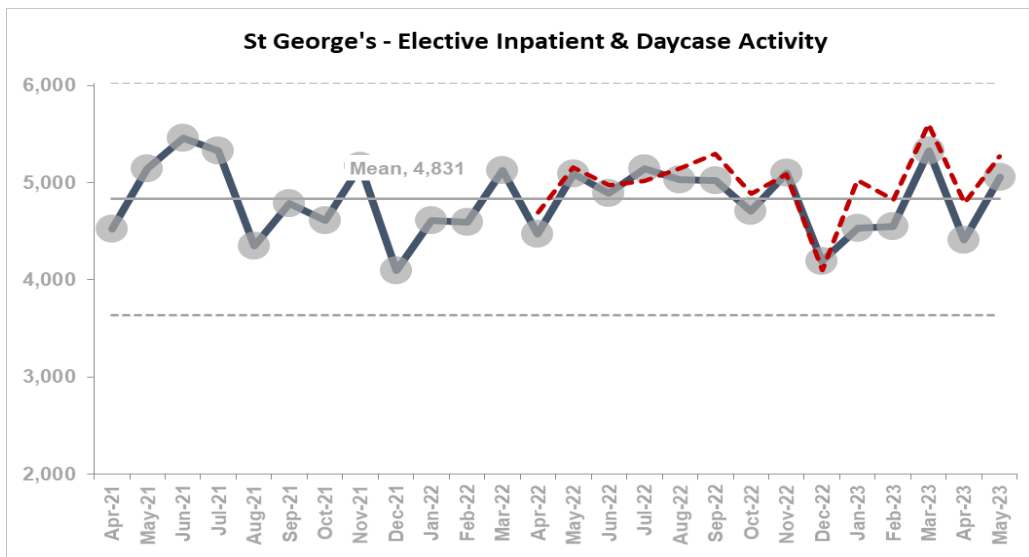


Elective Care



Elective Inpatient & Daycase Activity

Theatre Productivity – Capped Utilisation



SGH updates since last month

Elective and Daycase performance is ahead of plan (after estimated catch up), with a percentage of 105% submitted for May.

Elective and Daycase performance is 101% YTD (after estimated catch up) which is behind the 104% plan. The impact of the Junior Doctor strikes is estimated to have decreased activity volume by 248 which would have been on plan.

SGH updates since last month

Capped theatre utilisation rates remain above the mean at 74% in May with plans to improve further to deliver 85%.

Uncapped utilisation rates are currently at 82%.



Executive Summary

Non-Elective Care



St George's Hospital

Successes

- May's 4 hour month end performance was 81.70%, which is a 7% improvement on May 2022. Performance is still strong compared to peers, SGH 13th nationally and 3rd in London.
- Type 1 attendances are below the planning numbers for May 2023 by 1.4%.
- With the support of two on site SGH LAS assigned HALOs there has been a decline in LAS requiring to cohort at SGH. May's LAS handover performance continues to be strong, with 93% of LAS offloads <15 minutes and 95% < 30 mins.
- The Homelessness and inclusion Team (HIT) and Emergency Department have been nominated for NHS Parliamentary Awards 2023. Awards ceremony 5th July, 5 representative across teams will attend.

Challenges

- The ability of the department to admit patients to downstream wards was challenged in May which in turn increased the number of 12 hour trolley waits seen. High numbers of Mental Health patients in ED continued to be challenging however working groups between Police and key SGH stakeholders have begun.
- Non-Elective length of stay remains higher than the mean of 2021/22 and across May the number of stranded and super stranded increased.
- Increasingly high number of patients not meeting the criteria to reside (NCTR). In addition to the high number of patients awaiting Pathway 2A (Merton + Wandsworth) and Pathway 3, over the last two months, the Trust has had an increasing number of Pathway 1 patients awaiting equipment.
- SGH continues to have a number of closed bays and closed & lost beds due to infection and required E&F upgrades in both SGH/QMH.
- MADE events are occurring every 2 weeks, rotating between internal & external. Work ongoing to maximise effectiveness.



