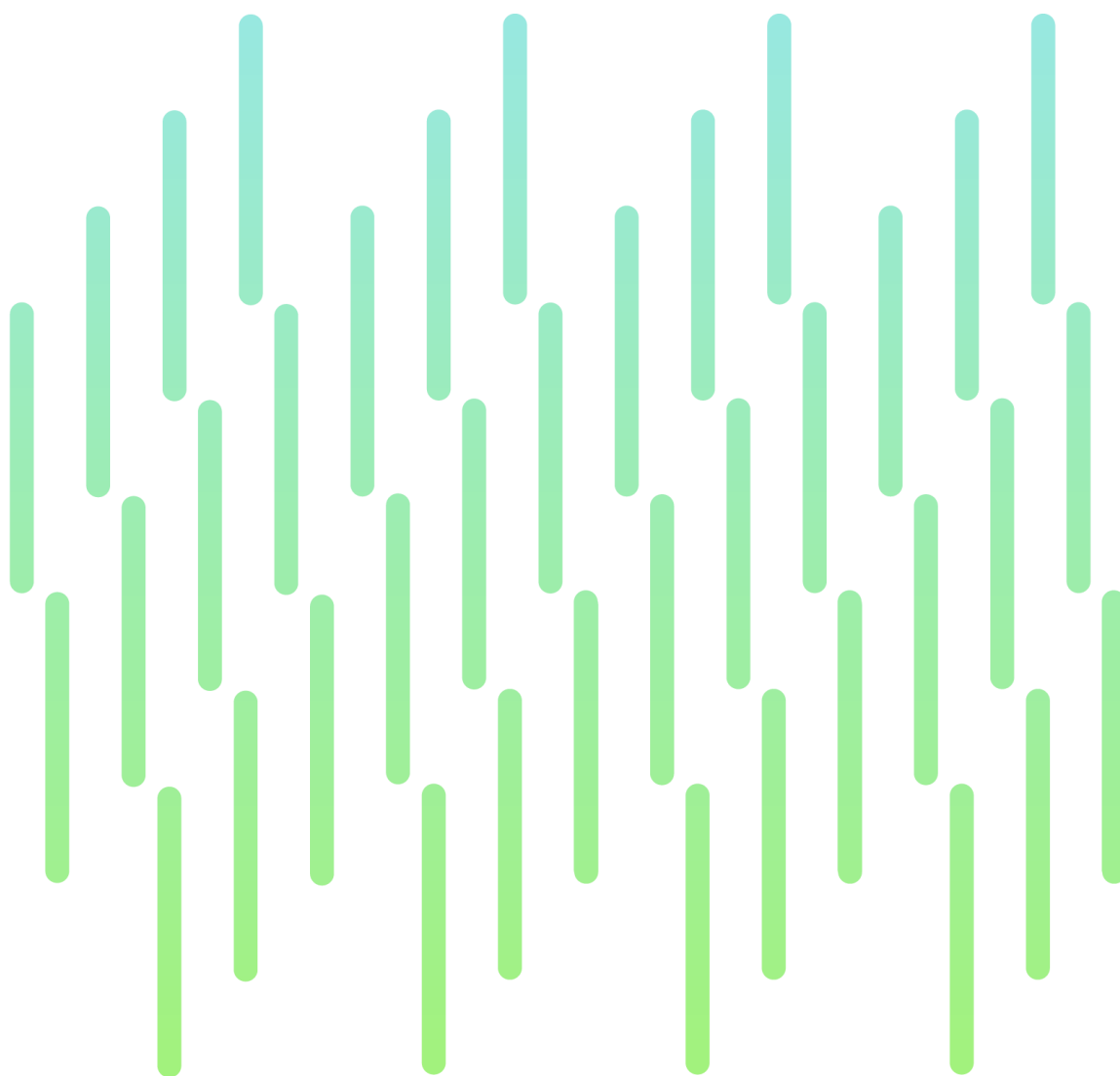




Council of Governors Meeting

22 November 2023

Agenda and papers



Council of Governors

Agenda

Meeting in Public on Wednesday, 22 November 2023, 14:00 – 16:35

Hyde Park Room, Lanesborough Wing, St George's Hospital, Tooting SW17 0QT and MS Teams

Feedback from Governor visits

Time	Item	Title	Presenter	Purpose	Format
14:00	-	Feedback from visits to various parts of the site	Governors	-	Verbal

1.0 Introductory items

Time	Item	Title	Presenter	Purpose	Format
14:30	1.1	Welcome and Apologies	Chairman	Note	Verbal
	1.2	Declarations of Interest	All	Note	Verbal
	1.3	Minutes of previous meeting	All	Note	Verbal
	1.4	Action Log and Matters Arising	All	Note	Verbal
14:35	1.5	Chief Executive Officer's Report	GDCEO	Update	Report

2.0 Accountability

Time	Item	Title	Presenter	Purpose	Format
14:55	2.1	Questions to Non-Executive Directors	NEDs	Assure	Verbal

3.0 Quality, Performance and Finance

Time	Item	Title	Presenter	Purpose	Format
15:20	3.1	Maternity Services Update	GCNO	Update	Report
15:40	3.2	Quality Governance Review: Update	GCNO	Update	Verbal
15:45	3.3	Integrated Quality and Performance Report: Operational Performance	MD-SGUH	Update	Report
16:05	3.4	Financial Performance Update	GCFO	Update	Report
16:20	3.5	External Audit Tender: Update	GCFO	Update	Verbal

4.0 Closing items

Time	Item	Title	Presenter	Purpose	Format
16:25	4.1	Any Other Business	All	Note	Verbal
16:30	-	CLOSE	-	-	-

Council of Governors Purpose	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and Attendees		
Members	Designation	Abbreviation
Gillian Norton	Trust Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Adil Akram	Public Governor, Wandsworth	AAk
Padraig Belton	Public Governor, Rest of England	PB1
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Patrick Burns	Public Governor, Merton	PB2
Derek Cattrall	Public Governor, Rest of England	DC
Kathy Curtis	Appointed Governor, Kingston University	KC
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Julian Ma	St George's University of London	MA
Lucy Mowatt	Public Governor, Wandsworth	LM
Richard Mycroft	Public Governor, South West Lambeth	RM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Khaled Simmons	Public Governor, Merton	KS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir	Public Governor, Wandsworth	AQT
Stephen Worrall	Appointed Governor, Wandsworth Council	SW
In Attendance		
Ann Beasley	Non-Executive Director, Vice Chair	AB
Peter Kane	Non-Executive Director	PK
Jenny Higham	Non-Executive Director	JH
Yin Jones	Non-Executive Director	YJ
Paul Da Gama	Group Chief People Officer	GCPO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Muna Ahmed	Senior Corporate Governance Manager (Minutes)	SCGM
Apologies		
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Richard Jennings	Group Chief Medical Officer	GCMO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
Shalu Kanal	Public Governor, Wandsworth	SK
Afzal Ashraf	Public Governor, Wandsworth	AAs
Andrew Murray	Non-Executive Director	AM
Tim Wright	Non-Executive Director	TW

Minutes of the Meeting of the Council of Governors (In Public)
20 September 2023, 14:00 – 16:35
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
Afzal Ashraf	Public Governor, Wandsworth	AAAs
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	ABen
Patrick Burns*	Public Governor, Merton	PBU
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JHa
Hilary Harland	Public Governor, Merton	HH
Lucy Mowatt	Public Governor, Wandsworth	LM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Khaled Simmons	Public Governor, Merton	KS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir*	Public Governor, Wandsworth	AQT
Stephen Worrall*	Appointed Governor, Wandsworth	SW
In Attendance:		
Ann Beasley	Non-Executive Director, Vice Chair	ABea
Stephen Collier*	Non-Executive Director	SC
Paul Cuttle	External Auditor, Grant Thornton (<i>item 3.4 only</i>)	EA
Paul Da Gama	Group Chief People Officer	GCPO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Natilla Henry	Site Chief Nursing Officer – SGUH	Site CNO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Andrew Murray	Non-Executive Director	AM
Kate Slemeck	Managing Director – SGUH	MD-SGUH
Stephanie Sweeney	Group Director of Quality Governance	GDQG
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Tim Wright	Non-Executive Director	TW
Secretariat		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
Apologies:		
Adil Akram	Public Governor, Wandsworth	AAk
Padraig Belton	Public Governor, Rest of England	PBe
Derek Cattrall	Public Governor, Rest of England	DC
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenny Higham	Non-Executive Director	JHi
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Yin Jones	Associate Non-Executive Director	YJ
Shalu Kanal	Public Governor, Wandsworth	SK
Peter Kane	Non-Executive Director	PK
Julian Ma	St George's University of London	JM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Arlene Wellman	Group Chief Nursing Officer	GCNO

* *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 26 July 2023</p> <p>The minutes of the meeting held on 26 July 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.260723.1 External Audit Tender: Three Governors had put themselves forward to participate in the new working group to oversee the process for the tendering of a new contract for an external audit provider across the Group (Khaled Simmons, Richard Mycroft and John Hallmark). The action was closed. • COG.260723.2 External Audit Tender: An NHS Providers GovernWell guide for Governors on appointing an external auditor had been circulated to Governors on 31 July 2023. In-house training opportunities would also be explored. The action was closed. • COG.260723.5 Board and Board Committee dates: Board and Board Committee dates had been recirculated to Governors on 4 September further to previous circulations of these dates. Regular reminders would be circulated (these have subsequently been included in the Governor weekly newsletter). The action was closed. • COG.260723.4 Governor visits: A comprehensive programme of Governor visits for the next 12 months had been circulated to Governors on 18 September. The action was closed. • COG.260723.3 Theatre utilisation: An item on theatre utilisation had been added to the Council forward plan. The action was not yet due. 	
1.5	<p>Chief Executive Officer's Report</p> <p>The GCEO provided the following updates:</p> <ul style="list-style-type: none"> • The events that had taken place at the Countess of Chester Hospital would have a profound impact on the NHS and everyone across the health service had been shocked by the horrific criminal acts. A public inquiry would be welcome and would support the NHS in learning lessons. The Trust would work proactively to ensure that all appropriate mechanisms were put in place to ensure the highest levels of safety and security. • PSIRF was being implemented across the Group from September 2023. The new framework sought to increase opportunities to learn and improve, and 	

	<p>would underpin a culture of continuous improvement and would strengthen the Trust's responses to patient safety incidents.</p> <ul style="list-style-type: none"> • Industrial action was continuing with strikes by junior doctors as well as consultants taking place in September and a combined industrial action from junior doctors and consultants scheduled for 2-5 October. The Trust was working hard to ensure patient safety was protected and manage the operational challenges. The Trust was preparing for, and mitigating the risks of these events and planning was underway at Group and Site level. There would be further cancellations in elective work. • The consultation on the Principal Treatment Centre (PTC) for Paediatric Cancer would be launched on 26 September 2023 and run for 3 months, closing at midnight on 18 December 2023. • There had been extensive media reports of a visit by a St George's Chaplain to Afghanistan over the summer. The individual concerned had met Taliban officials while on annual leave. The Trust took immediate action and also sought advice from the police, Prevent and relevant local authorities. The Trust met with the Chaplain on his return to the UK who said his visit was part of a charity delegation to deliver humanitarian aid. It was reinforced to the Chaplain that patients and staff must be treated in line with the Trust's values. Disciplinary action can only be considered if personal or political views impact upon conduct in the workplace or if any policies were breached. • All trusts had been asked by NHS England (NHSE) to assess their estate to identify the presence of Reinforced Aerated Autoclaved Concrete (RAAC). Across all sites at both St George's University Hospitals and Epsom and St Helier University Hospitals, a number of surveys had been undertaken and it was established that there was no RAAC present anywhere on the estates. Further checks would continue to be carried out. <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"> • Khaled Simmons (KS) queried whether Martha's Law had been discussed by the Board, in relation to the Letby case. The GCEO clarified that Martha's Law gave families and carers the legal right to a second medical opinion in the same hospital and was different from the Letby case. There were 7 sites piloting Martha's Law and NHS guidance would be published, following the completion of the pilot. • Sarah Forester (SF) queried where the Trust was with winter planning. The MD-SGUH stated that the Trust was in the process of undertaking planning for winter and a winter plan would be brought through the Quality and Finance Committees in November building on the learning from the previous winter. The focus would be on avoiding admissions and a prompt turnaround at the 'front door', including measures to improve flow, extending the same day emergency care services with more virtual ward capacity in the community. Work on improving flow was ongoing with the partner organisations including local authorities, and a concordat was in place to involve the local authorities earlier in the patient pathways to help support quicker discharges. • Hilary Harland (HH) asked about challenges with discharges at the weekends. The MD-SGUH acknowledged that this was more challenging at weekends, particularly where there were ongoing care needs, such as access to packages of care and home placements. The issue was not a lack of 	
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	<p>resources on the acute site at weekends, but rather the availability of care places for those who would be discharged.</p> <p>The Council noted the GCEO report.</p>	
2.0	ACCOUNTABILITY	
2.1	<p>Questions to Non-Executive Directors</p> <p>The Chairman invited questions to Non-Executive Directors (NEDs):</p> <ul style="list-style-type: none"> • Richard Mycroft (RM) asked Andrew Murray (AM) about the implementation of PSIRF. AM explained that the decision was taken to trial PSIRF in specific departments, starting with Surgery in July 2023. The trial would be reviewed and learning would inform the roll out of PSIRF into other departments. • In relation to PSIRF, KS sought assurance that the learning identified and solutions to be implemented would be effective. AM relayed that in Surgery, departmental meetings had been put in place to focus on and monitor the actions. The Quality Committee was due to receive a report on the trial and would be interested to see the reflections from the departmental meetings and assurance around the delivery of actions. The Chairman added that NEDs were concerned about how the Board would receive assurance under the new PSIRF framework and this was being taken forward. • SF relayed that she had been approached to be a patient safety partner. She queried whether there was sufficient resource to drive the change required. AM stated that launching the new framework by department would help to ensure there was adequate resource. The quality governance review would also seek to review the governance around the new PSIRF framework. • Afzal Ashraf (AAs) suggested distinguishing between lessons identified and lessons learned. The Site CNO emphasised that learning was at the centre of the new PSIRF framework. A soft launch had been a conscious decision as PSIRF was a major cultural shift and the Trust wanted to ensure it was sustainable in the long term and bring the learning from one division into other areas and embed the changes. • Huon Snelgrove (HS) queried what the implementation of PSIRF meant and whether there was a robust evaluation plan in place for PSIRF. He also commented that PSIRF was covered as part of the Big 5 civility training and high performing teams training. AM explained that PSIRF was a national programme which all trusts were required to follow. The launch had recently begun, starting with surgery and would roll out elsewhere subsequently. This would support the Trust in learning lessons throughout the process of implementation. The Chairman added that the Trust was committed to implementing PSIRF and doing so in a full and robust way. However, implementation of PSIRF did not lend itself to a simple evaluation plan in the way that other smaller-scale interventions might, and that while it was important to learn lessons throughout the implementation process the Trust was required to implement PSIRF in the way that had been mandated nationally. AM noted that the Quality Committee would continue to scrutinise never events, and had done so recently in respect of wrong site surgical never events across the Group. The Quality Committee would continue to monitor the implementation of PSIRF but it was also important to recognise the complexity and scale of the cultural change envisaged under the new framework. 	

	<ul style="list-style-type: none"> Nasir Akhtar (NA) queried whether learning could be gained from other organisations that may have piloted PSIRF. The GDQG explained that learning had been shared from trial sites and that the Group was working with the South West London (SWL) Integrated Care Board (ICB) to ensure the learning was implemented. PSIRF training had commenced and was at 70% compliance. John Hallmark (JH) requested the timescales for the full roll-out of PSIRF. The GDQG stated that the roll out in Surgery would continue to mid-October following which PSIRF would be launched in all other areas. A group lead for PSIRF had been appointed to oversee this. KS commented that PSIRF allowed more discretion in what was investigated and how things were reported. In light of the recent criticism by the CQC of the downgrading of incidents within maternity, he queried how the Board could be assured this would not happen under PSIRF. The Chairman acknowledged the concern, and reiterated that the Board remained concerned as to how it would receive effective assurance under the PSIRF framework, and that the Board would be holding further development sessions to explore this. In relation to the comment on maternity incidents, AM stated that categorising significant events in maternity was complex because there was a lack of clarity on what was deemed as harm and whether harm had to be classed as 'avoidable' harm by the Trust or whether all harm needed to be reported. AM stated that, having spoken to staff in maternity, he was satisfied that there had been no pressure to downgrade incidents and the issue reflected the complexities outlined. KS stated that the CQC's inspection report on maternity had suggested that the Board was unsighted on the issues and asked how the Board could be confident that it was not similarly unsighted on other issues. He asked whether non-executives would commission a review to identify factors that may be preventing accurate reporting and assurance. AM confirmed a quality review had been commissioned, the terms of reference of which had been agreed by the Quality Committee and the Group, and these had been shared with the Council of Governors at the meeting on 26 July. The review would be in two phases. It would start with maternity at SGUH and ESTH and consider actions that may be necessary to strengthen governance and culture within maternity and from maternity to the Board. It would subsequently look more broadly at quality governance processes across the Trust and the Group as a whole. The external review had been delayed due to the new financial 'triple lock' process which required all expenditure over £25k to be approved by SWL ICB and NHS London. As a result, the Chairman and Chief Executive had identified an individual from NHS England who would be seconded to the Trust for one year to support quality governance and undertake the actions set out in the governance review terms of reference. In addition, the Trust had arranged for the national maternity safety support programme to support the Trust and conduct an upstream diagnostic review in maternity. This was expected to start in late October and the Board was due to meet the Regional Chief Midwife for London at a Board development session in mid-October to discuss this work. Lucy Mowatt (LM) queried whether it was known which areas beyond maternity the quality governance review would consider. The Chairman stated that this was being worked through. A proposal would be shared with the Board. 	
<p>3.0</p>	<p>QUALITY, FINANCE & PERFORMANCE</p>	

3.1	<p>Maternity Services Update</p> <p>The Site CNO - SGUH provided an update on the actions from the CQC inspection of maternity services in March 2023 and on the Trust response to the CQC's Section 29A Warning Notice. The actions in respect of the Warning Notice had been within the timescales and reported to the CQC in June 2023. The full CQC inspection report had been published on 17 August 2023 and the Trust had been asked to undertake 15 'must do' actions and 6 'should do' actions to improve the service. Management oversight of these actions was undertaken at a weekly operational group, chaired by the Site CNO and there was, in addition, a Maternity CQC Steering Group which was chaired by the Group Chief Nursing Officer. The 'must do' actions were in progress and were nearing completion. The chairing of the Steering Group would move from the GCNO to the Managing Director – SGUH shortly. The areas of focus would be broadened to governance, triangulation and management of information received from various sources. The Site CNO also provided an update on the Trust's compliance with the safety actions set out in year 5 of the NHS Resolution Maternity Incentive Scheme (MIS) 2023 and highlighted that there was a risk of non-compliance against 3 of the safety actions relating to transitional care, midwifery workforce planning, and care bundles.</p> <p>HH noted that University Hospitals Leicester NHS Trust had received a similar CQC report on maternity and queried whether the Trust was aware of the checklist the CQC was working to. The Site CNO stated that the CQC had well established Key Lines of Enquiry and the Trust was aware of these.</p> <p>Sandhya Drew (SD) queried what had gone wrong with Freedom to Speak Up (FTSU) and what would be done differently in the future. The Site CNO emphasised that staff were encouraged to speak up and had feedback sessions with the Maternity Team. The GCCAO added that it was important to be clear about what the issues were in relation to staff in maternity speaking up and to distinguish between speaking up in general terms and FTSU as a service. The latter had worked effectively in that staff had approached FTSU, and FTSU in turn had escalated those concerns to the Divisional management team, the Site management team, the Executive team and the Board. The issue in this case was not that staff had felt unable to speak up, or that they did not know how to speak up. The issue was the timeliness and effectiveness of the management follow-up to the concerns once raised. This issue of timely responses to concerns was a wider issue, and one that the Executive, People Committee and Board recognised and were focused on addressing. This was why a new Raising Concerns Oversight and Triangulation Group had been established to oversee the timely resolution of concerns, and the triangulation of concerns with other relevant data, such as incidents, complaints, staff survey, leavers, and sickness absence among others.</p> <p>SF asked whether additional staff had been recruited in maternity to enable existing staff to undertake training and whether it was affecting service delivery. The Site CNO confirmed that the Group Executive had agreed to recruitment of a number of additional midwives, and these were expected to join the Trust by October 2023. The Trust had adopted a dynamic approach on how the birth centre would be utilised. There had been a significant improvement in the availability of the birth centre.</p> <p>AAs asked to know where accountability for the situation in maternity lay. He also asked what risk mitigations had been taken and what measures had been put in place to provide early warning of possible failings in a particular area. AAs stated that better understanding was required on where the governance mechanism failed. The GCCAO explained that, as previously referenced, the Trust had made arrangements for a quality governance review to be undertaken to address the specific issues on quality governance highlighted by the CQC, and that it had been agreed that this would also incorporate a review of culture. In terms of accountability, the Board was</p>
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	<p>ultimately accountable for quality and safety and the Executive was accountable to the Board in terms of operational management of the improvement actions, which were being taken forward at Site, Divisional and Service level.</p> <p>KS stated that Governors should have sight of the terms of reference for the quality governance review. The GCCAO explained that the terms of reference for the review had been circulated to Governors in the papers for the Council's meeting on 26 July 2023, but said these would be recirculated. The Chairman added that it was important to reiterate the earlier point that, in the context of the triple lock, the Trust had agreed to second an individual to work at the Trust for a year and that the way in which the review would be delivered would differ from the way originally envisaged in the terms of reference. Nevertheless, the terms of reference accurately reflected the scope of the work that the individual had been asked to undertake.</p> <p>The Council noted the Maternity Services Update.</p>	<p>GCCAO</p>
<p>3.2</p>	<p>Raising Concerns Update</p> <p>The GCCAO presented the report, which provided Governors with an overview of the Trust's Freedom to Speak Up arrangements and the steps being taken to strengthen the approach to raising and responding to concerns. The GCCAO explained that there was a particular focus on speaking up in the context of the events at the Countess of Chester Hospital and the recent Royal College of Surgeons report on sexual harassment. More specifically, the Trust was focused on strengthening its arrangements for speaking up and the wider speak up culture in the context of the Trust's NHS Staff Survey, the results of which in 2022 had demonstrated that 68% of staff felt secure raising concerns about patient safety and 56% in raising concerns more generally, but that far fewer staff felt confident that action would be taken in response. The GCCAO explained that there were multiple ways of speaking up and raising concerns as part of business as usual, specifically through normal line management routes. The FTSU service provided a route for staff to speak up when they felt they could not raise concerns in the usual way, for whatever reason. The trend over the past 6 years was of more staff raising concerns which was welcome and suggested growing awareness of and confidence in raising concerns. The main themes raised were around management capacity and conduct; Trust systems and processes; and bullying and harassment. There had more recently been an increase in the number of patient safety concerns raised via FTSU. The main issue for the FTSU Guardian was the timely resolution of concerns. The GCCAO added that a lot of work had already taken place to strengthen FTSU. FTSU training was now mandatory for all staff and more than 5,000 staff had been trained. The Guardian regularly went out to clinical and non-clinical teams across the Trust to hold drop in sessions and listening events, particularly where there were clusters of concerns. This would then feed into broader culture and organisational development (OD) interventions. The current focus was on strengthening arrangements to ensure timely responses to concerns and prompt management follow-up. The new oversight group that had been created would provide a forum to resolve issues, drive progress in responding to concerns, and triangulate concerns with other data, as well as to coordinate a communications approach across the Trust to build confidence in raising concerns through initiatives such as case studies and 'you said, we did' approaches.</p> <p>The GCPO stated that one of the Big 5 workstreams was based around how we encourage staff to have more confidence in speaking up, and one major area of focus was civility and psychological safety. A series of online workshops had been held for staff which were well attended. Other areas of focus were bullying and harassment and the processes in place. Work was underway to strengthen the employee relations function and create effective processes, and build compassionate and inclusive leadership, with the aim to help middle managers create an environment which enabled staff to speak up and them to act upon it. The culture work also</p>	

focused on inclusive behaviours and understanding the Trust values. The GCPO stated that when you have high performing teams, issues can be resolved locally and promptly. The Trust has a strong staff support function that offers mediation services. Also, where issues are identified by FTSU, the organisational development team would go into the department and work locally to create inventions and address the issues.

The GCMO added that raising concerns was essential to a healthy safety culture. The GCMO was pleased to see the increase in patient safety concerns being raised. He stated that the reasons people provided for not raising concerns were that they did not believe anything would be done and that staff were worried about suffering from detriment. He also added that were reluctant to speak up about sexual safety concerns.

The Chairman invited questions from Governors and the following issues were raised and noted in discussion:

- AAs stated that he was not assured that the issues would be addressed and felt that a more radical and proactive approach was required with leaders going out to obtain information, instead of relying on other people to raise concerns.
- SD queried whether the Board had received more detail on the 79% of concerns resolved informally and 21% of concerns resolved formally. SD questioned whether the new oversight group would have sight of what was happening with the concerns and the outcomes. SD also asked what the plan was in response to what went wrong in the past with the Board receiving false assurance in respect of maternity.
- KS expressed concern that the new oversight group's time would be taken up with grievance-related concerns. KS noted that only 13% of concerns were in relation to patient safety concerns.
- Alfredo Benedicto (ABen) noted that the workforce was diverse and that some cultures may not be encouraged to speak up. ABen queried how the Trust was addressing cultural diversity.