Monthly Overview – Non Elective Care



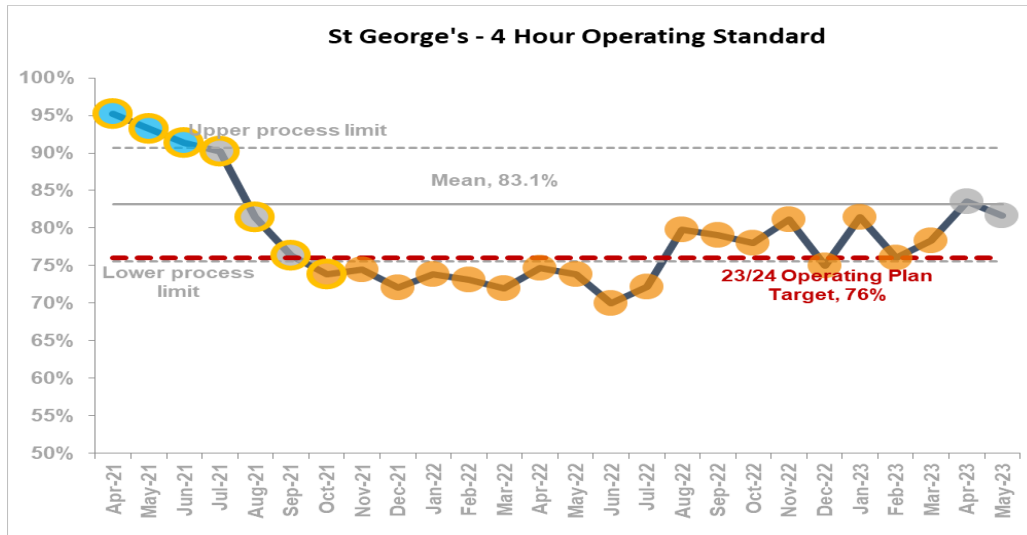
Responsive and Productive Services - Non Elective Care	St George's							Epsom and St. Helier						
	Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Mar-23	Apr-23	May-23	YTD Target	YTD Actual	13-Month Trend
4 Hour Operating Standard	76%	78.3%	83.5%	81.7%	76%	82.6%		76%	73.7%	75.4%	77.1%	76%	76.2%	
12 Hour Trolley Waits	0	596	331	591	0	922		0	379	332	293	0	625	
Ambulance handover Performance 30 minutes	0	28	25	30	0	55		0	277	224	232	0	456	
Ambulance handover Performance 60 minutes	0	86	22	76	0	98		0	126	73	42	0	115	
Non elective length of stay	TBC	7.5	6.8	7.0	TBC	6.90		TBC	7.7	8.0	7.2	TBC	7.58	
Mental health delays 4 Hour Breaches	TBC	115	113	138	TBC	251								
Redmission Rate - Non Elective	TBC	8.0%	9.2%	9.7%	TBC	9.5%		TBC	5.5%	4.9%	5.7%		5.3%	
Length of stay > 7 days (stranded)	TBC	388	381	406	TBC	394		TBC	305	304	284	TBC	294	
Length of stay > 21 days (super stranded)	172	163	164	180	172	172		123	121	132	121	114	127	
Overnight G&A beds occupancy - Adults	92.0%	95.1%	95.9%	97.3%	92.0%	96.6%		92.0%	91.8%	90.6%	89.3%	92.0%	90.0%	
Number of patients not meeting criteria to reside	TBC	149	139	99					150	166	165			