The GCCAO clarified that the new oversight group was set up to address the lack of follow-up and the challenges around timely resolution of concerns. He explained that proceeding as previously was not an option, that a step change was needed to ensure timely resolution of concerns, and that only by demonstrating to staff that concerns would be dealt with promptly and effectively could the Trust build confidence in the processes. The oversight group would not be focused on individual grievances or any other employee relations processes, other than to triangulate concerns and identify hotspot areas. The new group would not cut across established HR processes. The group had an important contribution to make in terms of triangulating concerns with other data to identify hotspot areas and support others to take early interventions. The group would consider patterns in incident reporting, complaints, sickness absence and turnover data alongside data from the NHS staff survey to identify those areas which may require support or intervention. The GCCAO said that the Trust needed to do more work on 'you said, we did' to help build confidence that if staff spoke up action would be taken.

The GCCAO explained the informal resolution of concerns involved, for example, signposting staff to the right HR process; facilitating a discussion or enabling mediation. More formal investigations could include, for example, undertaking appreciative inquiries where there were clusters of concerns. The FTSU was a small

	<p>team with 3 substantive roles and its main role was to listen to staff. As part of the corporate services integration, a group-wide FTSU service was being established.</p> <p>KS queried whether the data published in the Royal College of Surgeons report in relation to sexual assault in the workplace was reflective of the position at the Trust. The GCPO stated that the employee relations data for the Trust showed very few such cases but the GCMO added that there was nothing to suggest that the position at SGUH should be any different from any other organisation in the NHS and that it would be important to examine this further. The GCMO added that where concerns were raised regarding sexual misconduct, these were investigated and the Trust had recently dismissed a consultant on these grounds following investigation.</p> <p>LM commented that it was important for staff to be able to speak to their managers and ensure support was there for middle managers. LM also stated that the concerns needed to be triangulated.</p> <p>RM commented that the key was leadership and that middle management needed to be improved. RM was aware that there was a leadership development programme and would like to know more about it. RM felt that engaging staff on improving patient care was vital and should be part of the culture. The Chairman agreed that a paper bringing together the work being done in relation to leadership development should come to a future meeting.</p> <p>The Council noted the report.</p>	
<p>3.3</p>	<p>Financial Performance Update</p> <p>The GCFO reported that in month 5 the Trust had a £24.6m deficit, which was £10.0m adverse to plan. The overall adverse variance to plan was due to the impact of the industrial action and the shortfall in the elective recovery funding (ERF). The financial position was under pressure and the GCFO was expecting significant challenges in the second half of the year. The key areas of risk were from the delivery of Cost Improvement Plans (CIP), additional escalation beds, and inflationary costs.</p> <p>There was a discussion about ERF. The Trust was not meeting the ERF target. The Trust would have to achieve 106% of the 2019/20 elective activity in order to receive the full value of the ERF. The site and operational teams were working on improving theatre productivity, bed capacity and use of Queen Mary's Hospital theatres. Non-elective pressures were having an impact on elective activity with emergency cases taking up intensive therapy unit (ITU) beds and impacting planned work.</p> <p>The Council noted the M5 Financial Performance update.</p>	
<p>3.4</p>	<p>External Audit Report 2022/23</p> <p>Paul Cuttle, external auditor, joined the meeting and reported:</p> <ul style="list-style-type: none"> • The auditor had issued an unqualified audit opinion for 2022/23. • Auditor annual report provided commentary on the value for money arrangements. • The significant weakness highlighted was around financial sustainability and the financial challenges the Trust was facing. <p>The Council noted the External Audit Report 2022/23.</p>	
<p>4.0</p>	<p>COUNCIL OF GOVERNORS - GOVERNANCE</p>	

4.1	<p>Annual Members' Meeting 2023</p> <p>The GCCAO provided an overview of the plans for the Annual Members' Meeting to be held on 27 September 2023. The Communications team was organising the meeting and arranging a number of events to encourage attendance and participation. The structure of the meeting would be similar to previous years. The annual report and accounts would be submitted as well as the minutes of the previous year's AMM before having a patient story focused on paediatric cancer services, an overview of the year from the Chief Executive and an overview of the Trust finances from the GCFO.</p> <p>The Council noted the update on the AMM 2023.</p>	
4.2	<p>Elections to Council of Governors 2023/24</p> <p>The GCCAO informed the Governors that the next set of elections to the Council of Governors was scheduled to take place in quarter 3 2023/24 and that the Governors elected would take up their new terms of office from 1 February 2024. The process would include an awareness session for prospective Governors and current Governors were welcome to attend. The GCCAO also highlighted that there were also additional vacancies due to the retirement of Marlene Johnson, the Staff Governor for Nursing and Midwifery, and the resignation of Michael Amherst, Public Governor in the Rest of England Constituency, who had been elected in January 2023. The proposal was to fill these vacancies from the forthcoming elections, rather than either holding stand-alone elections or going to the runner-up from the most recent elections.</p> <p>The Council noted the plans for holding elections to the Council of Governors during Q3 2023/24; and agreed that the vacant seats on the Council in the Staff Nursing and Midwifery and Public (Rest of England) constituencies should be filled through the 2023/24 election process.</p>	
5.0	CLOSING ADMINISTRATION	
5.1	<p>Any other business</p> <p>No other business was raised.</p>	

Date of next Meeting
Wednesday 22 November 2023, 14:00

Council of Governors - Public - 22 November 2023						 St George's University Hospitals <small>NHS Foundation Trust</small>
Action Log						
Action Ref	Section	Action	Due	Lead	Commentary	Status
COG.200923.1	Maternity Services Update	Governors requested to see the terms of reference for the Governance Review.	22/11/2023	GCCAO	The terms of reference for the quality governance review were included in the papers for the Council of Governors meeting on 26 July 2023 and have been recirculated ahead of the November 2023 meeting.	PROPOSED FOR CLOSURE
COG.260723.3	Integrated Quality and Performance Report (IQPR highlights)	There was a discussion about theatre utilisation which was an area of focus for the Trust. There were 33 theatres in total (29 at SGUH and 4 at Queen Mary's Hospital). Theatre utilisation had increased. A deep dive was due to go to the Finance Committee and it was agreed that the paper would also come to the Council.	22/02/2024	Kate Slembeck (MD)	This has been added to the Council of Governors forward plan, and will be presented following consideration by the Finance Committee	NOT YET DUE

SGUH Council of Governors

Meeting in Public on Wednesday, 22 November 2023

Agenda Item	1.5	
Report Title	CEO Report	
Executive Lead(s)	Jacqueline Totterdell, Group Chief Executive Officer	
Report Author(s)	Jacqueline Totterdell, Group Chief Executive Officer	
Previously considered by	n/a	n/a
Purpose	For Noting	

Executive Summary

A summary of key events over the past two months to update the Council of Governors on strategic and operational activity at across the Trust, and the wider hospital Group, including:

- Recent operational challenges;
- Winter planning and vaccination campaign;
- Group Financial Update;
- NHSE and Police launch of "Right Care, Right Person";
- Group Quality Update;
- Organisational culture & gesh100 event; and
- Appointments, Awards and Events.

Action required by SGUH Council of Governors

The Council of Governors is asked to note the report.

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

Appendices	
Appendix No.	Appendix Name
Appendix 1	N/A

Implications				
Group Strategic Objectives				
<input checked="" type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input checked="" type="checkbox"/> Affordable Services, fit for the future		<input checked="" type="checkbox"/> Empowered, engaged staff		
Risks				
As set out in report.				
CQC Theme				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
NHS system oversight framework				
<input checked="" type="checkbox"/> Quality of care, access and outcomes		<input checked="" type="checkbox"/> People		
<input checked="" type="checkbox"/> Preventing ill health and reducing inequalities		<input checked="" type="checkbox"/> Leadership and capability		
<input checked="" type="checkbox"/> Finance and use of resources		<input checked="" type="checkbox"/> Local strategic priorities		
Financial implications				
N/A				
Legal and / or Regulatory implications				
N/A				
Equality, diversity and inclusion implications				
N/A				
Environmental sustainability implications				
N/A				

Chief Executive Officer's Update

Council of Governors, 22 November 2023

1.0 Purpose of paper

- 1.1 This paper provides an update to the Council of Governors update on key events and strategic and operational activity at St George's since the last Council meeting in on 20 September 2023.

2.0 Background

- 2.1 This is a regular update provided to each meeting of the Council of Governors.

3.0 Reflections on Recent Events & Operational Update

- 3.1 I want to open my report to the Council of Governors by noting the horrific conflict happening in the Middle East. Many of my staff have been in touch and I know how deeply upsetting this horror is to watch. I extend my heartfelt sympathies to anyone who has been affected by the events in Israel and Gaza, either directly or indirectly. As ever, I want to underline that the Trust is a place where all faiths are safe and supported, and that help is available for all staff should they need it. I am sure you will join me in hoping that this terrible conflict will come to an end as soon as possible.
- 3.2 Closer to home, and as the winter draws in, we are already experiencing heightened operational pressures across the Trust and the wider hospital Group, signalling what will be a challenging few months ahead. St George's has experienced Business Continuity Incidents recently, as has Epsom and St Helier. Our system is under significant strain, with acute demands at our front door on a daily basis. As ever, our extremely hard-working teams in the Trust's Emergency Department and throughout our organisation, are rising to the challenge of higher patient attendances and higher acuity. We also have dealt with sustained disruption from industrial action, with the prospect of further strikes to prepare for, as a new ballot has been issued by the British Medical Association. A crucial part of our response to heightened operational challenges is to work as a Group to seek solutions where possible, and to collaborate with our system partners to help deliver the best possible patient care in all circumstances.
- 3.3 Specifically, an increase in the numbers of mental health patients presenting to our Emergency Department has become a larger trend since Covid, with a sustained 25% increase in demand for mental health services generally, and people presenting with increased acuity. This is a complex issue which involves multiple parties working across the system to find solutions to ensure that the mental health patients receive the right care in the right way. We are working with our community partners, Integrated Care System (ICS), the Police, and our local authorities to create more effective and innovative pathways for mental health patients to reach the care they need.
- 3.4 Our winter planning work across the Trust and the wider Group is critical to supporting additional capacity needs in the winter months. We are also working hard on our winter

vaccinations campaign to mitigate the risk of increased illnesses from flu and covid and protect vulnerable patients. So far, we have completed 6049 flu and covid vaccines for SGUH staff.

- 3.5 Later on the Council of Governors agenda, there is an item on finances and Governors will be briefed by our Group Chief Financial Officer Andrew Grimshaw on the current position. The Executive Team are continuing to prioritise financial grip and control, efficiency, and productivity programmes, to ensure we are in the best possible position for the organisation.

4.0 “Right Care, Right Person” Model: Supporting Mental Health Patient Pathways

- 4.1 As I mentioned above, as a system we need to tackle the rise in presentation of mental health patients in our Emergency Departments. The number of mental health patients attending our emergency department has increased post-Covid, and although these numbers have since stabilised, around half of patients presenting with mental health needs in our Emergency Department have no physical health needs.
- 4.2 Together with our fellow organisations in the community, and in coordination with our ICS, we are taking concrete steps to design and implement new strategies to create a sustainable system for mental health patient care. Specifically, as one of the first steps in the overall strategy, NHS England and the Police have launched “Right Care, Right Person” – a new model to enable more patients who need urgent mental health help to receive it from a healthcare professional in the best possible setting.
- 4.3 This new system changes the way the emergency services respond to calls involving concerns about mental health. It includes a 24/7 advice line which will support police officers who are attending to a person who is in mental health crisis. Expert practitioners will help advise police on whether a person needs to be sectioned, to ensure that the right therapeutic support from the NHS can be accessed, whilst also ensuring public safety. This model has been tried and tested in Humberside over the last three years. It will be the first step in a broader programme of work to support mental health patients in our system, to increase our capacity, agility and expertise in dealing with patients who are experiencing a mental health crisis, and simultaneously alleviate pressure in the emergency department setting.

5.0 Organisational Culture

- 5.1 Driving forward the Group’s organisational culture remains a key priority. On 14 November, we hosted our first gesh100 leadership forum. This was the first time that such a large number of leaders from across the Group have convened to discuss the development of the organisation and our role in shaping it. This was the first of regular leadership gatherings throughout each year. Through this forum we are seeking to foster collaboration and growth across the Group by providing a space for leaders to connect and challenge each other. Our first theme was culture, a topic I am passionate about. As leaders, we play a crucial role in setting the organisational culture that will help us achieve our goals. For me, this means creating a culture of safety and respect; continuous improvement; compassionate and inclusive behaviour; and collaboration.
- 5.2 Creating an open culture will help us continuously improve and learn, so we can deliver the best possible care to our patients. Over the past month, the new NHS staff survey has launched. This is a key way of gaining open and honest feedback from our staff and helping

staff feel engaged. Through a strong internal media campaign, we are encouraging participation as much as possible.

- 5.3 We've been working hard to make the organisation a better and fairer place to work, but we know we have more to do. October was Black History Month, and we held several events as part of this, including a Workforce Race and Equality Standard (WRES) conference at Epsom and St Helier, and a 'Let's talk about legacy' meeting at St George's. I was so proud to mark our first ever Daphne Steele Day on 16 October – the birthday of the NHS' first Black matron who had links with St George's.

6.0 Appointments, Awards and Events

- 6.1 Appointments: Paul Da Gama, our Group Chief People Officer (GCPO), will be leaving his role at the end of the year to take up a new position working on the national NHS Workforce plan. Paul's new role is an exciting opportunity to work at a national level bringing in new ways of working that will ultimately help make the whole NHS a more engaging and better place to work. During the last three years, Paul has led on the culture enhancement work across the Group as well as overseeing values-based behaviour work at St George's, helping to make gesh a better place to work. He also led on one of the Group's key strategic priorities of building high performing teams, helping instil a culture of continuous improvement, as well as playing a pivotal part in laying the foundations for the Group's support services to come together.
- 6.2 Awards: We are very proud to update you that there have been a number of awards and accolades in the last two months:
- **Cardiovascular and Interventional Radiological Society of Europe (CIRSE) Awards:** The CIRSE awards one Gold Medal each year to someone who has made outstanding contributions to the practice and science of interventional radiology on an international scale. The award is the highest honour that an interventional radiologist can achieve in Europe. This year, Professor Morgan, who leads St George's interventional radiology team, was the recipient of this prestigious award. He has undoubtedly impacted the lives of countless patients and I am so proud to have him as a part of our team at St George's.
 - **Awards for the St George's Garden Team: Congratulations** to the St George's gardens team who were recognised with three awards by the London Gardens Society in October. These were for various garden areas, displays, window boxes, across the site. It's such a great achievement for the grounds team to receive recognition of all of their planning and hard work each year.
 - **Sustainable Hand Hub wins at the National Orthopaedics Alliance Orthopaedics Awards:** The Queen Mary's Hospital Hand Hub won the Working Towards Net Zero – Greener NHS award for its Sustainable Hand Hub initiative in October. The Working Towards Net Zero – Greener NHS award was presented to Sarah Abbott, Surgeon at St George's. The service's carbon footprint has been reduced by using virtual triage to reduce patient travel, and by introducing sustainable measure within theatre. A huge well done to Sarah.

Council of Governors

Meeting in Public on Wednesday, 22 November 2023

Agenda Item	3.1	
Report Title	Maternity Services Update	
Executive Lead(s)	Arlene Wellman, Group Chief Nursing Officer	
Report Author(s)	Alison Benincasa, Group Director of Compliance	
Previously considered by	Quality Committee in Common	26 October 2023
Purpose	For Assurance	

Executive Summary

The purpose of the report is to inform the Council of Governors of:

- The progress against the CQC Maternity Services Action Plan for St George's Maternity Services following the publication of the CQC Inspection Report in August 2023 and in response to the revised CQC rating of Inadequate.
- The progress against the local and national agreed safety measures for maternity and neonates and of any emerging safety concerns; and activity to ensure safety within maternity units across the Group including a status update against the NHS Resolution (NHSR) Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 5.
- The national Maternity Services Support Programme (MSSP) diagnostic was undertaken between 6 to 9 November 2023: maternity services are formally entered onto the national programme if they are rated requires improvement or inadequate in the safe and well led domains. The report is awaited.

Action required by Council of Governors

The Council of Governors is asked to:

1. Note the progress against the CQC maternity services action plan to address the 15 'Must Do' recommendations and 6 'Should Do' recommendations
2. Note the compliance status against the CNST year 5 MIS and that the Quality Committee in Common and the Board will receive regular updates regarding progress against the MIS.
3. Note the MSSP diagnostic report and recommended next steps are awaited

Appendices				
Appendix No.	Appendix Name			
Appendix 1	CQC Maternity Services – MUST and SHOULD Dos			
Implications				
Group Strategic Objectives				
<input checked="" type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input type="checkbox"/> Affordable Services, fit for the future		<input checked="" type="checkbox"/> Empowered, engaged staff		
Risks				
Regulated activities and reputation				
CQC Theme				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
NHS system oversight framework				
<input checked="" type="checkbox"/> Quality of care, access and outcomes		<input checked="" type="checkbox"/> People		
<input checked="" type="checkbox"/> Preventing ill health and reducing inequalities		<input checked="" type="checkbox"/> Leadership and capability		
<input type="checkbox"/> Finance and use of resources		<input type="checkbox"/> Local strategic priorities		
Financial implications				
No issues to consider				
Legal and / or Regulatory implications				
Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations				
Equality, diversity and inclusion implications				
No issues to consider				
Environmental sustainability implications				
No issues to consider				

Maternity Services Update

Council of Governors, 22 November 2023

1.0 Purpose of paper

- 1.1 The purpose of the report is to inform the Council of Governors of:
- The progress against the CQC Maternity Services Action Plan for St George's Maternity Services following the publication of the CQC Inspection Report in August 2023 and in response to the revised CQC rating of Inadequate.
 - The progress against the local and national agreed safety measures for maternity and neonates and of any emerging safety concerns; and activity to ensure safety within maternity units across the Group including a status update against the NHS Resolution (NHSR) Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 5.
 - The national Maternity Services Support Programme (MSSP) diagnostic was undertaken between 6 to 9 November 2023: maternity services are formally entered onto the national programme if they are rated requires improvement or inadequate in the safe and well led domains. The report is awaited.

2.0 Background

- 2.1 The learning from the recent CQC inspection of Maternity Services at St George's Hospital identified the need to strengthen the assurance provided to Quality Committee and the Board.
- 2.2 In response, the assurance set out in table 1 below is included to strengthen the Site and Group level reporting and oversight of Maternity Services for reporting and assurance at QCIC and Trust Board.
- 2.3 On 31 May 2023 NHS Resolution released the technical details for the Maternity Incentive Scheme (MIS) Year 5. The MIS supports the delivery of safer maternity care by incentivising an element of Trust contributions to the Clinical Negligence Scheme for Trusts (CNST). MIS rewards Trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.
- 2.4 Maternity Services are formally entered onto the national Maternity Services Support Programme (MSSP) if they are rated requires improvement or inadequate in the safe and well led domains. The MSSP attended the Trust on 6 to 9 November 2023 to undertake an assessment/ diagnostic with reference to safe and well led. The report is awaited.

3.0 CQC Maternity Services – MUST and SHOULD Dos

- 3.1 A CQC maternity services action plan was developed to respond to the 15 'Must Do' and 6 'Should Do' recommendations published in the CQC Maternity Services Inspection Report August 2023 (previously seen at Council of Governors in September 2023). To date 3 MUST

Dos and 1 SHOULD Do have been completed. The MUST and SHOULD Dos are listed at Appendix 1.

3.2 The monitoring and oversight of the CQC maternity services action plan is now undertaken by the CQC Maternity Services Steering Group and chaired by the Site Managing Director.

4.0 Maternity Services: Progress summary of actions against local and national requirements

4.1 Progress has been made on the local and national safety requirements and are highlighted for assurance purposes in the table below.

Table 1: Assurance

Assurance	Report Published	Status	Evidence
Review of MBRRACE cases: 2022 report			
MBBRACE-UK Audit Report	2022	<ul style="list-style-type: none"> • SGUH was identified as an outlier: over 5% higher than the average for comparable Trusts in the 2020 audit report • ESTH was identified as within 5% of the average for comparable Trusts • A review of the 74 cases at SGUH has been commissioned and the review of the case notes supplied is in progress. The external report is due in February 2024 	MBBRACE-UK 2020 Report Terms of Reference PMRT Quarterly Report
MBBRACE- UK Audit Report	2023	<ul style="list-style-type: none"> • The findings of the 2023 report are that both ESTH and SGUH were within the category of the 5% average for comparable Trusts • Local review undertaken by maternity teams in collaboration with local LMNS <ul style="list-style-type: none"> ➢ SGUH 36 stillbirth case reviews identified care and service delivery issues which potentially contributed to the outcome in 8 cases. Actions progressed in relation to staffing, escalation, triage, risk assessment and fetal monitoring ➢ SGUH 22 neonatal death case reviews identified no concerns with care or service delivery issues ➢ ESTH 13 stillbirth case reviews identified care and service delivery issues which potentially contributed to the outcome in 4 cases. Actions completed in relation to escalation for review, care planning and review of women reporting reduced fetal movements ➢ ESTH 1 neonatal death case review identified no concerns with care or service delivery issues 	MBBRACE-UK 2021 Report
Midwifery workforce is reported and monitored Monthly with local twice daily SITREPS to the Site and Group Nursing teams. There is a focus on Midwifery staffing levels as part of ongoing work.			

Midwifery Workforce Planning			Fill Rate (>94%)	Band 7 Supervisory midwife (100%)	Triage, 2.0 wte per shift (100%)	Maternity Services Monthly Report
	Sept 23	ESTH STH	85%	100%	100%	
	Sept 23	ESTH EGH	84%	100%	100%	
	Sept 23	SGUH	90%	94%	100%	
Compliance with CNST year 5 Maternity Incentive Scheme						
10 Safety Actions Maternity Incentive Scheme Year 5 (CNST)	ESTH		SGUH			Maternity Services Monthly Report
	Risk of non-compliance: <ul style="list-style-type: none"> • Safety Action 5: Midwifery Workforce Planning • Safety Action 8: MDT Training 		Risk of non-compliance: <ul style="list-style-type: none"> • Safety Action 3: Transitional Care • Safety Action 5: Midwifery Workforce Planning • Safety Action 6: Saving Babies Lives Bundle 			
Training compliance in midwifery units have been identified as an on-going risk						
Multidisciplinary Training		Risk of non-compliance Safety Action 8: Multidisciplinary Training <ul style="list-style-type: none"> • ESTH: Performance across all staff groups ranges from 70% to 90% in September 2023 • SGUH: Performance across all staff groups ranges from 60.9% to 94.5% in September 2023. • A training plan to recover training compliance continues to be worked through 				Maternity Services Monthly Report
Culture Review of Maternity Services						
Culture review: Maternity Services		Governance review commissioned and Phase 1 includes culture review of maternity services				Terms of Reference

5.0 Maternity Services Support Programme (MSSP)

- 5.1 The national Maternity Services Support Programme (MSSP) diagnostic was undertaken between 6 to 9 November 2023: maternity services are formally entered onto the national programme if they are rated requires improvement or inadequate in the safe and well led domains. The report is awaited.

6.0 Recommendations

- 6.1 The Council of Governors is asked to:
1. Note the progress against the CQC maternity services action plan to address the 15 'Must Do' recommendations and 6 'Should Do' recommendations
 2. Note the compliance status against the CNST year 5 MIS and that the Quality Committee in Common and the Board receive regular updates regarding progress against the MIS
 3. Note the MSSP diagnostic report and recommended next steps are awaited

Appendix 1

CQC Maternity Services - MUST and SHOULD Dos

Green=Complete

MUST Do	CQC wording
1	The service must ensure staffing levels are safe and there are effective processes in place to escalate and mitigate safe staffing concerns
2	The service must ensure that triage processes are safe, risk assessments are carried out, and women and birthing people have access to parity of service at any time of day or night
3	The service must ensure adequate and up-to-date policies, pathways and guidance are in place, including implementation of a standard operating procedure in maternity triage and clear, effective escalation pathways to mitigate for risks of short staffing on women, birthing people, babies and staff
4	The service must ensure safe care of women in labour especially in relation to fetal monitoring
5	The service must ensure that all staff groups complete mandatory training in a timely way
6	The service must ensure non-compliant audits are acted upon and improvement plans put in place
7	The service must ensure medicines are stored safely and there are effective systems and processes in place to manage medicines safely, including regular reviews of risk assessments
8	The service must ensure incidents are managed well, including but not limited to effective sharing of learning, using learning to effect change and improvement in practice, ensuring incidents are categorised, harm rated, investigated, referred for external review and reported accurately and appropriately
9	The service must ensure clinical areas are clean, fit for purpose and equipment is properly serviced and maintained in a timely way, including but not limited to emergency trolleys, resuscitaires and appropriate, timely portable appliance testing
10	The service must ensure governance processes are effective including but not limited to communication between staff, service leaders and trust executives, clear and up-to-date guidelines in place, acting on audit results, and appropriate incident management
11	The service must ensure all staff are provided with annual developmental appraisals
12	The service must ensure that adequate documentation takes place including but not limited to triage arrival times and assessments, perineal repair, consistent use of SBAR and MEOWS, sepsis risk assessments for babies, consistency and accuracy over several record-keeping systems
13	The service must ensure maternity safeguarding processes are strengthened, including timely staff training, consideration of a maternity safeguarding policy, adequate availability of staff trained in safeguarding concerns, and timely actions to implement safe measures to reduce the potential for baby abduction

14	The service must ensure that women and birthing people experiencing delays in induction of labour are managed and monitored safely, there are effective pathways in place, and that staff follow them
15	The service must ensure that documentation in the bereavement suite is completed contemporaneously and in full
SHOULD DO	CQC Wording
16	The service should ensure continued monitoring and risk assessment of the effectiveness of the fetal growth pathway to ensure the safety of unborn babies
17	The service should ensure that national screening targets are met, in particular carbon monoxide monitoring and antenatal screening tests are performed in a timely way
18	The service should ensure it takes account of the Workforce Race Equality Standards to provide equity for staff from ethnic minority groups
19	The service should formalise a second consultant ward round on the labour ward to ensure adequate medical oversight of patient safety, in line with national recommendations
20	The service should examine its culture and involve staff in improving it, including staff members with protected characteristics under the Equality Act 2010.
21	The service should improve executive knowledge of and involvement in maternity services, including but not limited to growth of the maternity safety champion role, and health inequalities for women and birthing people who use the service.

Council of Governors

Meeting in Public on Wednesday, 22 November 2023

Agenda Item	3.3	
Report Title	Group Integrated Quality and Performance Report – Operational Performance	
Executive Lead(s)	James Marsh, Group Deputy Chief Executive Officer	
Report Author(s)	Group Director of Performance & PMO, ESTH & SGH Site COOs	
Previously considered by	Group Board	10 November 2023
Purpose	For Noting	

Executive Summary

This report consolidates the latest operational performance across both St George’s Hospital and Epsom and St Helier Hospitals for the month of September 2023.

Action required by Council of Governors

The Council of Governors is asked to:

- a) Note the report.

Appendices

Appendix No.	Appendix Name
Appendix 1	Group Integrated Quality and Performance Report – Operational Performance

Implications

Group Strategic Objectives

- | | |
|--|---|
| <input checked="" type="checkbox"/> Collaboration & Partnerships | <input checked="" type="checkbox"/> Right care, right place, right time |
| <input type="checkbox"/> Affordable Services, fit for the future | <input checked="" type="checkbox"/> Empowered, engaged staff |

Risks

As set out in the report.

CQC Theme

- | | | | | |
|--|---|--|--|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Effective | <input checked="" type="checkbox"/> Caring | <input checked="" type="checkbox"/> Responsive | <input checked="" type="checkbox"/> Well Led |
|--|---|--|--|--|

NHS system oversight framework

<input checked="" type="checkbox"/> Quality of care, access and outcomes	<input checked="" type="checkbox"/> People
<input type="checkbox"/> Preventing ill health and reducing inequalities	<input checked="" type="checkbox"/> Leadership and capability
<input checked="" type="checkbox"/> Finance and use of resources	<input checked="" type="checkbox"/> Local strategic priorities
Financial implications	
Legal and / or Regulatory implications	
<ul style="list-style-type: none"> • Enforcement undertakings applicable to St George's and Epsom and St Helier Hospitals • Compliance with the Health and Social Care Act 2008 (Regulations 2014) and CQC Registration Regulations 	
Equality, diversity and inclusion implications	
No EDI issues to consider.	
Environmental sustainability implications	
No environmental sustainability issues to consider.	

Group Integrated Quality and Performance Report – Operational Performance

Council of Governors, 22 November 2023

1.0 Purpose of paper

- 1.1 This report provides an overview of the key operational performance across St George's Hospitals (SGH), and Epsom and St Helier Hospitals (ESTH) for the month of September 2023.

2.0 Background

2.1 ELECTIVE CARE

Outpatients

Maintaining waiting times for outpatients remains a priority across the Group with a focus on productivity, delivery of activity, as well as outpatient transformation. Both trusts remain challenged in maintaining their total waiting list size (PTL – Patient Tracking List), but there has been stabilisation in the rate of growth at ESTH and a marginal increase at SGH over the past three months. Industrial action continues to impact the ambition to reduce the PTL (and is anticipated to influence the future state).

ESTH has an established PIFU (patient-initiated follow-up) programme, which is delivering well across a range of specialties. The increase in PIFU rates at SGH reflects a retrospective submission of data, but a more sustainable step change is anticipated to be supported by the roll out across the 44 service groups of an improved IT solution for clinicians to capture outcomes from clinics ('Orders to Schedule') between October 2023 and March 2024, starting with the highest volume specialties.

RTT Waiting Times

Both trusts are above the trajectory that they set themselves to reduce the numbers of patients waiting for more than 52 weeks to commence definitive treatment. ESTH is particularly challenged with 917 patients waiting for more than 52 weeks at the end of August 2023, largely attributable to challenges within Gynaecology and Community Paediatrics services. Both specialties have been escalated as challenges to the south west London (SWL) system. In the short term, insourcing and ad hoc sessions are being explored, but it is likely that a broader system solution will be needed to achieve stabilisation. Unfortunately, the pressure in Community Paediatrics at ESTH is translating into a significant rise in patients waiting more than 65 weeks for treatment (155 in August compared with 101 in July). The position on 78-week and 104-week waiters remains under control.

Diagnostics

Diagnostic performance at SGH continues to remain strong with 98% of patients receiving their diagnostic test within six weeks of referral in September. The breach rate of 2% at SGH is well within the national target of 5%. ESTH is reporting a breach rate of 5.4% in September, which is a reduction of over 30% and the fifth consecutive month of improvement.

Theatre Productivity

Both trusts remain challenged in reaching the trajectory for 85% capped utilisation of theatre time (active utilisation of theatres within the allotted time). However, both trusts are seeing steady improvements following in the implementation of a range of interventions. Challenges at SGH remain at improving theatre utilisation in the surgical hub at Queen Mary's Hospital, and for the most complex cases dependent on ITU onward care. An active theatre utilisation group is exploring opportunities to continue to improve productivity in theatres. Plans are being developed to address the challenges in paediatric day case theatres.

2.2 CANCER

Cancer performance is generally on track at ESTH with some challenges at SGH. Performance against the 28-Day Faster Diagnosis Standard (FDS) fell below the 75% national ambition due to capacity constraints in the skin service. The team is formulating a plan with support from RM Partners. Further work at ICS level is envisaged following the classification of dermatology as a fragile service across the system. Although SGH are not achieving the 62-day cancer standard (64.9%), it is broadly on track with the trajectory for maintaining the absolute number of patients waiting for more than 62 days for definitive treatment.

Cancer performance standards will be revised from December to reflect the new rationalised metrics that came into effect in October. The three new standards are 28-Day Faster Diagnosis (75%), 62-Day Referral to Treatment for all referral routes (85%), and 31-Day from Decision to Treat to Treatment (96%).

2.3 URGENT & EMERGENCY CARE

Non-elective pathways continue to be under pressure at both trusts. Whilst the number of patients waiting in the Emergency Department (ED) for more than 12 hours following a decision to admit is significantly above our ambition, both trusts achieved the 4-hour operating standard of 76% (SGH – 77.0%; ESTH 77.3%) in September. Acuity and mental health presentations remain high and challenging, and downstream bed capacity is a key constraint. Both trusts continue to have a high focus on flow through the whole non-elective pathway. SGH has seen improvement in ambulance handover delays since peaks noted in October 2022, but ESTH continues to remain challenged.

3.0 Sources of assurance

3.1 Quality Committees-in-Common

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

3.2 Finance Committees-in-Common

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

4.0 Recommendations

4.1 The Council of Governors is asked to:

- a) Note the report.



Group Integrated Quality & Performance Report – Operational Performance

Data from September 2023

Presented by:
Dr. James Marsh, Group Deputy Chief Executive Officer





Executive Summary

Elective Care



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

St George's Hospital

Successes

- The number of patients waiting over 65 weeks continues to meet plan however there is a risk with 128 patients about to tip in which will jeopardise 0 patients waiting by March 2024.
- Reduction in the number of 52-week waiters seen in August although behind plan by 75 pathways.
- Currently 36% of the PTL has been validated to 12 weeks – NHSE ask to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted by 31 October 2023.
- Cancer PTL week took place in September to support divisional teams understand the complexities of the PTL, and ensure validation and tracking is accurate.
- Diagnostic performance continues to meet the recovery target of 95%, with a performance of 98.02% of patients receiving a diagnostic test within 6 weeks of referral.
- Successful recruitment in cardiothoracic anaesthesia with three fixed term locum cardiothoracic anaesthetists starting between September-October. Planning is underway to increase the provision of cardiac surgery and cardiology in line with recent appointments.
- Work continues to improve Theatre utilisation, with the current focus being on the implementation of 642 escalation process to ensure theatre lists are fully booked

Challenges

- Elective and Day Case activity across the Trust remains behind plan, impacted by recent industrial action and will continue to be impacted in October.
- FDS Performance was non-complaint in August driven by a deterioration in Skin performance. Recovery is dependant on skin reducing 1st seen booking profile to below day 28. There are on going discussions with RMP to discuss and agree support for the service.
- 62 day performance remains challenged with delays identified in access to theatre, triaging delays, and access to Gynae scan.
- There are currently 597 patients on the RTT PTL with a projected wait of over 52 weeks for first appointment, Neurosurgery with the largest cohort. Risk within Neurosciences is a current risk to 65 week backlog. Focus on booking appointments for all patients in the 65-week cohort to ensure they are not waiting for an outpatient appointment after 31st October 2023.

Epsom & St Helier

Successes

- Diagnostics (DM01) remain pressured but in a stable position since the recovery plan was put in place in January. Patients waiting more than 6 weeks in September 2023 has reduced to 522 from 762 in August 2023. The modalities with the highest volume of patients waiting over 6 weeks are, NOUS (124), and Urodynamics (101 –mainly Gynae).
- In September 2023, outpatient activity is expected to be above plan once all appointments have been cashed up.
- DNA rates in September remained below 5% for the third consecutive month.
- Capped theatre utilisation figures increased to 75.3% in September.
- The following cancer waiting times targets were achieved in August 2023: Faster Diagnosis (76.2%), 31-day first treatment (100%) and GP 62-day first treatment (87%).
- Acquisition of an outpatient TPPB machine to reduce wait times for the frontend of the prostate pathway will support overall performance of cancer targets with a planned start date of November 2023.
- Lung CT guided biopsy waiting list has significantly reduced due to the radiology team working through a plan to increase IR capacity and the endoscopy unit has been supporting with providing recovery beds.
- SGH has provided weekly capacity, improving the turnaround times for EBUS.
- TAC wait times are meeting the 3-day target.

Challenges

- 52 week waits has increased from 835 in Jul23 to 917 in Aug23. This increase is mainly driven by pressures in Gynae (277), Community Paediatrics (260) and Cardiology (98), as well as ongoing industrial action. A further increase is expected in Sep23 once submitted.
- Referrals from GP to a consultant led service remain significantly above BAU levels within a number of key specialities.
- Patients waiting over 65 weeks for treatment increased from 101 in Jul23 to 155 in Aug23 (64 Community Paediatrics, 39 Gynae, 18 Cardiology, 14 Gastroenterology and 20 scattered across other specs)
- The 14-day standard was not met in August 2023 with a performance of 67.7% against the 93% target. This was largely due to Dermatology service unable to meet the GP TWR demand.
- Gynaecology has converted all of their routine capacity to TWW capacity. This has eliminated their ASI's, but had the predictable effect of extending the wait for a routine Gynaecology appointment.
- EUS capacity at RMH still has a wait time of 5-7 weeks, patient dependent, leading to a negative impact on cancer targets.
- EBUS capacity at UCLH remains a challenge with a wait of 2-3 weeks however mutual aid from SGH has provided weekly capacity and improved turnaround times.



Executive Summary

Non-Elective Care



St George's Hospital

Successes

- The Trust continued to exceed the 4 hour operating standard at 77% in September. This places SGH 9th in London and 35th nationally.
- Non admitted pathway 4 hour performance was above 90% on 16 days of the month.
- LAS immediate handover pilot, commenced 11 September 2023. SOP has been enacted as agreed within the Trust in conjunction with LAS, this involves enhanced boarding and cohorting criteria
- Front of house clinician commenced 11 September 2023, to allow a senior clinician streaming patients to appropriate alternative pathways, ensuring investigations happen early in journey and analgesia is given at early stage too (RATing).
- The Trust has launched new IT Capacity Management software - CAPMAN
- The Trust launched the Early Notification process for Social Workers to aid expedited discharge and to troubleshoot any key issues. In addition, the Trust has launched the updated D2A (Discharge to Assess) form in the Trust, with improvements made regarding Best Interest / Mental Capacity.
- Cavell Ward now closed leading to reduction to medical G&A beds, however we are continuing to work with local partners to reduce delays in onward care to mitigate this reduction.

Challenges

- The Emergency department's ability to see patients in a timely way was extremely challenged, where on several days ED had 7 consecutive hours of >30 attendances per hour, high acuity and quick succession of ambulance arrivals to the Trust. This led to high number of DTAs with the position difficult to recover from.
- High number of mental health patients presenting in ED, often late in the evening.
- On the main hospital site, there remains a high number of patients not meeting the criteria to reside (NCTR), in addition to the high number of patients awaiting Pathway 2A (Merton and Wandsworth) and Pathway 3, over the last month
- The running of MADE "style" Events has resumed given increased operational pressure to due to the start of "Winter Pressures" and increased COVID19 on the ward. The ToC team also doing walkaround style events to facilitate discharge.

Epsom & St Helier

Successes

- Patients with a length of stay of > 14 days has improved in September 2023 when compared to previous months and is now below the monthly ambition value
- In September 2023 77.2%, of patients attending the Emergency Department were either admitted, discharged or transferred within 4 hours of their arrival with the trust performing better than the operating plan of 76% despite an increase in operational pressures.
- Type 1 ED attendances have remained below the planning numbers for 6 months in a row

Challenges

- Mean daily Super Stranded numbers remain above the locally agreed ambition for the fifth month in a row with no significant reduction
- Time to initial assessment for September 2023 was 108 minutes and remains above the ambition of 60 minutes.
- A high number of > 60-minute ambulance handovers in September 2023, reporting 120, however, an improvement when compared to August 2023 where we reported 149.



Monthly Overview – Elective Care (1)



Responsive and Productive Services - Elective Care	St George's							Epsom and St. Helier						
	Monthly Target	Jul-23	Aug-23	Sep-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jul-23	Aug-23	Sep-23	YTD Target	YTD Actual	13-Month Trend
Outpatient activity	63,376	69,829	67,051	65,250	372,092	402,235		51,436	51,113	51,388	49,473	301,269	304,047	
Patient Initiated follow ups		161	179	229		683			1,724	1,561	1,678		6,961	
Advice and Guidance		1,278	1,284	1,246		7,027			2,359	2,402	2,228		8,975	
Outpatient DNA rates	8%	10.7%	12.2%	12.0%	8%	11.1%			4.8%	4.9%	4.8%		5.1%	
New to follow up outpatient ratios		1.74	1.76	1.70		2.04			2.67	2.72	2.70		2.75	
Elective and day case activity	5,557	4,792	5,315	4,833	32,401	30,059		3,759	3,894	3,804	3,650	22,017	21,995	
Elective LOS		4.4	3.8	3.9		4.2			5.7	5.8	5.6		5.7	
Elective Day case rates	78%	79.0%	78.0%	77.6%	78%	78%		82%	83.5%	82.8%	83.5%	83%	83.0%	
Theatre Utilisation (Uncapped)	85%	82%	80%	81%	85.0%	82%		85%	77%	75%	79%	85%	76.5%	
Theatre Utilisation (Capped)	85%	73%	76%	76%	85.0%	75%		85%	73%	72%	75%	85%	73.3%	
Theatre Average Cases per Session		1.68	1.61	1.59		1.64			3.59	3.66	3.63		3.66	
On the day cancellations for Non Clinical Reasons		36	28	29		184			60	70	94		184	
On the day cancellations for Non Clinical Reasons & Re-booked within 28 Days	100%	72.2%	96.4%	86.2%	100%	87%								



Monthly Overview – Elective Care (2)



Responsive and Productive Services - Elective Care	St George's							Epsom and St. Helier						
	Monthly Target	Jun-23	Jul-23	Aug-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jun-23	Jul-23	Aug-23	YTD Target	YTD Actual	13-Month Trend
RTT – total size of waiting list*	60,642	60,364	60,411	61,295				47,268	49,717	49,667	49,845			
RTT -incomplete Median Waiting Times		11.1	10.6	10.7					11.0	11.6	11.4			
RTT - Waits over 52 weeks*	431	560	559	506				368	747	835	917			
RTT - Waits over 65 weeks*	122	62	66	56				27	77	101	155			
RTT – Performance	92%	70.3%	70.3%	70.2%				92%	68.0%	68.4%	67.6%			
Cancer 14 Day Standard	93%	82.5%	64.4%	51.2%	93%			93%	80.7%	74.4%	67.7%	93%		
Cancer 14 Day Standard Breast Symptomatic	93%	86.1%	78.6%	12.5%	93%			NA	NA	NA	NA	NA	NA	
Cancer 31 Day Diagnosis to Treatment	96%	96.1%	96.3%	93.2%	96%			96%	100%	100%	100%	96%		
Cancer 31 Day Second or subsequent Treatment (Surgery)	94%	94.3%	94.8%	96.8%	94%			94%	100%	100%	100%	94%		
Cancer 31 Day Second or subsequent Treatment (Drug)	98%	100%	100%	100%	98%			98%	NA	100%	NA	98%		
Cancer 62 Day Referral to Treatment Screening	90%	58.0%	51.9%	52.8%	90%			90%	100%	NA	NA	90%		
Cancer 62 Day Referral to Treatment Standard	85%	65.0%	55.4%	64.9%	85%			85%	88.2%	87.0%	87.0%	85%		
No. of patients over 62 days	110	96	103	117	NA	NA		65	49	65	47	NA	NA	
Cancer – 28 day Faster Diagnosis Standard	75%	77.6%	76.8%	66.8%	75%	NA		75%	81.2%	79.4%	76.2%	75%	NA	
	Monthly Target	Jul-23	Aug-23	Sep-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jul-23	Aug-23	Sep-23	YTD Target	YTD Actual	13-Month Trend
Diagnostic activity		18,457	18,113	17,981		91,412			17,772	17,898	17,965		102,463	
Diagnostic performance	5%	1.6%	1.2%	2.0%				5%	7.1%	7.3%	5.4%			

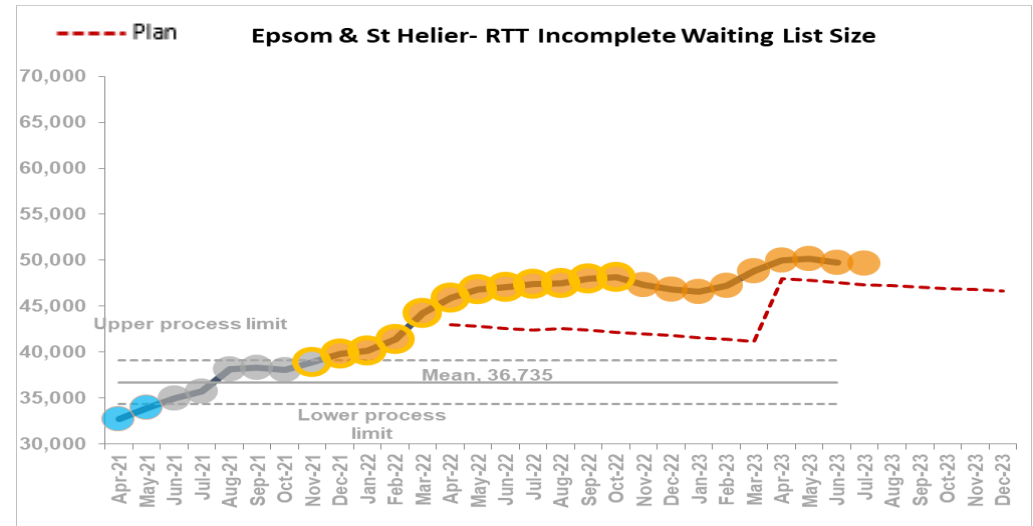
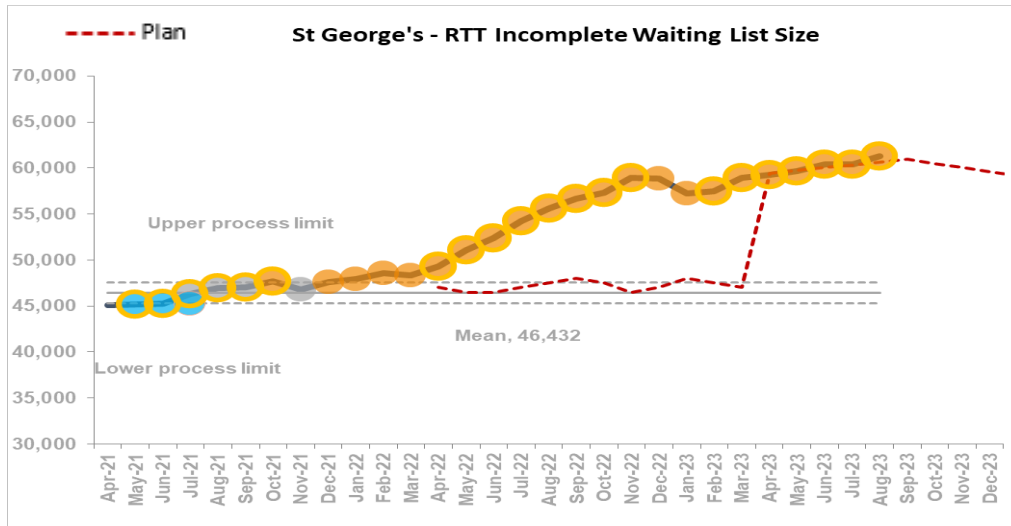
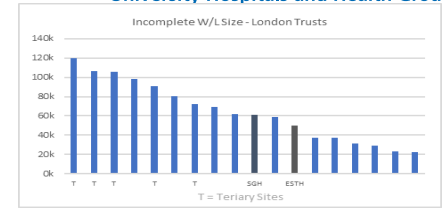


RTT – Total Waiting List Size



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

SGH Plan: 60,642	SGH: 61,295	ESTH Plan: 47,268	ESTH: 49,845
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SGH updates since last month

PTL volume has increased in August by 1.5% (884 pathways) and not currently meeting plan. Increase continues to be seen within the non-admitted pathway with 1,040 more patients at the end of August compared to July. The admitted PTL saw a decrease of 2.2% (156 patients) driven by Gastroenterology.

Performance is stable at 70.2%. The number of 18 week breaches have increased by 1.9% (343 pathways), although we are continuing to look at validation of all pathways.

ESTH updates since last month

PTL volume has increased slightly (by 0.4%), with (18w) breach numbers also increasing, but at a much higher rate (by 479 pathways, 3.1%). This has resulted in 18w performance going down from last month (from 68.4% to 67.6%).