Non-Elective Care



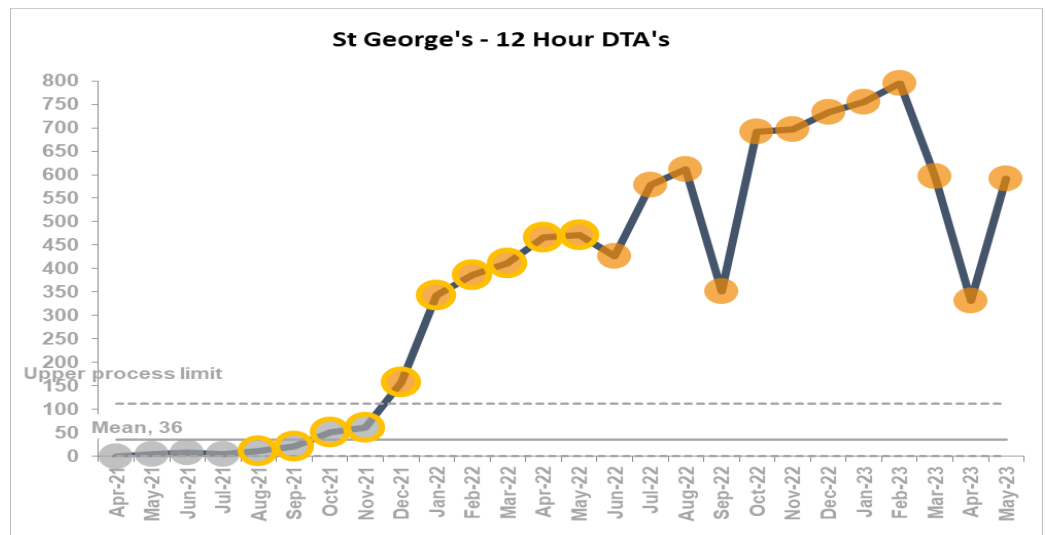
4 Hour Operating Standard



SGH updates since last month

4 hour performance in May was 81.7%, continuing above the ambition of 76%. Compared to April the number of daily attendances increased by approx. 24 patients per day however trend remains comparable over time. Ambulance conveyances remain consistent with on average 78 arrivals per day and the proportion of attendances requiring admission remains on average approx. 25% daily. The majority of patients that wait for more than four hours is driven by ED capacity linked to available beds and flow across the Trust.

12 Hour DTA's



SGH updates since last month

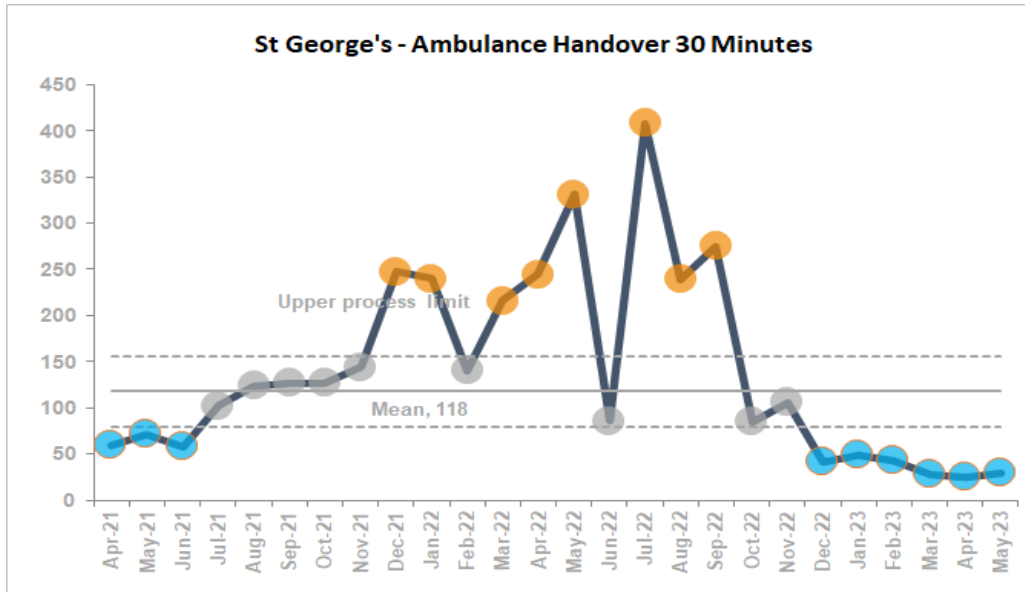
Across May the department saw a large rise in the number of 12 hour trolley wait breaches following decision to admit. This is impacted by increased length of stay and bed occupancy through May with lower than planned discharge profile. There are a number of actions being undertaken with system partners to improve the reduction in admission and increase in discharge numbers.