RTT – Median Waiting Times

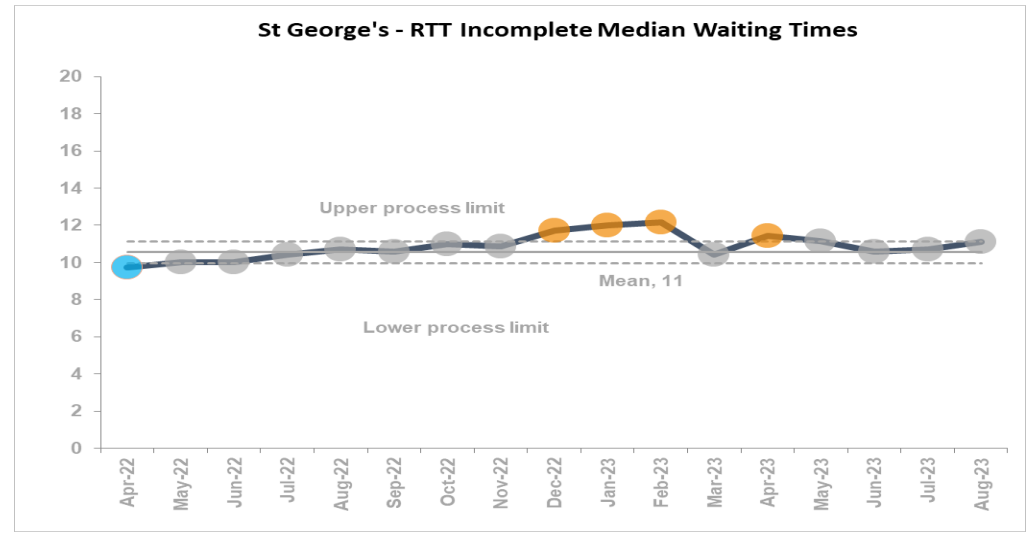
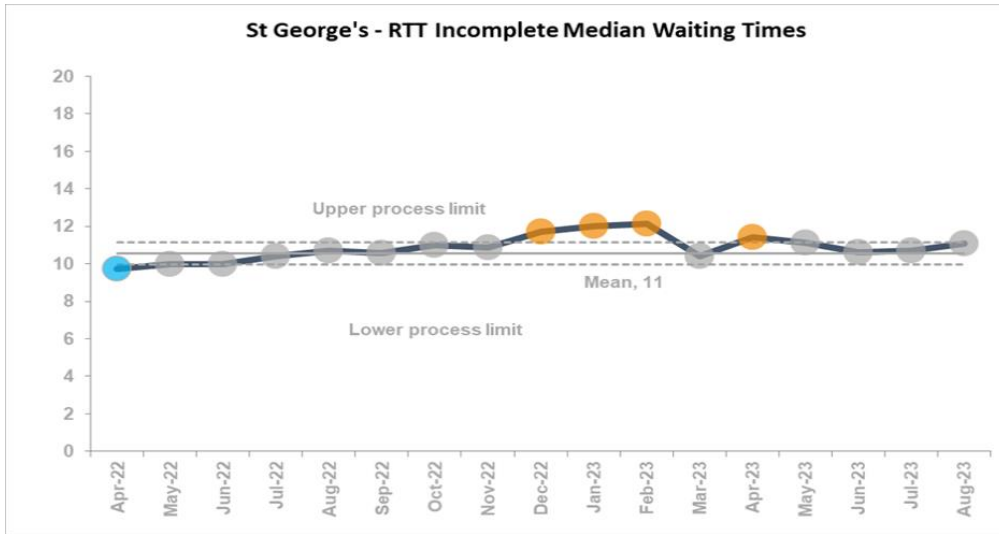
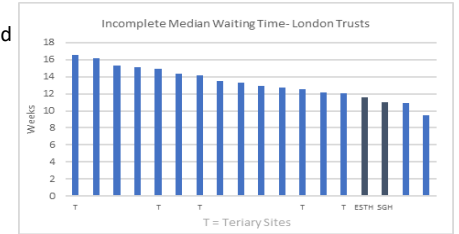


Average (median) waiting time (in weeks)

This is the mid-point of the RTT waiting times distribution. The median is the 50th percentile. It's the time that 50% of patients waited less than, e.g. the waiting time of the middle patient if you lined them up from shortest wait to longest wait.

SGH: 11.1 Wks

ESTH: 11.1 Wks



SGH updates since last month
 The median waiting time for the RTT incomplete PTL remains consistent at 11 weeks. General Surgery has the highest average wait of 18 weeks, however compared to the rest of London, performance is mid quartile.

ESTH updates since last month
 The median waiting times on the RTT incomplete PTL has been relatively consistent over the last 12 month period showing some periods of special cause variation, with an average waiting time of 11 weeks. The highest median waits are for Cardiology and Gynae (+15 weeks).

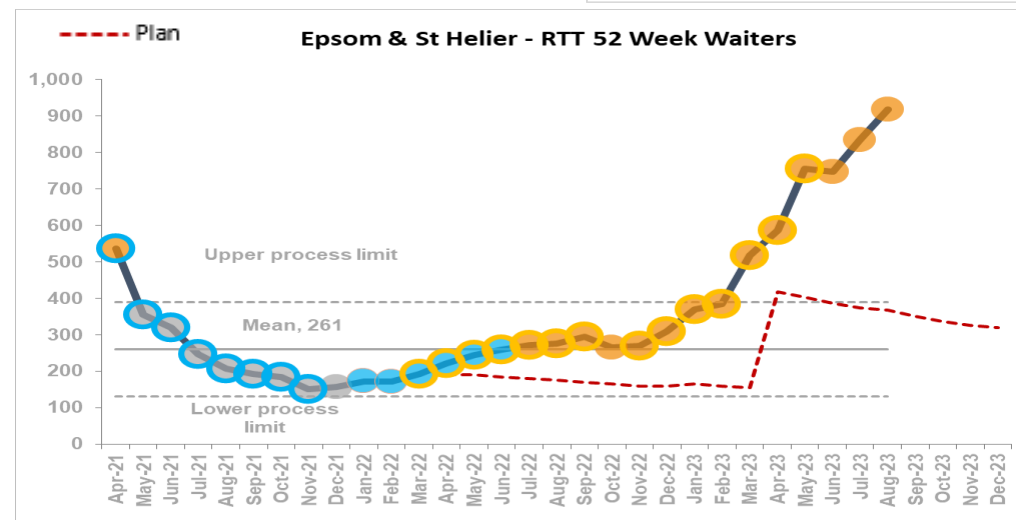
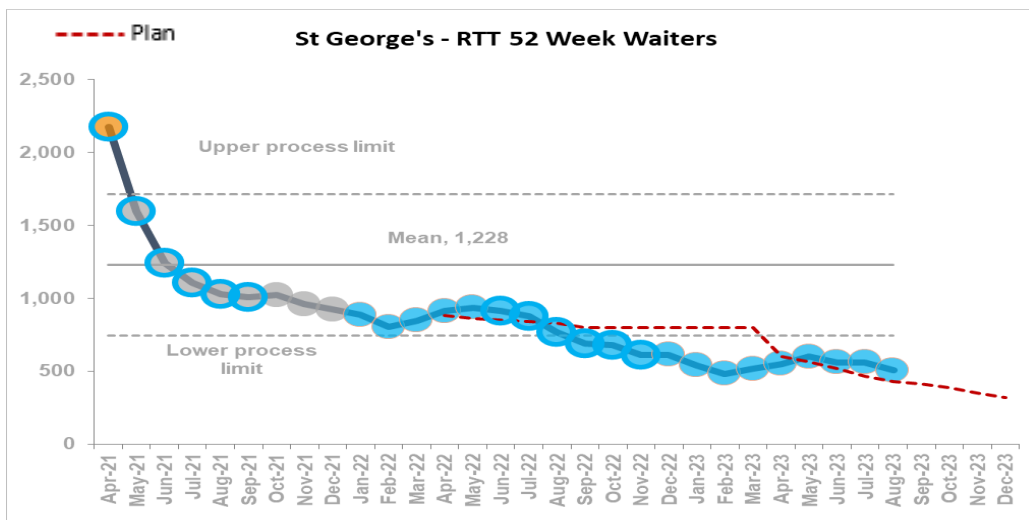
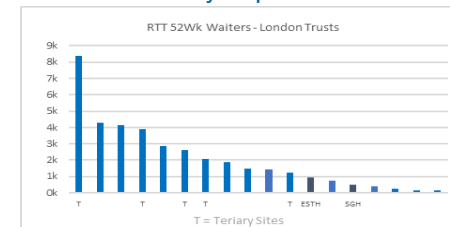


RTT – 52 Week Waiters



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

SGH Plan: 431	SGH: 506	ESTH Plan: 368	ESTH: 917
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SGH updates since last month

At the end of August, 506 patients were waiting over 52-weeks on an incomplete pathway. Although this is above plan the Trust have seen a positive reduction of 9.5% compared to July (53 pathways) driven by Cardiology and ENT on the admitted PTL and Gynaecology on the non-admitted pathway. At Trust level, Cardiology continue to hold the largest proportion of 52-week breaches.

ESTH updates since last month

The month-end 52-week waits have increased fairly significantly (by 82 pathways, 9.8%) and notably above plan. There were no 104+ week waiters, and seven 78+ week waiters (the longest wait being 87 weeks). The largest proportion of waits remain within Gynae and Community Paediatrics.

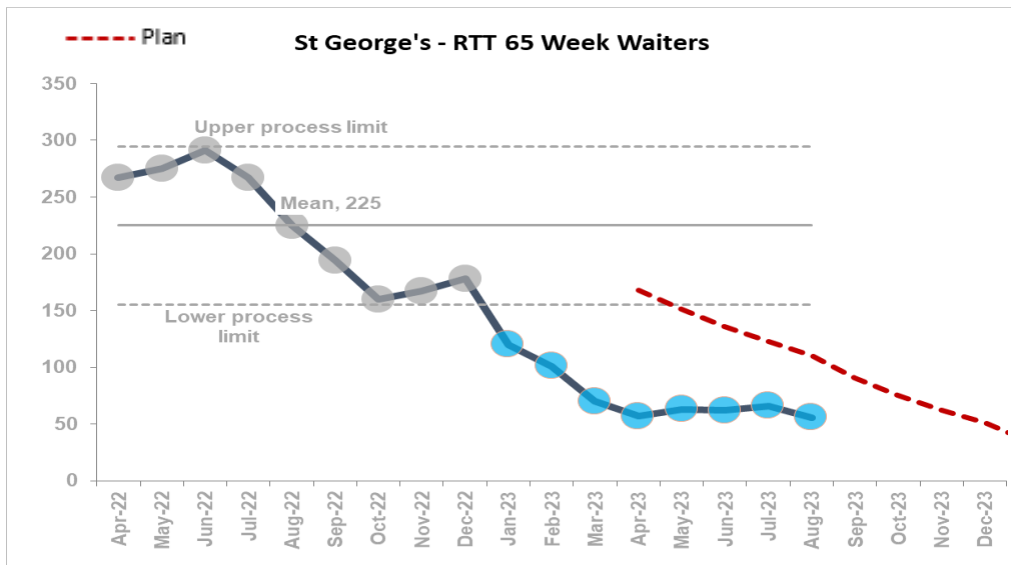
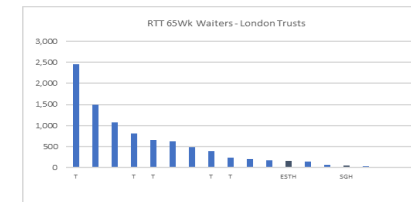


RTT – 65 Week Waiters



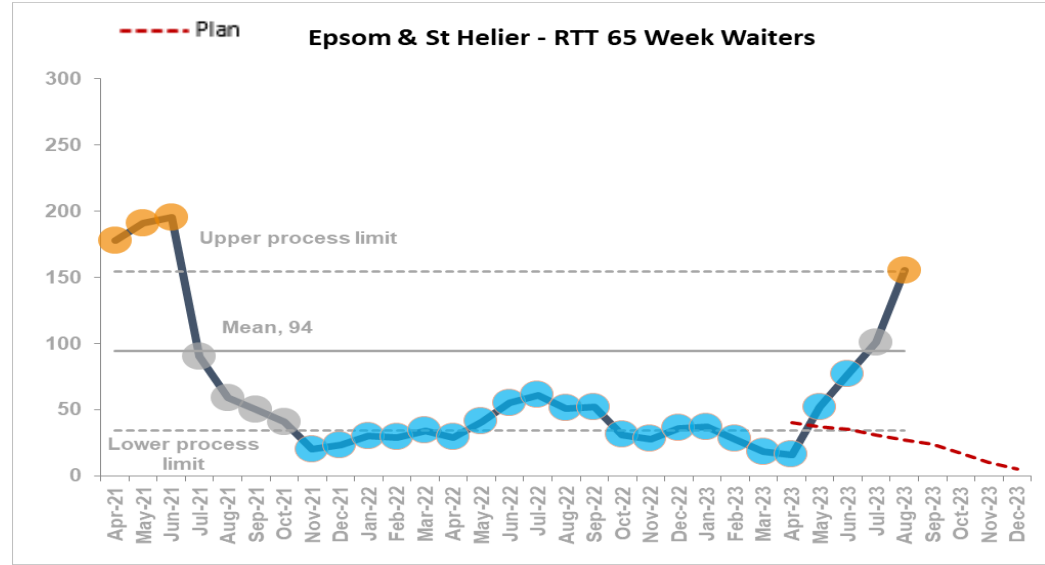
St George's, Epsom and St Helier University Hospitals and Health Group

SGH Plan: 110	SGH: 56	ESTH Plan: 27	ESTH: 155
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SGH updates since last month

At the end of August, the Trust reported 56 patients over 65 weeks, a reduction of 10 on the previous month. The number of patients waiting over 65 weeks continues to meet plan to deliver zero 65 week waits by March 2024, however there is risk in neurosurgery, where the 65-week cohort (those who will breach before 31 March 2024) has a large proportion of un-booked patients, which will mean we will not deliver plan of 0. We are looking at mitigations at this time.



ESTH updates since last month

At the end of August, 155 patients were waiting for more than 65 weeks for treatment (increase of 54 pathways), against a plan of 27. Waits have significantly risen over the last four months and now performing above the upper control limit showing special case variation.



Elective / RTT Analysis and Action

SGH current issues –

There are 597 patients with a projected wait of over 52 weeks for a first appointment. The largest numbers are in Neurosurgery with 235 patients waiting. A recovery plan is in place and managed through Elective Access.

The number of patients waiting over 65 weeks is ahead of plan and on track to achieve year end targets. There is risk within neurosciences (pain and neurosurgery in particular)

The number of 52-week incomplete pathways is currently behind plan, partly due to the impact of industrial action.

SGH future action -

Focus on reducing the volume of outpatient data quality issues that may be artificially inflating the PTL size.

All patients waiting over 12 weeks are being contacted via text message as part of the self-assessment process for the outpatient elements of protecting and expanding elective capacity. Validation texts sent to 21,378 patients waiting over 12 weeks – 45% of these patients have responded. Currently 36% of the PTL (based on the criteria within the letter) has been validated to 12 weeks. A further 13,000 PTL validations (outside the scope of this exercise) have been completed as part of BAU. The PTL DQ is at 6.7% against a threshold of 10%

Focus on booking appointments for all patients in the 65-week cohort to ensure they are not waiting for an outpatient appointment after 31st October 2023.

Roll out of a temporary fix for 'Orders to Schedule' which will generate PIFU PTL and support OP FU reduction at the end of from October in T&O and urology. The roll out of |Orders to Schedule has been delayed again to 28th November 2023, any further slippage will push back to 2024.

ESTH current issues –

- 52 week waits has increased from 835 in Jul23 to 917 in Aug23. This increase is mainly driven by pressures in Gynae (277), Community Paediatrics (260) and Cardiology (98), as well as ongoing industrial action. A further increase is expected in Sep23 once submitted.
- Referrals from GP to a consultant led service remain significantly above BAU levels within a number of key specialities such as Gynaecology (+38%), Gastroenterology (+19%), Paediatric Specialities (+16%) and Respiratory (+15%).
- Patients waiting over 65 weeks for treatment increased from 101 in Jul23 to 155 in Aug23 (64 Community Paediatrics, 39 Gynae, 18 Cardiology, 14 Gastroenterology and 20 scattered across other specs)
- The Admitted PTL (excluding diagnostics) slightly increased from 7750 at the end of Aug23 to 7867 at the end of Sep23.

ESTH future action –

- All patients over 12 weeks who have not been seen or contacted in the past 12 weeks are being contacted using the DoctorDr platform to confirm if they still wish to be seen. Deadline of 31st October to contact over 90% within this cohort and will remain an ongoing exercise.
- Local action/recovery plans in place for Community Paediatrics, Gynaecology, Cardiology and Gastroenterology.
- Progressing with papers to use the independent sector for Community Paediatrics and Gynaecology.
- Divisions and performance team continue to work in collaboration to micro-manage 52WWs on a daily basis and expedite next steps. Updates being provided to SWL on a weekly basis for patients 60weeks+

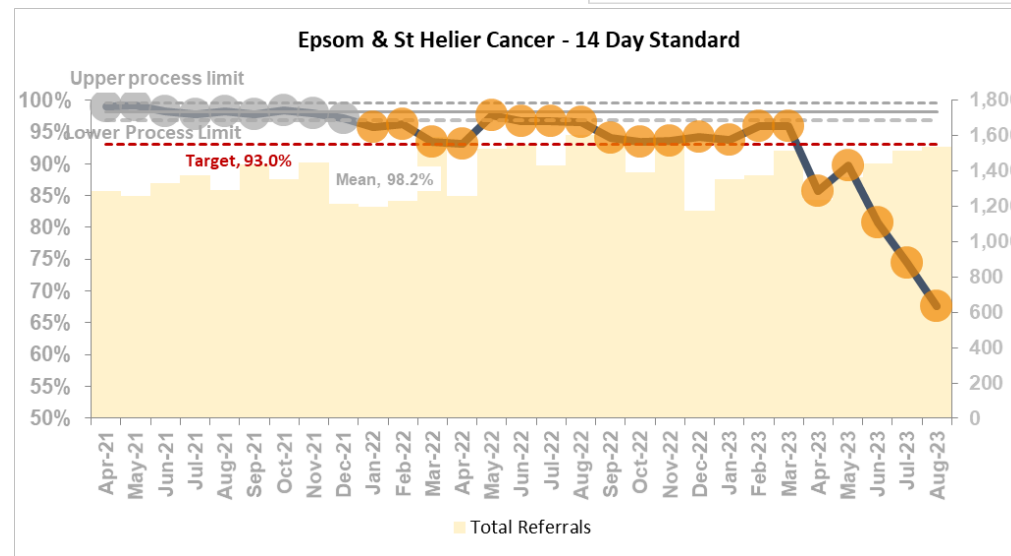
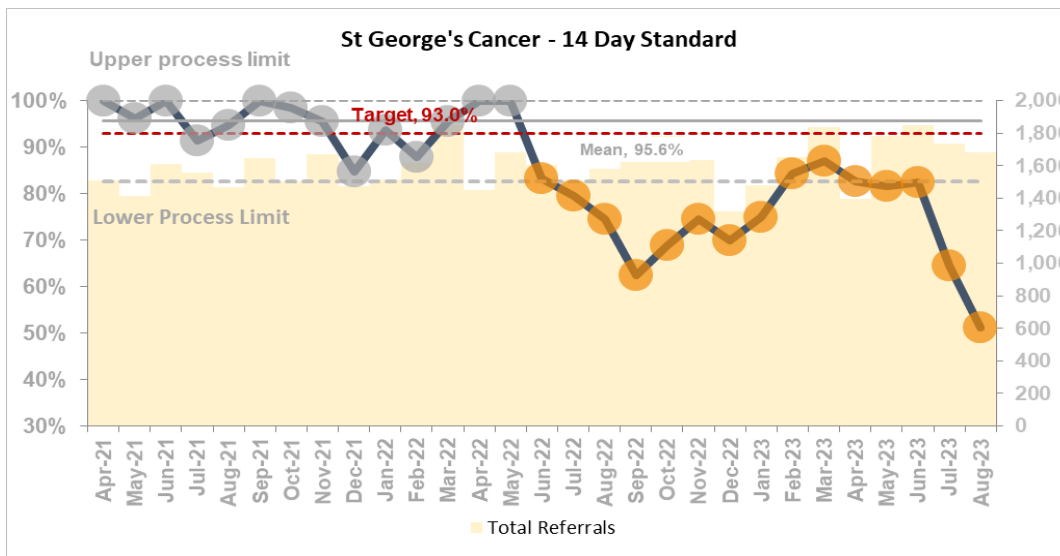
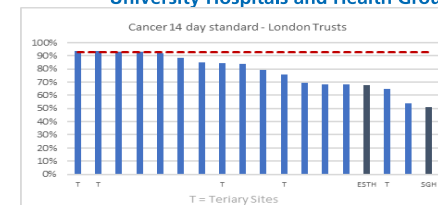


Cancer – 14 Day Referral to Seen Standard



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

Target: 93%	SGH: 51.2%	ESTH: 67.7%
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SGH updates since last month

Performance of this standard has significantly dropped over the past two months with 51.2% of patients seen within 2 weeks of referral in August. Performance remains below the lower control limit showing specialty cause variation. Challenges within Breast and Skin have notably contributed to the overall Trust deterioration in performance.

This target is being removed from the national cancer standards in October 2023, although we will continue to monitor it internally to support FDS delivery.

ESTH updates since last month

Performance against the 14 day standard continued to see a decrease in August with a Trust performance of 67.7%. This was significantly driven by Skin performance where in August, 10.5% of patients were seen within 14 days of their referral. Skin have been working through a recovery plan to increase TWW clinics, including use of an Agency Locum who will be funded through RMP funding. Both Skin and Gynae continue to build ad hoc clinics, and Gynae has pulled Registrar resource from other rotas to support.

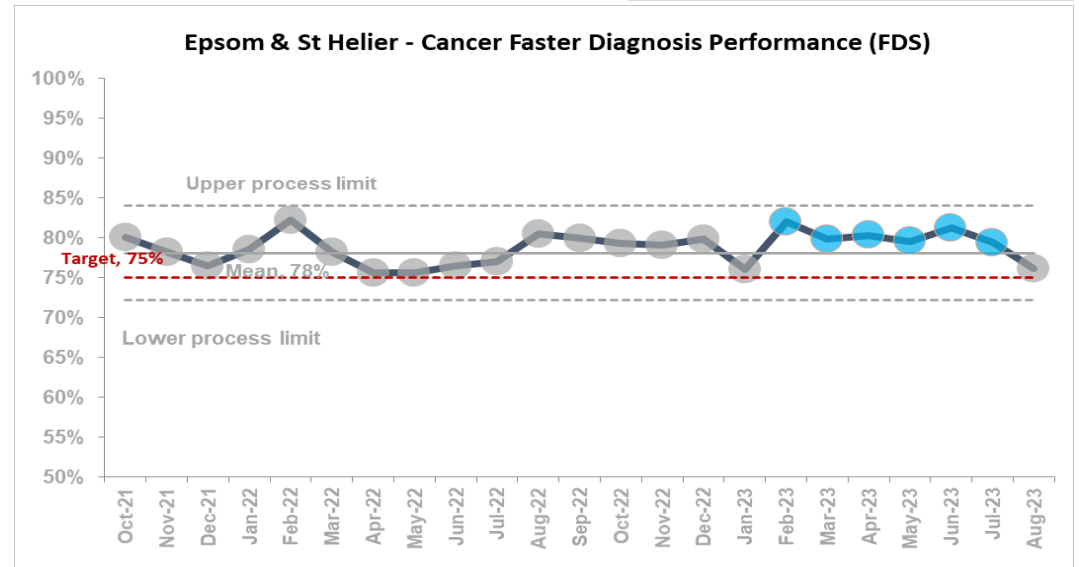
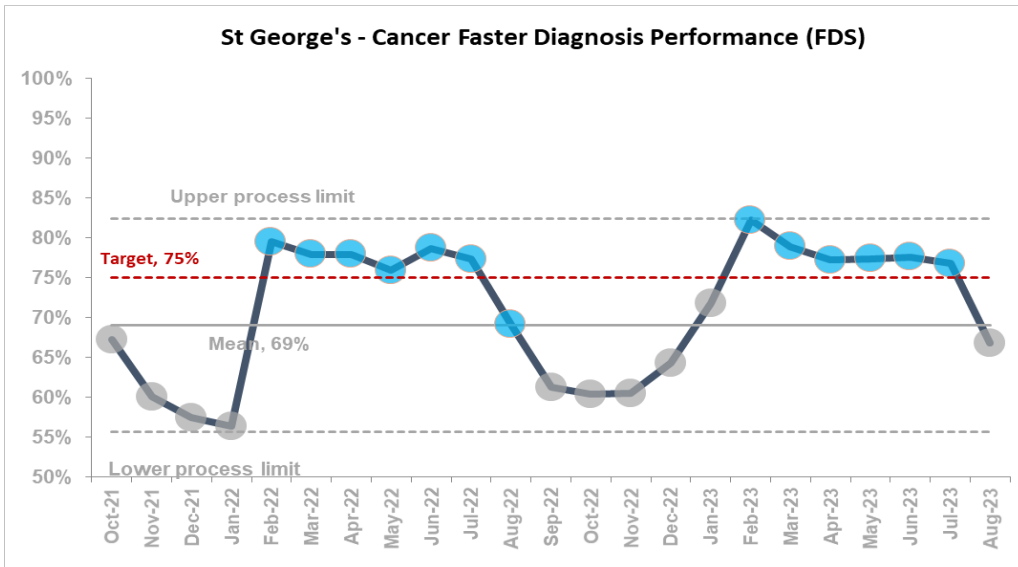
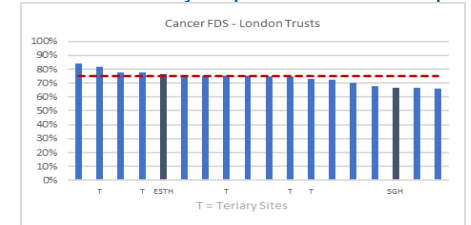


Cancer – Faster Diagnosis Standard



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

Target: 75% **SGH: 66.8%** **ESTH: 76.2%**



SGH updates since last month

Faster Diagnosis performance was non-complaint in August with 66.8% of patients receiving communication of diagnosis of cancer within 28 days of urgent referral compared to 76.8% in July. Performance has deteriorated below the mean for the first time in seven months. Delivery has been impacted due to capacity issues in the Skin pathway. This is not an easy fix although options are being sought for additional capacity.

ESTH updates since last month

The Trust continues to meet the FDS standard of 75%, however a dip in performance is seen reporting 76.2% compared to 79.4% in July. The Trust expects to maintain overall performance whilst addressing FDS non-compliance drivers, particularly the challenges within Gynae and Skin.

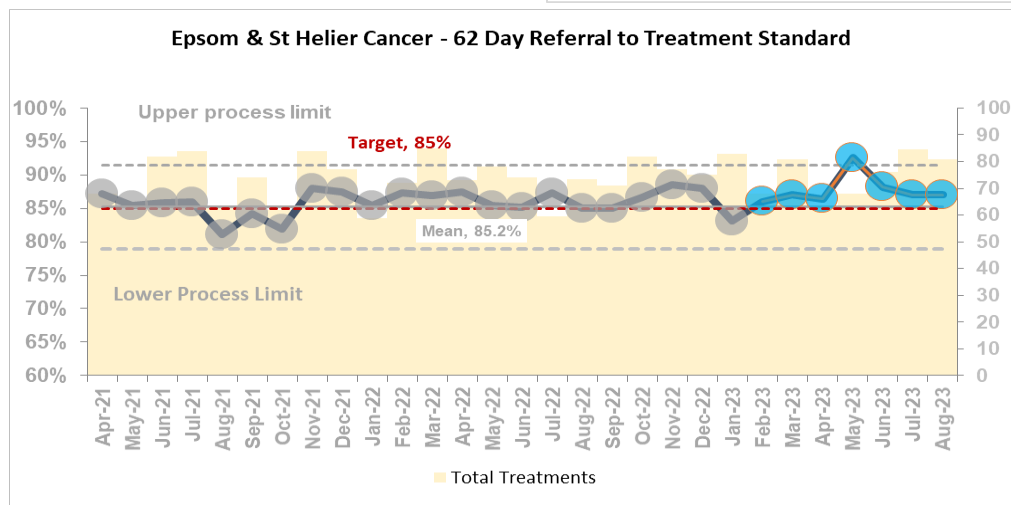
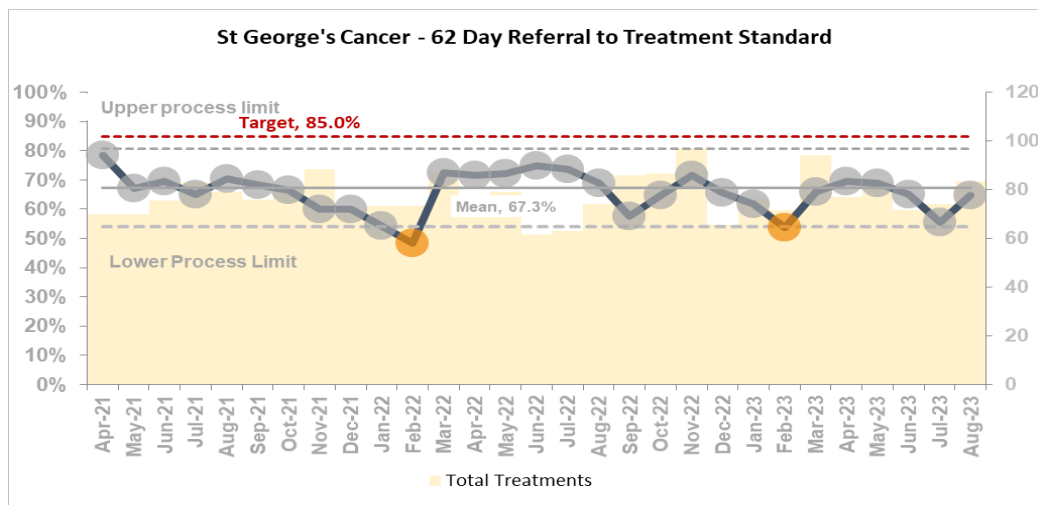
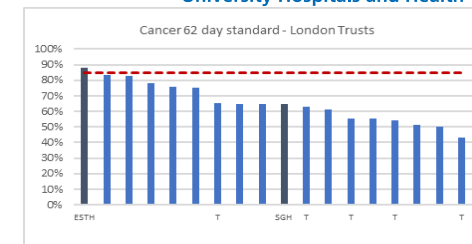


Cancer –62 Day Referral to Treatment Standard



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

Target: 85%	SGH: 64.9%	ESTH: 87%
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SGH updates since last month

In August, the Trust reported a performance of 64.9% against the 62 day standard compared to 55.4% reported in July. In total there were 6.5 patients (0.5 being a shared breach) seen after 62 days. Although performance improved, all tumour groups are currently not meeting the 85% target.

The change in standards from October 2023 will mean that there will be one Headline 62-day referral to treatment standard (85%) merging the screening, consultant upgrade and 62 day GP referral to treatment pathway.

ESTH updates since last month

Performance against 62 day standard continues to be achieved at 87% in August with 10.5 breaches.

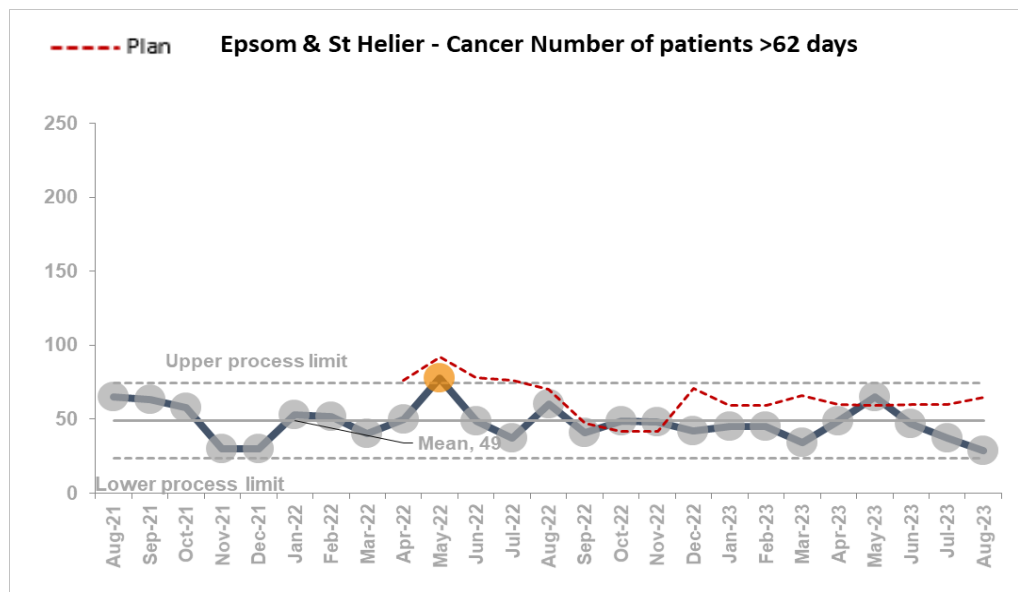
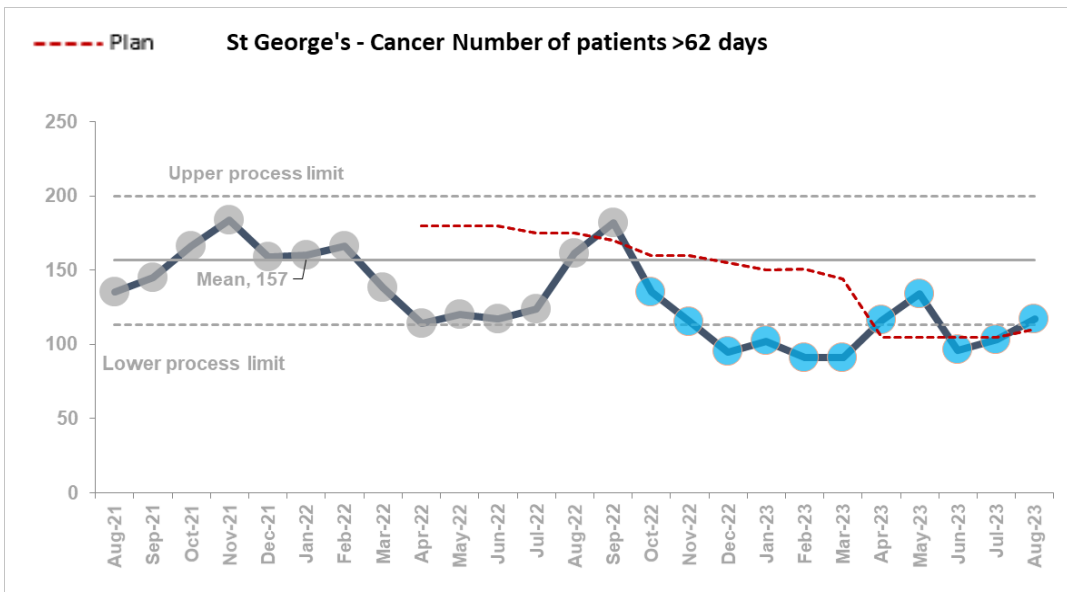
The change in standards from October 2023 will mean that there will be one Headline 62-day referral to treatment standard (85%).



Cancer – Number of patients > 62 days



Plan: 110	SGH:117	Plan: 65	ESTH:29
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SGH updates since last month

The back log was slightly behind trajectory in August 23. Lower GI hold the largest proportion of patients within the backlog. Patients are reviewed regularly and a “Cancer Week” was held in September to review all patients and expedite actions where possible.

ESTH updates since last month

The 62 day backlog remains ahead of trajectory. The Trust ensures clinical impact review is frequently carried out on those patients by the clinical leads for cancer in the relevant tumour sites to ensure optimal patient healthcare.



Cancer Performance Analysis and Action



SGH current issues

TWW: Significant challenges were seen in the areas below:

- Skin has a backlog of 289 appointment slot issues - **current performance 10.2%**
- Breast experienced reduced capacity in August, a locum gap and lack of Xyla clinics during august with an average wait of 19 days – **current performance 14.2%**

FDS: A deterioration of skin performance (**49.9%**), has impacted the overall recovery. Recovery is dependant on skin reducing 1st seen booking profile to below day 28. Three tumour sites were compliant, Breast, Gynaecology and Lung. A number of Histopathology delays are seen with 39% of patients TAT passed day 10, with the most impact in skin. Radiological delays impacting CTC due to patient choice on the locations of scans at STG v QMH.

62-day GP Performance:

- Urology (6 breaches) – delays to template biopsy in prostate and access to theatre (average wait 15 days from DTT).
 - Breast (6 breaches) – delays to one stop breast clinic and access to theatre (average wait 20 days from DTT) and consultant availability
 - H&N (4 breaches) – Multiple late inter-trust transfers.
 - Gynaecology (3 breaches) – access to Gynae Scan and Hysto and triaging delays– median wait is 14 days
 - LGI (3 breaches) – access to nurse led Telephone assessment clinic (TAC) – median wat is 17 days
- All being managed by the divisional teams.

SGH future action –

- Faster Diagnosis to be compliant (**75%**) by March 2024. **Trajectory not met in August 23** (some IA impact)
- 62 Day GP– **Trajectory being reviewed to deliver 70% by March 2024 as per national ask**
- 62-day backlog to achieve 105 patients by March 2024. **Trajectory not met in August 23**

Tumour specific actions:

Cancer PTL week took place in September to support divisional teams understand the complexities of the PTL.

Skin: There are on going discussions with RMP to discuss and agree support for the skin service.

Lung – The targeted Lung health checks program scaled up from the 01 October 23. A business case has been formulated to be discussed and agreed.

Breast: An extension of Xyla clinic funding is place till the end of the year. A new locum started in October 23.

Haematology: Additional Lymphoma consultant support for 3 months is in place; Recruitment in progress.

Lower GI: RMP funding is in place for a B4 Navigator & B6 nursing post to develop the PSFU pathway. Recruitment is in progress and scoping for the IT build is underway.

Urology: There is a CNS and Bladder Navigator that is RMP funded to support the Haematuria pathway across the network. There is expansion of the nurse led prostate biopsy service with training in progress for additional nurses.

H&N: RMP has funded 1:0 WTE nurse to support risk stratified triage, recruitment/ VCP is in progress.

RMP Digital funding of 120K has been agreed to support the delivery of Health Needs Assessment (eHNA) Cerner interface and the roll out of electronic ordering of cellular pathology (order comms).

ESTH current issues –

EUS capacity at RMH remains a challenge - current wait is 5-7 weeks.

Endobronchial capacity remains challenging throughout the network. RMP led project has increased capacity at St George's.

The wait for GA diagnostic is also challenged with average wait of 3-4 weeks across all areas. ESTH has quality and capacity projects to address some of those issues. For example, creation of weekend lists in Endoscopy and introducing outpatient TPPB.

14 day first seen performance fell in the last four months due to capacity issues with Gynaecology and Dermatology.

The drop in 14 day performance is a risk to the Trust's 28 day FDS and 62 day standards.

ESTH future action –

Dermatology and Gynaecology recovery plans are in place to improve 2ww performance.

For Dermatology the key actions are increasing ad hoc clinics and using capacity for TWW clinics rather than RTT. The next stage is engaging a locum consultant who has already been identified and extending the nurse Band 5 role to support.

Gynaecology are using registrars pulled from other duties and exploring different models of care for providing first encounter to Gynae TWW and CUPG patients. There is also a Gynae in-sourcing plan which will support cancer and RTT.

RMH EUS capacity is under focus at group meetings and additional lists have been added. It is hoped that the capacity will double once the RMH Oak Centre is open.

STG has started providing EBUS capacity for ESTH patients and we are encouraging the respiratory team to increase their referrals to St Georges EBUS service.

The outpatient Template biopsy (TPPB) work stream continues within Urology with governance oversight by the cancer management team. Acquisition of an outpatient TPPB machine is planned for November 2023.

New National Cancer guidance (CWTv12) implemented nationally from 1st October treatments (November submission). Current 9 cancer standards reduced to 3 cancer standards by merging all 62 pathways together, all 31 day standards together and the 14 day and 28 day standards together. Cancer Services is currently delivering an implementation plan.

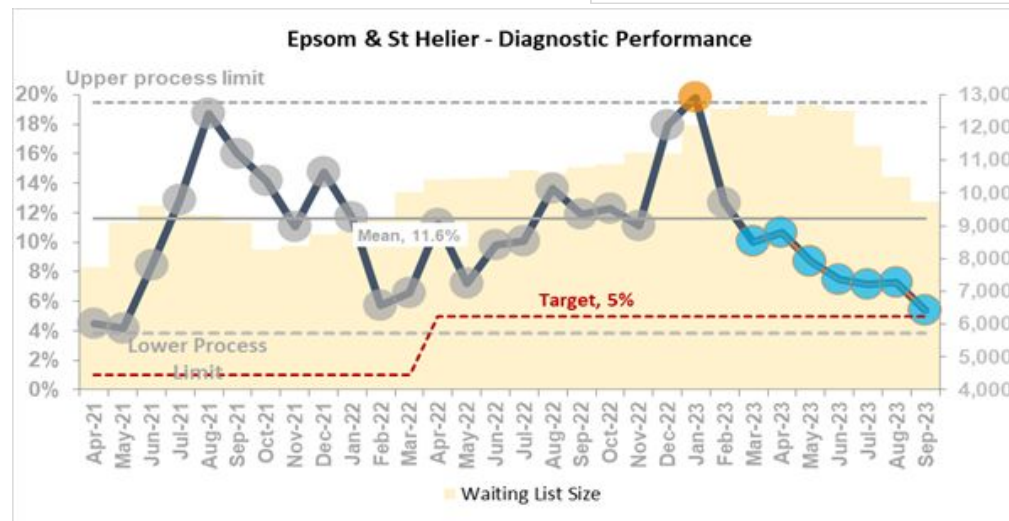
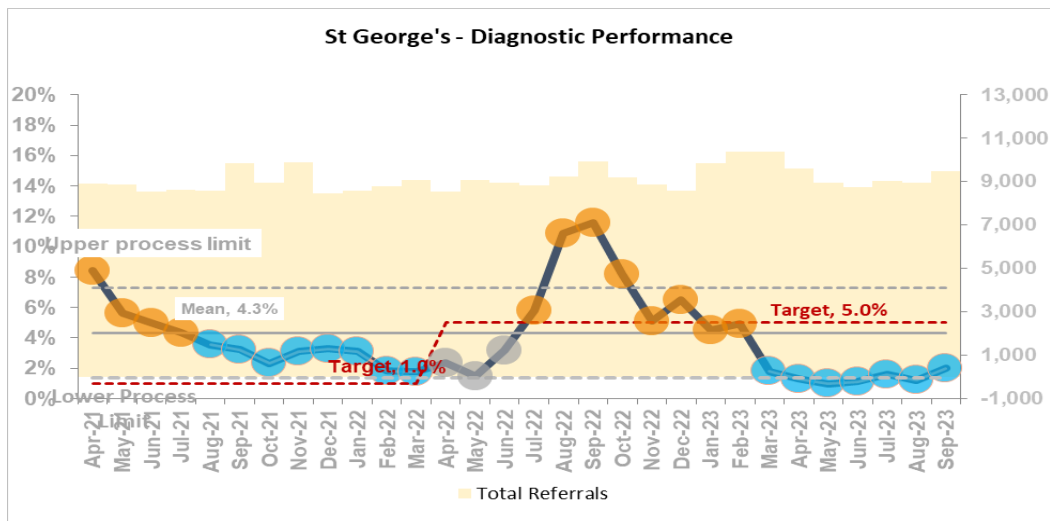
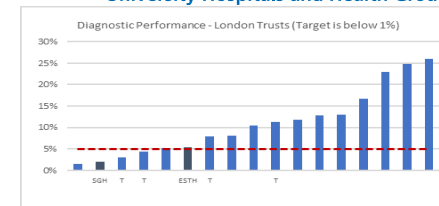


Diagnostic Performance



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

Target: 5%	SGH: 1.98%	ESTH: 5.37%
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SGH updates since last month

At the end of September, the Trust reported 188 patients waiting for more than six weeks, this is an increase of 82 pathways. Performance is still strong compared to London peers and continue to meet the recovery target of 5%. The increase in breaches was heavily impacted by Ultrasound with unexpected staff leave within the department. All other areas including Endoscopy and Echo saw positive improvements reducing long waiting patients.

ESTH updates since last month

At the end of September the Trust are reporting 522 breaches, which is a reduction of over 30% and the fifth consecutive month-end drop. The PTL size has also decreased since the end of the previous month, but at a much lesser rate, meaning that our performance has seen a significant improvement (from 92.7% to 94.6%).



Diagnostic Performance Analysis and Action



SGH current issues –

Endoscopy - Endoscopy reported 33 patients waiting for more than six weeks a reduction of 42 long waiting patients compared to August. A proportion of patients require specialist lists including GA where industrial action has had an impact and varicocele which have been more challenging to accommodate.

Sleep Studies -SGH continue to see a high demand impacted by challenges across SWL and capacity is not meeting demand consistently. The Trust is performing well against London peers. The services continue to provide additional sessions where possible and in addition there has been extra capacity put on through CDC to mitigate this as much as possible.

Echo – Staffing challenges as well as industrial action have impacted capacity, however with additional sessions and staffing resource resumed to full capacity, recovery is expected in September.

Gynae Ultrasound – Unplanned leave in September reduced capacity significantly within the department and a high number of sessions were cancelled.

SGH future action –

Endoscopy - Additional Saturday lists continue running twice per month where there has been uptake from nursing and medical staff. These lists create capacity for the less complex cases. The service are continuing to use doctor doctor to validate and contact patients.

Sleep Studies - There is additional capacity through CDC funding to create additional clinics to mitigate this as much as possible. With demand still high this will continue to be difficult to manage long term and therefore looking at more sustainable capacity going forward.

Echocardiography (echos) - Additional sessions through October are in place to reduce the backlog. Advertising substantive recruitment of a fellow to support stress echo's and locum in place from September 2023.

Gynae Ultrasound – Additional capacity has been booked throughout October to reduce the backlog due to cancelled clinics through September. Performance expected to recover.

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

ESTH current issues –

Imaging: Total diagnostics DMO1 performance breaches for imaging in September are still to be confirmed due to a technical issue with the reports and Soliton moving to the cloud. Data has been recovered and is in the process of being analysed however we predict that the September DMO1 Performance all modalities will be near to the 95% threshold.

There are some vacancies within the radiologist workforce which is impacting specialist lists such as biopsies and CT cardiac procedures with increased waiting times for these procedures however a specialist chest radiologist locum has assisted in reducing the specialist backlog.

Reporting is improving however continues to be challenging. Scans are being outsourced to help with the reporting backlog.

CT vetting numbers are fluctuating considerably and having an impact on waiting list management (Radiologist vacancies are contributing to vetting issues). We are seeing a slight improvement in September vetting.

ESTH future action –

Imaging

Radiologist locum and specialist grade radiologist both commencing on 5th October. Interviews for chest consultant radiologist held in September and successful candidate commences in February 2024.

Increase scheduling staff using bank staff and utilising weekend lists for all modalities and continued use of bank and agency staff to increase scanning capacity in order to maintain performance.

Five Band 5 radiographers have commenced in September working cross site.

Deep dive of ultrasound breaches to try and get the monthly breaches down further. As well as deep dive of planned appointments to avoid breaches.

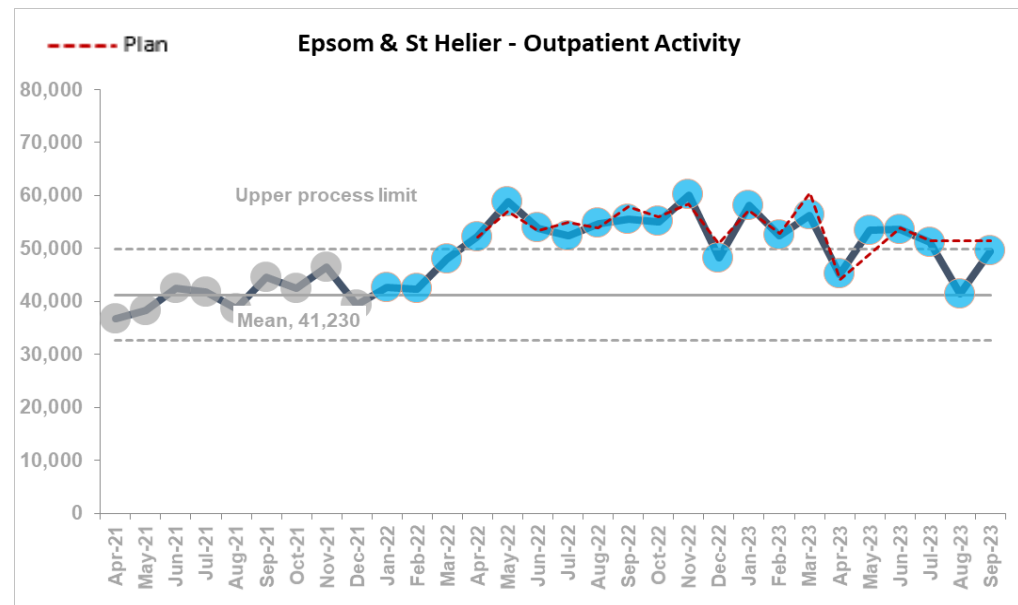
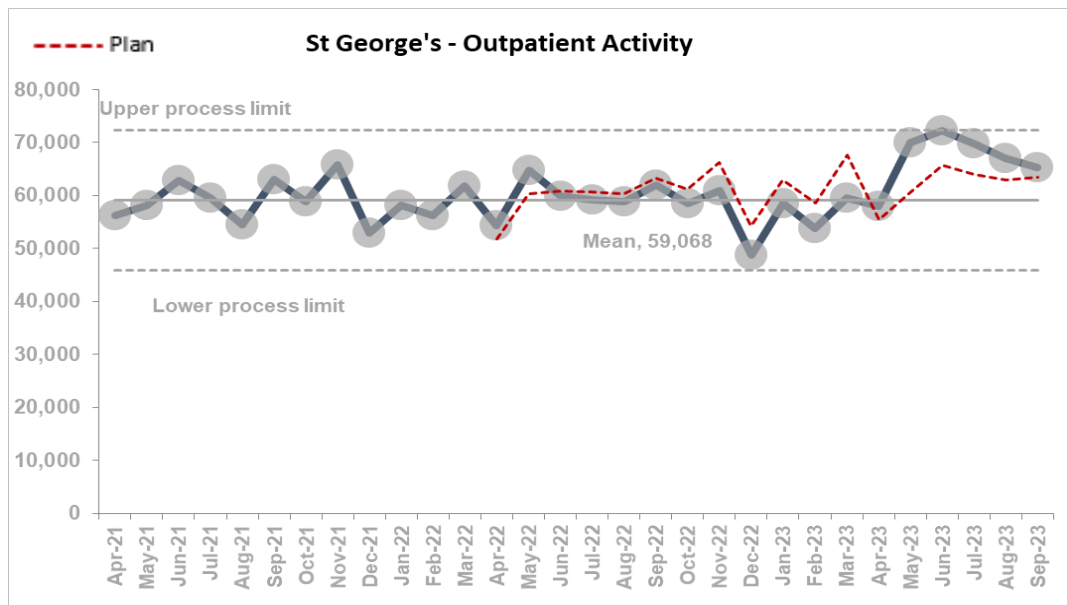
Daily operational huddles between clerical management and lead superintendents continuing as this is essential in maintaining the DMO1 performance.



Outpatient Activity



Plan: 63,376 **SGH: 65,250** **Plan: 51,436** **ESTH: 49,473**



SGH updates since last month

Outpatient performance continues above plan and will further increase for September once data catch up is complete.

ESTH updates since last month

September performance is currently below target however, this is expected to increase with data catch up / coding.