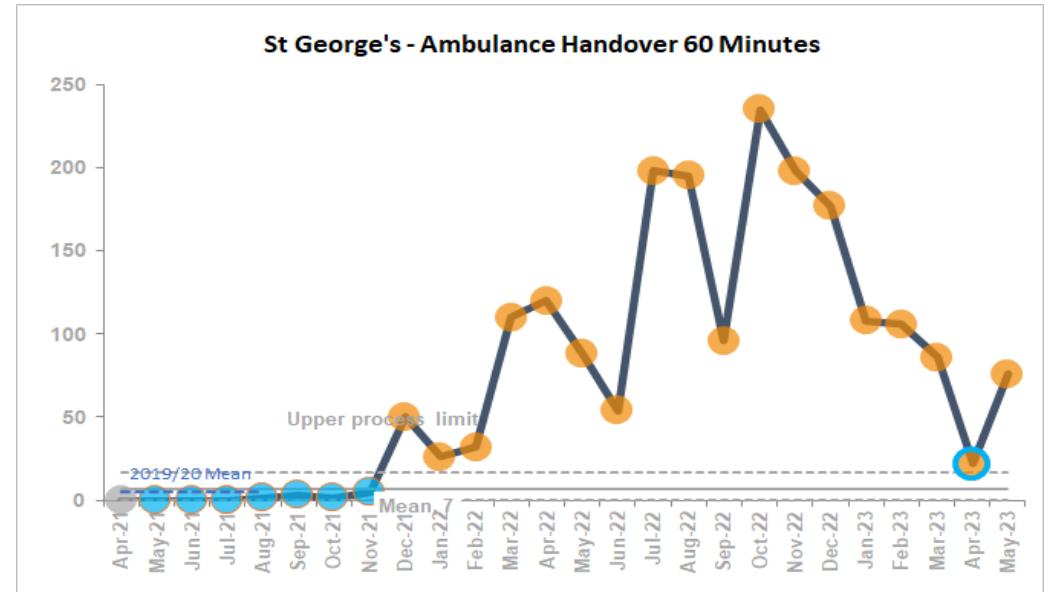
Non-Elective Care



**Ambulance Handover Delays
30-60 minutes**



**Ambulance Handover Delays
60 minutes**



SGH updates since last month

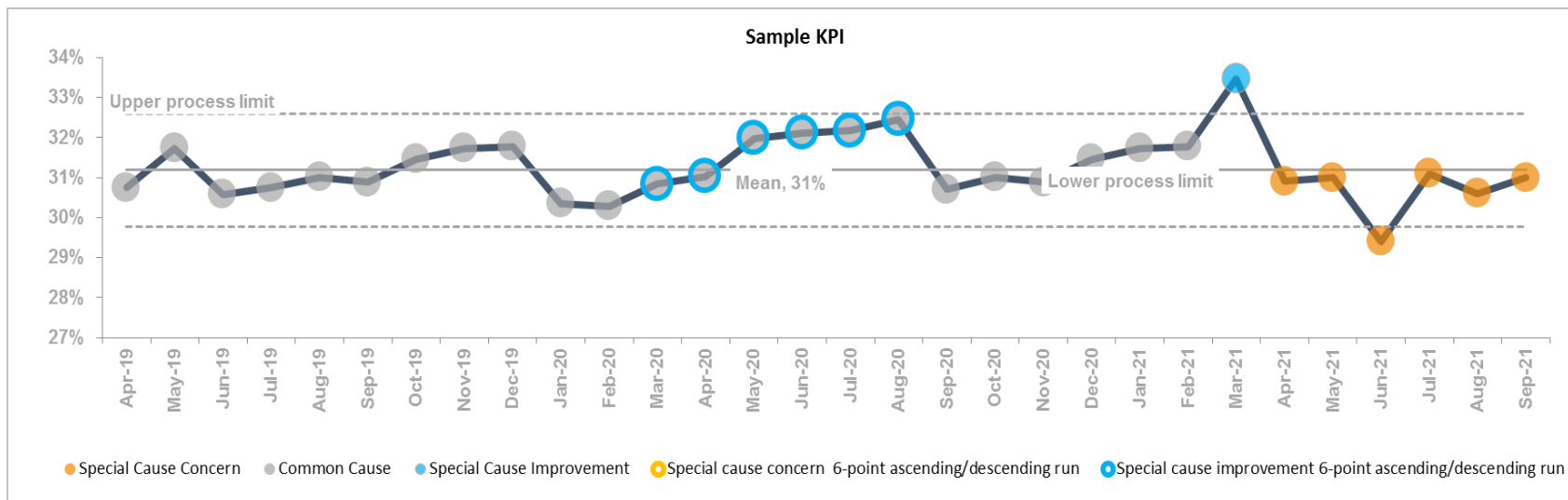
30 minute handover performance has been below the lower control limit for five consecutive months. Continue to see improved and sustained performance against continued challenges.

SGH updates since last month

Across May, the number of ambulance conveyances waiting over 60 minutes for handover, increased by on average 2 cases per day compared to April.



Interpreting (Statistical Process Control) Charts



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

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

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