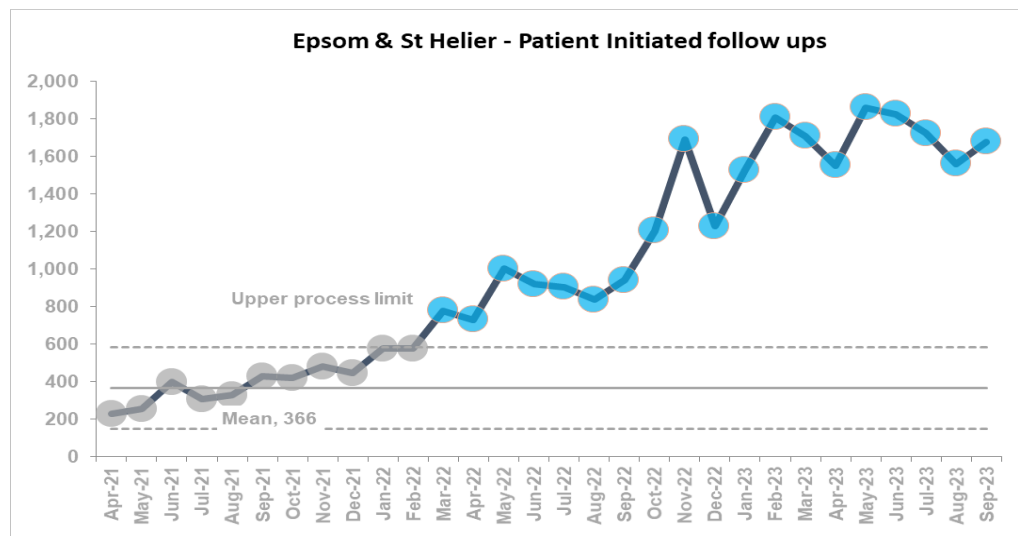
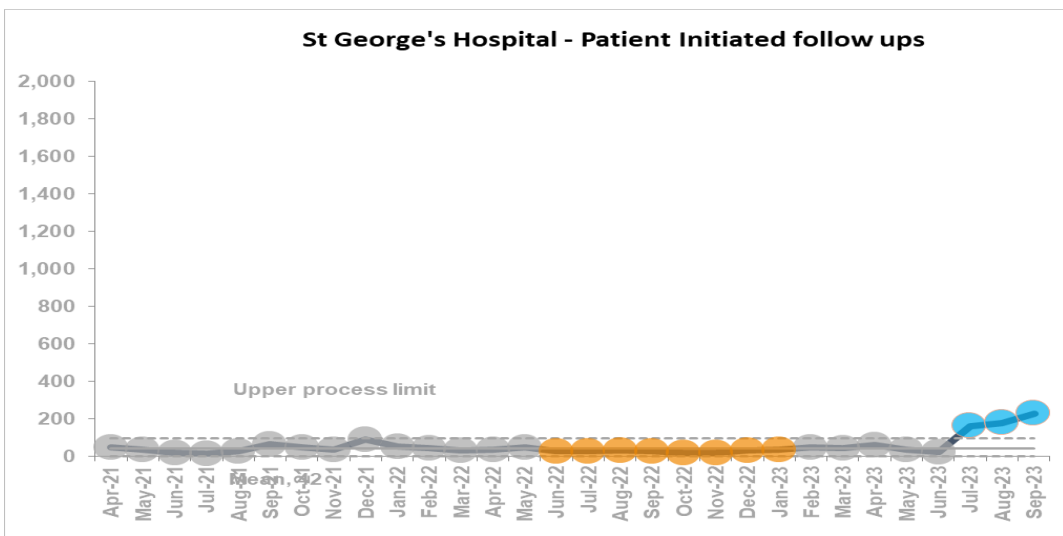
Patient Initiated Follow-up (PIFU)

Number of episodes moved or discharged to a PIFU Pathway



Target: TBC SGH: 229

Target: TBC ESTH: 1,678



SGH updates since last month
 Work is underway to design and build the PIFU solution as part of the orders to schedule roll out. Technical teams have been engaging with subject matter experts to ensure it is a simple, resilient and scalable solution. Patient information leaflets and letters have been drafted. SGH teams have joined speciality specific NHSE calls to learn from peers.
 ESTH team are involved in SGH PIFU design as it is a process they will inherit. Important to ensure this doesn't delay our stringent delivery plan due to resources of this.
 The Trust has been supported in doing a retrospective submission of PIFU patients to NHSE. This data includes locally managed and confirmed PIFU pathways captured on the clinician's eCDOF form and therefore managed on a PIFU pathway and data has been reflected above.

ESTH updates since last month
 PIFU has increased slightly in September which is likely due to the return from annual leave over August. PIFU continues to be encouraged in speciality business meetings.

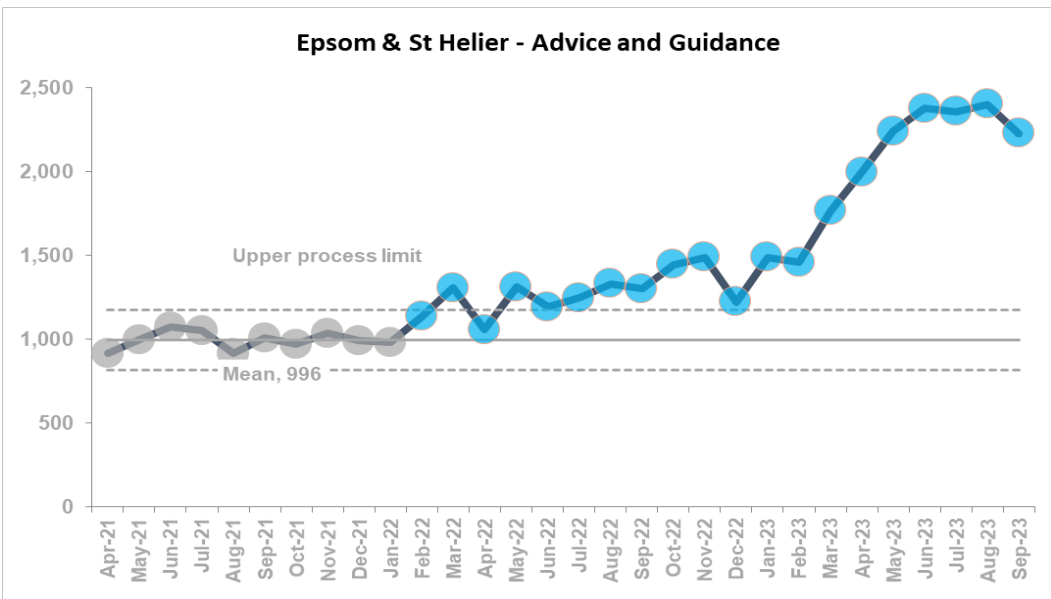
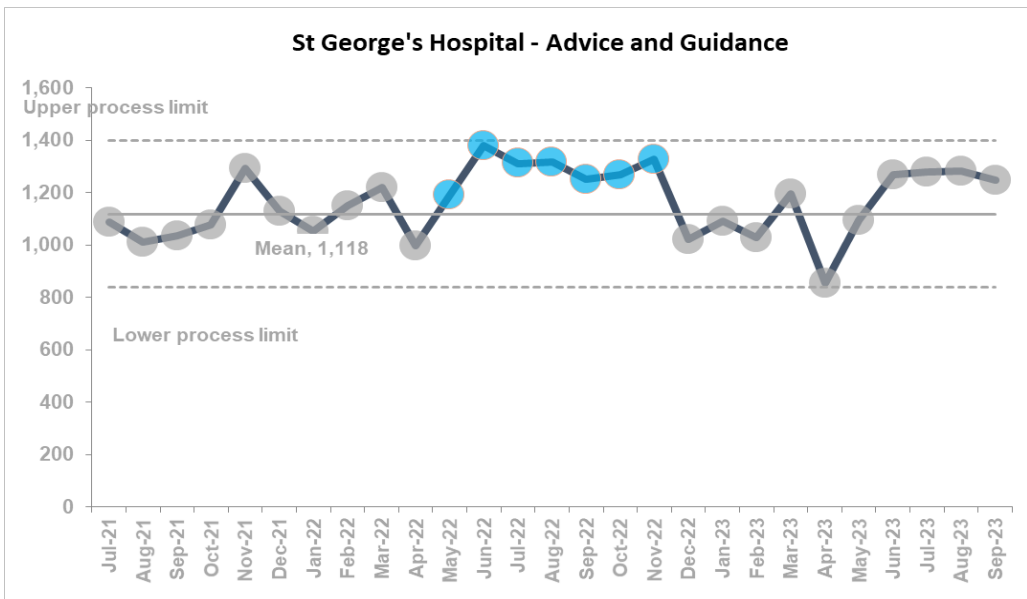


Advice & Guidance



Target: TBC SGH: 1,246

Target: TBC ESTH: 2,228



SGH updates since last month

Cerner are working on the solution to provide A&G type functionality. Latest estimate is availability to test Jan-24. This will enable SGH clinicians to perform A&G to referrals received on RAS queues (~5k month).

ESTH updates since last month

A&G has plateaued in September and is likely linked to the introduction of targeted referral guidance at source, for example the quick view guides to support the implementation of SWL pathways.



Outpatient Activity - Analysis and Action



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

SGH current issues –

Strikes action continued to impact our activity plans and administrative resource needed to work through cancellations and rescheduled appointments

We have prioritised the highest volume specialities to move onto PIFU from end of November once Orders to Schedule has launched, there is restricted IT resource dedicated to this project and this restricts earlier delivery date. First three specialities are Trauma and Orthopaedics, Urology and Therapies who'll deliver the highest yield of PIFU

A&G –Predicting increase in activity as data will be amended to include all RAS and CAS referrals as approved by NHSE – await formalised agreement from SWL

SGH future action –

Outpatient Transformation Board key workstreams for winter resilience planning:

- 1. Addressing protecting and expanding elective capacity self-certification** – we have 12 step action plan, managed through Elective Access Committee to address the validation, first appointment and follow up asks. We will be updating frequently with progress reports against each action. We need to continue two essential part of the current transformation plan MOT and O2S to support delivery of the self-certification
- 2. Outpatient 'MOT'** – Check information and configuration of all services is accurate, uses optimal resources and is peer group competitive in 1 year. T&O(100% completed – Passed!), Respiratory (100% completed - Passed!), Urology (95% completed) ENT(40%) and Gynae (40%) – next services will be Dermatology, Cardiology and Gastroenterology
- 3. Orders to schedule** – (O2S IT project) Roll out new robust and efficient cashing up process and recording procedures in outpatients (QPOPE) – this project delivers our electronic solution to PIFU. Project team begun work – scene setting with senior's leaders meeting to be held on 19th July completed. Communication piece being worked up by the project team and first 'go live' is in November, with a temporary solution to go-live in October.

ESTH current issues –

PIFU – None.

A&G – ESTH continues to report nationally as per the national methodology and locally with the new methodology figures alongside. Awaiting update from region on the methodology that will be taken forward.

With the increase in the number of A&G requests, there has been an increased demand on clinician time to respond to the A&G. This is being partly mitigated with editable standard responses.

ESTH future action –

PIFU – The development of clinical protocols continues with a Cardiology PIFU arrhythmia (ILR devices) clinical protocol being drafted. The use of Zesty to provide patient questionnaires when patients activate a PIFU appointment to support further PIFU expansion being explored.

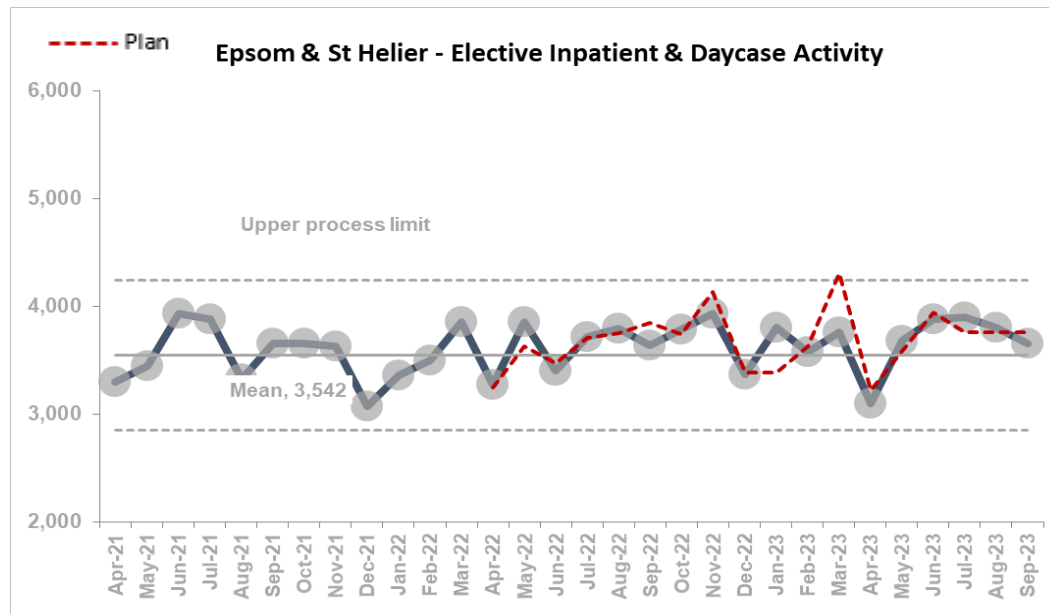
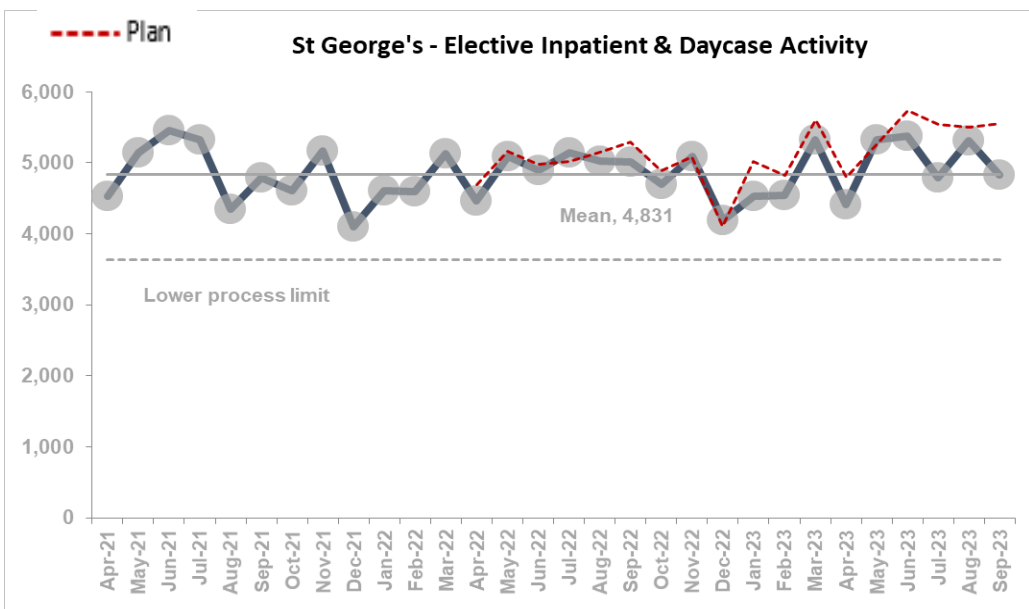
A&G / Pathway review / Referral Forms -The Quick View programme continues. Gastroenterology will be presented at the Gastroenterology SWL Clinical Network in October. The meeting for the initial Respiratory Quick View has now taken place. The initial draft is now being reviewed by the wider Respiratory clinician group at ESTH.



Elective Inpatient & Daycase Activity



SGH Plan: 5,557	SGH: 4,833	ESTH Plan: 3,759	ESTH: 3,650
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SGH updates since last month

Elective and Daycase performance is behind plan for September, a significant driver of this is the impact of Industrial Actions.

ESTH updates since last month

For the month of September elective activity is currently below plan. This is expected to further increase once data catch up / coding is completed.



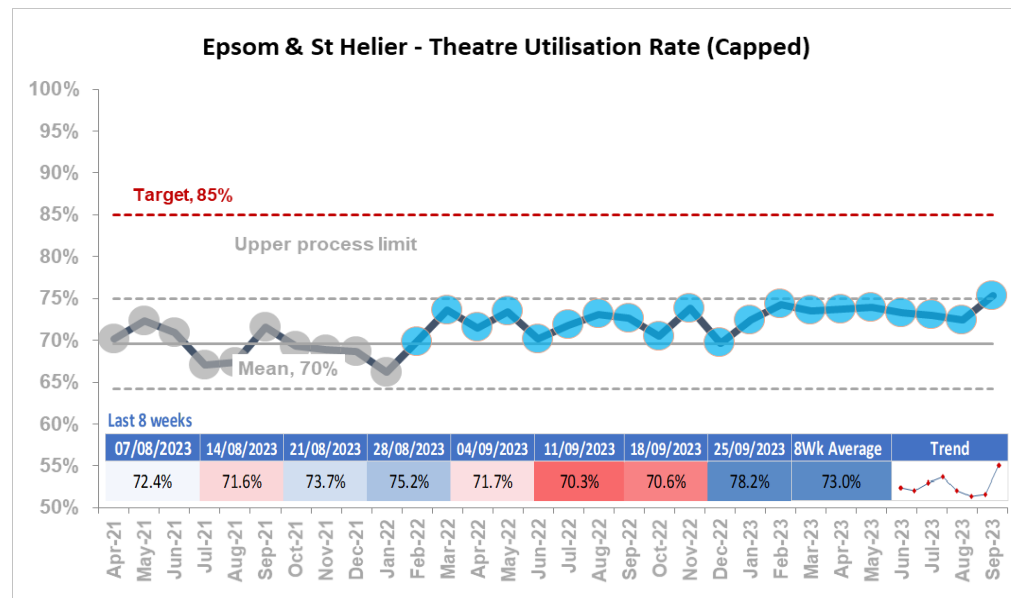
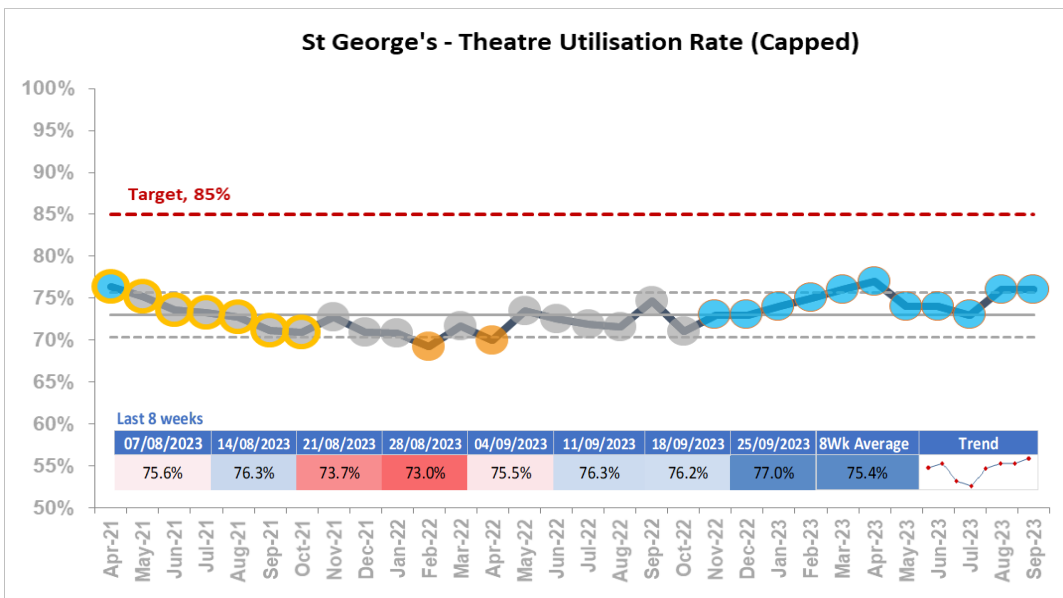
Theatre Productivity – Capped Utilisation

The capped utilisation of an individual theatre list is calculated by taking the total need to skin time of all patients within the planned session time and dividing it by the session planned time. High capped utilisation signifies that the allocated planned session time has been well utilised.



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

Target: 85% **SGH: 76%** **Target: 85%** **ESTH: 75.3%**



SGH updates since last month

Capped theatre utilisation rates remain above the mean at 76% in September with plans to improve further across all theatre suites.

Uncapped utilisation rates are currently at 81%.

ESTH updates since last month

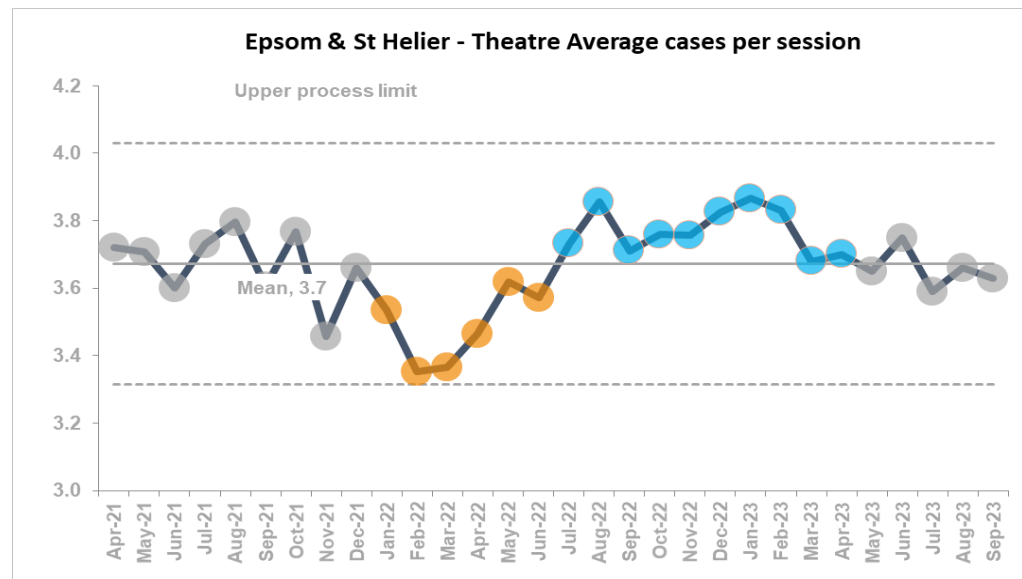
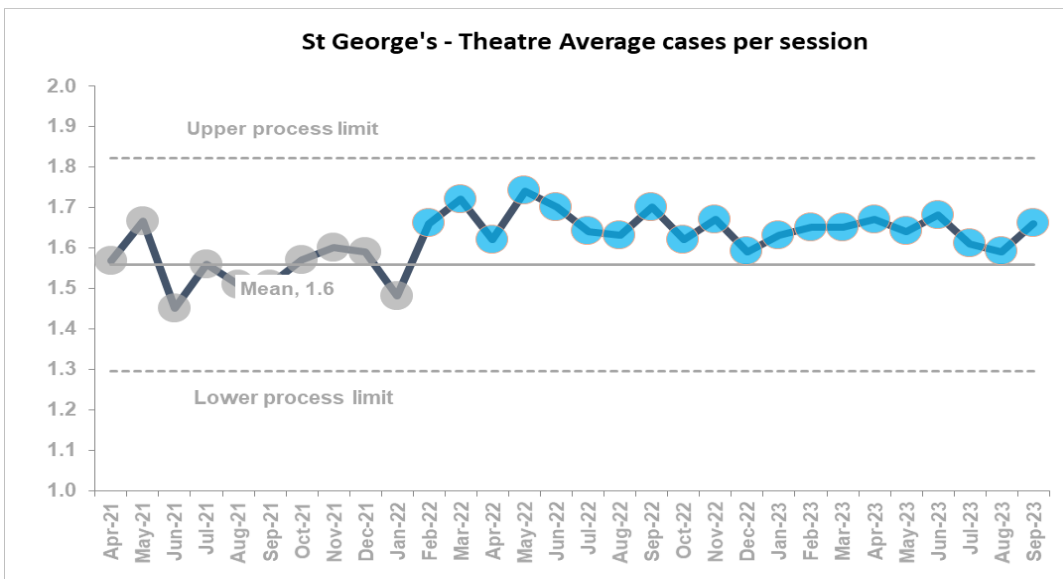
Capped utilisation figures increased to 75.3% in September, performance is above the upper control limit showing special cause variation of improvement.



Theatre Productivity – Average Cases per Session



Target: TBC	SGH: 1.66	Target: TBC	ESTH: 3.63
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SGH updates since last month

Theatre cases per session performance remains above the mean of the 2019/20 baseline, with on average through September 1.66 average cases per session, this reflects the complexity of our case mix compared to ESTH.

ESTH updates since last month

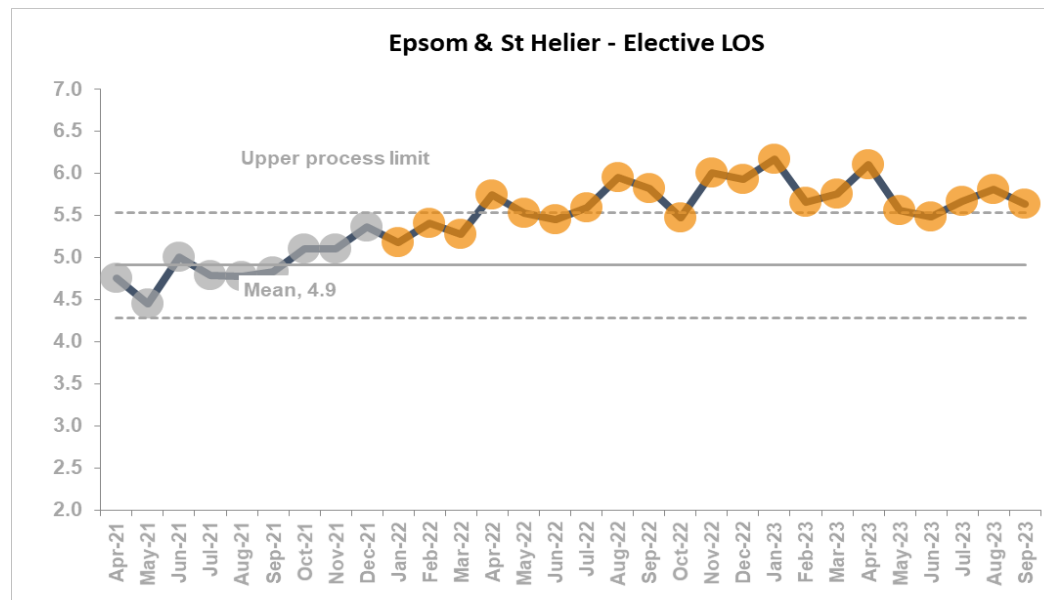
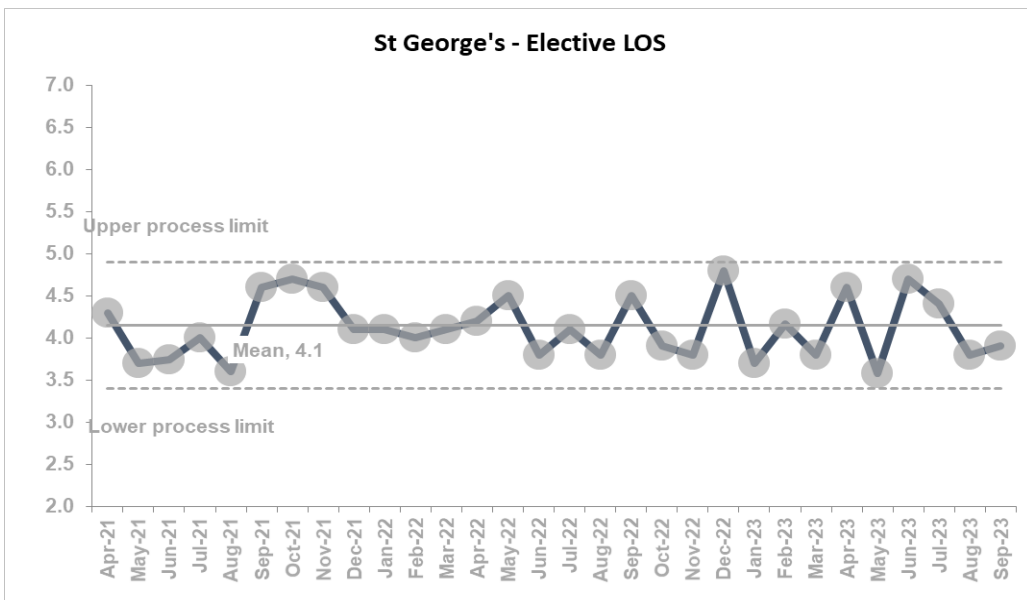
Average case per session shows common cause variation however continues below the mean in September with on average 3.63 cases per session.



Elective Length of Stay



Target: N/A SGH: 3.9 ESTH: 5.6



SGH updates since last month

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

ESTH updates since last month

Average length of stay for patients admitted on an elective pathway continues above the upper control limit, across September the average length of stay was 5.6 days.



Theatre Productivity - Analysis and Action

SGH current issues –

Challenges related to Industrial Actions continued through September, impacting available capacity, Theatre utilisation, number of 4 hour sessions delivered and cases completed

Successful recruitment in cardiothoracic anaesthesia with three fixed term locum cardiothoracic anaesthetists starting between September-October. Planning is underway to increase the provision of cardiac surgery and cardiology in line with recent appointments.

Essential estates works required at QMH STC, with two downtime options being explored, this will impact our performance as not included in our original production planning.

SGH future action -

In September, capped theatre utilisation was 76%, which was 1% above the previous month. Uncapped utilisation was 81%. The average case per session continues above the 2019/20 baseline at 1.69.

Work continues to improve Theatre utilisation, with the current focus being on the implementation of 642 escalation process to ensure theatre lists are fully booked. This new process comprises a weekly wrap-up email to DDOs and Deputy DDOs, highlighting underbooked lists. From November, elective lists for weeks 1 and 2 (exc. Cancer) with a booking profile of less than 70% will likely be stood down

In conjunction with Business Intelligence, there is an ongoing review of theatre performance data capturing and reporting assumptions. This will be part of the Theatre Transformation Programme, which will also focus on standardising Tableau reports and Surginet functionalities. AfPP (Association for Perioperative Practice) audit is scheduled for October. This review will focus on Steps for Safer Surgery, Human Resources and Accountable items. The audit will also include a review of existing policies within theatres to ensure their alignment with best practice.

ESTH current issues –

- Trust-wide utilisation is currently impacted by St Helier and QMH paediatric theatres - a deep dive has taken place and site specific targeted action plans developed. St Helier site is mainly impacted by the Ophthalmology, Dental and fertility lists, QMH is impacted by bed stock and a nursing establishment shortfall.
- Fertility lists are challenged as a result of the subsequent unpredictability in being able to schedule to the lists in advance, work is underway to explore transferring the emergency fertility lists from Elective Theatres to an alternative appropriate setting. In the meantime the service are identifying an agreed cohort of standby urgent/ routine patients to support scheduling to the lists where there is shortfall in emergency patients.
- QMH - Lists at QMH are currently impacted by a Paediatric bed stock shortfall as a result of broken beds and a nursing establishment shortfall. The shortfall in bed stock has now been resolved and an agreed plan to increase Theatres nursing establishment is currently being worked through with the senior nursing leadership team.

ESTH future action –

- Clinical engagement to support a review into **planned vs actual utilisation**, to support the management of scheduling
- **Ophthalmology** Cataract lists have recently increased from 5 to 7 per list. Following the on going monitoring, it has been identified there is scope to further increase to 8 cataracts and discussion with the Operational and Clinical leads is in progress.
- **Dental** lists have recently increased from 4 to 5 cases per session, however, the list is routinely impacted by short notice/on the day cancellations. Discussion with the Clinical lead to request overbooking by one case to mitigate cancellations is in progress.
- **Pre TCI call** undertaken for GA patients and recruitment in progress to expand pre TCI call to St Helier patients and all LA patients.
- **Daily review of advanced booking** - SMS to commence attending list planning where routine lists are not scheduled to two weeks in advance.



Monthly Overview – Non Elective Care



Responsive and Productive Services - Non Elective Care	St George's							Epsom and St. Helier						
	Monthly Target	Jul-23	Aug-23	Sep-23	YTD Target	YTD Actual	13-Month Trend	Monthly Target	Jul-23	Aug-23	Sep-23	YTD Target	YTD Actual	13-Month Trend
4 Hour Operating Standard	76%	78.0%	81.3%	77.0%	76%	0.0%		76%	77.3%	77.7%	77.3%	76%	76.6%	
12 Hour Trolley Waits	0	376	372	530	0	2789		0	480	538	462	0	2471	
Ambulance handover Performance 30 minutes	0	134	25	19	0	260		0	266	315	338	0	1663	
Ambulance handover Performance 60 minutes	0	23	46	158	0	406		0	132	149	120	0	646	
Non elective length of stay		6.5	6.7	6.5		6.85		TBC	7.8	7.6	7.5	TBC	7.55	
Mental health delays 4 Hour Breaches		102	130	131		730								
Redmission Rate - Non Elective		10.7%	11.3%	10.9%		11.1%		TBC	5.2%	5.1%	5.7%		5.4%	
Length of stay > 7 days (stranded)		335	330	344		366		TBC	301	319	312	TBC	302	
Length of stay > 21 days (super stranded)	172	153	140	159	172	160		123	123	132	137	114	128	
Overnight G&A beds occupancy - Adults	92.0%	93.6%	95.7%	94.5%	92.0%	95.3%		92.0%	92.3%	89.9%	90.1%	92.0%	90.6%	
Number of patients not meeting criteria to reside	83	110	100	94				104	162	176	177			

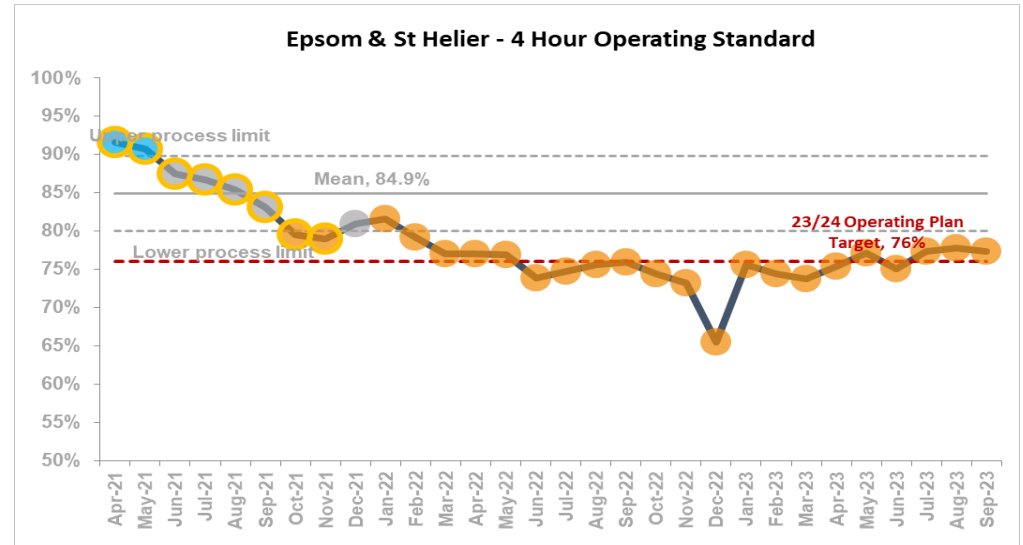
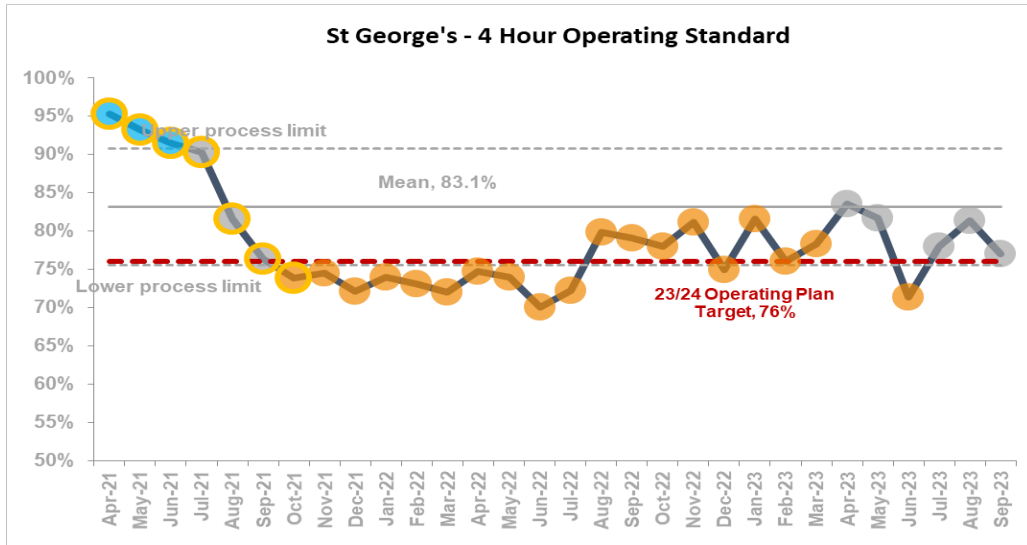
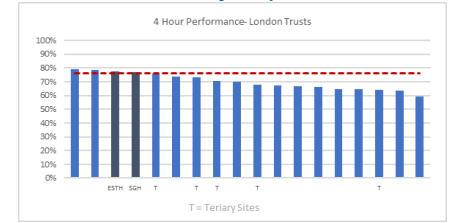


4 Hour Operating Standard



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

Target: 76% **SGH: 77%** **ESTH: 77.3%**



SGH updates since last month

4 hour performance dipped slightly in September with 77% of patients either admitted, discharged or transferred within 4 hours of their arrival, exceeding the operational target of 76%. The department was under pressure on a number of days where there were extremely high attendances (474 patients was the highest in the month) coupled with high ambulance conveyances.

ESTH updates since last month

Across September 77.3%, of patients attending the Emergency Department were either admitted, discharged or transferred within 4 hours of their arrival. Performance remains above the operating plan of 76%.

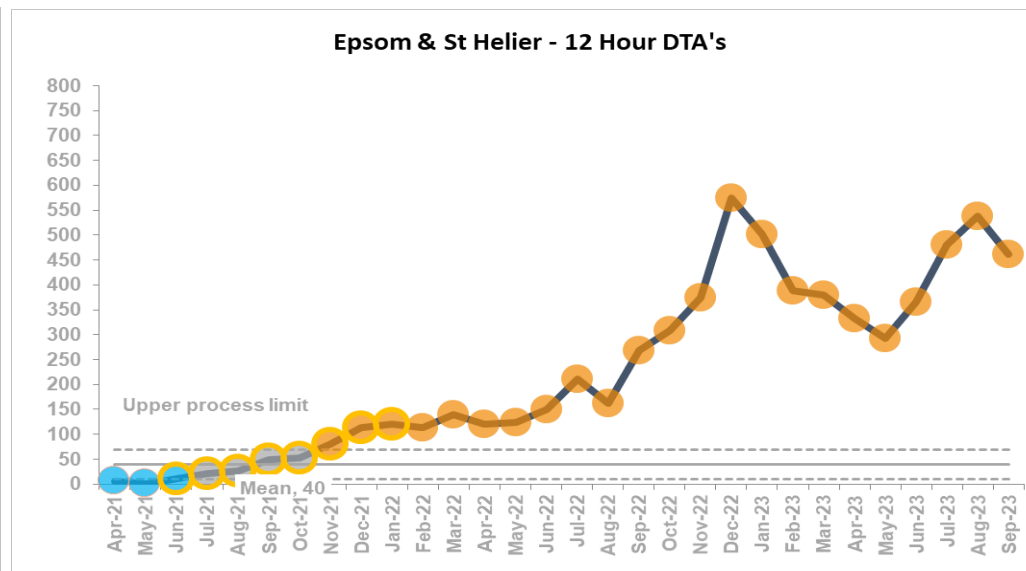
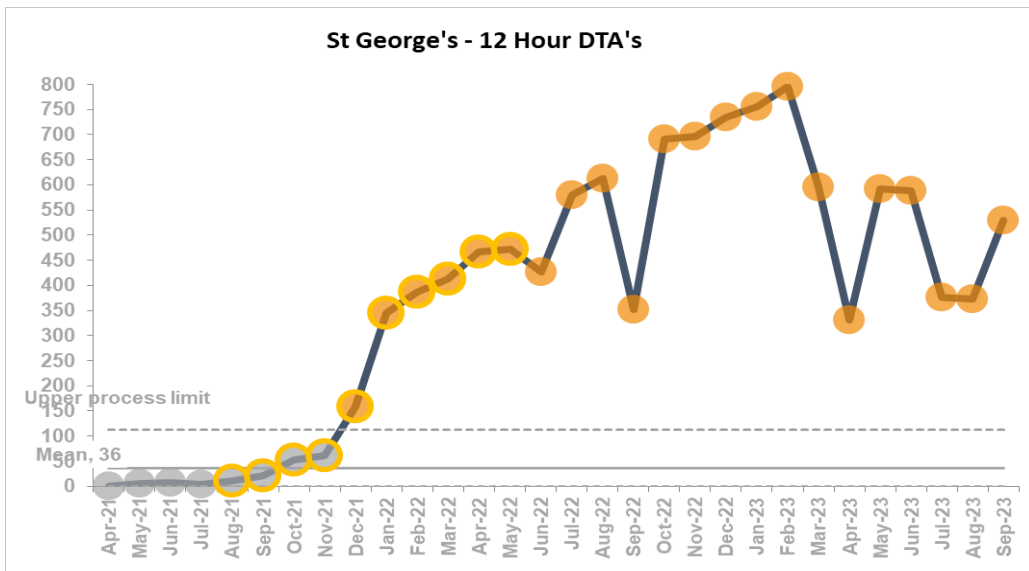
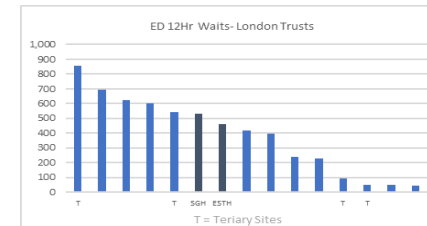


12 Hour DTA's



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

Target: 0	SGH: 530	ESTH: 462
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SGH updates since last month
The number of 12 hour trolley wait breaches following decision to admit increased throughout September with on average 17 delays per day. This was impacted by a number of days where the admission take was significantly over predicted take. There are a number of actions being undertaken with system partners to improve the reduction in presentations/admission avoidance and increase in discharge numbers to improve flow.

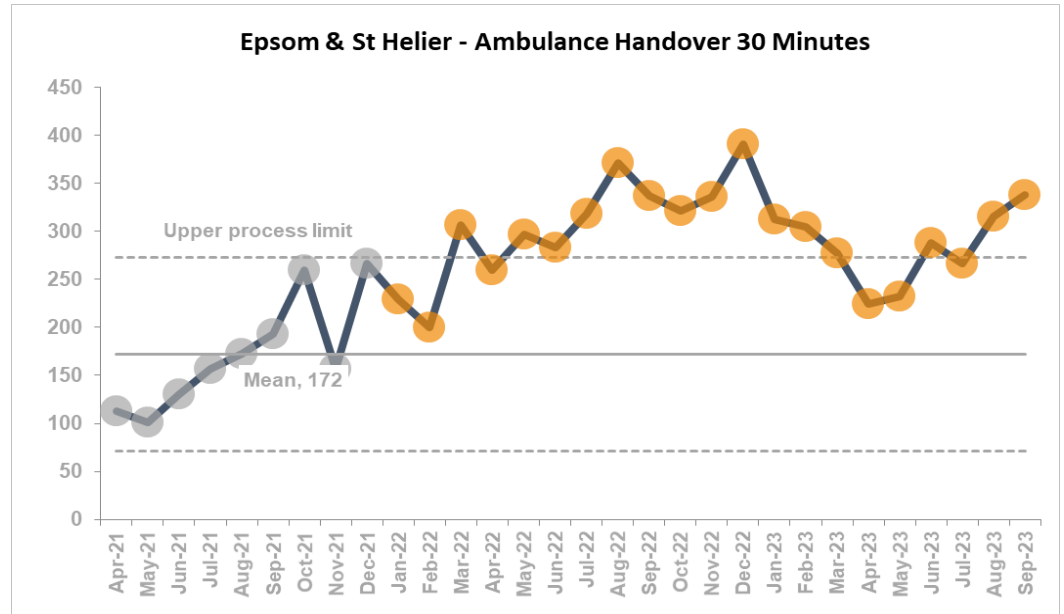
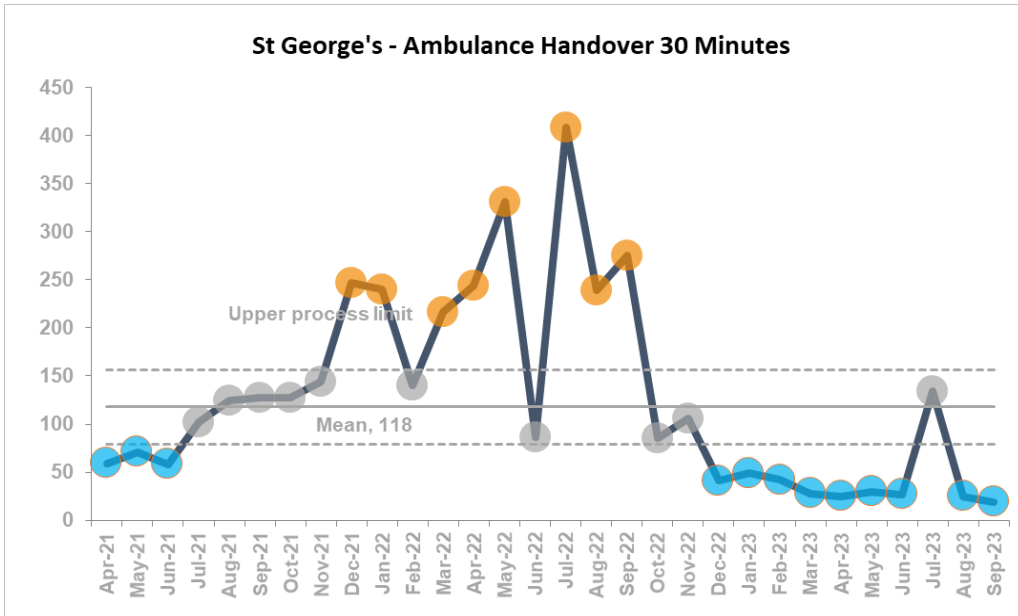
ESTH updates since last month
We are reporting 408 four hour trolley waits (an 8% increase from August) and 462 twelve hour breaches (a 14% decrease compared to August following three consecutive significant monthly increases).



Ambulance Handover Delays 30-60 minutes



Target: 0 **SGH: 19** **ESTH: 338**



SGH updates since last month

Performance remains below the lower control limit with in total 19 30-60 minute delays in September.

ESTH updates since last month

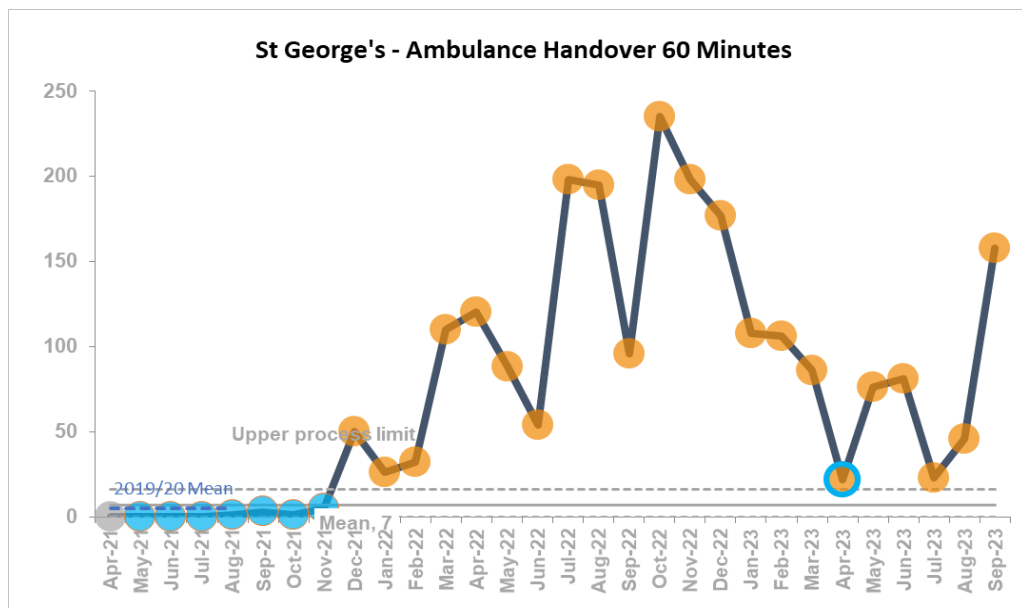
Performance against 30 minute handover delays remained above the upper control limit through September, with on average 11 delays per day.



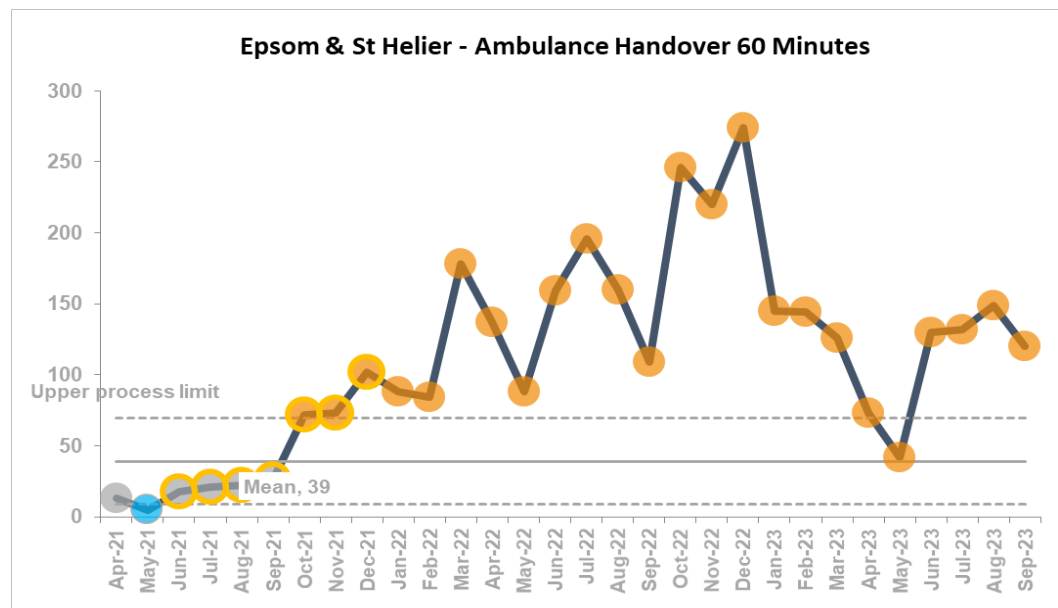
Ambulance Handover Delays 60 minutes



Target: 0	SGH: 158	ESTH: 120
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SGH updates since last month
 The number of patients delays for more than 60 minutes significantly increased through September with 158 patients delayed.
 >45mins delays – 222 August
 216 September
 From CAD the London Ambulance System (unvalidated)
 We are working with the London Ambulance Trust to improve reporting as this is a known issue.



ESTH updates since last month
 60 minute handover delays remain high and above the upper control limit.



Emergency Performance



SGH current issues –

Overall 4 hour performance (all Types) in September declined compared to August, closing the month at 77.02%. This places SGH 9th in London and 35th nationally for all type performance.

In September we achieved >90% non admitted performance for 16 days.

89% of LAS arrivals were offloaded <15 minutes during the month of September, which was a 4% decline in performance from previous month. Work is ongoing with LAS to improve offload times, and reporting in line with the departments LAS SOP and surge team

Through September the department's ability to see patients in a timely way was extremely challenged, where on several days ED had 7 consecutive hours of >30 attendances per hour, Resus being at capacity with high acuity and quick succession of ambulance arrivals to the Trust. On several days admissions were above plan across the board.

SGH future action –

LAS immediate handover pilot, commenced 11 September 2023. SOP has been enacted as agreed within the Trust in conjunction with LAS, this involves enhanced boarding and cohorting criteria. Weekly meetings with LAS are underway to resolve issues both Trust and LAS have faced.

Front of house clinician commenced 11 September 2023, with senior clinician streaming patients to appropriate alternative pathways, ensuring investigations happen early in journey and analgesia is given at early stage too. Rota challenges sometimes prevent this from happening on a daily basis, so ED are reviewing the possibility of EP to support the speciality doctors in the Front of House rota.

High numbers of Mental Health patients in ED continues to be challenging.

ESTH current issues –

We remain challenged in maintaining non-elective flow across both hospital sites, however, continue to deliver an improving trajectory against the ED 4-hour performance standard at 77.2% in September 2023. Time to first assessment and time to decision to admit remain above the ambition of 60 minutes and 180 minutes respectively with a deterioration in both metrics compared to the previous month, however, time to triage continues to remain within the 15-minute standard at 12 minutes in September 2023, providing assurance that patients are seen soon after arrival in the department.

The number of patients spending > 12 hours in ED remains high, but has reduced to 8.6% in September 2023, compared to 10.6% the previous month.

4-hour performance for admitted patients remains challenging with onward flow from ED occurring during the late afternoon/evening period.

September 2023 saw a high number of > 60-minute ambulance handover delays at 120, however, this is an improvement compared to August 2023 where we reported 149. On-going issues are reflective of challenging onward flow from the emergency department into downstream capacity with a requirement to implement ambulance cohorting on a regular basis.

ESTH future action –

Our weekly hospital flow meeting is now well-established and includes a comprehensive performance data pack. The performance pack has been further developed to drill down into individual days to understand factors influencing performance.

We are launching the 45-minute LAS ambulance handover process on Wednesday 11th October and have worked with key internal stakeholders and LAS to develop a standard operating procedure. This also includes a review of our Boarding/Plus 1 Policy and the development of key triggers to support timely decision making for boarding/plus 1. We will monitor progress over the next few weeks/months against a set of agreed KPIs to ensure that there is a positive impact.

Following a new appointment to our urgent care transformation team we have met with internal stakeholders to agree additional areas of focus for inclusion in the work programme. Alongside the ambulance handover programme, we will also focus on increasing direct to SDEC, SACU, and AGU referrals, surgical transfers from Epsom to St Helier, frailty front door, and direct bookings to UTC.

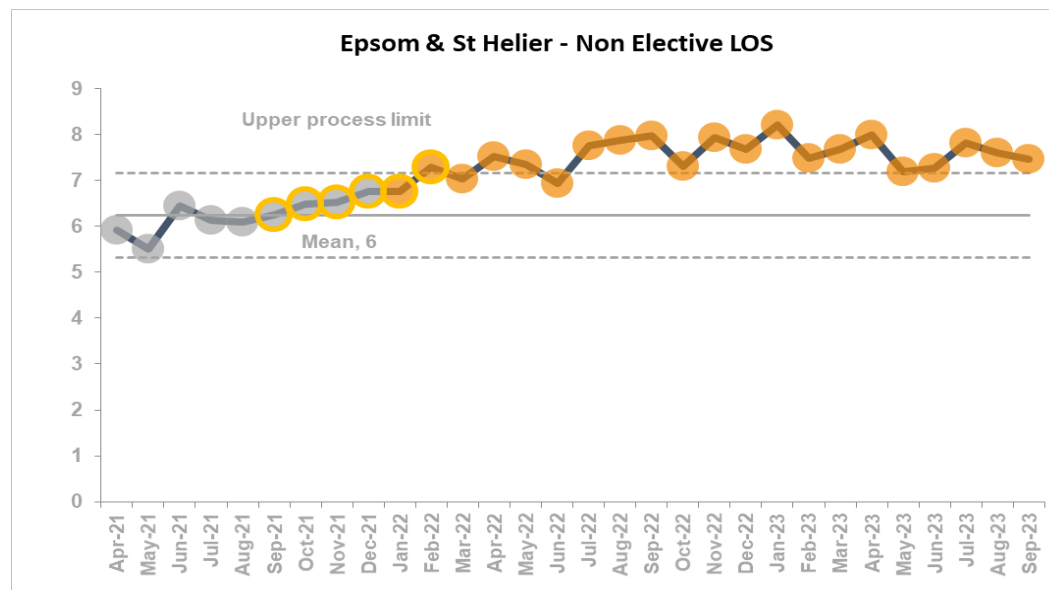
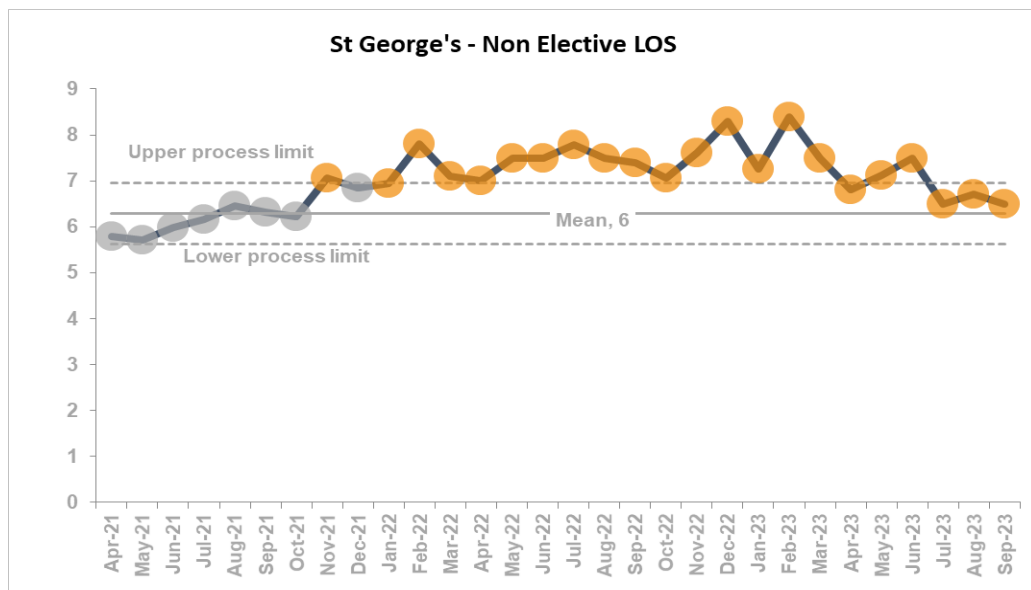
Our internal professional standards (IPS), including the development of IPS for our acute Gynae unit and SACU were formally launched on Monday 4th September. We have developed a set of KPIs to monitor adherence to these standards and these will be shared and discussed at our weekly hospital flow meeting.



Non Elective Length of Stay



Target: TBC **SGH: 6.5** **ESTH: 7.6**



SGH updates since last month
 Non-Elective length of stay although above the mean, remains below the upper control limit for the third consecutive month with on average patients staying in an hospital bed for 6.5 days. Both stranded LOS (>7 days) and super stranded LOS (> 21 days) increased across the month.

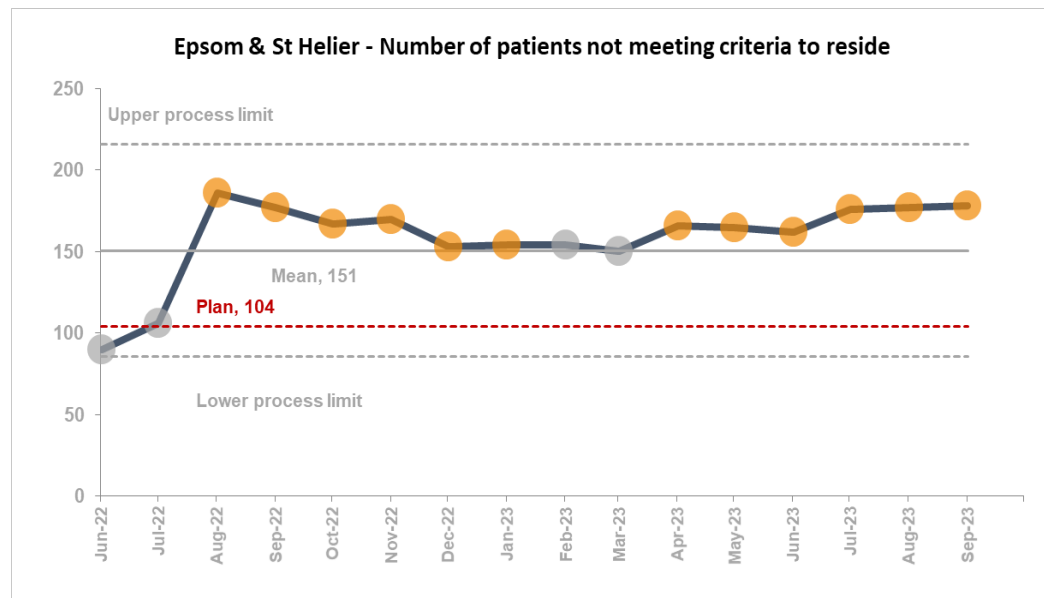
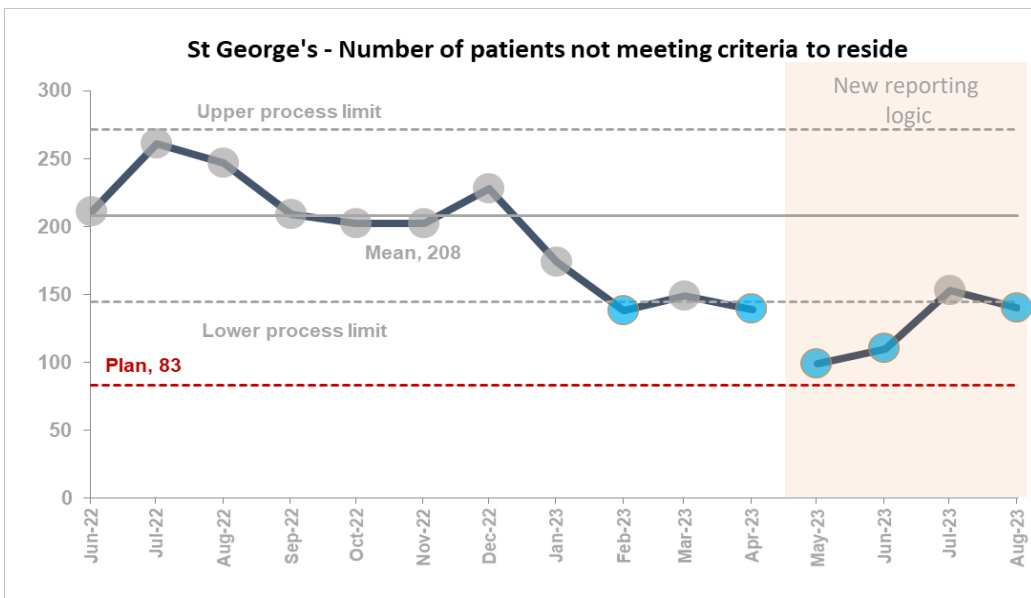
ESTH updates since last month
 Non -elective length of stay remains above the upper control limit however a downward trend can be seen over the past 3 months. On average across September patients admitted on a non-elective pathways stayed for 7.6 days. The daily stranded (7 day LOS) reduced slightly however super stranded patients (21 day LOS) increased.



Patients not meeting criteria to reside



SGH Plan: 83	SGH: 99	ESTH Plan: 104	ESTH: 178
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SGH updates since last month

September shows an increase in the number of patients not meeting the criteria to reside with on average 99 patients daily compared to 94 in August. The two areas with predominant delays are within Care Package (Social) - E1 and Residential home - Including interim (Social) - D1. This is still dependant on the delivery of the new NCTR form which is in the IT works pipeline.

ESTH updates since last month

The number of patients not meeting criteria to reside remains above the mean. On average there were 178 patients daily not meeting the criteria to reside in a hospital bed throughout September.



Length of Stay Performance - Analysis and Action



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

SGH current issues –

On the main hospital site, there remains a 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 months. The Trust has launched new IT Capacity Management software.

Ongoing industrial action has impacted performance and we continue to plan/respond to each wave of industrial action. There are no future strike dates planned at time of writing for medical staff and radiographers, but future strikes are expected.

Cavell Ward now closed leading to reduction to medical G&A beds, however we are continuing to work with local partners to reduce delays in onward care to mitigate this reduction.

SGH future action –

The running of MADE “style” Events has resumed given increased operational pressure to due to the start of “Winter Pressures” and increased COVID19 on the ward. The ToC team also doing walkaround style events to facilitate discharge.

The Trust will continue engaging with Heathlands Community Rehab pilot.

The Trust launched the Early Notification process for Social Workers to aid expedited discharge and to troubleshoot any key issues when patient is admitted to hospital. Continues to be reviewed via Discharge Summit in October. In addition, the Trust has launched the updated D2A (Discharge to Assess) form in the Trust, with improvements made regarding Best Interest / Mental Capacity and will be reviewed again.

An updated Trust Regularising Flow SOP is in place with the implementation of boarding of inpatients as BAU irrespective of OPEL status or to only implement boarding when certain inpatient, operational triggers are met (OPEL status / Number of DTA's etc.) – staff and patient impact to be monitored. Impact on patient experience to be mitigated by launch of new information leaflet informing patient/family of impact before boarding.

The Trust's Transfer of Care has recently been moved to Corporate Division, and each staff member's role and responsibilities is being discussed with ICS oversight.

ESTH current issues –

Patients with a > 7day, > 14 day, and > 21-day length of stay have remained static over recent months; however, the Trust are now supporting twice weekly reviews of those patients holding a length of stay of 14+ days. Combined with an audit of pathway 2 and 3 patients on behalf of SWL in collaboration with STG to understand delays in pathways by provider over an 8 week duration commencing Monday 2nd October.

We are also focussing on improved flow across our sites and are undertaking a bed reconfiguration exercise on the Epsom Hospital site to ensure that we are making best use of the available bed base. This is alongside a review of our acute medicine model of care and bed management processes

Our on-going focus is ensuring the effectiveness of the discharge huddle on both hospital sites, improving earlier in the day discharge and weekend discharge.

ESTH future action –

We have made good progress regarding arrangements for the therapy led unit at St Helier and have now agreed the associated staffing model/governance. Recruitment is progressing to support the unit opening in December 2023. The Trust have drafted an exit strategy in the absence of recurrent funding for 2024/2025.

We are undertaking a focussed review of our discharge coordinator personnel, a shadowing exercise of resource to more fully understand individual roles and responsibilities and current structures. This intelligence in collaboration with wider staff engagement will inform a summary and recommendations for future ways of working.

We have also established a group to review our weekend discharge performance and processes. We have several key actions that we are progressing to improve identification and planning for patient discharges over the weekend period, this includes utilisation of our electronic system to ensure that all staff are working from one list, weekend MDT team reviews, amendments in site oversight and escalation with a SOP in final draft pending implementation.

We continue to provide stretcher discharge lounge facilities on both hospital sites and have seen an increase in the number of patients who access the discharge lounge earlier in the day.

Council of Governors

Meeting in Public on Wednesday, 22 November 2023

Agenda Item	3.4	
Report Title	Finance update	
Executive Lead(s)	Andrew Grimshaw, GCFO	
Report Author(s)	Andrew Grimshaw, GCFO	
Previously considered by	Trust Board & Finance Committee	
Purpose	For Noting	

Executive Summary

This paper sets out the financial performance YTD for St Georges. At the end of month 6 the Trust is on plan excluding the impact of Industrial Action on income and costs (in line with agreed London reporting).

A year end forecast has been developed which illustrates a risk against the full year plan of £43.3m. Further work is ongoing to improve this.

On 07th November NHSE booked a call with all CEOs and CFOs to update on operational and financial arrangements for the remainder of 2023/24. This was reported to the Trust Board on the 16th November. The meeting was framed as focusing on how the financial impact of industrial action would be addressed in 2023/24 but addressing this had wider implications. NHSE indicated that the plans as agreed at the start of the year needs to be delivered. Most likely at system level, but there will be focus on organisations that are off plan. NHSE accepted this would be challenging. Work is underway within the Trust, Group and System as to how this challenge can be addressed. A verbal update will be provided at the meeting.

Action required by Council of Governors

The Council of Governors is asked to:

1. Note the report.

Appendices				
Appendix No.	Appendix Name			
Appendix 1	Month 6 Finance Report			
Implications				
Group Strategic Objectives				
<input checked="" type="checkbox"/> Collaboration & Partnerships		<input checked="" type="checkbox"/> Right care, right place, right time		
<input checked="" type="checkbox"/> Affordable Services, fit for the future		<input checked="" type="checkbox"/> Empowered, engaged staff		
Risks				
Delivery of the agreed financial plan				
CQC Theme				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
NHS system oversight framework				
<input checked="" type="checkbox"/> Quality of care, access and outcomes		<input checked="" type="checkbox"/> People		
<input checked="" type="checkbox"/> Preventing ill health and reducing inequalities		<input checked="" type="checkbox"/> Leadership and capability		
<input type="checkbox"/> Finance and use of resources		<input checked="" type="checkbox"/> Local strategic priorities		
Financial implications				
Legal and / or Regulatory implications				
Equality, diversity and inclusion implications				
Environmental sustainability implications				

Council of Governors: 22nd November 2023 2023/24 M6 Financial Performance



GCFO & SGH Site CFO

SGH

Summary metrics

Area	Key Issues at month 6	Current Month (YTD)	Previous Month (YTD)	Risk FOT
Financial Position	The Trust is reporting a deficit of £27.0m at the end of September, which is £12.2m adverse to plan. The shortfall is due to ERF shortfall and impact of industrial action.	£12.2m Adv to Plan	£10.0m Adv to Plan	Current forecast is not on plan
Income	Excluding ERF, income is reported at £2.4m favourable to plan at Month 6. This is due to additional income to cover increased centralised costs.	£2.4m Fav to plan	£1.4m Fav to plan	ERF remains main risk. Some other uncertainties
Expenditure	Expenditure is reported at £7.4m adverse to plan at Month 5, mainly due to premium temporary medical staffing costs to cover industrial action and premium temporary nursing costs across wards. Underlying non-pay is experiencing inflationary pressures currently mitigated in the position.	£7.4m Adv to plan	£5.4m Adv to plan	At risk based on current run rate
Cost Improvement Programme	CIPs are £3.0m adverse to plan. Operational pressures making delivery of full value of CIPs challenging.	£3.0m Adv to plan including timing adjustment	£1.5m Adv to plan including timing adjustment	Current plans unlikely to deliver full value of plan
Capital	Capital is £28.9m underspent at M6, although in line with trend. Some uncertainty on the timing of major projects and some SWL funds held by SGH	£28.9m underspent	£2.2m underspent	Some risks due to uncertainty on timing
Cash	At the end of Month 6, the Trust's cash balance was £15.3m. Cash request for Q3 submitted. NHSE has confirmed PDC will be available to support trusts.	£15.3m which is £43.2m lower than Y/E	£10.2m which is £48.3m lower than Y/E	The adverse variance to plan means further PDC is required

Month 6 Financial Performance

SGH

Table 1 - Trust Total

		Full Year Budget (£m)	M6 Budget (£m)	M6 Actual (£m)	M6 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	914.6	80.6	81.0	0.4	460.9	462.7	1.8
	SLA Income	914.6	80.6	81.0	0.4	460.9	462.7	1.8
	Other Income	148.7	26.5	27.1	0.6	74.7	75.3	0.6
	Income Total	1,063.3	107.1	108.0	1.0	535.6	538.0	2.4
	Expenditure	(682.9)	(73.7)	(75.4)	(1.7)	(346.9)	(360.4)	(13.5)
	Pay	(348.1)	(28.3)	(28.6)	(0.3)	(181.5)	(175.4)	6.1
Non Pay	(348.1)	(28.3)	(28.6)	(0.3)	(181.5)	(175.4)	6.1	
Expenditure Total	(1,030.9)	(102.0)	(104.0)	(2.0)	(528.4)	(535.8)	(7.4)	
Post Ebitda	(71.7)	(7.2)	(7.2)	0.0	(33.8)	(33.8)	0.0	
Grand Total	(39.3)	(2.1)	(3.2)	(1.0)	(26.6)	(31.5)	(5.0)	
ERF	Income	23.6	2.0	0.8	(1.1)	11.8	4.6	(7.2)
Reported Position		(15.7)	(0.2)	(2.3)	(2.2)	(14.8)	(27.0)	(12.2)

Table 2- Acute Total

		Full Year Budget (£m)	M6 Budget (£m)	M6 Actual (£m)	M6 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	913.5	80.5	80.7	0.2	460.3	461.4	1.2
	SLA Income	913.5	80.5	80.7	0.2	460.3	461.4	1.2
	Other Income	125.1	24.5	25.1	0.6	62.9	63.3	0.4
	Income Total	1,038.6	105.0	105.8	0.8	523.2	524.7	1.5
	Expenditure	(602.3)	(66.7)	(69.0)	(2.3)	(306.3)	(320.2)	(13.9)
	Pay	(203.0)	(16.5)	(14.9)	1.7	(108.2)	(98.7)	9.6
Non Pay	(203.0)	(16.5)	(14.9)	1.7	(108.2)	(98.7)	9.6	
Expenditure Total	(805.3)	(83.2)	(83.9)	(0.6)	(414.5)	(418.9)	(4.4)	
Post Ebitda	(71.7)	(7.2)	(7.2)	0.0	(33.8)	(33.8)	0.0	
Grand Total	161.6	14.6	14.7	0.2	74.9	72.0	(2.8)	
ERF	Income	23.6	2.0	0.8	(1.1)	11.8	4.6	(7.2)
Reported Position		185.2	16.5	15.5	(1.0)	86.7	76.6	(10.1)

Table 3 - Corporate Total

		Full Year Budget (£m)	M6 Budget (£m)	M6 Actual (£m)	M6 Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Excluding ERF	Income	1.1	0.1	0.3	0.2	0.7	1.3	0.6
	SLA Income	1.1	0.1	0.3	0.2	0.7	1.3	0.6
	Other Income	23.6	2.0	2.0	(0.0)	11.8	12.0	0.2
	Income Total	24.7	2.1	2.2	0.2	12.5	13.3	0.9
	Expenditure	(80.6)	(7.0)	(6.4)	0.6	(40.7)	(40.2)	0.5
	Pay	(145.1)	(11.8)	(13.7)	(1.9)	(73.2)	(76.7)	(3.5)
Non Pay	(145.1)	(11.8)	(13.7)	(1.9)	(73.2)	(76.7)	(3.5)	
Expenditure Total	(225.6)	(18.8)	(20.1)	(1.4)	(113.9)	(116.9)	(3.0)	
Post Ebitda	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	
Grand Total	(200.9)	(16.7)	(17.9)	(1.2)	(101.4)	(103.6)	(2.1)	
ERF	Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Reported Position		(200.9)	(16.7)	(17.9)	(1.2)	(101.4)	(103.6)	(2.1)

Commentary

The Trust is reporting a £27.0m deficit in M6, which is £12.2m adverse to plan. The overall adverse variance to plan is due to ERF shortfall and the impact of industrial action.

The Trust has received £4.6m of ERF income, which is £7.2m under plan. This is due to the Trust not meeting its ERF target.

Excluding ERF income:

Income

- Income is £2.4m above plan, with additional income to cover increased centralised costs

Pay

- Pay is £13.5m overspent mainly due to premium temporary medical staffing costs to cover the industrial action and premium temporary nursing costs across wards

Non-Pay

- Non Pay is £6.1m underspent due to release of central provisions

Corporate Services

- Corporate Services are £2.1m overspent within Non-pay, partially driven by inflation